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Department of the Treasury Internal Revenue Service

For the 2013 calendar year, or tax year beginning

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter Social Security numbers on this form as it may be made public.

2013, and ending

▶ Information about Form 990 and its instructions is at www.irs.gov/form990. December 31

January 1

OMB No 1545-0047

20 13

Open to Public Inspection

	Check if	applicable	C Name of organization Micronesia				D Employ	er identification number			
	Address	change	Doing Business As Micronesia C					98-606220 98 606			
]	Name ch	nange	Number and street (or P.O. box if m	all is not delivered to street addres	s) Room/s	uite	E Telephone number				
	Initial reti	บกา	P.O. Box 2177				(691) 320-5670				
]	Terminat	ted	City or town, state or province, cour	3							
	Amended	d return	Kolonia, Pohnpei FM 96941		G Gross receipts \$						
	Application	on pending	F Name and address of principal office	er.		H(a) is this a g	roup return for	subordinates? Yes Vo			
			William N. Kostka					s included? Ves No			
	Tax-exer	mpt status	501(c)(3) 501(c) () ◀ (insert no.) ☐ 4947(a)	(1) or 🗌 527	If "N	lo," attach a	a list (see instructions)			
	Website	; b ww	w.ourmicronesia.org			H(c) Group	exemption	number ►			
	Form of o	organization:	☑ Corporation ☐ Trust ☐ Associa	ation ☐ Other ►	L Year of forma	ation. 2002	M State	of legal domicile. FM			
P	art I	Summ	ary					*.			
	1	Briefly de	escribe the organization's miss	sion or most significant acti	vities: To pr	ovide sustain	ed financ	ing and support for			
ĕ	ļ	biodivers	ity conservatio, climate change	adaptaation and related sus	tainable devel	opment and e	nvironme	ental education.			
mance											
Ĕ	2	Check th	is box ▶☐ if the organization	discontinued its operations	or disposed	of more than	25% of	its net assets.			
	1		of voting members of the gove	-	-		3	8			
	1		of independent voting member)		8			
	l .		nber of individuals employed in				5	0			
	1		nber of volunteers (estimate if		·, 2a,		6	0			
			elated business revenue from				7a	0			
	1				2		7b	0			
-	b	Net unre	lated business taxable income	from Form 990-1, line 34	· · · ·	Prior Y		Current Year			
		0	tions and supply (Dort VIII line	4L\			2628309	3150380			
	1		tions and grants (Part VIII, line	· ·			020000	0100000			
	ì	_	service revenue (Part VIII, line	- -			1109598	1799075			
	1		ent income (Part VIII, column (A	•			1109390	1799075			
	1		venue (Part VIII, column (A), line				2727007	4040455			
_	12		enue-add lines 8 through 11 (n	· · · · · · · · · · · · · · · · · · ·	(A), line 12)		3737907	4949455			
	13		nd similar amounts paid (Part I				992197	635693			
	14		paid to or for members (Part I)				00000	0 11000			
	15		other compensation, employee I		lines 5–10)		308627	314386			
	16a	Profession	onal fundraising fees (Part IX, c	column (A), line 11e)	175		0	0			
	b	Total fun	draising expenses (Part IX, col	umn (D), line 25)	VEU ,	<u>"</u>					
	17	Other exp	penses (Part IX, column (A), lin	es 11a-11d, 111-24e) .	$\cdot \cdot \cdot \cdot \tilde{\alpha}$		451059				
	18	Total exp	penses. Add lines 13-17 (must	equal Partdx, column (A)			1751883	1288975			
	19	Revenue	less expenses. Subtract line 1	8 from line 12 190 4		21	1986024	3660480			
3		•				Beginning of Cu	ırrent Year	End of Year			
Ě	20	Total ass	ets (Part X, line 16)	OGDE	N. U.T. I		12277780	15817888			
2		Total liab	olities (Part X, line 26)			-	254879	132507			
200	22	Net asse	ts or fund balances. Subtract I	ine 21 from line 20			12022901	15683381			
ł	art II 📗	Signat	ture Block								
			ry, I declare that I have examined this i					my knowledge and belief, it is			
þ	e, correct	t, and compl	lete Declaration of preparer (other than	officer) is based on all information	of which prepare	er has any know	ledge				
							11/0	3/2014			
Ç	gn	Sign	ature of officer			Da	ite				
8	re	2	Executive Director								
		Туре	or print name and title								
-	امة	Print/Ty	pe preparer's name	Preparer's signature	C	Date	Charle	PTIN			
	id 	_ [Check self-em	· · · ·			
	epare		ame •			Fire	n's EIN ▶	· I			
5	e Onl	J	iddress ▶				ne no.				
3	v the IR		s this return with the preparer	shown above? (see instruct	tions)	Pno		Yes No			
	,				, · · ·	<u> </u>					

	III (2013)
Part	<u></u>
<u> </u>	Check if Schedule O contains a response or note to any line in this Part III
'	To provide sustained financing and support for biodiversity conservation, climage change and 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?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program
3	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others
	the total expenses, and revenue, if any, for each program service reported.
	200000
4a	(Code:) (Expenses \$ 892600 including grants of \$ 114057) (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
	of the Marshall Islands (RMI), the Republic of Palau (ROP), the US Territory of Guam and the Commonwealth of the Northern Mariana
	Islands (CNMI). Each of these programs is determined by terms agreed upon by MCT and its donors. In general, MCT fnuds projects
	through a Call 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 and climate change adaptation issues in the FSM, RMI,
	ROP, Guam and CNMI, have a direct positive impact on the flora and/or fauna of the targeted ecosystems and related communities,
	show active involvement and commitment on the part of the communities involved, and show technical, financial and organizational
	coherence to ensure sustainability of the project. MCT Conservation Program staff monitor and evaluate the implementation of the
	projects, providing ongoing technical support and guidance and working in close collaboration with the MCT Capacity-Building
	Program staff to assist with assessing grantee needs.
4b	(Code:) (Expenses \$ 392475 including grants of \$ 85248) (Revenue \$)
TU	Capacity-Building Program: The MCT Capacity-Building Program currently supports the executive leadership and management of the
	region's NGOs and government conservation agencies through the Micronesians in Island Conservation (MIC) network as well as
	their technical staff through the Pacific Islands Managed and Protected Areas Community (PIMPAC). MCT coordinates these two peer
	learning networks. The Capacity-Building Program also coordinates its activities with those of the Conservation Program, regularly
	monitoring projects, providing on-the-spot assistance with project management as well as assessment of organizational needs
	in financial and project management. MIC is a peer-learning initiative for emerging Micronesian conservation pioneers as well as
	established champions within both the non-profit and government sectors. PIMPAC provides continuous opportunities for
	sharing of information, expertise, best practice and experience to develop and strengthen area-based management capacity throughout the Pacific Islands region.
	throughout the Facility Islands region.
4c	(Code:) (Expenses \$ 3900 including grants of \$) (Revenue \$)
	Administration and Finance: The Administration and Finance staff provide administrative and financial management support to the
	Conservation and Capacity-Building Programs. MCT's financial management system is comprised of account records and a series
	of processes and procedures assigned to staff, Baord and outside professionals. The goals of MCT's system are to ensure that
	financial data and transactions are properly entered in to the accounting records and that financial reports necessary for management are prepared accuratelt and in a timely fashion. MCTs financial management policies and procedures also provide assurence that
	assets are used soley for the benefit of the organization, and not for personal or other gain, and that dinated funds are used for
	the purposes which donors intended, as specified in their grant agreements. Internal controls help ensure operational efficiency
	and prevent the deliberate or misguided use of funds for unauthorized purposes. The Administration and Finance Program also
	includes the human resource management functions at MCT.
4d	Other program services (Describe in Schedule O.)
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 1285075
70	LOTAL DEPOTATE SERVICE EXPENSES > 1400010

Form 99	Q (2013)			Page 3
Part I	V ` Checklist of Required Schedules			-
*	In the appropriate described in marking E01(a)(0) as 40.67(a)(1) (ather there a private foundation)? If "Voc."		Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	,	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	~	
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		v
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		~
	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		,
	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	,	
	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		,
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		~
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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		,
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	,	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part VI	11a		
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		v
С	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		,
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<u> </u>	~
	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		,
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	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 and XII is optional	12b		•
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	 _	~
14 a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate	14a	•	
	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 other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	v	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		,
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		,
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		,
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		,
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Γ –	

Part	Checklist of Required Schedules (continued)			
` .			Yes	No
21`	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	,	
22	Did the organization report more than \$5,000 of grants or 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		•
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		~
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 25a	24a		,
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		~
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		~
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
25a	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	25a		٧
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		'
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disgualified persons? If so, complete Schedule L, Part II	26		٧
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		·
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		~
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		~
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		~
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		~
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		V
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		~
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		~
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, 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		•
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,			
20	Part VI	37		
38 	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	,	
			200	

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
, ai (Check if Schedule O contains a response or note to any line in this Part V			. \square
	Chock in Contocado C Containo a respenso di moto to any imo in tino i anti C		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b] ;		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and]		
	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			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		V
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
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	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.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		~
7	Organizations that may receive deductible contributions under section 170(c).			
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		7
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		"
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		~
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		1
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		~
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	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		~
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		1
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		~
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders]		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		1
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	L		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		~
	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			
	the organization is licensed to issue qualified health plans]		
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

Part	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 or note to any line in this Part VI	66 III3	ucu	10113. [7]
Section	on A. Governing Body and Management	<u> </u>	:	
<u>Jecu</u>	on A. doverning body and management		Yes	No
ta	Enter the number of voting members of the governing body at the end of the tax year 1a 8			
	If there are material differences in voting rights among members of the governing body, or	1		
	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			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			ļ
_	any other officer, director, trustee, or key employee?	2		~
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		V
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5	-	~
5	Did the organization become aware during the year of a significant diversion of the organization's assets? . Did the organization have members or stockholders?	6		~
6 7a	Did the organization have members of stockholders, or other persons who had the power to elect or appoint	-		Ť
	one or more members of the governing body?	7a		,
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		~
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	~	
b	Each committee with authority to act on behalf of the governing body?	8b	~	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	_		
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	200	~
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	Yes	No
10-	Did the organization have local chapters, branches, or affiliates?	10a		V
10a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	100		
	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		~
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	_
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	~	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13	<u> </u>	
14	Did the organization have a written document retention and destruction policy?	14	•	
15	Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			1
	The organization's CEO, Executive Director, or top management official	15a	~	<u> </u>
a b	Other officers or key employees of the organization	15b		† –
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		~
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			<u> </u>
<u> </u>	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ None			
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501/	C)(3)e	Only
10	available for public inspection. Indicate how you made these available. Check all that apply.	. 551(درن, <i>ح</i>	· Cilly)
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest i	policy	, and
	financial statements available to the public during the tax year.		,	
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	•	
	organization: Meileen Albert Dekehtik Causeway Kolonia Pohnnei FM 96941			

-	_
Рэпа	•
ı ayı	

	•		
Form	990	120	1.3

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 employees."
- 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 related	d orga	anız	atio	n c	ompe	nsa	ited any curren	t officer, director	r, or trustee.
				(0	C)					
(A)	(B)		Position					(D)	(E)	(F)
Name and Title	Average hours per week (list any	(do not check more than one box, unless person is both an officer and a director/trustee)					an tee)	Reportable	Reportable compensation from related	Estimated
	hours for related organizations below dotted line)		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 Webber Chairman		V		,				0	0	0
(2) Frank Shimizu	 			-				-		
Vice-Chair		,		,				0	0	0
(3) Kasio Mida, Jr.	 -		-	<u> </u>			┢			
Secretary	 	,		,				0	o	o
(4) Denise Boylan				<u> </u>	-	-				
Treasurer	†	1		~				0	o	О
(5) John Joyner Trustee		v						0	0	0
(6) Dan Martin										_
Trustee		~	_			ļ	_	0	0	0
(7) Shoji Sato Trustee		,						0	0	o
(8) Jared Morris	 		-	-			-			
Trustee	†	~						0	o	o
(9) Trina Leberer										
Trustee (non-voting)		~						0	0	0
(10)Willy Kostka										
Executive Director					~			0	0	61077
(11) Lisa Andon										
Deputy Executive Director					~		_	0	0	52122
(12)Meileen Andon										20020
Finance Office	<u> </u>			<u> </u>	-	ļ		0	0	38036
(13)	 									
(14)										
						1	l		j	

•	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office individua	unles	Pos eck s pe	rson	than of the state	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportation compensation related organization (W-2/1099-N	n from ons	Estr amo comp fro orga and	(F) mated ount of ther ensation m the nization related nizations
(15)													
(16)													
(17)													
(18)						<u> </u>						<u>. </u>	
(19)													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
1b c d	Sub-total	VII, Sectio	n A					> > >					
2	Total number of individuals (including bur reportable compensation from the organization)		to th	ose	list	ted	above	e) w	ho received m	ore than \$1	00,000) of	
3	Did the organization list any former of employee on line 1a? If "Yes," complete	ficer, direc						 emp	oloyee, or high	est compe	ensated	3	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th	an \$1	150,)? <i>t</i> : 	f "Ye:	s," · ·	complete Sch	edule J fo	or such	4	· · ·
5	Did any person listed on line 1a receive of for services rendered to the organization									ation or inc	dividua 	5	
	on B. Independent Contractors										#100	2 000 -4	
1	Complete this table for your five highest compensation from the organization. Repyear.												
	(A) Name and business add	iress		-					(B) Description of s	ervices		(C) Compens	
							_						
2	Total number of independent contractor received more than \$100,000 of compensations.							th	ose listed abo	ove) who			

Part	VIII	Statement of Revenue					_
		Check if Schedule O contains a resp	ponse or note to				
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts s	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
S. G	С	Fundraising events 1c				10	
ar/	d	Related organizations 1d		1			
s, E	е	Government grants (contributions) 1e	616857	İ			
rsion	f	All other contributions, gifts, grants,					
를 를		and similar amounts not included above 1f	2533523				
i e	g	Noncash contributions included in lines 1a-1f: \$					
a Co	h	Total. Add lines 1a-1f	>	3150380			
			Business Code		_		
Ne n	2a						
Re	b						
ig.	С						
동	d						
Ē	е						
Program Service Revenue	f	All other program service revenue.			·		
4	g	Total. Add lines 2a-2f			· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
	3	Investment income (including divide					
		and other similar amounts)	ŀ	1799075			
	4	Income from investment of tax-exempt bo	r				
	5	Royalties					
		(i) Real	(ii) Personal				
	6a	Gross rents		[
	b	Less: rental expenses		İ			
1	С	Rental income or (loss)	·				
	đ	<u> </u>	. ▶		· · · · · · · · · · · · · · · · · · ·		
	7a	Gross amount from sales of (i) Securities	(ii) Other	!			
		assets other than inventory					
Ì	b	Less: cost or other basis					1
		and sales expenses .					
	С	Gain or (loss)					
	đ	Net gain or (loss)	▶				
Other Revenue	8a	Gross income from fundraising events (not including \$					
ır Rev		of contributions reported on line 1c). See Part IV, line 18 a					
ŧ	b	Less: direct expenses b		ł			
0		Net income or (loss) from fundraising	events . >				/
		Gross income from gaming activities. See Part IV, line 19 a					
	b	Less: direct expenses b					ì
		Net income or (loss) from gaming acti					
		Gross sales of inventory, less					
		returns and allowances a					
		Less: cost of goods sold b					
	С	Net income or (loss) from sales of inve					ļ
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	С						
	ď	All other revenue					
		Total. Add lines 11a-11d		4040455		 	
	12	Total revenue. See instructions	🟲	4949455			1

	90 (2013) Statement of Functional Expenses				Page 10
	on 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. Al	ll other organization	s must complete co	olumn (A).
	Check if Schedule O contains a respon	<u></u>			
	ot include amounts reported on lines 6b, 7b, o, 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				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	635693	635693		41.
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
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	Other salaries and wages	314386	314386		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management	27115	27115		
b	Legal	5000	5000	· · · · · · · · · · · · · · · · · · ·	
c d	Accounting			<u></u>	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses	3279.86	3279.86		
14	Information technology				
15	Royalties	8400	8400		
16 17	Occupancy	139546	139546		·
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	89976	89976	·····	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	3900		3900	
23	Insurance	1052	1052		
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.)	ſ	Ì		
а	Board of Trustees	12095	12095		
b					
C					
d					
е	All other expenses	48532.14	48532.14		
25	Total functional expenses. Add lines 1 through 24e	1288975	1285075	3900	
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 following SOP 98-2 (ASC 958-720) if				

Ρ	art X	Balance Sheet			
•		Check if Schedule O contains a response or note to any line in this Par	tX		<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	578690.74	1	744607
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	130862	3	207283
Assets	4	Accounts receivable, net	46664	4	6896
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other 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 employees' beneficiary			
		organizations (see instructions). Complete Part II of Schedule L		6	
	-			7	
\ss	7	Notes and loans receivable, net		8	
•	8	Inventories for sale or use		9	
	9 10a	Prepaid expenses and deferred charges		3	
	IVa	other basis. Complete Part VI of Schedule D		1	1
	Ь	Less: accumulated depreciation 10b	5088	10c	2883.00
	11	Investments—publicly traded securities	11558475.47		14854219
ļ	12	Investments—other securities. See Part IV, line 11		12	
	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)	12277780	16	15815888
	17	Accounts payable and accrued expenses	254879	17	132507
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
į	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
S.	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			ا سه سه د
abi		disqualified persons. Complete Part II of Schedule L		22	
Ï	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	<u> </u>	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	05.4070	25	400507
	26	Total liabilities. Add lines 17 through 25	254879	26	132507
ces		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.			
<u>a</u>	27	Unrestricted net assets	(7937)		5907
Ba	28	Temporarily restricted net assets	1961293		4124469
ā	29	Permanently restricted net assets	10069545	29	11553005
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.	, '		
ţ\$ (30	Capital stock or trust principal, or current funds		30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ğ	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Se	33	Total net assets or fund balances	12022901	33	15683381
	34	Total liabilities and net assets/fund balances	12277780	34	15815888
					Form 990 (2013)

Form`9	90 (2013)			Pa	age 12
Par	t XI Reconciliation of Net Assets	-			
<u>, </u>	Check if Schedule O contains a response or note to any line in this Part XI	· · · ·	· · ·		<u>. </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1			49455
2	Total expenses (must equal Part IX, column (A), line 25)	2			88975
3	Revenue less expenses. Subtract line 2 from line 1	3		_	60480
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		120	22901
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	- -		
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		156	83381
Parl	XII Financial Statements and Reporting		•		
	Check if Schedule O contains a response or note to any line in this Part XII				. 🗆
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		_		١ '
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain ir	n		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		~
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	oiled o	r	- (
	reviewed on a separate basis, consolidated basis, or both:		Ţ		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		1		ĺ
b	Were the organization's financial statements audited by an independent accountant?		2b	~	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	ed on a	a 🗀		
	separate basis, consolidated basis, or both:		į		
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	ersigh	t		

3a

Form **990** (2013)

of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

b 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.

Schedule O.

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

	of the organization						E	Employer ic	dentificatio			
	onesia Conservation									06227		
			rity Status (All orga						nstruction	ons.		
1 2	A church, con	vention of churcl ribed in section	tion because it is: (Fo hes, or association of 170(b)(1)(A)(ii). (Attac	churches h Schede	s describe ule E.)	ed in sec	tion 170((b)(1)(A)(i	i).			
3 4	A medical rese hospital's nam	earch organizatione, city, and state		ction with	ı a hospit	al descrii	oed in se	ction 17				
5	section 170(b)(1)(A)(iv). (Comp							vernmen	tal unit c	lescrib	ed in
6 7												
8	A community	trust described in	n section 170(b)(1)(A)	(vi). (Cor	nplete Pa	ırt II.)						
9	receipts from support from	activities related gross investme	receives: (1) more that I to its exempt functi Int income and unrel Iter June 30, 1975. Se	ions-sul ated bus	bject to d siness ta	certain ex xable inc	ceptions come (les	s, and (2) ss sectio	no more	e than 3	31/3%	of its
10 11	An organization	on organized an one or more pub	operated exclusively of operated exclusive dicity supported organ describes the type of	ely for th	e benefi describe	t of, to p d in sect	perform 1	the funct a)(1) or se	tions of, ection 50	9(a)(2). S	irry ou See se	ut the
									Non-func		- i a	
e	a ∐ Type I By checking the other than fou or section 509	ndation manage	II c Type III that the organization ers and other than one	is not co	ntrolled d	lirectly or	ındirecti	y by one	or more	disqualif	ied pe	rsons
f	If the organiz		written determination	on from 1	the IRS 1	that it is	a Type	I, Type	ll, or Typ	oe III su	pportir	ng 🗆
g		17, 2006, has the	he organization accep	oted any	gift or co	ontributio	n from a	ny of the	•			<u></u>
	• • • • • • • • • • • • • • • • • • • •		ndirectly controls, eith	ner alone	or toget	her with	persons	describe	d in (ii) a	nd	Yes	No
			ody of the supported of							11g(i	al	
	. ,		on described in (i) abo	_						11g(i	+	
		•	a person described in							11g(ii		
ŀ			on about the support							ــــــــــــــــــــــــــــــــــــــ		·
(i)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) is the c		(v) Did y the organ cal. (i)	ou notify nization in of your port?	organiza (i) organi	Is the tion in col. ized in the S?	(vii) Amou	int of mo upport	onetary
				Yes	No	Yes	No	Yes	No			
(A)												
(B)												
(C)												
(D)												
(E)												
		[1			1	1	1		

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Secti	on A. Public Support	·					
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1746014	1317215	7848315	2590014	3150380	16651938
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	1746014	1317215	7848315	259001	3150380	16651938
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						4450040
_	shown on line 11, column (f)						1156942 15494996
6	Public support. Subtract line 5 from line 4.		-	i			15494990
	on B. Total Support	(-) 0000	(h) 2010	(-) 0011	(4) 2012	(a) 2012	(f) Total
	dar year (or fiscal year beginning in)	(a) 2009 1746014	(b) 2010 1317215	(c) 2011 7848315	(d) 2012 2590014	(e) 2013 3150380	16651938
7	Amounts from line 4	1740014	1317213	7040510	2030014	- 3130300	10001300
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	278932	154266	(407822)	1110484	1799075	2934935
9	Net income from unrelated business activities, whether or not the business is regularly carried 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						19586873
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the	_					
	organization, check this box and stop her			· · · · ·			· · ► 🗹
	on C. Computation of Public Suppor						
14	· · · · · · · · · · · · · · · · · · ·					14	<u>%</u>
15	Public support percentage from 2012 Sch 331/3% support test—2013. If the organization					15	%
16a	box and stop here. The organization qual					370 OF ITIO16, CI	. > []
b	33% support test—2012. If the organicheck this box and stop here. The organic	ization did no	t check a box	on line 13 or	16a, and line		
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part IV how the organization meets the "fa organization	ets the "facts-a	and-circumstai mstances" tes	nces" test, che	ck this box an	d stop here. E	ine 14 is xplain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizat Explain in Part IV how the organization m supported organization	ion meets the eets the	"facts-and-ci	rcumstances" ances" test. Ti	test, check th	is box and sto	op here.
18	Private foundation. If the organization did instructions	d not check a	box on line 13,	16a, 16b, 17a	, or 17b, checl	k this box and	see . ▶ □

Section A. Public Support

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.)

Calen	dar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2	.013	(T) Total	<u> </u>
1	Gifts, grants, contributions, and membership fees						1		
	received. (Do not include any "unusual grants.")								
2	Gross receipts from admissions, merchandise sold or services performed, or facilities		,				1		
	furnished in any activity that is related to the						l		
	organization's tax-exempt purpose								
3	Gross receipts from activities that are not an		}				İ		
	unrelated trade or business under section 513								
4	Tax revenues levied for the						1		
	organization's benefit and either paid						ł		
	to or expended on its behalf								
5	The value of services or facilities			•			1		
	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 .								
	·						$\overline{}$		
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	Add lines 7a and 7b								
8	Public support (Subtract line 7c from				-	·			
	line 6.)						1		
Secti	on B. Total Support								
Calen	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2	013	(f) Total	
9	Amounts from line 6								
10a	Gross income from interest, dividends,								
	payments received on securities loans, rents,		1						
	royalties and income from similar sources .								
b	Unrelated business taxable income (less		}]		ļ		
	section 511 taxes) from businesses		}]		ľ		
	acquired after June 30, 1975								
	Add lines 10a and 10b						\longrightarrow		
11	Net income from unrelated business		Ì						
	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			ļ			1		
	(Explain in Part IV.)						ŀ		
13	Total support. (Add lines 9, 10c, 11,								
10	and 12.)]		ł		
14	First five years. If the Form 990 is for the	ne organization	n's first, secon	d, third, fourth	, or fifth tax ye	ear as a	sectio	n 501(c)(3))
	organization, check this box and stop he	_							
Secti	on C. Computation of Public Suppor	rt Percentag	je	~~~~					
15	Public support percentage for 2013 (line to	B, column (f) di	ivided by line 1	3, column (f))		15			%
16	Public support percentage from 2012 Sch			<u> </u>	<u> </u>	16			%
Secti	on D. Computation of Investment In					· • · · · · ·	,		
17	Investment income percentage for 2013 (• •	-			<u> </u>		<u>%</u>
18	Investment income percentage from 2012					18			<u>%</u>
19a	331/3% support tests—2013. If the organ								
	17 is not more than 331/3%, check this box		_				_		
b	331/3% support tests—2012. If the organization 19 to not more than 331/3% shock this								
	line 18 is not more than 331/a%, check this		_		_		_		
20	Private foundation. If the organization de	и посспеска	DOX ON HINE 14	, 19a, or 19b, (LINEUK LINS DOX	and Se	= IIIS(FU)	Juoris 🕨	<u> </u>

,	m 990 or 990-EZ) 2013 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 1 Part III, line 12. Also complete this part for any additional information. (See instructions).
_	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
_	

· SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

► 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.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Micron	esia Conservation Trust		98-606227
Part		r Advised Funds or Other Similar Fu	
		ered "Yes" to Form 990, Part IV, line 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	8	
2	Aggregate contributions to (during year) .	3282535	
3	Aggregate grants from (during year)	0	
4	Aggregate value at end of year	14854219	
5	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		
6	Did the organization inform all grantees, dor		
	only for charitable purposes and not for the		
	conferring impermissible private benefit? .		· · · · · · · · · · · · · · · · · · ·
Part	Conservation Easements.	LOVE TAN FROM ONE DESTRUCTION OF	,
		ered "Yes" to Form 990, Part IV, line 7	•
1	Purpose(s) of conservation easements held to	by the organization (check all that apply).	of an invalorable management land area
		recreation or education) Preservation	
	Protection of natural habitat	Preservation	of a certified historic structure
•	Preservation of open space Complete lines 2a through 2d if the organiza	tion held a qualified conservation contribut	tion in the form of a conservation
2	easement on the last day of the tax year.	tion field a qualified conservation contribu-	Held at the End of the Tax Year
_			
a	Total acreage restricted by conservation eas		
b	Number of conservation easements on a cer		
C	Number of conservation easements include		
d	historic structure listed in the National Regist		· · 2d
3	Number of conservation easements modified		
3	tax year ►	i, iransiented, released, oxungulaned, er te	minuted by the organization doming the
4	Number of states where property subject to	conservation easement is located	
5	Does the organization have a written poli		aspection, handling of
3	violations, and enforcement of the conservat	non easements it holds?	· · · · · · · · · · · Yes · No
6	Staff and volunteer hours devoted to monitor		
J		mig, mapadanig, and amaranig concertant	casec. cag a.e. , ca.
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing conservation ea	sements during the year
•	►\$	moposting, and simple ground taken an	come coming and your
8	Does each conservation easement reported	on line 2(d) above satisfy the requirements	s of section 170(h)(4)(B)
	(i) and section 170(h)(4)(B)(ii)?	- · · · · · · · · · · · · · · · · · · ·	
9	In Part XIII, describe how the organization re	ports conservation easements in its reveni	ue and expense statement, and
-	balance sheet, and include, if applicable, the	text of the footnote to the organization's t	financial statements that describes the
	organization's accounting for conservation e		
Part	III Organizations Maintaining Colle	ctions of Art, Historical Treasures, o	or Other Similar Assets.
	Complete if the organization answ	ered "Yes" to Form 990, Part IV, line 8	3.
1a	If the organization elected, as permitted und		
	works of art, historical treasures, or other		
	public service, provide, in Part XIII, the text of	of the footnote to its financial statements the	nat describes these items.
b	If the organization elected, as permitted ur		
	works of art, historical treasures, or other		education, or research in furtherance of
	public service, provide the following amount	•	
	(i) Revenues included in Form 990, Part VIII,(ii) Assets included in Form 990, Part X	line 1	> \$
_	(ii) Assets included in Form 990, Part X		· · · · > \$
2	If the organization received or held works		
	following amounts required to be reported un		
а	Revenues included in Form 990, Part VIII, lin	e1	· · · · > \$
b	Assets included in Form 990, Part X		▶ \$

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۲a	αe	4

Schedule D (Form 990) 2013

Part 3	Using the organization's acquisition, collection items (check all that apply):	accession, and ot	Art, Historical 1 her records, chec	reasures, k any of th	or Otle follow	her Similar Ass ving that are a sig	sets <i>(contil</i> gnificant us	nued) e of its
а	Public exhibition		d 🗍 Loan	or exchang	e progr	ams		
b	☐ Scholarly research		e 🗌 Other	_	_			
c	☐ Preservation for future generations	•	•					
4	Provide a description of the organizat		and explain how t	hev further	the ora	anization's exem	pt purpose	ın Part
•	XIII.				J			
5	During the year, did the organization	solicit or receive	donations of art.	historical tr	easures	s. or other similar	•	
_	assets to be sold to raise funds rather	than to be mainta	ined as part of the	e organizatı	on's co	llection?		□No
Part			·			<u> </u>		
	Complete if the organization 990, Part X, line 21.	answered "Yes'						rm
1a	5 .				ions or	other assets not	t	_
	included on Form 990, Part X?						☐ Yes	☐ No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the following to	able:				
						An	nount	
С	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amoun	nt on Form 990, Pa	art X, line 21? .				☐ Yes	■ No
ь	If "Yes," explain the arrangement in Pa				provide	ed in Part XIII .		
Par		·						
	Complete if the organization	answered "Yes"	" to Form 990, F	art IV, line	10.			
		(a) Current year	(b) Pnor year	(c) Two year		(d) Three years back	(e) Four yea	rs back
1a	Beginning of year balance	11107225	8582989	2	544015	1690535	1	607491
b	Contributions	1947920	141500		645454	700000		
c	Net investment earnings, gains, and losses	1799074	1109236	(4	15571)	153480		83044
d	Grants or scholarships	- 71			1			
e	Other expenditures for facilities and		- "					
·	programs							
				<u> </u>				
f	Administrative expenses	14854219	11107225	8	582989	2544015	1	690535
g	End of year balance						1	
2	Provide the estimated percentage of t			j, column (a)) Helu a	15.		
a	Board designated or quasi-endowmen		%					
b	Permanent endowment	%						
C	Temporarily restricted endowment ▶							
_	The percentages in lines 2a, 2b, and 2							
3a	Are there endowment funds not in the	e possession of th	e organization the	at are neio	ano aoi	ministered for the		
	organization by:						Ye	
	(i) unrelated organizations						3a(i)	/
	(ii) related organizations						3a(ii)	
b	If "Yes" to 3a(ii), are the related organi	izations listed as re	equired on Sched	ule H? .			3b	
4	Describe in Part XIII the intended uses		on's endowment to	unds.				
Part								
	Complete if the organization	answered "Yes"			11a. S	6ee Form 990, F	art X, line	10
	Description of property	(a) Cost or ot (investm	1 ' '	or other basis other)	de	Accumulated epreciation	(d) Book va	lue
1a	Land				2/15/11	THE PARTY OF THE P		
b	Buildings							
C	Leasehold improvements	-						
d	Equipment		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	27302		24419		2883
e	Other							
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	90, Part X, columr	(B), line 10	(c).) .	>		2883
	· · · · · · · · · · · · · · · · · · ·					 		

Part VII	Investments — Other Securities. Complete if the organization answe	red "Yes" to For	m 990. Part IV. line	a 11b. See Form	990. Part X. line 12.
	(a) Description of security or category (including name of security)		(b) Book value	(c) Meti	nod of valuation. of-year market value
(1) Financial					
	neld equity interests				
` '					· · · · · · · · · · · · · · · · · · ·
(A)	****				
(B)					
(C)					
(D)					
(E)				. , ,	
(F)		********			
(G)					
(H)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII	Investments—Program Related.				
	Complete if the organization answe	red "Yes" to For	m 990, Part IV, line	11c. See Form	990, Part X, line 13.
	(a) Description of investment		(b) Book value	, , ,	hod of valuation -of-year market value
(1)					
(2)					
(3)					
(4)					·
(5)					
(6)					
_(7)					
(8)					
(9)	15 - 200 P-4V / /D) / 121 P				
	b) must equal Form 990, Part X, col. (B) line 13.)		<u> </u>	l	
Part IX	Other Assets. Complete if the organization answe	rad "Vaa" ta Ear	m 000 Part IV lin	a 11d Soo Form	000 Part V line 15
		escription	in 990, Fait IV, iiii	e i iu. See i onn	(b) Book value
/a\	(a) 0	COORPOON			(4) 2001 122
(1)					
(2)					
(4)					
(5)					
(6)					
(7)			· · · · · · · · · · · · · · · · · · ·		
(8)				2 20 200 1	
(9)					
	mn (b) must equal Form 990, Part X, col.	(B) line 15.)			
Part X	Other Liabilities. Complete if the organization answelline 25.	red "Yes" to For	m 990, Part IV, line	e 11e or 11f. See	Form 990, Part X,
1.	(a) Description of liability	(b) Book value			
(1) Federal in	ncome taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col (B) line 25.)				
	runcertain tax positions. In Part XIII, provide				
organization'	s liability for uncertain tax positions under FI	N 48 (ASC 740). Che	eck here if the text of t	he footnote has bee	n provided in Part XIII

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Financial Statements With Revenu	Return.	
 -	Total revenue, gains, and other support per audited financial statements	1	4949455
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	•	-
a	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
ď	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	4949455
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 0		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	· • · · · · · · · · · · · · · · · · · ·	4949455
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses pe	r Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	1288915
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 XIII.)		
е	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	1288915
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 0		
b	Other (Describe in Part XIII.)		_
C	Add lines 4a and 4b	4c	0
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1288915
2; Part Part V	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inf line 4: The Micronesia Conservation Trust maintains two endowment accounts. The revenues from the Mi ment will fund the costs of conducting conservation projects and capacity-building according to the terms	formation. icronesia Challenge	
activiti	nent between MCT and the participating jurisdictions of the Micronesia Challenge. These projects and capa es will contribute to the acheivement of the Micronesia Challenge targets. Revenues from the MCT Operation		I

Schedule D (Fo	orm 990) 2013	Page 5
Part XIII	Supplemental Information (continued)	
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••••		
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
•••••		

· SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. ► See separate instructions. ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number Name of the organization 98-606277 **Micronesia Conservation Trust**

Par	General Information Form 990, Part IV, line		es Outside	the United States. Comp	plete if the organization ans	wered "Yes" on
1	For grantmakers. Does the assistance, the grantees' eligrants or assistance?	gibility for the		sistance, and the selection		
2	For grantmakers. Describe assistance outside the Unite		the organization	on's procedures for moni	toring the use of its grant	s and other
3	Activities per Region. (The fo	ollowing Part	l, line 3 table o	can be duplicated if addition	nal space is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) if activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)	East Asia and the Pacific	1	8	re-granting	conservation	892600
(2)	East Asia and the Pacific			capacity-building	training/support	392457
(3)	East Asia and the Pacific			other program	management/finance	3900
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)	*****					· · · · · · · · · · · · · · · · · · ·
(11)				•		
(12)						
(13)						
(14)						
(15)						
(16)		e Company				
(17)						
3a	Sub-total	1	8			1288957
b						

c Totals (add lines 3a and 3b)

1288957

Page 2

Schedule F (Form 990) 2013

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV line 15 for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. Part II

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

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2013

Ξ

Schedule F (Form 990) 2013 Part III Grants and Other As	ssistance to Individua	als Outside th	he United States	. Complete if the	organization answ	m 990) 2013 Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, Jine 16.	Page 3
	Part III can be duplicated if additional space is needed.	e is needed.					
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of , valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)	:						
(5)							
(9)							
(2)							
(8)							
(6)							
(10)							
(11)							
(12)			=				
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Schedule F (Form 990) 2013

Page 4	١
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Schedule	F (Form	990)	2013

Part	V Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)		☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	_ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	☐ Yes	₽ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	Yes	☑ No

Part V

Supplemental Information

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 Uniti and Conservation and Capacity-Building Programs execute contracts with the
grantees. The contracts are based on project proposals, workplans and budgets as reviewd and approved by the Technical Committee and B
of Trustees. The progra staff are then responsible for monitoring the progress of the projects against the approved workpland and
budgets, reviewing and approving project reports and conducting on-site 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 int he MCT Operations Manual and In individual project contracts.
Part II, line 1, column (d): Following is the key describing the Purpose of Grant. A - Coral Reef Monitoring, B - Resource Management
and Planning, C - Protercted Area Managment, D - Conservation and Climate Change Awaremenss, E - Workshops and Training,

SCHEDULE (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

OMB No 1545-0047

Department of the Treasury				► Attach to Form 990.	Form 990.			Open to Fubility	2016
Internal Revenue Service		▶ Infor	nation about Sche	tule I (Form 990) an	d its instructions i	Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.		Inspection	u
Name of the organization							Ē.	Employer identification number	
Micronesia Conservation Trust	on Trust							98-606227	
Part General	Information	General Information on Grants and Assistance	Assistance						
1 Does the organ	ritaria mainta	Does the organization maintain records to substantiate the artitles rejection criteria used to award the grants or assistance?	1 ⊆	nt of the grants or	assistance, the g	rantees' eligibility fo	ount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	\ \ \[\frac{1}{2}	
2 Describe in Par	rt IV the organi	Describe in Part IV the organization's procedures for monitoring		ig the use of grant funds in the United States.	nds in the United			<u>S</u>	2
Part II Grants a	and Other As ine 21. for an	Grants and Other Assistance to Governments at Part IV. line 21, for any recipient that received more		Organizations i	n the United Si	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization Part IV. line 21, for any recipient that received more than \$5,000, Part II can be duplicated if additional space is needed	the organization ar	nd Organizations in the United States. Complete if the organization answered "Yes" to Form 990, than \$5.000. Part II can be duplicated if additional space is needed.	, 990,
1 (a) Name and address of organization or government	of organization	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(e) Amount of non- (f) Method of valuation cash assistance (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
(1) Pacific Marine Resources	ources			00170				1100	
Institute		68-0588858		31123.70				See Part IV	
(2) University of Guam		98-0032933		67000				See Part IV	
(6)									
(4)									
(5)									
(9)									
(7)									
(8)				i					
(6)									
(10)									
(11)									
(12)									
2 Enter total num 3 Enter total num	nber of section	Enter total number of section 501(c)(3) and government organizati Enter total number of other organizations listed in the line 1 table	vernment organiza	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	ine 1 table			0 0	
)							

Schedule I (Form 990) (2013)

Cat No 50055P

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Page

Schedule I (Form 990) (2013)

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part III

i	Fart III can be duplicated II additional space is needed.	space is needed	1.			
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance,
-						
8						
က						
4						
သ						
9						
7						
Part IV	Part IV Supplemental Information. Provide the information	the information re	equired in Part I, lin	e 2, Part III, column	required in Part I, line 2, Part III, column (b), and any other additional information.	onal information.

Part 1, line 2: MCT conducts site visits to monitor the progress of projects as stipulated to in contracts. Contracts include workplans, budgets and reporting timelines and requirements.

Payments to the projects are contingent on the submission (by the grantee) and acceptance of (by MCT) of progress reports (technical and financial).

Part II, column (h): Capacity Building and communication, information outreach for coral reef mononiring and management.

Schedule I (Form 990) (2013)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number Name of the organization 98-606227 Micronesia Conservation Trust Part VI, Section B, line 11a: The Deputy Executive Director and Finance Officer normally prepare the 990 form and schedules in draft for review and confirmation by the Executive Director and 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 meeting as well. Part VI, Section B, line 15a: Determining compensation for the Executive Director involved a survey of salaries at 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 staff involves annual performance reviews conducted by the employee's immediate supervisor(s). Part VI, Section C, line 19: The Micronesia Conservation Trust's governing documents are made available on its website. Financial statements and other information are avaible upon request via email, facsimilies, telephone or letter.