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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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.

2016

Open to Public

		ue Service			orm 990 and its inst	ructions is at	t www.irs.g			Insp	ection
			dar year, or tax year	beginning	JANUARY 1	, 2016 , a	and ending		MBER 31	, 20 16	
В	Check if	applicable:	Name of organization	MICRONES	A CONSERVATION	TRUST			D Emplo	yer identification	on number
	Address				CONSERVATION 1		98-6	100 Z	4 .77	98-60622	D
	Name ch		Number and street (or f	O. box if ma	i is not delivered to stree	et address)	Room/suite	•	E Telepho	one number	
	initial ret	· .	P O Box 2177						ł	(691)320-56	570
		n/terminated	City or town, state or p	rovince, count	ry, and ZIP or foreign po	stal code					
	Amende		KOLONIA, POHNPEI	FM 96941					G Gross	receipts \$	
		_	F Name and address of p	nncipal office				H(a) Is this a		r subordinates?	Yes No
	7-7		WILLIAM KOSTKA P			EI, FM 96941	l			es included?	
	Tax-exer	npt status:	☑ 501(c)(3)	501(c) () ◀ (insert no.) □	4947(a)(1) or	527			a list. (see instr	
	Website		nicronesia.org		<u> </u>	2 4041 (0)(1) 0.		H(c) Grou	p exemptio	n number ▶	
			Corporation Trust	Associat	on Other ▶	L Ye	ar of formation			e of legal domic	ile: FM
	art I	Summa									
	1		scribe the organizat	ion's missi	on or most significa	nt activities:	To provid	te sustainat	le financin	and support f	
ð			ity, concervation, cli							9 and 9 approx	
a	l										
Activities & Governance	2	Check this	s box ▶ ☐ if the org	anization o	discontinued its one	erations or di	isposed of	more tha	n 25% o	f its net asse	
ŏ			f voting members o						1 -		
8			f independent votin							 	
es	5	Total num	ber of individu		calendar vear 2010	6 (Part V. line	,o 16, 2 2a)		. 5		
Ž	6		ber of volunteers (e			5 (i Qit v,	Jeu, .		. 6	+	
Ç	7a	Total unre	elated business reve	ol laterym E	Part VIII - M imn (C)	ine 12			. 7a	+	
•	b		ated business taxab						. 7b	 	
	-	INEC UITTER	LEG DUSINESS LANGE	WE DEN	totilianii 330-1, ii	116 54		Prior \		Curre	nt Year
_	8	Contributi	ons and grants (Par	t VIII line 1	l h \				1,475,64	+	2,233,668
300	9		service revenue (Pai				· ·		1,770,07	-	2,200,000
A P	10	_	nt income (Part VIII,				 		(430,738		1,163,020
7 Hevengle	11		enue (Part VIII, colu		•				(430,730	'4	(8,797)
	12		nue—add lines 8 thr						1,044,90	4	3,387,891
45	+						12)		888,72	+	1,069,774
AUI	13 14		d similar amounts p	-			· ·		000,72	0	1,009,774
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ij,	15		ther compensation,				3-10) 			0	397,700
CEANNED	16a		nal fundraising fees			RU J I	· · · -			4	
걟	b		Iraising expenses (F						288.32		407.662
Ğ	17		enses (Part IX, colu				_∵ · ├-		<u></u>	·	407,663
Ŵ,	18		enses. Add lines 13				o) · -		1,498,57		1,875,145
	19	Hevenue	less expenses. Sub	tract line 1	s πongine ιν	<u> المسملا</u>	· · - B		(453,675	/	1,512,746 of Year
500		T 4.1	. (0				-	eginning of			
SSe	20		ets (Part X, line 16)				· ·		18,199,74		19,969,846
Net Assets or Fund Balances	21		lities (Part X, line 26	•			· ·		103,29		360,755
			s or fund balances.	Subtract II	ne 21 from line 20	· · · ·	<u> </u>		18,096,45	11	19,609,091
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: e:.	.	<u> </u>	Mullope						07/05/20	1/	<u> </u>
Sig		1:	ture of officer Willy K	Costka				'	Date		
.He	re	1 🕨 ——	ecutive Director								
			or print name and title		Daniel III		- TE-			l mener	
Pa	id	Printryp	e preparer's name		Preparer's signature		Dat	æ		C d PTIN	
	epare	r							self-er	mployed	· — · · · ·
	e Onl	y Firm's na						<u> F</u>	rm's EIN 🕨	·	
		Firm's ac						P	hone no.		· · · ·
	<u> </u>		this return with the	```		instructions)	<u> </u>	<u> </u>	<u></u>	<u> </u>	Yes No
For	Papery	vork Reduc	ction Act Notice, see	the senarat	e instructions		Cat No	. 11282Y		Fe	orm 990 (2016)

For Paperwork Reduction Act Notice, see the separate instructions.

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Form 99			F	age 3
Part	V Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	✓	
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes,"</i> complete <i>Schedule C, Part I</i>		1	
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		▼
5	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		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	✓	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		*
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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	1	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	\	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
	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		1
	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		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	1	
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		1
13 14 a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a	✓	*
b	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 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	1	
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		1
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		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
		Fon	m 99 0	(2016)

Form **990** (2016)

Part	Checklist of Required Schedules (continued)			
20 -	Did the executive execute and execute heavital facilities 2 if 60/cs 2 complete Calculula II	00-	Yes	No
∠∪a b	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20a 20b		4
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic 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 or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
c b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		1
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	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 disqualified persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I </i>	33		1
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		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b	-	1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	1	1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	1	

Part	, and the second control of the second contr				
	Check if Schedule O contains a response or note to any line in this Part V				
4.			Yes	No	•
_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0	1			į
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?				•
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c		✓	i
2.0					Į
b	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	20		 	ĺ
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			1
b	If "Yes," has it filed a Form 990-T for this year? If "No" 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	1		
b	If "Yes," enter the name of the foreign country: ▶		<u> </u>		į
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1	ı
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1	
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		1	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		•	T	,
	gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				1
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods				
	and services provided to the payor?	7a		1	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>	-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		1	
d	If "Yes," indicate the number of Forms 8282 filed during the year				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓	
T	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		1	-
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		1	•
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		1	
•	sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.	•		Y	•
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		1	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	-	1	•
10	Section 501(c)(7) organizations. Enter:			1	•
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 0			1	
11	Section 501(c)(12) organizations. Enter:			1	
а	Gross income from members or shareholders			1	
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			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 0				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		 	
h	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which				
b	the examination is licensed to issue qualified beath along				
С	100				
14a	Enter the amount of reserves on hand	44-			
h	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14a 14b		1	
	100, has a form red to report these payments: if the, provide all explanation in schedule O.	עדו		I	

Form 99	0 (2016)		ı	Page 6
Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O			
04	Check if Schedule O contains a response or note to any line in this Part VI	<u>····</u>	<u> </u>	$\overline{\mathbf{V}}$
Secti	on A. Governing Body and Management		TV	- N-
4.	Enterthe control of the control of t		Yes	No
ıa	Enter the number of voting members of the governing body at the end of the tax year 1a	-	1	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar	- 1	1	
	committee, explain in Schedule O.	ļ	1	
b	Enter the number of voting members included in line 1a, above, who are independent . 1b	8	ļ	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship wit	n		
	any other officer, director, trustee, or key employee?	2	 	1
3	Did the organization delegate control over management duties customarily performed by or under the direct	;t	<u> </u>	
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	L _	1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5	ļ	1
6	Did the organization have members or stockholders?	6	ļ	1
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoir	1		4
L	one or more members of the governing body?	7a	┼—	Y
b	stockholders, or persons other than the governing body?	s, 7b	1	
8	Did the organization contemporaneously document the meetings held or written actions undertaken durin		 	-
_	the year by the following:	•		
а	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b	1	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached a	at		
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	<u> </u>	1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rev	enue C		
		<u> </u>	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	-	1
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapter affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	1	}	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	10b	$\overline{}$	~
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	110	-	
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a	1	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes	,"		
	describe in Schedule O how this was done	1	1	<u> </u>
13	Did the organization have a written whistleblower policy?	13	1	<u> </u>
14	Did the organization have a written document retention and destruction policy?	14	1	
15	Did the process for determining compensation of the following persons include a review and approval to independent persons compensation and decision?			
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	<u> </u>		
a b	The organization's CEO, Executive Director, or top management official	15a	1	
U	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130	'	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	nt		
	with a taxable entity during the year?	16a		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate it	ts		
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	1е		
	organization's exempt status with respect to such arrangements?	16b	<u>. </u>	<u> </u>
	on C. Disclosure			
17 19	List the states with which a copy of this Form 990 is required to be filed ► NONE Section 6104 requires an ergonization to make its Forms 1023 (or 1024 if applicable), 990, and 990 T (Sec	tion FO	(0)(0)	2 22 3
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sec available for public inspection. Indicate how you made these available. Check all that apply.	uon 501	(C)(3)	s only)
	☐ 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	interes	nilog f	v, and
	financial statements available to the public during the tax year.		F	,
20	State the name, address, and telephone number of the person who possesses the organization's books and	i record	s: ▶	

Meileen Albert, P O Box 2177, Kolonia, FM 96941 Tel: (691) 320-5670

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	<u> </u>	
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,	, and
	Independent Contractors	
	Chack if Schodula () contains a response or note to any line in this Part VII	

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) Name and Title Average fours per verticated organization compensated any current officer, director, or trustee. (B) Average fours per verticated organization on controllers more than one four persons to both an officer and a director/trustee) where first any officer and a director/trustee) where first any officer and a director/trustee) where first any officer and a director/trustee) where first and organizations and related organizations from the organization from the organi	List persons in the following order: individu compensated employees; and former such pers		s or	dire	ecto	rs;	instit	utio	onal trustees;	officers; key e	mployees; highest
(A) Name and Title Name and T	• •		d orga	aniz	atio	n co	ompei	nsa	ited any curren	t officer, director	, or trustee.
Name and Title Name and Title		1									
Average hours per week (list any hours for related organizations below dotted line) (1) Doreen de Brum Chairperson (2) Elbuchel Sadang Vice Chairperson (3) Jared Morrits Secretary (4) Finley Perman Treasurer (5) Diego Benavente Regional Member (6) Jullian Aguon Regional Member (7) Carlotta Leon Guerrero Regional Member (9) Meguni Araki International Member (9) Meguni Araki International Member	(A)	(B)	(4				. 44		(D)	(E)	(F)
Chairperson	Name and Title										
required to the companizations below dotted organizations below dotted organizations below dotted organizations of the companizations of the companizations of the companizations of the companizations of the companization organizations of the companization and related organizations of the companizations of the companization						_					
(1) Doreen de Brum Chairperson (2) Elbuchel Sadang Vice Chairperson (3) Jared Morris Secretary (4) Finley Perman Treasurer (5) Diego Benavente Regional Member (6) Julian Aguon Regional Member (7) Carlotta Leon Guerrero (8) Dan Martin International Member (9) Meguni Arakd International Member		hours for	or d	Inst	₹	Κey	emp High	For	the	organizations	
(1) Doreen de Brum Chairperson (2) Elbuchel Sadang Vice Chairperson (3) Jared Morris Secretary (4) Finley Perman Treasurer (5) Diego Benavente Regional Member (6) Julian Aguon Regional Member (7) Carlotta Leon Guerrero (8) Dan Martin International Member (9) Meguni Arakd International Member			rect	톭	ĕ	en l	lest	ner		(W-2/1099-MISC)	
(1) Doreen de Brum Chairperson (2) Elbuchel Sadang Vice Chairperson (3) Jared Morris Secretary (4) Finley Perman Treasurer (5) Diego Benavente Regional Member (6) Julian Aguon Regional Member (7) Carlotta Leon Guerrero (8) Dan Martin International Member (9) Meguni Arakd International Member		below dotted	or tr	ă		юy	eom		ľ		and related
(1) Doreen de Brum Chairperson (2) Elbuchel Sadang Vice Chairperson (3) Jared Morris Secretary (4) Finley Perman Treasurer (5) Diego Benavente Regional Member (6) Julian Aguon Regional Member (7) Carlotta Leon Guerrero (8) Dan Martin International Member (9) Meguni Arakd International Member		line)) iste	trus		8	pens				organizations
(1) Doreen de Brum Chairperson (2) Elbuchel Sadang Vice Chairperson (3) Jared Morris Secretary (4) Finley Perman Treasurer (5) Diego Benavente Regional Member (6) Julian Aguon Regional Member (7) Carlotta Leon Guerrero Regional Member (8) Dan Martin International Member (9) Meguni Araki International Member			"	8			atec				
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Vice Chairperson (3) Jared Morris Secretary (4) Finley Perman Treasurer (5) Diego Benavente Regional Member (6) Julian Aguon Regional Member (7) Carlotta Leon Guerrero Regional Member (8) Dan Martin International Member (9) Meguni Araki International Member	_ 		1	<u> </u>							
(3) Jared Morris Secretary (4) Finley Perman Treasurer (5) Diego Benavente Regional Member (6) Julian Aguon Regional Member (7) Carlotta Leon Guerrero Regional Member (8) Dan Martin International Member (9) Meguni Araki International Member		ļ									
Secretary (4) Finley Perman Treasurer (5) Diego Benavente Regional Member (6) Julian Aguon Regional Member (7) Carlotta Leon Guerrero Regional Member (8) Dan Martin International Member (9) Meguni Araki International Member		<u> </u>	✓	L		_					<u> </u>
(4) Finley Perman Treasurer (5) Diego Benavente Regional Member (6) Julian Aguon Regional Member (7) Carlotta Leon Guerrero Regional Member (8) Dan Martin International Member (9) Meguni Araki International Member		ļ		ł		ļ					
Treasurer (5) Diego Benavente Regional Member (6) Julian Aguon Regional Member (7) Carlotta Leon Guerrero Regional Member (8) Dan Martin International Member (9) Meguni Araki International Member		ļ	1	<u> </u>		<u> </u>	<u> </u>	<u> </u>	 		
(5) Diego Benavente Regional Member (6) Julian Aguon Regional Member (7) Carlotta Leon Guerrero Regional Member (8) Dan Martin International Member (9) Meguni Araki International Member		<u> </u>				1	1		ì	1	
Regional Member (6) Julian Aguon Regional Member (7) Carlotta Leon Guerrero Regional Member (8) Dan Martin International Member (9) Meguni Araki International Member		 	V	<u> </u>		 	 	⊢	 	ļ 	
(6) Julian Aguon Regional Member (7) Carlotta Leon Guerrero Regional Member (8) Dan Martin International Member (9) Meguni Araki International Member											
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(7) Carlotta Leon Guerrero Regional Member (8) Dan Martin International Member (9) Meguni Araki International Member			1			ł	ļ				
Regional Member (8) Dan Martin International Member (9) Meguni Araki International Member		 	-	╁╌	-		 	├	 	 	
(8) Dan Martin International Member (9) Meguni Araki International Member		 	1			ĺ		1	}		
International Member (9) Meguni Araki International Member		 	<u> </u>	-		 	 				
(9) Meguni Araki International Member		†	1								
International Member		 	<u> </u>	1	-	\vdash			 	†	
(10) Trina Leherer		1	1	1	Ì			\		Ĭ	
	(10) Trina Leberer										
Ex-Official member	Ex-Official member	T	✔		ļ	l _	L .				
(11) William Kostika	(11) William Kostika										
Executive Director 76,151.00	Executive Director			L	<u> </u>	1			76,151.00)	
(12) Lisa Andon	(12) Lisa Andon]		ļ	١.	Ì				
Deputy Executive Director ← 63,941.66	Deputy Executive Director	ļ	<u> </u>	<u> </u>	<u> </u>	✓		1	63,941.66	5	
(13) Charles M'Ithinyai (Joined June 2016)	(13) Charles M'Ithinyai (Joined June 2016)	<u> </u>	ļ]	İ	١.		1			
Chief Finance Officer 33,695.44		ļ	↓	4	 	1	<u> </u>	_	33,695.44	<u> </u>	
(14) Meileen Albert	3	.		1		1	1	1			
Finance Officer 47,447.79 Form 990 (2016)	Finance Officer	1	Ь_		<u> </u>	1	L	1_	47,447.79	<u> </u>	Fe 000 (0046)

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mploy	/ees			lighes	t C	ompensated E	mployees (c	ontinued)		
	(A) Name and title	(B) Position (do not check more than box, unless person is bot officer and a director/trus lek (list any						(D) Reportable compensation from	(E) Reportable compensation related		(F) Estimated amount of other		
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MI		compensation from the organization and related organizations	
(15)												· · · · · · · · · · · · · · · · · · ·	
(16)			-									<u> </u>	
(17)								 				· · · · · · · · · · · · · · · · · · ·	
(18)													
(19)								ļ					
				_				-					
				_	-			-					
													
				<u> </u> 									
(24)								_					
(25)			_		ļ	_							
1b c	Sub-total	VII, Section			<u> </u>	<u> </u>		> > >					
2	Total number of individuals (including bu reportable compensation from the organ	t not limited						e) w	ho received m	ore than \$10	00,000 o	F	
3	Did the organization list any former of employee on line 1a? If "Yes," complete	fficer, direc						-	oloyee, or high	-		Yes 3	No
4	For any individual listed on line 1a, is the organization and related organizations individual											4	1
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or ind		5	√
Section 1	on B. Independent Contractors Complete this table for your five highest	00000000	od is	dos	ond	lone	oost		tore that reach	ad mara tha	n \$100.0	00 of	
	compensation from the organization. Revear.												ax ———
	(A) Name and business add	dress	_						(B) Description of	services	Co	(C) mpensation	
_								L					
		-	-						· · · · · · · · · · · · · · · · · · ·				
2	Total number of independent contractor received more than \$100,000 of compens							o tl	hose listed at	oove) who			

Part	VIII	Statement of Revenue					
	•	Check if Schedule O contains a r	response or note to	any line in this	Part VIII		<u> , </u>
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ats	1a	Federated campaigns 1	la				
ira	b	Membership dues 1	lb	ı			
S, C	С	Fundraising events 1	Ic				
Sift	d	Related organizations 1	ld				
imi	е		le 2,233,668	1			
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants,					
ig ∰		and similar amounts not included above	1f (8,797)				
d C	9	Noncash contributions included in lines 1a-1f:					
	h	Total. Add lines 1a-1f		2,224,871			
Program Service Revenue			Business Code				
eve	2a					· · ·	
ě	b						
<u>Ş</u>	C						ļ
တ္တ	d						<u> </u>
гап	e	All all an annual and a					<u> </u>
ĝ	1	All other program service revenue Total. Add lines 2a–2f				L	<u> </u>
 -	<u>g</u> 3	Investment income (including di					<u> </u>
	•	and other similar amounts)		1,163,020			
	4	Income from investment of tax-exemp	-	1,100,020			
	5	Royalties	·				
		(i) Real	(ii) Personal				
	6a	Gross rents		1			
	b	Less: rental expenses		1			
	С	Rental income or (loss)		İ			
	d	Not rental income or (local				}	
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory		į			
	b	Less: cost or other basis				1	
	ļ	and sales expenses .					
	C	Gain or (loss)					
	d	Net gain or (loss)	. <u> ▶</u>				
Ð							
Š	8a	Gross income from fundraising	1 1			}	
Other Revenue		events (not including \$.	Ì			
Œ		of contributions reported on line 1c). See Part IV, line 18					
:he							
δ	b	Less: direct expenses					
	g 9a	Net income or (loss) from fundraisi Gross income from gaming activitie					
	Ja	See Part IV, line 19					
	Ь	Less: direct expenses					
	1	Net income or (loss) from gaming					
		Gross sales of inventory, les					<u> </u>
		returns and allowances				ļ	ļ
	ь	Less: cost of goods sold					1
	С	Net income or (loss) from sales of					
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	С						
	d	All other revenue					
	е	Total. Add lines 11a-11d					
	142	Total revenue See instructions	.	2 007 004		1	1

Pari	IX Statement of Functional Expenses				
	nn 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. Ali	other organizations	s must complete col	umn (A).
	Check if Schedule O contains a respons				🛮
	t 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 domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1,069,774	1.069,774		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	201,143	201,143		
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	165,167	165,167		
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	8,119	8,119		
9	Other employee benefits	23,279	23,279		
10	Payroll taxes				
11	Fees for services (non-employees):	}	ļ		
a b	Management				
C	Legal	16,000		16,000	
d	Lobbying	10,000		10,000	
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	33,893		33,893	
14	Information technology [
15	Royalties				
16	Occupancy	9,000		9,000	
17	Travel	176,069	154,529	21,540	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance	1,730		1,730	- <u></u>
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.)				- <u></u>
а	Board of Trustees Meeting Expenses	17,533		17,533	

153,438

1,875,145

Workshops

All other expenses

Total functional expenses. Add lines 1 through 24e

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)

b

d

25

26

153,438

1,775,449

99,696

Щ	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Par	t X		🗆
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	125,674	1	695,187
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	384,151	3	252,274
	4	Accounts receivable, net	7,579	4	7,181
	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			
ets	_	organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
⋖	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
			106	10c	
	11	——————————————————————————————————————	17,682,231		19,015,204
	12	Investments—publicly traded securities	17,002,201	12	10,010,201
	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)	18,199,741		19,969,846
	17	Accounts payable and accrued expenses	103,290		360,755
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
S	22	Loans and other payables to current and former officers, directors,			
Ē		trustees, key employees, highest compensated employees, and			
Liabilities	}	disqualified persons. Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties	· · · · · · · · · · · · · · · · · · ·	23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third		}	
		parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		۱ ۵۰	
	200	• • • • • • • • • • • • • • • • • • • •	103,290	25 26	360,755
	26	Total liabilities. Add lines 17 through 25	103,290	20	300,733
es		complete lines 27 through 29, and lines 33 and 34.			
Ş	27	Unrestricted net assets	9,656	27	12,066
ala	28	Temporarily restricted net assets	3,720,358		4,943,200
9	29	Permanently restricted net assets	14,366,437	-	14,653,825
Š		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and			
ΥF	l	complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
38e	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Ž	33	Total net assets or fund balances	18,096,451		19,609,091
-	34	Total liabilities and net assets/fund balances	18,199,741	34	19.969.846

_	4	•
Page	1	4

Form	aan	/201	6)

_	90 (2016)	<u> </u>		Pa	ge 12
Part	Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI		· · · · ·		<u></u> 7,891
1	Total revenue (must equal Part VIII, column (A), line 12)	1			
2	Total expenses (must equal Part IX, column (A), line 25)	3			5,145 2,746
3	Revenue less expenses. Subtract line 2 from line 1	4		18,09	
4 5	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	5		10,03	0,431
5 6	Net unrealized gains (losses) on investments	6			
-	Donated services and use of facilities	7			
7	Investment expenses	8			(106)
8 9	Prior period adjustments	9			(100
9 10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	9			
.0	33, column (B))	10		19,60	9 091
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	· · ·	Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," exp	lain in			
	Schedule O.				
2a	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? . If "Yes," check a box below to indicate whether the financial statements for the year were comp reviewed on a separate basis, consolidated basis, or both:		2a		1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . If "Yes," check a box below to indicate whether the financial statements for the year were comp		2a		1
	Were the organization's financial statements compiled or reviewed by an independent accountant? . If "Yes," check a box below to indicate whether the financial statements for the year were comp reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?	iled or	2a 2b	✓	*
	Were the organization's financial statements compiled or reviewed by an independent accountant? . If "Yes," check a box below to indicate whether the financial statements for the year were comp reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?	iled or		✓	✓
b	Were the organization's financial statements compiled or reviewed by an independent accountant? . If "Yes," check a box below to indicate whether the financial statements for the year were comp reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?	iled or		√	✓
b	Were the organization's financial statements compiled or reviewed by an independent accountant? . If "Yes," check a box below to indicate whether the financial statements for the year were comp reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?	iled or d on a ersight		✓	✓
b	Were the organization's financial statements compiled or reviewed by an independent accountant? . If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?	iled or d on a ersight ntant? olain in	2b		✓
b c	Were the organization's financial statements compiled or reviewed by an independent accountant? . If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?	iled or d on a ersight ntant? colain in	2b		1
b c	Were the organization's financial statements compiled or reviewed by an independent accountant? . If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?	iled or d on a ersight ntant? colain in forth in	2b 2c		1

SCHEDULE A' (Form 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Total

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public Inspection
Employer identification number

MICE	RONESIA	CONSERVATION TRUST					98-60	6227
Pa	rt I	Reason for Public Chai	ity Status (All	organizations must	complet	te this p	art.) See instructio	ns.
The	organiza	tion is not a private founda	tion because it is	s: (For lines 1 through	12, chec	k only or	ne box.)	
1	☐ A ch	nurch, convention of church	nes, or association	on of churches descri	bed in se	ction 17	0(b)(1)(A)(i).	
2	☐ A so	chool described in section	170(b)(1)(A)(ii). ((Attach Schedule E (F	om 990 (or 990-E2	Z).)	
3		ospital or a cooperative hos						
4		edical research organization		onjunction with a hosp	oital desc	ribed in s	ection 170(b)(1)(A)(iii). Enter the
		pital's name, city, and state						
5		organization operated for t tion 170(b)(1)(A)(iv). (Comp		college or university	owned or	r operate	ed by a government	al unit described in
6 7	=							
8	☐ A co	ommunity trust described in	section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9		agricultural research organi				erated in	conjunction with a la	and-grant college
	or u univ	niversity or a non-land-gradersity:	nt college of agri	iculture (see instruction	ons). Ente	r the nan	ne, city, and state of	the college or
10	rece sup acq	organization that normally relepts from activities related port from gross investment uired by the organization a	to its exempt fui : income and uni fter June 30, 197	nctions—subject to c related business taxal 75. See section 509(a	ertain exc ble incom a)(2). (Con	eptions, e (less se nplete Pa	and (2) no more that ection 511 tax) from art III.)	າ 33¹/ສ% of its
11	-	organization organized and	•		•			
12		organization organized and						
		ne or more publicly suppo ock the box in lines 12a thro						
а	•	Type I. A supporting organ the supported organization supporting organization. Y o	(s) the power to	regularly appoint or e	lect a ma	jority of t		
b		Type II. A supporting organ control or management of to organization(s). You must of	the supporting o	rganization vested in	the same			
C	: 🗆 '	Type III functionally integits supported organization(rated. A support	ting organization oper	rated in co			ally integrated with,
d		Type III non-functionally i		-		-		utod organization(s)
	•	that is not functionally integrequirement (see instruction	grated. The orga	nization generally mu	st satisfy	a distribu	ition requirement an	
e		Check this box if the organ functionally integrated, or 1	ization received	a written determination	on from th	ne IRS th	at it is a Type I, Type	e II, Type III
f		the number of supported of				-		
g		de the following information						· · <u>L</u>
		of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the o	ır governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								

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.)

Section A. Public Support

	on A. Public Support			 			
Calen	dar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and	ĺ		į		Į.	
	membership fees received. (Do not						
	include any "unusual grants.")	2,590,014	3,150,380	3,876,007	1,475,642	2,224,871	13,316,914
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf	0	o	o	0	0	0
3	The value of services or facilities						
	furnished by a governmental unit to the	İ		-			
	organization without charge	0	o	0	0	o	0
4	Total. Add lines 1 through 3	2,590,014	3,150,380	3,876,007	1,475,642	2,224,871	13,316,914
5	The portion of total contributions by		1				
•	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						3,862,678
6	Public support. Subtract line 5 from line 4						9,454,236
	on B. Total Support	······································		L 			0,101,1200
	dar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	2,590,014	3,150,380	3,876,007	1,475,642	2,224,871	13,316,914
8	Gross income from interest, dividends,		3,.33,535		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		101010101
·	payments received on securities loans,						
	rents, royalties and income from similar						
	sources	1,110,484	1,799,075	450,575	(430,738)	1,163,020	4,092,416
9	Net income from unrelated business	1,110,464	1,799,075	450,575	(430,736)	1,103,020	4,032,410
3	activities, whether or not the business	1					
	is regularly carried on		•		0	ام	•
10	Other income. Do not include gain or	0	0	0			<u>_</u>
10	loss from the sale of capital assets						
	(Explain in Part VI.)	o				ا	•
11	Total support. Add lines 7 through 10		0	0	0	0	17 400 220
12	Gross receipts from related activities, etc	(see instruction	ons)			12	17,409,330
13	First five years. If the Form 990 is for the	•	,				n 501/c)/3)
10	organization, check this box and stop he	-			-		
Secti	on C. Computation of Public Suppor			<u></u>			··· <u> </u>
14	Public support percentage for 2016 (line 6			1 column (fl)		14	54.31 %
15	Public support percentage from 2015 Sch		•			15	68.74 %
16a	331/3% support test—2016. If the organi						
	box and stop here . The organization qua						
ь	331/3% support test—2015. If the organi						
_	this box and stop here. The organization						
17a	10%-facts-and-circumstances test—20						
174	10% or more, and if the organization me						
	Part VI how the organization meets the "						
	organization						
L							
D	10%-facts-and-circumstances test—20						
	15 is 10% or more, and if the organization resplain in Part VI how the organization response.						
	supported organization						
18	Private foundation. If the organization di						_
10	instructions						
		_ <u></u>	<u> </u>	· · · · ·			

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

(Complete only if you checked the box on line 10 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						
Calen	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees						
	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	·		<u> </u>			
•	furnished by a governmental unit to the		1	}			
	organization without charge		!				
6	Total. Add lines 1 through 5		 	 			
7a	Amounts included on lines 1, 2, and 3	<u> </u>	 				
	received from disqualified persons .						
p.	• •			 			
þ	Amounts included on lines 2 and 3 received from other than disqualified		ļ	ļ			
	persons that exceed the greater of \$5,000		1			ı	
	or 1% of the amount on line 13 for the year			}			
_	•		 	 			
_	Add lines 7a and 7b						
8				ţ			
Cooti	line 6.)	<u> </u>	<u> </u>	L	1		L
	on B. Total Support	(=) 0010	(h) 0010	(a) 0014	(d) 0045	(a) 2016	/A Total
Calen 9	dar year (or fiscal year beginning in) Amounts from line 6	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
-			 	 			
10a	Gross income from interest, dividends,		Ì	ł			}
	payments received on securities loans, rents, royalties and income from similar sources.						
	•						
D	Unrelated business taxable income (less		1				
	section 511 taxes) from businesses				ì		1
	acquired after June 30, 1975	ļ	ļ	 	 		
	Add lines 10a and 10b	ļ	 			ļ	<u> </u>
11	Net income from unrelated business	}	-	{	1	}	}
	activities not included in line 10b, whether]	}	\
	or not the business is regularly carried on				ļ	ļ	L
12	Other income. Do not include gain or	İ					1
	loss from the sale of capital assets	}			j	!	
	(Explain in Part VI.)					ļ	
13	Total support. (Add lines 9, 10c, 11,	1					
	and 12.)	L		1	L	l	1
14	First five years. If the Form 990 is for the	_			-		
	organization, check this box and stop he		· · · · ·	<u> </u>	<u> </u>	<u> </u>	· · · > 🖸
	on C. Computation of Public Suppo		<u> </u>				
15	Public support percentage for 2016 (line	. ,,	•	,			%
16	Public support percentage from 2015 Sc			<u></u>	· · · · ·	16	<u>%</u>
	on D. Computation of Investment In					··· · · · · · · · · · · · · · · · · ·	
17	Investment income percentage for 2016	-	• •	_		17	%
18	Investment income percentage from 201					18	%
19a	331/3% support tests-2016. If the organ						
	17 is not more than 331/3%, check this box	and stop here	. The organizati	ion qualifies as	a publicly supp	orted organizat	tion . 🕨 🔲
b	331/3% support tests - 2015. If the organiz						
	line 18 is not more than 331/3%, check this	box and stop l	nere. The organ	ization qualifies	s as a publicly s	supported orga	nization 🕨 🔲
20	Private foundation. If the organization d	id not check a	box on line 14	l. 19a. or 19b.	check this box	and see instri	uctions >

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Secti	on A. All Supporting Organizations		·	
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).			
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described	8		
b	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI . Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9a		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9b 9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
b	supporting organizations)? If "Yes," answer 10b below.	10a	 	
	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

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Part	Supporting Organizations (continued)			age o
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations		V	No.
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			1
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	_		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
Santi		2		
Jetili	on C. Type II Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		162	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			1
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			j
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			1
	organization's governing documents in effect on the date of notification, to the extent not previously provided?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's	İ		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	<u>. </u>		
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	structi	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	l		
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	<u> </u>	 	<u> </u>
	·	2a		
₽	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	-		-
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these	1		
	activities but for the organization's involvement.	2b	1	
3	Parent of Supported Organizations. Answer (a) and (b) below.	<u></u>	†	
ა a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			ļ
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	<u></u>	<u> </u>

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani:	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trus	t on Nov. 20, 1970 (expl	
instructions. All other Type III non-functionally integrated supporting organ			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		•
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional instructions)	y int	egrated Type III support	ing organization (see

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	on D - Distributions		· · · · · · · · · · · · · · · · · · ·	Current Year			
1	1 Amounts paid to supported organizations to accomplish exempt purposes						
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted				
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purp	nizations					
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to whic	h the organization is res	ponsive				
_	(provide details in Part VI). See instructions.						
9	Distributable amount for 2016 from Section C, line 6			·			
10	Line 8 amount divided by Line 9 amount						
		(1)	(ii)	(iii)			
Se	ection E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016			
1	Distributable amount for 2016 from Section C, line 6						
	Underdistributions, if any, for years prior to 2016						
2	(reasonable cause required-explain in Part VI). See						
	instructions.						
_3	Excess distributions carryover, if any, to 2016:						
a							
b			·				
C	From 2013						
	From 2014						
	From 2015						
f	Total of lines 3a through e		· · · · · · · · · · · · · · · · · · ·				
g	Applied to underdistributions of prior years		·				
<u>h</u>	Applied to 2016 distributable amount			<u></u>			
i_	Carryover from 2011 not applied (see instructions)						
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		····				
4	Distributions for 2016 from						
	Section D, line 7:						
a	Applied to underdistributions of prior years			<u> </u>			
<u>b</u>	Applied to 2016 distributable amount						
C	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2016, if						
	any. Subtract lines 3g and 4a from line 2. For result						
	greater than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2016. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in)					
	Part VI. See instructions.						
7	Excess distributions carryover to 2017. Add lines 3j and 4c.						
8	Breakdown of line 7:						
	DIEGROUWH OF HITE 7:						
<u>a</u> b	Excess from 2013						
	Excess from 2014						
<u>c</u> d	Excess from 2015						
<u>u</u>	Excess from 2016						
-	<u> </u>	1	I	I .			

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Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part
	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
~~~~~~~~~	
<b></b>	
<b>~</b>	
<b></b>	
~	
<del></del>	

## SCHEDULE D. (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes" on 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 20**16** 

Open to Public Inspection

Employer identification number

**MICRONESIA CONSERVATION TRUST** 98-606227 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . . . . 18 Aggregate value of contributions to (during year) 257.556 Aggregate value of grants from (during year) . 87,603 19.015.204 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . . ✓ Yes □ No 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ✓ Yes ☐ No Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Total number of conservation easements . . . . . . . 2a 2b Number of conservation easements on a certified historic structure included in (a) . . . . 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: 

Assets included in Form 990, Part X . . . .

Pane	2

	e D (FOIII 950) 2010					Page Z
Part						
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and oth	er records, chec	k any of the follov	ving that are a si	gnificant use of its
а	☐ Public exhibition		d 🗌 Loan	or exchange prog	rams	
b	☐ Scholarly research		e  Other			
C	☐ Preservation for future generations	•	0 🗀 04.0.			
4	Provide a description of the organizat		nd evolain how th	nov further the or	ranization'e ever	ont nurnose in Part
•	XIII.	ion's collections at	nd explain now tr	iey iuruler the org	janization s exen	ipt purpose in Fart
5	During the year, did the organization assets to be sold to raise funds rather					ar
Part						100 (1.10
i di c	Complete if the organization 990, Part X, line 21.		on Form 990, F	Part IV, line 9, or	reported an am	nount on Form
	Is the organization an agent, trustee,	quatadian or othe	r intermedian, fa	y contributions of	r other seeds no	<del></del>
ıa			•		other assets no	
_						☐ Yes 🗹 No
b	If "Yes," explain the arrangement in Pa	art XIII and complet	te the following ta	able:		
					Aı	mount
C	Beginning balance			10		
đ	Additions during the year			10	1	
е	Distributions during the year					
f	Ending balance					
	J			· · · · · · · · · · · · · · · · · · ·	<del></del>	O T Van T Na
2a	Did the organization include an amour				_	
	If "Yes," explain the arrangement in Pa	art XIII. Check here	if the explanation	n has been provid	ed on Part XIII .	<u> </u>
Part						
	Complete if the organization					
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	k (e) Four years back
1a	Beginning of year balance	17,682,631	18,062,880	14,854,219	11,107,22	5 8,582,989
b	Contributions	257,156	50,489			
	c Net investment earnings, gains, and				1,110,000	
_	losses					
			(430,738)	450,575	1,799,07	1,109,230
đ	Grants or scholarships	(87,603)				<del> </del>
е	Other expenditures for facilities and					
	programs					
f	Administrative expenses		_			
g	End of year balance	19,015,204	17,682,631	18,062,880	14,854,21	9 11,107,225
2	Provide the estimated percentage of t					
а	Board designated or quasi-endowmer	•	%	(-//		
b		100%	-'"			
С	Temporarily restricted endowment ▶	%	2007			
ο-	The percentages on lines 2a, 2b, and	•				
3a	Are there endowment funds not in the	e possession of the	e organization tha	at are neid and ad	iministered for th	
	organization by:					Yes No
	(i) unrelated organizations					3a(i) ✓
	(ii) related organizations					3a(ii) ✓
b	If "Yes" on line 3a(ii), are the related o	rganizations listed	as required on So	chedule R?		3b ✓
4	Describe in Part XIII the intended uses					<del></del>
Part						
	Complete if the organization		on Form 990 I	Part IV line 11a	See Form 990	Part Y line 10
	Description of property					
	Description of property	(a) Cost or oth			Accumulated lepreciation	(d) Book value
	<del> </del>	(intrestine				
1a	Land	·				
b	Buildings					
C	Leasehold improvements					
d	Equipment	. 2	9,541,24		29,541.24	0
е	Other					
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 99	00, Part X. columr	n (B), line 10c.) .	•	0

Part VII	Investments—Other Securities.			Page 3
			rm 990, Part IV, line	11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	<del></del>	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial	derivatives			
(2) Closely-h	neld equity interests			
(3) Other				
(A)	***************************************			
(B)			ļ	
(C)			ļ	
(D)				
(E) (F)				
(G)				
·( <del>-)</del> (H)				
	b) must equal Form 990, Part X, col. (B) line 12.) ▶			······································
Part VIII	Investments-Program Related	j.	<u> </u>	
			rm 990, Part IV, line	11c. See Form 990, Part X, line 13.
	(a) Description of investment		(b) Book value	(c) Method of valuation. Cost or end-of-year market value
(1)				
(2)				
(3)			<del> </del>	
(4)			ļ	
(5)			<del>                                     </del>	
(6)			<u> </u>	
<u>(7)</u>			<del>                                     </del>	
(8)			<del> </del>	
	b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.		<u> </u>	
	Complete if the organization answ	wered "Yes" on Fo	rm 990, Part IV, line	11d. See Form 990, Part X, line 15.
	(a	a) Description		(b) Book value
(1)				
(2)		<del></del>	<del></del>	
(4)		· · · · · · · · · · · · · · · · · · ·		
(5)		<del></del>		
(6)		· · · · · · · · · · · · · · · · · · ·		
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, co	ol. (B) line 15.)	<u> </u>	•
Part X	Other Liabilities.			
		wered "Yes" on Fo	orm 990, Part IV, line	11e or 11f. See Form 990, Part X,
4	line 25.	······	<del></del>	
(1) Federal in	(a) Description of liability	(b) Book value		
(2)	icome taxes			
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	b) must equal Form 990, Part X, col. (B) line 25.) ▶			
	r uncertain tax positions. In Part XIII, provi			
organization'	s liability for uncertain tax positions under	r FIN 48 (ASC 740). Ch	eck nere if the text of the	e roomote has been provided in Part XIII

Door	. 4
Page	-

or icaai	, D (1 Oll 1 330) 2010			rage -
Part	·	-	r Return.	
	Complete if the organization answered "Yes" on Form 990, I		<del></del>	
1	Total revenue, gains, and other support per audited financial statements		1 -	3,387,891
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1	1 1	
a	Net unrealized gains (losses) on investments	2a	_	
b	Donated services and use of facilities	2b	→ }	
C	Recoveries of prior year grants	2c	_}	
d	Other (Describe in Part XIII.)	2d	-	
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	· · · · · · · · ·	3	<del></del>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4-	l Î	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a   4b	-	
b	Other (Describe in Part XIII.)		+	
С 5	Add lines <b>4a</b> and <b>4b</b>		4c 5	0.007.004
Part				3,387,891
rait	Complete if the organization answered "Yes" on Form 990,		ei nettiii.	
1	Total expenses and losses per audited financial statements		1	1,875,145
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			1,873,143
a	Donated services and use of facilities	2a	[ [	
b	Prior year adjustments	2b	┥ !	
C	Other losses	2c	-	
di	Other (Describe in Part XIII.)	2d	-	
e	Add lines 2a through 2d	20	2e	
3	Subtract line 2e from line 1		3	<del></del>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		-	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	7	
	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18.)	5	1,875,145
Part	XIII Supplemental Information.	<u> </u>		1,010,140
The Mi	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part cronesia Conservation Trust maintains three endowment funds. Micronesia Comment Fund. Revenues from the former are to be used to fund conservation and in accordance with the terms of Memorandum of Agreement between MCT are from MCT Operations Endowment FundS are to be used to support MCT or	hallenge (MC) Endowment d capacity building activition d the participating Jurisdic	Fund and MC es designed to	o achieve MC

Schedule D (Form 990) 2016			Page 5
Part XIII Supplemental Informati	on (continued)		
***************************************			
			~
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		·	
	······································		

SCHEDULE F . (Form 990)

Statement of Activities Outside the United States

2016

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name (of the organization					Employer id	entification number
MICR	ONESIA CONSERVATION TRUST	Г				9	8-606227
Par		on Activiti	es Outside	the United States. Comp	lete if the organ		
1	For grantmakers. Does the assistance, the grantees' eligrants or assistance?	organization gibility for the	maintain reco	ords to substantiate the amoustance, and the selection	ount of its grants criteria used to	and other award the	√Yes □No
2	For grantmakers. Describe assistance outside the Unite		he organizati	on's procedures for monit	oring the use o	of its grant	s and other
3	Activities per Region. (The fo	llowing Part	I, line 3 table o	can be duplicated if addition	nal space is need	ded.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity lists a program si describe specifi service(s) in th	ervice, ic type of	(f) Total expenditures for and investments in the region
(1)	East Asia and Pacific	1	10	Regranting	Conservation		1,069,774
(2)	East Asia and Pacific			Training/Support	Training/Suppor	t	633,553
(3)	East Asia and Pacific			Other Program	Management/Fir	ance	171,818
(4)							
(5)						-··-	
(6)			,				
<u>(7)</u>							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
3a							1,875,145
b	Total from continuation sheets to Part I						0

c Totals (add lines 3a and 3b)

1,875,145

Page 2

Schedule F (Form 990) 2016

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

Part IV,	line 15, for all	ny recipient who re	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated it additional space is needed.	5,000. Part II car	n be duplicated it ac	iditional space is i	needed.	
1 (a) Name of organization	(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
E		E Acla and Dacific	A B C D F	28 310 Check	Chack			
			1					
(Z)		E Asia and Pacific	ABCD	79,275 Check	Check			
(3)		E Asia and Pacific	ABCDE	193,314 Check	Check			
(4)		E Asia and Pacific	ABCD	9,472 Check	Check			
(2)		F Acia and Pacific	ABCD	25.910 Check	Check			
(9)		E Acia and Pacific	ABCD	9.803 Check	Check			
£ 5			CORV	17 141 Chack	Chack			
(8)			ABCD	25.310 Check	Check			
(6)		F Acia and Pacific	ARCDE	68.180 Check	Check			
(10)		E Acia and Pacific	ARCD	40 958 Check	Check			
(11)		F Asia and Pacific	ABCD	18.929 Check	Check			
(12)		F Asia and Pacific	ABCD	2.825 Chcek	Chcek			
(13)		E Asia and Pacific	ABCD	152,540 Check	Check			
(14)		E Asia and Pacific	ABCD	10,000 Check	Check			
(15)		E Asia and Pacific	ABCD	59,983 Check	Check			
(16)		E Asia and Pacific	ABCD	13,603 Check	Check			

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 က N

Enter total number of other organizations or entities

Schedule F (Form 990) 2016

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. Schedule F (Form 990) 2016

Part III Grants ar

(a) Type of great or assistance	of crant or assistance (B) Begins	(c) Number of	(d) Amount of	(a) Manner of	(6) Amount of	(a) Description	(h) Method of
	,	recipients	cash grant	cash disbursement	assistance	of noncash assistance	valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(9)							
(3)							
(8)							
(6)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(11)							
(18)							
						Sch	Schedule F (Form 990) 2016

	Page 4
☐ Yes	□ No
☐ Yes	□ No
7	П.,

Schedule F (Form 990).2016 Part IV 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)	☐ Yes	□ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately 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; do not file with Form 990)	☐ 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	☐ Yes	□ No

Dart	W	I

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 petential grantees. Once projects
are approved by the Board of Trustees, the management unit and the Conservation and Capacity Building Programs axecutes contracts with
the grantees. The contracts are based on project proposals, workplans and budgets as reviewed and approved by the Regional Grnats
Committee and Board of Trustees. The program staff are then responsible for monitoring the programs/projects against the approved
workplans and budgets, reviewing and approving project reports and conducting on-site monitoring visits. Payments to projects are
dependent on the acceptance of reports, submissions of the appropriate supporting documents and the documented achievement of
goals and milestones. These procedures and requirements are outlined in the MCT Operations Manual and in individual contracts.
Part II Line 1, Column (d): Following is the key describing the purposes of grants in Part II(a) above:
A - Coral Reef Monitoring
B - Resource Management Planning
C - Protected Area management
D - Conservation and Climate Change Awareness
E - Workshops and Training

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization MICRONESIA CONSERVATION TRUST

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

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

► Attach to Form 990.

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

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Open to Public Inspection OMB No 1545-0047

Employer identification number

98-606227

Schedule I (Form 990) (2016) **ջ** □ Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form (h) Purpose of grant or assistance √Yes See IV below See IV below Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) Cat No. 50055P Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 79,953 (d) Amount of cash 91,939 grant Enter total number of other organizations listed in the line 1 table (c) IRC section (if applicable) the selection criteria used to award the grants or assistance? For Paperwork Reduction Act Notice, see the Instructions for Form 990. General Information on Grants and Assistance 66-0664562 98-0032933 (p) EIN (1) Mariana Islands Nature Alllance 1 (a) Name and address of organization (2) University of Guam **(2)** Part II Part **®** ව € 3 9 5 N 0 (12)

Part III can be duplicated if additional space is needed.	space is needed.				
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
-					
2					
3					
4					
S					
9					
7					
Part IV Supplemental Information. Provide the information		quired in Part I, line	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 regular site visits to monotor progress of pro	or progress of project	ect implementation. Moreover, MCT requires regular period	sover, MCT requires re	gular period	
Implementation and financial reports. Payments are contigent upon meetin	ligent upon meeting o	g conditions stipulated in the agreements.	n the agreements.		
Part II, column (h): Capacity-building, communication, information and outreach for coral monitoring	formation and outrea	ich for coral monitorin			
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
					Schedule I (Form 990) (2016)

SCHEDULE J (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

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

Employer identification number

OMB No. 1545-0047

2016

Open to Public Inspection

MICRONESIA CONSERVATION TRUST 98-606227 **Questions Regarding Compensation** Yes Nα 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence ☐ Tax indemnification and gross-up payments Health or social club dues or initiation fees ☐ Discretionary spending account Personal services (such as, maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ✓ Written employment contract Compensation committee ☐ Independent compensation consultant ☐ Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization? . . 6a **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Schedule J (Form 990) 2016

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title 1 William Kostka (i) 2 Lisa Andon (ii) 3 Charles M'Ithinyal (ii) 4 Meileen Albert (ii) 5	(f) Base compensation 70,867.60	(ii) Bonus & incentive	(iii) Other	other deferred	benefits	(a)-()(a)	ın column (B) reported
ıyal	70,867.60		compensation				as deferred on pnor Form 990
yai	59 044 80			2.088.57	3,194.83	76.151,00	
yal	59 044 80					, , , , , , , , , , , , , , , , , , ,	
yal				1,735.25	3,161.61	63,941.66	
ıyal	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		4				
yai	32,450.40			0	1,245.24	33,695.64	
	42,987.52			1,295.83	3,164.44	47,447.79	
	1						
- (E) - 9							
0							
(ii)							
(3)							
(1)							
(0)							
(II) 6							
10 (ii)							
11 (ii)							
8			11 11 11 11 11 11 11 11 11 11 11 11 11				
12 (ii)							
13 (ii)							
0							
(ii)							
(i)							
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
16 (11)							

Schedule J (Form 990) 2016

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. Schedule J (Form 990) 2016

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

2016

OMB No. 1545-0047

► Attach to Form 990 or 990-EZ. tion about Schedule O (Form 990 or 990-EZ) and its instru

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

Open to Public Inspection

Name of the organization	Employer identification number
MICRONESIA CONSERVATION TRUST	98-606227
Part VI, Sec B, Line11a: The Deputy Executive Director and the Cheif Finance Officer prepare fo	rm 990 in draft, Executive Director reviews,
signs and confirned by the Board of Trustee	
Part VI Sec B, Line 12c: Micronesia Conservation Trust's trustees are required to to disclose an	y and potential conflicts of interest prior to
meetings and electionic votes. Any conflicts are disclosed verbally and in the minutes of the mo	eetings. Annual disclosure fornms are also
distributed and completed during the first face to face meeting of every calender year as well.	
Part VI, Sec B, Line 15a: Determining compensation for the Executive Director involved a surve	of salaries of other similar regional
organizations. Annual increases of the Executive Director's salary are based on annual perform	ance reviews conducted by the Board of
Trustees.	
Part VI, Sec B Line 15B: Determining for other key staff is based on annual performance reviews	s conducted by the employee's immediate
supervisor(s).	
Part VI, Sec C, Line 19: The Micronesia Conservation Trust's governing documents are made av	ailable on its website. Financial
statements and otehr information are availble via email, facsmile, telephone, or usual email. The	ese documents are also available in the
Website.	
······································	
	
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Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization	Employer identification number
······································	
