

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

, 2011, and ending

December 31

, 20 11

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

January 1

Open to Public Inspection

<u>A</u>	For the 2	2011 cale	ndar year, or tax year beginnin		, 2011, and en	ding De	cember 31	, 20 11		
В	Check if a	pplicable:	C Name of organization Micronesi	a Conservation Trust			D Employer	identification number		
	Address c	hange	Doing Business As				1	98-6062277		
	Name cha	•	Number and street (or P.O. box if n	E Telephone	number					
$\overline{\Box}$	Initial retur	-	P.O. Box 2177					<b>391-320-5670</b>		
$\overline{\sqcap}$	Terminate		City or town, state or country, and	<del></del>						
$\exists$	Amended	_	Kolonia, Pohnpei, FM 96941				G Gross rec	eints \$		
$\Box$			F Name and address of principal office	er. William Kostka		H(a) le		r affiliates? Yes V No		
_	Applicatio	in pending	P.O. Box 2177 Kolonia, FM 969	-	all affiliates included? Yes Vo					
	Tau auam	at status	✓ 501(c)(3) □ 501(c)		47(a)(1) or 527			st. (see instructions)		
<u>'</u>	Tax-exem Website:		w.ourmicronesia.org	(	47(a)(1) or 527					
<u>ب</u>			Corporation Trust Associ	ation ☐ Other ▶	1 V (f		roup exemption r	<del> </del>		
		_		ation Other >	L Year of for	mation: 20	UZ M State o	f legal domicile FM		
ш	art I	Summ		non or most significant	n ativity and					
			escribe the organization's mis							
9	1 -		de sustainable financing and su	pport for blodiversity cor	iservation, relat	eo sustainad	ie developmei	nt and environmental		
ğ	-	educatio	n. 							
E	-									
Š			is box ▶☐ if the organization		-		1 1	s net assets.		
8			of voting members of the gov		•		· ——	9		
98			of independent voting membe			1b)		9		
Activities & Governance	l .		mber of individuals employed	•	art V, line 2a)		. 5	8		
Ş			mber of volunteers (estimate if				. 6	0		
•	7a 1	Total unr	elated business revenue from	Part VIII, column (C), lin	e 12		. 7a	(399,411)		
	b N	Net unrei	lated business taxable income	from Form 990-1, line:	34	<u> </u>	. 7b	0		
				KEUE!	VED 1	Prior	r Year	Current Year		
•	8 (	Contribut	tions and grants (Part VIII, line		1317215	7,848,315				
Š	9 F	rogram	service revenue (Part VIII, line	0	0					
Revenue	10 H	nvestme	ent income (Part VIII, column (/	A), lines 3, 4, and 7d)	2013   9		153480	(415,571)		
Œ	11 (	Other rev	enue (Part VIII, column (A), lin	es 5, 6d, 8c, 9c, 10c, an	d_1_1e) . (%)		746	16,160		
			enue-add lines 8 through 11 (				1471441	7,448,904		
	13 (	Grants a	nd sımılar amounts paid (Part	IX, column (A); lines-1-3	), 💛 1		1235475	713,959		
			paid to or-for members (Rart I				0	0		
ø			other compensation, employee		(A), lines 5-10)		272343	294,864		
Expenses		11 11	onal fundraising fees (Part IX, o	•			0	0		
<u> </u>			draising expenses (Part 18, co							
Ĭ			penses (Part IX, column (A), lir				461602	377,612		
	18 T	Total exp	ecses Ade linies 13-17 (must	equal Part IX column (			1969420	1,386,435		
			tess expenses. Subtract line				-497979	6,062,469		
- S			onpenses debuted into		· · · ·	Beginning of	f Current Year	End of Year		
ats c	20 T	Total ass	ets (Part X, line 16)				4056593	10,128,285		
Ass	21 7		ilities (Part X, line 26)			·	152200	161,423		
Net Assets Fund Balanc	22		ts or fund balances. Subtract	line 21 from line 20		<b></b>	3904393	9,966,862		
	art II		ture Block	mozinominezo .	· · · · · ·		0007333	3,300,002		
				estiva validas securi						
			ry, I declare that I have examined this lete Declaration of preparer (other that					knowledge and belief, it is		
	<del></del>	· .	A				T			
Sic	.n.	Sign	ature of officer	wor			L Date			
Sign Here		y Sign		Dim- 1			Date	/		
ne	1		ept executive	. Wirector			12/	13/20/2		
Type of print name and title								IDTN		
Pa	id	Figure 19	pe preparer's name	Preparer's signature		Date	Check [			
Pro	eparer	·		<u> </u>		L,	self-emplo	pyed		
	e Only	l	iame 🕨				Firm's EIN ▶	<u> </u>		
		Firm's a	ddress ▶			<u></u> <u> </u>	Phone no.			
Ma	y the IRS	discus	s this return with the preparer	shown above? (see inst	ructions)			Yes 🗌 No_		
For	Paperwo	ork Redu	ction Act Notice, see the separa	ate instructions.	Ca	at. No 11282Y		Form <b>990</b> (2011)		



Form 99		age <b>2</b>
Part	Statement of Program Service Accomplishments  Check if Schedule O contains a response to any question in this Part III	
1	Briefly describe the organization's mission:	<u> </u>
•	To provide sustainable financing and support for biodiversity conservation, related sustainable development and environmental	
	education.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	
	prior Form 990 or 990-E∠?	NO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 713,959 including grants of \$ 739,632 ) (Revenue \$)	
	Conservation Program: The Conservation Program consists of several ongoing funding programs supporting conservation and	
	climate change adaptation projects in marine and terrestrial ecosystems in the Federated States of Micronesia (FSM), the Republic	
	the Marshall Islands (RMI), the Republic of Palau (ROP), the US Territory of Guam, the Commonwealth of the Mariana Islands (CNN Each of these programs is determined by terms agreed upon by MCT and its donors. In general, MCT funds projects through a Ca	
	for Proposals process, inviting organizations and groups to submit Concept Papers describing the work they plan to undertake in	
	the targeted areas. MCT-funded projects address biodiversity conservation and climate change adaptation issues in the FSM, RM	
	ROP, Guam and CNMI, have a direct positive impact on the flora and/or fauna of the targeted ecosystem and related communities,	
	The form and class, have a direct positive impact on the flora allawing of the talketed ecosystem and related continuinines,	
	show active involvement and commitment on the part of the communities involved, and show technical, financial, and organizatio	
	show active involvement and commitment on the part of the communities involved, and show technical, financial, and organizatio coherence to ensure the sustainability of the project. MCT Conservation Program staff monitor and evaluate the implementation of	nal of
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 4d
 Other program services (Describe in Schedule O.)

 (Expenses \$ including grants of \$ ) (Revenue \$ )

 4e
 Total program service expenses ▶ 1,380,464

Part IV	Checklist	of Required Sch	redules

			162	140
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	<b>√</b>	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	✓	
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		<b>✓</b>
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		✓
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	1	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		<b>√</b>
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	<b>√</b>	•
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			1
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	<b>√</b>	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	1	
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		✓
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<b>√</b>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11f		✓
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	✓	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		✓
13 14 a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?	13		✓
14 a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a	<b>*</b>	
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	/	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	<b>✓</b>	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<b>✓</b>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<b>√</b>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b	990	(004.5)
		Forn	236	(2011)

	00 (2011)		ا	Page 4
Part	Checklist of Required Schedules (continued)		13	T
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	No /
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		1
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		1
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	-	/
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	:	1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	1	

Form 99	0 (2011)			Page 5
Part	V Statements Regarding Other IRS Filings and Tax Compliance		-	_
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	ł	1	:
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			•
С	reportable gaming (gambling) winnings to prize winners?	1c		1
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	16	-	<b>✓</b>
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0		]	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	-	-
_	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a	<b>✓</b>	
b	If "Yes," enter the name of the foreign country: Federated States of Micronesia			-
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	_		٠.
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<b>√</b>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	-	<b>✓</b>
с 6а	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	-	<del> </del>
Va	organization solicit any contributions that were not tax deductible?	6a	1	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	-	<u>*</u>	<del>                                     </del>
	gifts were not tax deductible?	6b		1
7	Organizations that may receive deductible contributions under section 170(c).			1
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		<b>✓</b>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
_	required to file Form 8282?	7c	ļ	<b>✓</b>
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		,
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	-	<b>V</b>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?. If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f 7g	-	1
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		1
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	<u> </u>		<b>                                     </b>
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			}
	organization, have excess business holdings at any time during the year?	8	ļ ·	1
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		✓
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		✓
10	Section 501(c)(7) organizations. Enter:		Ì	
a	Initiation fees and capital contributions included on Part VIII, line 12	1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]	1	1	ļ
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders		ļ	l
a b	Gross income from other sources (Do not net amounts due or paid to other sources	ł		
~	against amounts due or received from them.)	ļ	1	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1	1
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	<u> </u>		† <b>-</b>
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1	1	1
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		1
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			ļ
	the organization is licensed to issue qualified health plans	1		
C	Enter the amount of reserves on hand			<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	L	✓

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response to any question in this Part VI	Gee ins	struct	ions.
Section	on A. Governing Body and Management		_	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent .    1b 9	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		<b>√</b>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<b>✓</b>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	<u> </u>	<b>/</b>
6 7a	Did the organization have members or stockholders?	6		/
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7a		1
8	stockholders, or persons other than the governing body?	7b		1
	the year by the following:		,	
a	The governing body?	8a 8b	<b>V</b>	<del> </del>
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	OD	-	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		<b>✓</b>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓	<u> </u>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			'
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	1	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	1	
13	Did the organization have a written whistleblower policy?	13	ļ.,	<b>✓</b>
14 15	Did the organization have a written document retention and destruction policy?	14	✓	
а	The organization's CEO, Executive Director, or top management official	15a	1	
b	Other officers or key employees of the organization	15b	7	
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
b	with a taxable entity during the year?	16a		<b>✓</b>
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure	1		·
17 18	List the states with which a copy of this Form 990 is required to be filed ► None  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501(	c)(3)s	only)
19	☐ Own website ☐ Another's website ☑ Upon request  Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of and financial statements available to the public during the tax year.		•	oolicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records	OI THE	•	

Form	990	(2011)	

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Page	•

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization no	r any relate	d org	aniz	atic	n c	ompe	ensa	ated any currer	nt officer, directo	r, or trustee.
(A) Name and Title	(B)  Average hours per week (describe	(do n box, office	Po: (do not check box, unless po officer and a c			e than on the state of the stat	one n an tee)	from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Lee Weber			}							
Chairman	] 3	1		1			l	0	o	0
(2) Frank Shimizu										
Vice-Chair	3	✓	l	1				о	0	0
(3) Kasio Mida, Jr.										
Secretary	3	✓		✓			ŀ	0	o	0
(4) Denise Adams Boylan										
Treasurer	3	✓		1				o	o	0
(5) Robert Jones										
Member	2	✓					Ī	0	0	0
(6) Marie Maddison										
Member	2	✓						о	o	0
(7) Sandra Pierantozzi										· · · · · · · · · · · · · · · · · · ·
Member	2	✓					١.,		o	0
(8) Aren Palik										
Member	2	✓						o	o	0
(9) Akiko Domoto										-
Member	2	1						0	o	0
(10) William Kostka										
Executive Director	40			1				0	0	57,588.63
(11) Lisa Andon								i		
Deputy Director	40			1				o	o	49,143.20
(12) Meileen Albert										13,7 13,120
Finance Officer	40			1				0	o	35,859.88
(13)										
(14)										<del></del>
								j.		

	(A) Name and title	Average hours per week (describe hours for related organizations in Schedule O)	(do n box, office or directo	ot ch	Pos eck s pe	c) ition more rson irecte	than of the state	one I an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportabl compensation related organizatio (W-2/1099-M	e from	Es ar com fr org an	(F) stimated nount of other pensation om the anization drelated anization	r on n d
				8			ated							<del></del>
(15)											ļ			
(16)														
(17)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,										-			
(18)													<del></del>	·
(19)	,													<del></del>
(20)													-	
(21)													<u> </u>	
(22)														
(23)						_								_
(24)														
								_						
(25)		ļ												
1b	Sub-total		• •	•				<b>&gt;</b>	0		0			0
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)			•	•		•	<b>&gt;</b>	0		0			591.71 591.71
2	Total number of individuals (including but	not limited						e) w	<u> </u>	<u> </u>	1	0 of	142,	291.71
	reportable compensation from the organi	zation >											Yes	No
3	Did the organization list any former of employee on line 1a? If "Yes," complete 5							mp	oloyee, or high	est comper	nsate	-	1	,
4	For any individual listed on line 1a, is the organization and related organizations	sum of rep	portal	ble d	com	per	nsatio						+-	-
5	<i>individual</i>	r accrue co	 Ombe	nsat	ion	 fror	n anv	 un		 ration or ind	 ividu:	4 4	1	1
	for services rendered to the organization									· · · ·	<u> </u>	5		<b>√</b>
1	Omplete this table for your five highest compensation from the organization. Repyear.													ax
	(A) Name and business add	ress							(B) Description of s	ervices	_	(C Compe		•
												_		
												•		
														<del></del>
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who				

Part	VIII	Statement of Revenue					
	-			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
its ts	1a	Federated campaigns 1a					**
i i	b	Membership dues 1b				•	
G, G	С	Fundraising events 1c		}		1	
iifts ar /	d	Related organizations 1d				1	
Contributions, Gifts, Grants and Other Similar Amounts	e	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants,					
outi He		and similar amounts not included above	7,848,315				,
Ē	g	Noncash contributions included in lines 1a-1f: \$					
Cor	h	Total. Add lines 1a-1f		7,848,315			
			Business Code	.,,,,,,,,,			
Program Service Revenue	2a				-		
æ	b						
93	C						
ΘZ	ď						
n S	_						
grar	f	All other program service revenue.					· <del></del>
Prog	g	Total. Add lines 2a–2f				l	<del></del>
	3	Investment income (including divide	ends interest			""	
		and other similar amounts)		(415,571)		(415,571)	
	4	Income from investment of tax-exempt bo	L	(415,571)	<del></del> ,	(413,371)	
	5	Royalties					
		(i) Real	(ii) Personal				
	6a	Gross rents		1		ļ	
į	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Mat and all and a second and a second					
	7a	Gross amount from sales of (i) Securities	(ii) Other	<del></del>			
	, a	assets other than inventory	(1) 5 11 11			ļ	
	b	Less: cost or other basis and sales expenses .					
	_						
	c d	Gain or (loss)		1-			-
<u>o</u>				<u>-</u>			
venue	8a	Gross income from fundraising events (not including \$					
0			1	1			
Other R		of contributions reported on line 1c). See Part IV, line 18 a		İ			
ē				1			
δ		Less: direct expenses b					
		Net income or (loss) from fundraising	events . ►				
	59	Gross income from gaming activities.  See Part IV, line 19 a		1			
		Less: direct expenses b	- isiaa	1			
		Net income or (loss) from gaming activ	vities P				
İ	ıva	Gross sales of inventory, less returns and allowances a	ļ				
				İ			
ļ		Less: cost of goods sold b					
,	С	Net income or (loss) from sales of inve			_ <del>.</del>		
		Miscellaneous Revenue	Business Code		-	_	
	11a	Miscellaneous	9000000	16,160		16,160	
	b						
1	C						
	d	All other revenue					
ļ		Total. Add lines 11a-11d		16,160			
- }	12	Total revenue. See instructions	▶	7,448,904		(399,411)	0

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All other	r organizations must complete	e column (A) but are not
required to complete columns (B), (C), and (D).			

	Check if Schedule O contains a respon-	se to any question	in this Part IX		
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22			,	1
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	713,959	713,959		1
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	294,864	294,864		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salanes and wages				
9 10	Other employee benefits				
11 a	Fees for services (non-employees):  Management				
b	Legal				
c d	Accounting				
e f	Professional fundraising services. See Part IV, line 17 Investment management fees				
g	Other	260,000	260,000		
12	Advertising and promotion				
13	Office expenses	2,614	2,614		
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	14,498	14,498		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	68,969	68,969		
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates	4 200		4 000	
22	Depreciation, depletion, and amortization .	4,322		4,322	<del> </del>
23	Insurance	901	901		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Rent	8,400	8,400		
a b	Communication	6,867	6,867		
C	Board of Trustees Expense	1,306	0,007	1,306	
ď	Utilities	2,778	2,778	1,300	<del></del>
e	All other expenses	6,957	6,614	343	
25	Total functional expenses. Add lines 1 through 24e	1,386,435	1,380,464	5,971	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here    if following SOP 98-2 (ASC 958-720)	.,	,,,,,,,,,,,	5,571	

P	art X	Balance Sheet			
	-		(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	491,633	1	744,405
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	398,743	3	267,646
	4	Accounts receivable, net	12,483	4	12,136
	5	Receivables from current and former officers, directors, trustees, key			
	İ	employees, and highest compensated employees. Complete Part II of			
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			-
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ş		employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
Ä	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 33,276	· _ <del>· _ · _ · _ · _ · </del>		
	b	Less: accumulated depreciation 10b 23,620	11,388		9,656
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11	3,142,346	12	9,094,442
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	4,056,593		10,128,285
	17	Accounts payable and accrued expenses	152,200	17	161,423
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
ies	22	Payables to current and former officers, directors, trustees, key			
<b>#</b>		employees, highest compensated employees, and disqualified persons.			j
Liabilities		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D			
	26	4	450.000	25	404 400
	20	Total liabilities. Add lines 17 through 25	152,200	26	161,423
Ces		lines 27 through 29, and lines 33 and 34.			
an	27	Unrestricted net assets	(60,301)	27	(55,981)
Bal	28	Temporarily restricted net assets	1,746,695	28	1,368,298
ᅙ	29	Permanently restricted net assets	2,200,000	29	8,654,545
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ► □ and complete lines 30 through 34.			
Š	30	Capital stock or trust principal, or current funds		30	
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds .		32	
<b>Jet</b>	33	Total net assets or fund balances	3,904,393	33	9,966,862
~	34	Total liabilities and net assets/fund balances	4,056,593		10,128,285
_					Form <b>990</b> (2011)

	· ·				
Form 9	90 (2011)			Pa	age 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7,44	8,904
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,38	6,435
3	Revenue less expenses. Subtract line 2 from line 1	3		6,06	2,469
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		3,90	4,393
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,				
	column (B))	6		9,96	6,862
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII	· · · ·			<u>. 🗆</u>
	Assessment to the second of th			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other	<del></del>			
	If the organization changed its method of accounting from a pnor year or checked "Other," ex Schedule O.	plain in			
20			_		-
2a b	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	<b>✓</b>	
C	Were the organization's financial statements audited by an independent accountant? If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	· · ·	2b	<b>✓</b>	
C	of the audit, review, or compilation of its financial statements and selection of an independent account	rersigni intant?	2c	/	
	If the organization changed either its oversight process or selection process during the tax year, ex		2C	<b>V</b>	
	Schedule O.	piani iii			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the ye	ar were			
_	issued on a separate basis, consolidated basis, or both:	W WOIC			l '
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				1
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in	-		· '
	the Single Audit Act and OMB Circular A-133?		3a		1
					. •

If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2011)

#### SCHEDULE A (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Micronesia Conservation Trust

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

The o	rganization is not	a private founda	ition because it is: (Fo	or lines 1	through 1	1, check	only one	box.)			
			hes, or association of			ed in <b>sec</b>	tion 170	(b)(1)(A)(i	).		
			170(b)(1)(A)(ii). (Attac		-						
		•	spital service organiza								
	hospital's nam	ne, city, and state			-						
5		on operated for a (Comp.) (1)(A)(iv). (Comp.)	the benefit of a colle plete Part II.)	ge or uni	versity o	wned or	operated	by a go	vernment	tal unit described	ir
	✓ An organization	on that normally	nment or government receives a substantia (A)(vi). (Complete Pai	al part of					nit or fron	n the general publ	IC
8	☐ A community t	trust described i	n section 170(b)(1)(A	<b>)(vi).</b> (Cor	nplete Pa	art II.)					
9	receipts from support from	activities related	receives: (1) more that to its exempt functent income and unrefer June 30, 1975. So	ions—su lated bus	bject to d siness ta	certain e	xceptions come (les	s, and (2) ss sectio	no more	e than 331/3% of i	ts
10	☐ An organizatio	n organized and	operated exclusively	to test fo	or public s	safety. Se	e <b>sectio</b>	n 509(a)(	(4).		
11	purposes of o	ne or more pub	nd operated exclusive blicly supported organ describes the type of	nizations	describe	d in sect	ion 509(a	a)(1) or se	ection 50	9(a)(2). See <b>sectio</b>	
	a 🗌 Type I			☐ Type					_	Type III-Other	
е		ndation manage	that the organization ers and other than one								
f			written determination	on from	the IRS t	that it is	а Туре	I, Type I	II, or Typ	e III supporting	
		check this box .								[	
g	Since August following person		he organization acce	pted any	gift or co	ontributio	n from a	iny of the	•		_
			ndirectly controls, eithody of the supported								_
			on described in (i) abo	-						11g(ii)	_
			a person described in							11g(iii)	_
h		-	on about the support							L ** 1	_
1 (1)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	m col. (i) la	organization sted in your document?	the organ	rou notify nization in of your port?	organizat (i) organi	s the tion in col. zed in the S?	(vii) Amount of support	
				Yes	No	Yes	No	Yes	No		
(A)											
(B)											
(C)											
(D)											
(E)											_
Total											

, Schedu	ile A (Form 990 or 990-EZ) 2011						Page 2
Part	Support Schedule for Organiza (Complete only if you checked the Part III. If the organization fails to	ne box on lin	e 5, 7, or 8 of	Part I or if the	organization	failed to qua	
	on A. Public Support	,	=		· · · · · · · · · · · · · · · · · · ·		
Caler	idar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	_	ı.	1,746,014	1,317,215	7,848,315	10,911,544
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3			1,746,014	1,317,215	7,848,315	10,911,544
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
	on B. Total Support		· • · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·	
Caler	dar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4		ļ	1,746,014	1,317,215	7,848,315	10,911,544
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			278,932	154,226	(407,822)	25,336
9	Net income from unrelated business activities, whether or not the business is regularly carned on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10		-				10,936,880
12	Gross receipts from related activities, etc	. (see instructi	ons)			12	
13	First five years. If the Form 990 is for the organization, check this box and stop he	re		d, third, fourth,	_		
14	on C. Computation of Public Support Public support percentage for 2011 (line 6)			1 column (f)		14	
15	Public support percentage from 2010 Sch					15	<u>%</u>
16a	331/3% support test—2011. If the organization						
	box and stop here. The organization qua						. ► □
b	331/a% support test—2010. If the organ check this box and stop here. The organ	nization did no	ot check a box	on line 13 or	16a, and line		
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part IV how the organization meets the "forganization	ets the "facts-	and-circumsta	nces" test, che	ck this box an	d stop here. E	ne 14 is kpłain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part IV how the organization m	tion meets the	e "facts-and-ci	rcumstances"	test, check th	is box and sto	and line p here.

#### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

	If the organization fails to qualify	under the te	sts listed belo	ow, please co	omplete Part I	l.)	
Section	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the						
3	organization's tax-exempt purpose						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с 8	Add lines 7a and 7b						
Section	on B. Total Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						"
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop he		n's first, secon		-		
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2011 (line 8	8, column (f) d	ivided by line 1	3, column (f))		15	%
16	Public support percentage from 2010 Sch			<u></u>	<u> </u>	16	%
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2011 (			-		17	%
18	Investment income percentage from 2010					18	<u>%</u>
19a	331/3% support tests—2011. If the organ						
-	17 is not more than 331/3%, check this box					-	
b	331/2% support tests – 2010. If the organize line 18 is not more than 331/2%, check this	box and stop h	nere. The organ	ization qualifies	as a publicly si	upported organ	ization 🕨 📋
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b, o	check this box	and see instru	ctions 🕨 🔲

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Part IV	<b>Supplemental Information.</b> Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	
<del></del>		
	······································	
		<b>-</b>
	·	
	······································	
<b></b>		
	······································	

#### SCHEDULE D (Form 990)

### **Supplemental Financial Statements**

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Department of the Treasury Internal Revenue Service ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

OMB No 1545-0047

Name of the organization Employer identification number **Micronesia Conservation Trust** 98-6062277 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year . . . . . 11 2 Aggregate contributions to (during year) . 1,239,347 162.171 3 Aggregate grants from (during year) . . . 713,959 0 Aggregate value at end of year . . . . 525,388 8.582.989 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area Protection of natural habitat ☐ Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements . . . 2a b 2b Number of conservation easements on a certified historic structure included in (a) . . . C Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the penodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) 8 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Assets included in Form 990, Part X .

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3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection terms (check all that apply):  a	Par	Organizations Maintaining	Collections of A	Art, His	torical T	reasures	, or O	ther Similar As	s <b>sets</b> (continued)
b   Scholarly research   e   Other	3	• •	accession, and oth	ner reco	rds, chec	k any of th	e follo	wing that are a s	ignificant use of its
c	а	☐ Public exhibition		d	☐ Loan	or exchang	ge prog	rams	
c	b	☐ Scholarly research		е	☐ Other	•			
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	С								
assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	4	Provide a description of the organizat		nd expla	ain how ti	hey further	the org	ganızatıon's exer	npt purpose in Part
assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	5	During the year, did the organization	solicit or receive o	donation	s of art.	historical ti	reasure	s, or other similar	ar
Part IV   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, Ine 9, or reported an amount on Form 990, Part X, Ine 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?   Yes   No If "Yes," explain the arrangement in Part XIV and complete the following table:    Beginning balance   1	-								
Ine 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIV and complete the following table:  C Beginning balance	Pari								
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?									,,,,,
Included on Form 990, Part X?    Yes   No   No   If "Yes," explain the arrangement in Part XIV and complete the following table:    Beginning balance   1c   Amount   1d	1a					or contribut	tions of	r other assets no	ot
b If "Yes," explain the arrangement in Part XIV and complete the following table:    Amount									
C   Beginning balance     1c	b								00
Additions during the year   10	-	ii 100, Oxpiaii iio arangomoni iii i	ar and comple	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	og	<b>LD.</b> (0.		A	mount
Additions during the year   10	c	Reginning balance					10	<del>-</del> -	
Ending balance   Tending ba	_						<b>⊢</b>		
f Ending balance								<del></del>	
2a							_		
b If "Yes," explain the arrangement in Part XIV.   Part V   Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.   1a   Beginning of year balance   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years b									☐ Ves ☐ No
Part V   Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.		-		u t 🔨, iii ie	21: .		• •		☐ 163 ☐ 140
(a) Current year   (b) Pnor year   (c) Two years back   (d) Three years back   (e) Four years back   (d) Three years back   (d) Three years back   (d) Three years back   (e) Four years back   (d) Three years   (d) Three ye				ation an	swered	"Yes" to F	orm 9	90 Part IV line	10
Beginning of year balance   2,544,015   1,690,535   1,607,491   50,000		Endownient Funds. Comple							
b Contributions	12	Reginning of year balance							<del></del>
C Net investment earnings, gains, and losses				·	<del></del>		707,431	·· ·- ·-	+
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment % b Permanent endowment  % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related organizations Secribe in Part XIV the intended uses of the organization's endowment funds.  Description of property  (a) Cost or other bass (b) Cost or other bass (c) Accumulated depreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment  33,276  153,480  83,044  57,491		<u> </u>	0,737,373		700,000			1,300,0	
d Grants or scholarships e Other expenditures for facilities and programs	·		(415 571)		152 490		92 044	57.40	•
e Other expenditures for facilities and programs	A	<b>⊢</b>	(415,571)	-	133,460		63,044	31,49	-
f Administrative expenses		•							
g End of year balance	e	programs							
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  Board designated or quasi-endowment ▶ %  Termanent endowment ▶ %  The percentages in lines 2a, 2b, and 2c should equal 100%.  Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations	f	· · · · · · · · · · · · · · · · · · ·							
a Board designated or quasi-endowment ▶ %  b Permanent endowment ▶ %  c Temporanly restricted endowment ▶ %  The percentages in lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations	g	•	<u></u>		<u> </u>		<del></del>		1
b Permanent endowment ▶ %  c Temporanly restricted endowment ▶ %  The percentages in lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations	2		-	d balanc	e (line 1g	, column (a	)) held	as:	
C Temporanly restricted endowment ▶ % The percentages in lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations	а	•	t ▶	_%					
The percentages in lines 2a, 2b, and 2c should equal 100%.  Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations	b	***************************************							
Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations	С	Temporanly restricted endowment ▶	%						
organization by:  (i) unrelated organizations									
(i) unrelated organizations	3a		possession of the	e organi	zation tha	at are held	and ad	ministered for th	e
(ii) related organizations . 3a(ii)    b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIV the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (d) Book value depreciation  1a Land		organization by:							Yes No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIV the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  (d) Book value  23,620  9,656  e Other		(i) unrelated organizations							3a(i)
4 Describe in Part XIV the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (other) (other) (other) (d) Book value (d) Book value (other) (other) (other) (d) Book value (other) (other) (d) Book value (other) (other) (other) (d) Book value (other) (other) (d) Book value (d) Book value (d)									3a(ii) ✓
Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (e) Accumulated depreciation  (d) Book value  (e) Accumulated depreciation  (f) Book value  (g) Cost or other basis (other)  (other)  (h) Cost or other basis (other)  (other)  (n) Accumulated depreciation  (g) Book value	b	1.7.							3b
Description of property  (a) Cost or other basis (b) Cost or other basis (other)  (a) Cost or other basis (other)  (b) Cost or other basis (c) Accumulated depreciation  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (e) Accumulated depreciation  (f) Book value  (g) Accumulated depreciation  (h) Book value  (other)  (investment)  (inv			of the organizatio	n's endo	wment fu	unds.			
(investment) (other) depreciation  1a Land	Part	VI Land, Buildings, and Equip	ment. See Form	990, Pa	art X, line	e 10.			
b Buildings		Description of property						i .	(d) Book value
c         Leasehold improvements	1a	Land							
d Equipment	b	Buildings							
d Equipment	С	Leasehold improvements							
e Other	d			33,276				23,620	9,656
			<del></del>	,			-		
	Total.		ust equal Form 99	0, Part	, column	(B), line 10	)(c).)	<b>&gt;</b>	9,656

Part VII	Investments—Other Securities	. See Form 990, Part X,	line 12.	
(a	) Description of security or category (including name of security)	(b) Book value	(c) Method of val Cost or end-of-year m	
(1) Financial	derivatives			
	neld equity interests			
(3) Other				
	n Stanley Smith Barney	9,094,442	End of year market value	
(B)				· · · · · · · · · · · · · · · · · · ·
(C)				
(D)				
(E) (F)				
(G)		• • • • • • • • • • • • • • • • • • • •		··· - ···
(H)				
(1)				<del></del>
	b) must equal Form 990, Part X, col. (B) line 12.)	9,094,442		
Part VIII	Investments - Program Related			
<u> </u>	(a) Description of investment type	(b) Book value	(c) Method of val	uation
,	, and the second	(2) 2001230	Cost or end-of-year m	
(1)				
(2)				
(3)				
(4)				
(5)				
_(6)				
(7)				
(8)				
(9)				
(10)	15 - 000 B-1V - 1 (B) 1- (0) B			
	b) must equal Form 990, Part X, col. (B) line 13.)	4 V 8 45	<u></u>	<del></del>
Part IX	Other Assets. See Form 990, Pa	IT X, IINE 15.  1) Description		(h) Pook volvo
(1)	(6	ny description		(b) Book value
(1)				
(2)				
(4)				***
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	mn (b) must equal Form 990, Part X, co			
Part X	Other Liabilities. See Form 990,			
1.	(a) Description of liability	(b) Book value		
	income taxes			
(2)				
(3)				
(4)				
(6)				
(7)				
(8)	· <del>-</del> · · · · · · · · · · · · · · · · · · ·			
(9)				
(10)	<del></del>			
(11)				
	b) must equal Form 990, Part X, col. (B) line 25.)			
	9C 740) Footnote. In Part XIV, provide	the text of the footnote to t	the organization's financial statem	nents that reports the
organization	's liability for uncertain tax positions u	nder FIN 48 (ASC 740).		<u>-</u>

	le D (Form 990) 2011	1011	Page 4
Part	· · · · · · · · · · · · · · · · · · ·		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		7,448,904
2	Total expenses (Form 990, Part IX, column (A), line 25)		1,386,435
3 4	Excess or (deficit) for the year. Subtract line 2 from line 1		6,062,469
5	Net unrealized gains (losses) on investments		· <del></del>
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV.)		3,904,393
9	Total adjustments (net). Add lines 4 through 8	<del></del>	3,904,393
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		9,966,862
	XII Reconciliation of Revenue per Audited Financial Statements With Rev		3,300,002
1	Total revenue, gains, and other support per audited financial statements		7,448,904
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	· ·   -	7,140,001
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants	·	
d	Other (Describe in Part XIV.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1		7,448,904
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		<del></del>
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV.)		
C	Add lines <b>4a</b> and <b>4b</b>		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		7,448,904
Part .		oenses per Return	
1	Total expenses and losses per audited financial statements	1	1,386,435
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIV.)		
_	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,386,435
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
	Other (Describe in Part XIV.)		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	· · · 4c	4 200 425
Part 2		5	1,386,435
	ete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	lo and 4. Dort IV. lines	1h and 0h
Part V.	, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.	ia anu 4, Pari IV, iines Also complete this p	art to provide
	Iditional information.	. Also complete tills p	art to provide
-	line 4: The Micronesia Conservation Trust maintains two endowment accounts. The revenues	from the Micronesia C	hallenge
Part V.			
Part V		to the terms of Memora	nda of
	rment will fund the costs of conducting conservation projects and capacity-building according i		
	ment will fund the costs of conducting conservation projects and capacity-building according		
Endow	ment will rund the costs of conducting conservation projects and capacity-building according ment between the MCT and the participating jurisdictions. These projects and capacity-building		ite to the
Endow Agreer		g activities will contribu	

Part XI, line 8: This is the reporting entity's net assets from the prior year.

Schedule D (Fo	rm 990) 2011	Page <b>5</b>
Part XIV	Supplemental Information (continued)	
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#### SCHEDULE F (Form 990)

#### **Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047
2011
Open to Public

Department of the Treasury Internal Revenue Service

Inspection

Employer identification number Name of the organization **Micronesia Conservation Trust** 98-6062277 General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Part I Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the ☑ Yes □ No. For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number of (c) Number of (d) Activities conducted in (a) Region (e) If activity listed in (d) is (f) Total expenditures for employees, agents, and region (by type) (e.g., fundraising, program services, investments, offices in the a program service, describe specific type of service(s) in region region and investments independent in region contractors grants to recipients located in the region) in region (1) East Asia and the Pacific 1 9 re-granting conservation 713,959 (2) East Asia and the Pacific capacity-building training/support 262,345 (3) East Asia and the Pacific other program management/finance 404,160 (4) (5) (6)(7) (8) (9) (10)(11)(12)(13)(14)(15)(16)(17)Sub-total . . . . 3a 1,380,464 Total from continuation

sheets to Part I . . . .

c Totals (add lines 3a and 3b)

0

1,380,464

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Part II

(i) Method of valuation (book, FMV, appraisal, other) Yap CAP KC&CDO MIMRA PICRC MCRO MERIP HOPE MICS BNM VINS ccs CSP PCS (h) Description of non-cash assistance (g) Amount of non-cash assistance cash disbursement (f) Manner of 72,473.01 check 56,618.79 check 71,920.00 check 49569.00 check 8,503.82 check 20,724.48 check 28,139.40 check 21,800.00 check 40,098.39 check 41,659.85 check 26,202.39 check 7,400.00 check 6,486.28 check 12,200.00 check (e) Amount of cash grant (d) Purpose of grant Part II can be duplicated if additional space is needed. ABCDE ABCDE ABCDE BCDEF ABCDE ABCDE ABCEF BCDE BCDE BCDE BCDE BCDE BCDE Ę E. Asia & Pacific E. Asia & Pacific E. Asia & Pacific E. Asia & Pacific E. Asia & Pacific E. Asia & Pacific E. Asia & Pacific E. Asia & Pacific E. Asia & Pacific E. Asia & Pacific E. Asia & Pacific E. Asia & Pacific E. Asia & Pacific E. Asia & Pacifc (c) Region (b) IRS code section and EIN (if applicable) (a) Name of organization E 12 <u>E</u> 4 (15) 6 (16) <u>N</u> ල € 9 3 ➌ <u>@</u>

13 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities က

Schedule F (Form 990) 2011

Page 3

Schedule F (Form 990) 2011

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III Gran be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of	(d) Amount of	(e) Manner of cash	(f) Amount of non-cash	(g) Description	(h) Method of
				disbursement	assistance	סו זכו במצון מצואות סו	appraisal, other)
(1)							
(2)							
(6)							
(4)	,						
(5)							
(9)							
(7)							
(8)							
(6)							
(10)							
(11)							
(12)							:
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
						Sche	Schedule F (Form 990) 2011

Schedule	F	(Form	gan)	2011	

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Part I	IV	Foreign Forms		
1	the d	the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign poration (see Instructions for Form 926)	☐ Yes	☑ No
2	may Rec	the organization have an interest in a foreign trust during the tax year? If "Yes," the organization be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and eight of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a Owner (see Instructions for Forms 3520 and 3520-A)	☐ Yes	☑ No
3	the c	the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To eain Foreign Corporations. (see Instructions for Form 5471)	☐ Yes	✓ No
4	qual <i>Infol</i>	the organization a direct or indirect shareholder of a passive foreign investment company or a lifted electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, mation Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing d. (see Instructions for Form 8621)	☐ Yes	☑ No
5	the	the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain eign Partnerships. (see Instructions for Form 8865)	☐ Yes	☑ No
6	"Yes	the organization have any operations in or related to any boycotting countries during the tax year? If s," the organization may be required to file Form 5713, International Boycott Report (see Instructions Form 5713)	☐ Yes	☑ No

#### Part V

#### **Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Part 1, line 2: In most cases, MCT conducts open calls for proposals, soliciting concept papers from potential grantees. Once projects are
approved by the Board of Trustees, the Management Unit and Conservation and Capacity-Building Programs execute contracts with the
grantees. The contracts are based on project proposals, workplans and budgets as reviewed and approved by the Technical Committee and
Board of Trustees. The program staff are then responsible for monitoring the progress of the projects against the approved workplans and
budgets, reviewing and approving project reports and conducting on-site project monitoring visits. Payments to projects are dependent on
the acceptance of reports, submission of the appropriate supporting documents and the documented achievement of goals and milestones.
These procedures and requirements are outlined in the MCT Operations Manual and in individual project contracts.
Part II, line 1: Following is the key describing the Purpose of Grant. A - Coral Reef Monitoring, B - Resource Management and Planning,
C - Protected Areas Management, D - Conservation and Climate Change Awareness, E - Workshops and Training, F - Internships and
Coordination

#### **SCHEDULE O** (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Employer identification number

98-6062277

Department of the Treasury Internal Revenue Service Name of the organization

**Micronesia Conservation Trust** 

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

Part VI, Section B, line 11b: The Deputy Executive Director and the Finance Officer prepared the form 990 and schedules in draft for
review and confirmation by the Board Treasurer.
Part VI, Section B, line 12c: The Micronesia Conservation Trust's Trustees are required to disclose any and all potential conflicts of interest
prior to meetings and electronic votes. Any conflicts are disclosed verbally and recorded in the minutes of the meeting. Annual disclosure
forms are distributed and completed during the Annual face-to-face meetings held in November of each year.
Part VI, Section B, line 15a: Determining the compensation for the Executive Director involved a survey of salary scales for other regional
organizations. Annual increases in the Executive Director's salary involve an annual review of performance conducted by the Board of
Trustees.
Part VI, Section B, line 15b: Determining compensation for other key employees involves annual performance reviews conducted by the
employee's immediate supervisor.
Part VI, Section C, line 19: The Micronesia Conservation Trust's governing documents and Annual Report (including audited financial
statements) are made available on its website. Financial statements and other information are available upon request via email,
facsimiles, telephone or letter.
Part XII, line 2c: The Board of Trustees selects the auditor and reviews and accepts the audit reports.