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Foim 990-EZ

# Short Form 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)

OMB No. 1545-1150 2012

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$600,000 at the end of the year may use this form.

Open to Public Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. , 20 A For the 2012 calendar year, or tax year beginning , 2012, and ending C Name of organization D Employer identification number B Check if applicable: ✓ Address change PROSPEKT MIRA 26-4605980 Room/suite Name chance Number and street (or P.O. box, if mail is not delivered to street address) E Telephone number PO Box 1684 (801)855-6472 City or town, state or country, and ZIP + 4 F Group Exemption Amended return Number > SALT LAKE CITY, UT 84110 Application pending Other (specify) ▶ H Check ► If the organization is not required to attach Schedule B Website: ► http://prospektmira.org (Form 990, 990-EZ, or 990-PF). if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return. L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, 95,257 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I.  $\overline{\mathbf{Z}}$ 1 11,767 2 Program service revenue including government fees and contracts 2 81,681 3 3 4 Investment income . . . . . . . . . . . . . . . . . 4 5a Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses . . . . . . . . . . . 5b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . C Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than Revenue 6a Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . 6b Less: direct expenses from gaming and fundraising events . . . 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d Gross sales of inventory, less returns and allowances . . . 7a 7b c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c R 8 1,800 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 9 95.257 10 Grants and similar amounts paid (list in Schedule O) . 10 11 11 Benefits paid to or for members . . . . . . . . Salaries, other compensation, and employee benefits 12 12 Expenses 13 Professional fees and other payments to independent contractors APR. 13 68,683 14 14 1,251 15 15 Printing, publications, postage, and shipping . . . . . 865 16 Other expenses (describe in Schedule O) . . . . . 16 21,227 17 Total expenses. Add lines 10 through 16. 17 92,026 18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . . 18 3,231 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 17,769 20 Other changes in net assets or fund balances (explain in Schedule O) . 20 Net assets or fund balances at end of year. Combine lines 18 through 20 21 21,000

21 For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2012)



Pa	rt II Balance Sheets (see						
	Check if the organization	on used Schedule	O to respond to a	ny question in this l	Part II		🗆
					(A) Beginning of year	(	(B) End of year
22	Cash, savings, and investme	nts			17,769	22	21,000
23						23	
24	Other assets (describe in Sch	nedule O)				24	
25	Total assets					25	
26	Total liabilities (describe in S					26	
27	Net assets or fund balance				17,769	27	21,000
Par	t III Statement of Program		•		•		Expenses
	Check if the organizati			ny question in this l	Part III 🗸		ured for section
Wha	t is the organization's primary e	xempt purpose?	SEE SCHEDULE O				)(3) and 501(c)(4) exations and section
as n	cribe the organization's program neasured by expenses. In a cl- ons benefited, and other relevan	ear and concise m	nanner, describe th	f its three largest pr e services provided	rogram services, , the number of		(a)(1) trusts; optional
28	SEE SCHEDULE O						
	(Granta \$	\ If this amount	includes foreign and			00-	
29	(Grants \$			ants, check here .		28a	36,203
25	SEE SCHEDULE O	·····					
	(Grants \$	) If this amount	includes foreign an	ants, check here .		29a	15 211
30	SEE SCHEDULE O	7 ii diio dinodii	molades foreign gri	and, check here .		230	15,611
-	<u> </u>				********		
		••••••					
	(Grants \$	) If this amount	includes foreign an	ants, check here .	<b>▶</b> □	30a	38,287
		,	midded tororging gri	2110) OHOOK HOLO .	🗀		
31	Other program services (descri					-	
	(Grants \$	be in Schedule O) ) If this amount	includes foreign gra	ants, check here		31a	
32	(Grants \$ Total program service expen	ibe in Schedule O) ) If this amount ses (add lines 28a	includes foreign grathrough 31a)	ants, check here		31a 32	90,101
32	(Grants \$ Total program service expent IV List of Officers, Director	ibe in Schedule O) ) If this amount ses (add lines 28a s, Trustees, and Key	includes foreign gra through 31a) . y Employees List eac	ants, check here	▶ □ ▶ Densated (see the insert	31a 32	
32	(Grants \$ Total program service expen	ibe in Schedule O) ) If this amount ses (add lines 28a s, Trustees, and Key	includes foreign gra through 31a) . y Employees List eac	ants, check here  the one even if not company question in this	Densated (see the insert IV	31a 32 structi	ons for Part IV)
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32 Par AND 2043 BEVI 1255	(Grants \$ Total program service expent IV List of Officers, Director Check if the organization (a) Name and title  REA EGAN, EXECUTIVE DIRECTOR  EAST MONTANE COVE, DRAPER  ERLY HYATT NEVILLE, DIRECTOR	ibe in Schedule O) ) If this amount ses (add lines 28a is s, Trustees, and Key ion used Schedule  DR R UT 84020 R E, UT 84117	includes foreign grathrough 31a) .  y Employees List each O to respond to a  (b) Average hours per week devoted to position  8.0 HRS/WK	ants, check here  th one even if not company question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Densated (see the inspart IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation	31a 32 structi	cons for Part IV)  Estimated amount of ther compensation
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Part	•			age •
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	r	<del>. L</del>
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
c b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	35b		
36	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	30	<del>                                     </del>	Ψ,
b 38a	Did the organization file <b>Form 1120-POL</b> for this year?	37b 38a		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			<u> </u>
39	Section 501(c)(7) organizations. Enter:			j
a	Initiation fees and capital contributions included on line 9	4		1
ь 40а	Gross receipts, included on line 9, for public use of club facilities	-		
	section 4911 ► ; section 4912 ► ; section 4955 ►		}	
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	ĺ		
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		
41	List the states with which a copy of this return is filed ▶ uT			
42a	•••••••	801)85		2
ь	Located at ► DRAPER, UT  At any time during the calendar year, did the organization have an interest in or a signature or other authority over	840	020	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No.
	If "Yes," enter the name of the foreign country: ►  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	:		
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		.	<b>▶</b> □
44-	Did the executation maintain any depart advised foods design the cond of the property		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1
ь	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		<u>}</u>
d	Did the organization receive any payments for indoor tanning services during the year?	44c		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
45b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		•

Form 99	0-&Z (2012)						F	age 4
46	Did the organization engage, directly or in						Yes	No
	to candidates for public office? If "Yes," of		, Part I	<u> </u>	· · ·	- 46		<b>✓</b>
Part '	VI Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51 Check if the organization used Sci	s must answer que		·	mplete the	e tables	for lin	es $\Box$
			, 10 a.i., quodudii ii.				Yes	No
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par		section 501(h) electio	n in effect	during the	tax . 47	,	1
48	Is the organization a school as described in	n section 170(b)(1)(A)(i	i)? If "Yes," complete \$	Schedule E		. 48	3	1
49a	Did the organization make any transfers to	<del>-</del> '		cation?		49	<del></del>	✓
ь 50	If "Yes," was the related organization a se Complete this table for the organization's	•		or than offi		49		d kov
30	employees) who each received more than				-			-
	(a) Name and title of each employee paid more than \$190,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health	benefits, to employee and deferred	(e) Estima		unt of
NONE								
								•
f 51	Total number of other employees paid ov Complete this table for the organization \$100,000 of compensation from the orga	's five highest compe		contractors	s who eact	receive	d more	than
(a)	Name and address of each independent contractor pa		(b) Type of serv	ICO	(c)	Compens	ation	
NONE								
					· 			
						······		
d	Total number of other independent contra	actors each receiving	over \$100,000	<b>&gt;</b>		·-·· —		
52	Did the organization complete Schedule annoexempt charitable trusts must attach	A? Note: All section 5	01(c)(3) organizations	-		►	es 🗌	No
	enalties of perjury, I declare that I have examined this rrect, and complete. Declaration of preparer (other than	n officer) is based on all info	ormation of which preparer I	as any knowle	edge			, it is
					23 Mar	اهد ما	3	
Sign Here	Signature of offices	> Andrea	Fgon, Execu	hie B	refor	-	~	

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

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

20**12** 

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Open to Public Inspection

Name of the organization

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

Employer identification number

	Reason f	or Public Cha	rity Status (All orga	nization	s must c	omplete	this par	rt.) See ii	nstruction	ons.
			ation because it is: (Fo				<u>-</u> _	<del></del>		
1	A church, con	vention of churc	hes, or association of	churches	s describe	ed in sec	tion 170(	(b)(1)(A)(i	).	
2	A school desc	nbed in <mark>section</mark>	170(b)(1)(A)(ii). (Attac	h Sched	ule E.)					
3	☐ A hospital or a	cooperative ho	spital service organiza	ation desc	cribed in :	section 1	<b>70(b)(1)</b> (	A)(iii).		
4	4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:									
5										
6	A federal, state	e, or local gover	nment or government	al unit de	scribed ir	section	170(b)(1	)(A)(v).		
7		-	receives a substantia (A)(vi). (Complete Par	•	its suppo	ort from a	governr	mental un	nit or fron	n the general public
8	☐ A community t	rust described i	n <b>section 170(b)(1)(A</b> )	<b>(vi).</b> (Cor	nplete Pa	ırt II.)				
9	receipts from support from	activities related gross investme	receives: (1) more that d to its exempt function ent income and unrelater June 30, 1975. Se	ions-sul lated bus	bject to d siness ta	certain ex xable inc	ceptions come (les	s, and (2) ss section	no more	than 331/3% of its
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 put	nd operated exclusive plicly supported organ describes the type of	nizations	describe	d in secti	ion 509(a	1)(1) or se	ection 50	9(a)(2). See section
	a 🗌 Type l	b 🗌 Type	II c 🗌 Type III	-Functio	nally inte	grated	d 🔲 .	Туре ІІ—	lon-funct	ionally integrated
е	By checking the	nis box, I certify	that the organization	is not co	ntrolled d	irectly or	indirectly	y by one	or more	disqualified persons
	other than fou	ndation manage	ers and other than one	e or more	publicly	supporte	ed organi	izations d	lescribed	in section 509(a)(1)
	or section 509									
f	organization, o	check this box								e III supporting
g	Since August following pers		he organization accer	oted any	gift or co	ontributio	n from a	ny of the	•	
			ndirectly controls, eithody of the supported of						din (ii) au	nd Yes No
	(ii) A family m	ember of a pers	on described in (i) abo	ve?						11g(ii)
	(iii) A 35% cor	ntrolled entity of	a person described in	(i) or (ii) a	above? .					11g(iii)
h	Provide the fo	llowing informat	ion about the supporte	ed organi	ization(s).					
(I)	Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	in col. (i) la	organization sted in your document?	the organ	ou notify nization in of your port?	organizat	s the tion in col. zed in the S.?	(vii) Amount of monetary support
				Yes	No	Yes	No	Yes	No	
(A)										
(B)										
(C)										
(D)			<del></del>							
(E)										
		······································		·····	<del> </del>			-		

18

Part	(Complete only if you checked the	ne box on lin	e 5, 7, or 8 of	Part I or if th	e organization	failed to qua	
<del></del>	Part III. If the organization fails to	qualify und	er the tests li	sted below, p	lease complet	te Part III.)	
	on A. Public Support	(-) 0000	41,0000	(1) 0010	(0.0044		
	dar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not				1		
	include any "unusual grants.")			ł			
2	Tax revenues levied for the			<del> </del>	36,175	11,767	47,942
2	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities		<del> </del>	<del> </del>			<del></del>
•	furnished by a governmental unit to the				]		
	organization without charge		ļ	ł			
4	Total. Add lines 1 through 3			<del>                                     </del>	36,175	11,767	47,942
5	The portion of total contributions by				30,175	11,707	47,542
•	each person (other than a				1 1		
	governmental unit or publicly				1 1	~	
	supported organization) included on					1	
	line 1 that exceeds 2% of the amount				1	ł	
	shown on line 11, column (f)						0
6	Public support. Subtract line 5 from line 4		<u> </u>				47,942
	on B. Total Support						
_	dar year (or fiscal year beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4		ļ	ļ	36,175	11,767	47,942
8	Gross income from interest, dividends,						
	payments received on securities loans,				1 1	I	
	rents, royalties and income from similar sources				] _[	_ [	
9	Net income from unrelated business		·		3	9	12
9	activities, whether or not the business				ļ [	İ	
	is regularly carried on				!		
10	Other income. Do not include gain or		<del></del>	<del>                                     </del>	<b>†</b>		
	loss from the sale of capital assets						
	(Explain in Part IV.)		Ĭ		İ	1,800	1,800
11	Total support. Add lines 7 through 10				1 1	.,000	49,754
12	Gross receipts from related activities, etc.	(see instructi	ons)		<del>'  </del>	12	120,519
13	First five years. If the Form 990 is for the	e organizatio	n's first, secon	nd, third, fourth	n, or fifth tax ye	ar as a section	
	organization, check this box and stop he		<u> </u>		<u>.</u>		🕨 🗸
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2012 (line 6					14	%
15	Public support percentage from 2011 Sch					15	%
16a	331/3% support test—2012. If the organization and						
_	box and stop here. The organization qual						
b	331/s% support test-2011. If the organicheck this box and stop here. The organic					15 is 33'13% (	
17a	10%-facts-and-circumstances test - 20	)12. If the orga	anization did n	ot check a box	on line 13, 16a	, or 16b, and l	ne 14 is
	10% or more, and if the organization me	ets the "facts-	-and-circumsta	ances" test, ch	eck this box and	d stop here. E	xplain in
	Part IV how the organization meets the "f	acts-and-circ	umstances" te	st. The organiz	ation qualifies a	is a publicly su	pported
	organization						
b	10%-facts-and-circumstances test—20						
	15 is 10% or more, and if the organizat	ion meets the	e "facts-and-c	ircumstances"	_test, check thi	s box and sto	p here.
	Explain in Part IV how the organization m	eets the "fact	s-and-circums	tances" test. T	ne organization	qualifies as a	publicly
	supported organization						. ▶ 📙

### 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.)

Secti	on A. Public Support						· · · · · · · · · · · · · · · · · · ·
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees		, , , , , , , , , , , , , , , , , , ,	,,,	\	<u> </u>	
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an			- · · · · · · · ·			
	unrelated trade or business under section 513						
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	Total. Add lines 1 through 5						
7a	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						
_	Add lines 7a and 7b		ļ —————				
8	Public support (Subtract line 7c from line 6.)						
Sacti	on B. Total Support		I	Ĺ	L	,	
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	(a) 2000	(6) 2009	(6) 2010	(0) 2011	(8) 2012	(i) iotai
-	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	1					
	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	•	1				
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
4.4	and 12.)	L	<u> </u>	<u> </u>		L <u>.</u>	504/3/03
14	First five years. If the Form 990 is for the organization, check this box and stop he	•					· / · /
Socti	on C. Computation of Public Suppor			• • • • • •	<del></del>	• • • • •	· · • []
15	Public support percentage for 2012 (line			3 column (fl)	<del></del>	15	%
16	Public support percentage from 2011 Sch						<del></del>
	on D. Computation of Investment In			<u></u>	<del></del>		
17	Investment income percentage for 2012 (			y line 13, colui	mn (f))	17	%
18	Investment income percentage from 2011		* *	-		18	<del></del>
19a	331/a% support tests-2012. If the organ	ization did not	check the box	on line 14, a	nd line 15 is m		%, and line
	17 is not more than 331/3%, check this box	and stop here	. The organizati	on qualifies as	a publicly supp	orted organizat	ion . ▶ 🗍
b	331/a% support tests-2011. If the organiz	zation did not d	check a box on	line 14 or line	19a, and line 16	is more than 3	
	line 18 is not more than 331/3%, check this	-	•	•			
20	Private foundation If the organization di	d not shook a	hay on line 14	100 or 10h	shook this how	and see instru	otions -

P	age	4

Part IV	Supplemental Information. 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).
***********	
	······································

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

### Supplemental Information to Form 990 or 990-EZ

2012

Employer identification number

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization 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.

PROSPEKT MIRA 26-4605980 FORM 990-EZ, PART I, LINE 8, OTHER REVENUE Sale of video footage to GRID-Arendal, a branch of the United Nations Environmental Programme (UNEP) \$1,800 FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES Travel & meetings 20,236 110 Filing fees 581 **Bank Fees** Accounting 300 21,227 Total FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE Prospekt Mira endeavors to provide high-quality, cost effective technical consulting services for non-profit NGOs and IGOs. Prospect Mira serves as a producer, facilitator and analyst on projects dealing with public health, development and the environment. Prospect Mira seeks to cultivate relationships with academia and nurture the next generation of passionate leaders. FORM 990-EZ, PART III, LINE 28, STATE OF PROGRAM SERVICE AND ACCOMPLISHMENTS In 2012, Prospekt Mira continued work in service of its purpose of non-profit research and policy analysis. With the Secretariat of the Pacific Regional Environment Programme (SPREP) acting as the Executing Agency and United Nations Development Programme (UNDP) as the implementing Agency, Prospekt Mira produced a promotional/informational video for the Pacific Adaptation to Climate Change Project (PACC) in Tuvalu and Fiji. Prospekt Mira's videos, entitled 'Vital Water' [Tuvalu] and 'Vital Food' [Fiji] looked at water resource issues and the recent drought in Tuvalu, and agricultural production in Fiji. Links to both videos are available on Prospekt Mira's website: http://prospektmira.org/. Prospekt Mira's additional activities for the PACC project have included the creation of PACC multi-media knowledge management products. These include: Creating an additional video for the Government of Tuvalu, entitled 'Tuvalu National Adaptation Programme of Action [NAPA] Essential Adaptation: Planning for Climate Change'.

Scriedule C (FOIII) 990 OF 990-E2) (2012)	raye &
Name of the organization	Employer identification number
PROSPEKT MIRA	26-4605980
continuation	
* Creating and disseminating PACC project briefs and fact sheets, including the design of a compendium	folder. The project briefs
can be found at [http://undp-alm.org/projects/bf-pacc/reports-and-publications].	
FORM 990-EZ, PART III, LINE 29 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	
ONN 330-L2, FART III, LINE 23 - STATEMENT OF PROGRAM SERVICE ACCOMPCISHMENTS	
Prospekt Mira was commissioned by the UNDP Lao PDR country office project team, in conjunction with t	he National Agriculture and
Coverto, Descendo Instituto ef Leo DDD (NACD) to produce a baselina sideo/hasusdados asadunt descursore	sing the effects of alimets shows
Forestry Research Institute of Lao PDR (NAFRI) to produce a baseline video/knowledge product document	ung the effects of climate change,
drought, and floods in the target areas of the Improving the Resilience of the Agricultural Sector in Lao PD	R to Climate Change
Impacts (IRAS) programme. Filming was completed in November of 2012. The video is currently in post-p	roduction, and is expected to
be released in 2013.	
FORM 990-EZ, PART III, LINE 30 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	
Prospekt Mira was contacted by UNEP Grid-Arendal for video from Small Island Developing States (SIDS)	that was used in a film
that is looking at Arctic Biodiversity Trends - Selected Indicators of Change. The film's subject was chang	e in the region
(human induced and natural) and also the global implications of that change (i.e. changes in plants, anima	l movement,
communities, traditional livelihoods, weather patterns, tourism, industry, erosion etc.).	
Prospekt Mira's footage was used to show changes in SIDS that are related to biodiversity changes in the	arctic, especially the
impacts of climate change on coastal areas (including erosion and sea level rise). Our footage was select	ed because it shows
the inter-relationship of communities and people in Tuvalu and the water.	
	***************************************
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