Form **990**

SCANNED FEB 1 8 2020

Return of Organization Exempt From Income Tax

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OMB No. 1545-0047

Department of the Treasury

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A	For the	2010		<u> </u>	20 40							
_			Decer Decer	nber 31	, 20 18 er identification number							
8	Check if a		·	D Linploy								
님	Address	Note that the Control of the Control	cuito.	E Tolopho	98-6062277 ne number							
믬	Name cha											
님	initiai retu	70										
片		/terminated City or town, state or province, country, and ZIP or foreign postal code			4 770 004							
닏	Amended			G Gross re								
ш	Application	n pending F Name and address of principal officer	1	•	subordinates? Yes No							
					s included? Yes No							
<u> </u>	Tax-exem		/ i		a list (see instructions)							
<u>1</u>	Website:		H(c) Group									
_	Form of or		ation	M State	of legal domicile							
P	art I	Summary										
_	1	Briefly describe the organization's mission or most significant activities: To pr		ble finan	cing and support for							
Governance	-	biodiversity, conservation, climate change adaptation and related sustainable devi	elopment	••••								
Ē	-											
Ve		Check this box $ ightharpoonupigcup \Box$ if the organization discontinued its operations or disposed	l of more than	7 1	its net assets.							
ၓ		Number of voting members of the governing body (Part VI, line 1a)	111414	3	9							
عق در	,	Number of independent voting members of the governing body (Part VI, line 1b	b) ' ' ' '	` 4	9							
ïë	1	Total number of individuals employed in calendar year 2018 (Part V, line 2a)		5	12							
Activities &		Total number of volunteers (estimate if necessary)		6	1							
ĕ	7a 1	Total unrelated business revenue from Part VIII, column (C) Line 12.		7a	0							
	b 1	Net unrelated business taxable income from form 995 The 88 ED.		7b	0							
		1 1 1 1 1 1 1 1 1 1	Prior Ye		Current Year							
<u>a</u>		Contributions and grants (Part VIII, line 1h).	2	,367,157	1,757,492							
e		rogram service revenue (Part VIII, line 2g) [
Revenue	10	onvestment income (Part VIII, column (A), lines 3, 4, and 7d). Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 1 m).	3	,060,374	<u> </u>							
u.	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 15c, and 11e).		8,003	20,729							
	12	otal revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5	,435,534	1,778,221							
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2	,009,423	1,058,226							
	14 E	Benefits paid to or for members (Part IX, column (A), line 4)										
Ø	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		456,436	479,866							
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)										
ğ	b 1	otal fundraising expenses (Part IX, column (D), line 25)										
Ш	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		34,453	2,288,918							
	18	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2	,500,312	3,822,010							
	19 F	Revenue less expenses. Subtract line 18 from line 12	2	,935,227	(2,043,789)							
200			Beginning of Cur	rrent Year	End of Year							
Net Assets	20 1	otal assets (Part X, line 16)	22	,908,561	21,432,627							
24 B	21 7	otal liabilities (Part X, line 26)		364,228	932,097							
		let assets or fund balances. Subtract line 21 from line 20	22	,544,313	20,500,524							
Pa	art II	Signature Block										
Un	der penalti	es of perjury, I declare that I have examined this return including accompanying schedules and state	tements, and to th	e best of n	ny knowledge and belief, it is							
tru	e, correct,	and complete Devaration of preparer (specthan of icer) is based on all information of which prepare	er has any knowle	edge								
		Millian Millian		1/14/	19							
Się	jn	Signature of officer	Dat	e								
He	re	William N. Kostka- Executive Directo	۱۲									
		Type or print name and title										
Pa	id	Print/Type preparer's name Preparer's signature	Date	Check	PTIN							
	eparer			self-emp								
	e Only	's EIN ▶										
U3	e Omy	Firm's name ► Firm's address ►		ne no.								
Ма	y the IRS	discuss this return with the preparer shown above? (see instructions)			Yes No							
			No 11282Y		Form 990 (2018)							
					- C							

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Part	_
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	To provide sustainable financing and support for biodiversity conservation, climate change adaptation and related sustainable
	development. In order to do this: "We build partnerships, raise and manage funds, make grants, influence policy, and provide
	conservation and financing expertise."
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1,582,030 including grants of \$) (Revenue \$)
	Conservation Program. The Conservation Program consists of several on-going funding programs supporting conservation and
	climate change adaptation projects in marine and terrestrial ecosystems in the Federated States of Micronesia (FSM), the Republic
	of the Marshall Islands (RMI), the Republic of Palau (ROP), the US Territory of Guam, and the Commonwealth of the Northern Mariana Islands (CNMI). Each of these programs is determined by terms agreed upon between MCT and its donors. In general, MCT issues
	funds through a call for proposals process, inviting proponant organizations and groups to submit concept papers and/or proposals
	describing the work they plan to undertake in the targeted areas. MCT-funded projects address biodiversity and climate
	change adaptation issues in the FSM, RMI, ROP, Guam & CNMI, have a direct positive impact on the flora and/or fauna of the targeted
	ecosystems and related communities involved, show technical, financial and organizational coherence to ensure the sustainability
-404	of the project. MCT Conservation Program Staff monitor and evaluate the implementation of projects, providing on going
	technical support and guidance, ensuring compliance to grant agreement terms and working in close collaboration with the
	MCT Capacity-Building Program staff, assisting with assessing grantee needs.
4b	(Code:) (Expenses \$ 202,744 including grants of \$) (Revenue \$)
	Capacity-Building Program: The MCT Capacity-Building Program currently supports the executive leadership and management of
	the region's NGOs and government line agencies through the Micronesians in Island Conservation (MIC) peer learning network as
	well as their technical staff through the Pacific Islands Managed and Protected Areas Community. (PIMPAC) MCT coordinates these
	two peer learning networks. The Capacity-Building Program also coordinates its activities with those of the Conservation
	Program, regularly monitoring projects, and providing on-the-spot assistance with project management. MIC is an initiative for emerging conservation pioneers as well as established champions within both the NGO and government sectors. PIMPAC provides
	continuous opporturnities for sharing of information, expertise and best practices, and experience to develop and strengthen
	area-based management capacity througout the Pacific Region. The Capacity-Building Program also administers scholarship and
	internship programs.
4c	(Code:) (Expenses \$ 65,821 including grants of \$) (Revenue \$)
	Administration and Finance: The Administration and Finance staff provide administrative and financial management support to
	the Conservation and Capacity-Building Programs. MCT's financial management system is comprised of accounting records and
	a series of processes and procedures assigned to staff, Board Trustees and outside professionals. The goals of MCT's systems
	are to ensure that financial data and transactions are properly entered into the accounting records and that reports are
	prepared accurately and in a timely fashion. MCT's financial management policies and procedures provide assurance that assets are
	used soley for the benefit of the organization, and not for personal or other gain and that donated funds are used for the purpose(s)
	which the donors intended as specified in grant agreements. Internal controls help ensure operational efficiency and prevent the
	Intentional or misguided use of funds for unauthorized purposes. The Administration and Finance Program also includes the
	Human Resources functions of the organization. MCT is also accedited to serve as the National Implementing Entity of the Adaptation Fund for the FSM and as a Direct Access Implementing Entity for the Green Climate Fund for the FSM, RMI and ROP. The
	MCT Administration and Finance Program is responsible for ensuring that MCT administrative functions and project management
	systems meet the highest international standards.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 1,971,415 including grants of \$) (Revenue \$)
4e	Total program service expenses ► 3,822,010

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Part	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	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		,
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? <i>If "Yes," complete Schedule C, Part II</i>	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			,
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		V	
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		,
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		~
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V .	10	~	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		,
b	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		~
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		~
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		,
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		~
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		,
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	~	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14a	Did the organization maintain an office, employees, or agents outside of the United States?	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	,	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16	,	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		,
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		v
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		~
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
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		V

	Oneckist of Required Scriedules (Continued)			
			Yes	No
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	,	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		~
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		~
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		~
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		~
25a	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	25a		~
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		,
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		V
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		,
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		~
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		~
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	1	v
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		~
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		V
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		-
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		~
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		7
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		v
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		/
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	~	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u>.</u> .	<u>.</u>	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
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	4-		
	reportable gaming (gambling) winnings to prize winners?	1c	gan	(2018)
		. 0.11		(2010)

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		1
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			<u> </u>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		V_
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	~	
b	If "Yes," enter the name of the foreign country: Federated States of Micronesia See instructions for filing requirements for 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		V
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		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			!
_	gifts were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a		~
b	and services provided to the payor?	7b		_
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
·	required to file Form 8282?	7c		,
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		~
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		~
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		~
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		~
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		<u> </u>	·
	sponsoring organization have excess business holdings at any time during the year?	8		~
	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		~
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		~
	Section 501(c)(7) organizations. Enter:	30		
	Initiation fees and capital contributions included on Part VIII, line 12	-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b 0		ł	
	Section 501(c)(12) organizations. Enter:		1	,
а	Gross income from members or shareholders		j	
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		~
	Note. See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	140		<u> </u>
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b	+	
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	עדי		
	excess parachute payment(s) during the year?	15	-	~
	If "Yes," see instructions and file Form 4720, Schedule N.			i
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		~
	f "Yes," complete Form 4720, Schedule O.			
		Form	990	(2018)

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	See in:	struct	ions.
	Check if Schedule O contains a response or note to any line in this Part VI	•••	•	<u>. </u>
Sect	ion A. Governing Body and Management		Yes	I No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			No
b 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	9		
-	any other officer, director, trustee, or key employee?	2		~
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		,
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	ļ	-
5	Did the organization become aware during the year of a significant diversion of the organization's assets?. Did the organization have members or stockholders?	5		7
6 7a	Did the organization have members or stockholders?	-		-
	one or more members of the governing body?	7a		~
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		~
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	V	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b	~	
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	- d- 1	/
Secu	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		V
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		~
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	ィ	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	~	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	~	
13	Did the organization have a written whistleblower policy?	13	~	
14	Did the organization have a written document retention and destruction policy?	14	~	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	~	
b	Other officers or key employees of the organization	15b	<u>/</u>	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ▶ none Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-7 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. □ Own website □ Another's website ☑ Upon request □ Other (explain in Schedule O)	(Sec	tion 5	i01(c)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest p	oolicy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords	•	

D	•
raue	

Form 990 (2018)

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

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

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

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

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

☑ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
				(C)					
(A)	(B)	١			ition			(D)	(E)	(F)
Name and Title	Average					than e		Reportable	Reportable	Estimated
	hours per	box, unless person is both ar officer and a director/trustee						compensation	compensation from	amount of
	week (list any hours for	Individual trustee or director	Sul	오	6	em Pig	ξ	from the	related organizations	other compensation
	related	dive	Ē	Officer	Key employee	ploy	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	ctor	Į.		횽	8 6	,	(W-2/1099-MISC)		organization and related
	line)	Size	7	1	yee	₹				organizations
		8	Institutional trustee			Highest compensated employee				
			_	-	_	8.	_			<u> </u>
(1) Doreen deBrum										
Chairwoman	<u> </u>	~								
(2) Elbuchel Sadang										
Vice-Chair	Ţ	•	ł	l		<u> </u>				
(3) Anna Mendiola										
Treasurer		~		<u> </u>		<u> </u>				
(4) Jared Morris									i	
Secretary		~								·
(5) Carlotta Leon Guerrero										
Regional Trustee		~								
(6) Julian Aguon	ļ									
Regional Trustee		~		<u> </u>						
(7) Diego Benavente										
Regional Trustee	ļ						<u> </u>			
(8) Megumi Araki	ļ									
International Trustee	ļ	~	L	_	_					
(9) Bernd Cordes							•			
International Trustee		~	_							
(10) Trina Leberer			١.					•		
Honorary Trustee			~				L			
(11) William Kostka	ļ									
Executive Director	ļ				~	~		73,852		
(12) Lisa Andon	ļ									
Deputy Executive Director	L				~	~		61,353		<u>.</u>
(13) Meileen Albert	ļ					_				
Finance Officer	ļ				~	_		44,755		
(14) Tamara Greenstone-Alefaio	ļ									
Conservation Program Manager	Ll				•			45,902		- 000

	Section A. Onicers, Directors, Trus	LCCS, ICCY L	TIPIO,	,00.			iigiio.		Joniponsatou L	1110103	10011111	1000)		
					-	C) ution				1				
	(A)		Position (do not check more the					one	(D)	(E)		_	(F)	
	Name and title	Average hours per					is both or/trust		Reportable compensation	Reporta compensation			timated lount of	
		week (list any		T		т —			from	relate	d		other	
		hours for related	Individual trustee or director	Institutional truste	Officer	Key employee	ighe plo	Former	the organization	organizat (W-2/1099-			pensation om the	
		organizations	dual	non	*	夏	st cc	"	(W-2/1099-MISC)		•		anization	
		below dotted line)	ੋੜ	altn	ĺ	yea	mpe	ĺ		ĺ			l related nizations	
			6	ste			Highest compensated employee							
				L		<u></u>	e.	<u></u>						
(15)														
				\vdash	_	_	 							
(16)		 -					!							
(17)					_									
11.11														
(18)					-									
X														
(19)														
(20)														
(21)											,			
(00)														
(22)														
(23)							-	_						
3														
(24)														
2														
(25)														
1b	Sub-total		• . •	•	•		•							
C	Total from continuation sheets to Part			•	•		•		225,862					
d	Total (add lines 1b and 1c)						obovo	<u> </u>	225,862	aro than \$1	100.00	O of		
2	reportable compensation from the organi		i to th	ose	1151	eu a	above	;) WI	no received inc	ore man p	100,00	0 01		
	reportable componitation from the organi	<u> Lation</u> P											Yes	No
3	Did the organization list any former off	ficer direct	tor o	r tn	iste	e l	kev e	ma	lovee, or high	est compe	ensate	d		
•	employee on line 1a? If "Yes," complete \$											<u> </u>		~
4	For any individual listed on line 1a, is the	sum of rec	ortab	ole c	om	per	nsatio	n ar	nd other comp	ensation fi	rom th	е		11.54
	organization and related organizations													
	ındividual	• • •										4		<u> </u>
5	Did any person listed on line 1a receive o													
	for services rendered to the organization?	If "Yes," c	omple	ete S	Sch	edu	ile J fo	or s	uch person .	· · · ·	<u>· · · </u>	5		<u> </u>
	n B. Independent Contractors													
1	Complete this table for your five highest of compensation from the organization. Rep													
	year.	on comper	เรลแบ	טוווי	n (i)	e 0	ajenu	ai y	ear ending with	I OF WILLIEF	trie or	yanızanı	UII S LAD	
	(A)								(B)		Γ	(C)		
	Name and business addi	ress					1		Description of se	ervices) 	Compens		
										· · · · · ·				
										 				
2	Total number of independent contractor	•	-					the	ose listed abo	ve) who				

Par	t VIII	Statement of Revenue				
		Check if Schedule O contains a response or note to		******	(C)	
7.1			(A) Total revenue	(B) Related or exempt function revenue	Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a				
S a	b	Membership dues 1b				
ts, (С	Fundraising events 1c				
흁	d	Related organizations 1d				
J. S.	e	Government grants (contributions) 1e				
er S	f	All other contributions, gifts, grants,	İ			
혈		and similar amounts not included above 1f 1,757,492				
ם פֿ	g	Noncash contributions included in lines 1a–1f: \$				
	h	Total. Add lines 1a–1f ▶	1,757,492			
Program Service Revenue		Business Code	-		*	
ě	2a				 	
幺	b					
Ž			· · · · · · · · · · · · · · · · · · ·			
သို	d					
檀	e	All other program continue revenue		·····		<u> </u>
õ	g	All other program service revenue . Total. Add lines 2a-2f				
	3	Investment income (including dividends, interest,			 	
		and other similar amounts)				
	4	Income from investment of tax-exempt bond proceeds ▶		···-		
	5	Royalties			<u> </u>	<u> </u>
		(i) Real (ii) Personal				
	6a	Gross rents				
	b	Less. rental expenses				
	С	Rental income or (loss)	[
	d	Net rental income or (loss) ▶				
	7a	Gross amount from sales of (i) Securities (ii) Other				
		assets other than inventory				
	b	Less. cost or other basis				
		and sales expenses .				
	C	Gain or (loss)				
	d	Net gain or (loss)				
renue	8a	Gross income from fundraising events (not including \$				
Other Revenue		of contributions reported on line 1c). See Part IV, line 18 a				
듄	b	Less: direct expenses b				
	С	Net income or (loss) from fundraising events . ▶				
		Gross income from gaming activities. See Part IV, line 19 a				
		Less: direct expenses b				
		Net income or (loss) from gaming activities				ļ
		Gross sales of inventory, less returns and allowances a				
		Less: cost of goods sold b				
- 1	C	Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code				
}	110		20,729			
į	11a b	Donations	20,129			ļ
ļ						
ĺ	c d	All other revenue				
	-	Total. Add lines 11a–11d	20,729			
		Total revenue. See instructions	1 778 221			

Section	on 501(c)(3) and 501(c)(4) organizations must com				
	Check if Schedule O contains a respons	se or note to any lin	e in this Part IX .		
	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	231,705	231,705		مايا ياد وينجين مماد منيح لاصاب
2	Grants and other assistance to domestic individuals. See Part IV, line 22	821,521	821,521		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	439,436	427,000	12,436	
8	Pension plan accruals and contributions (include	1077100	121,000		
	section 401(k) and 403(b) employer contributions)	9,407	8,572	835	
9	Other employee benefits	7,354	7,003	351	······································
10	Payroll taxes	23,669	22,448	1,221	
11	Fees for services (non-employees):				
а	Management				
b	Legal [
C	Accounting	10,000		10,000	
d	Lobbying				
е	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.)			+	
40	- · · · · · · · · · · · · · · · · · · ·	1,631		1 (21	
12 13	Advertising and promotion	9,974		1,631 9,974	
14	Information technology	7,714		7,774	
15	Royalties			-	
16	Occupancy	-			·
17	Travel	210,170	200,154	10,016	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	66,371	66,371		······································
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance	675		675	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column			1	
	(A) amount, list line 24e expenses on Schedule O.)				
а	Roard of Trustoes Meeting	10,598		10,598	
b	Dues and Subscriptions	8,084		8,084	
C	Endowment Distributions	480,256			
d	Investment Loss	1,491,159			
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	3,822,010	1,784,774	65,821	
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here			ł	
	following ŠOP 98-2 (ASC 958-720)				

Form 990 (2018) Page **11** Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 321.134 829,911 2 Savings and temporary cash investments 2 ol 582,018 3 3 10,133 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 7 8 9 10a Land, buildings, and equipment; cost or other basis. Complete Part VI of Schedule D 10a 10c Less: accumulated depreciation 10b 11 21,995,256 11 12 12 Investments—other securities. See Part IV, line 11 13 13 Investments—program-related. See Part IV, line 11 14 14 15 15 22,908,541 16 16 **Total assets.** Add lines 1 through 15 (must equal line 34) 17 60,031 17 18 260,782 18 43,415 19 19

449,866 14,476 20,138,368 21,432,621 59,886 114,672 757,539 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties . . . 24 Unsecured notes and loans payable to unrelated third parties . . . 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 . 364.228 **26** 932.097 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and et Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 40,798 27 20,069 27 28 28 29 22,524,244 29 20,459,726 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 31 32 30 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds. 33 33 22,544,313 20,500,524 22,908,541 21,432,621 Total liabilities and net assets/fund balances Form 990 (2018)

Page	1	2

Form 990 (2018)

Pari	XI Reconciliation of Net Assets	-						
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗆			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,77	78,221			
2	Total expenses (must equal Part IX, column (A), line 25)							
3	Revenue less expenses Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		22,54	4,313			
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6	·	_				
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9						
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				_			
	33, column (B))	10		20,50	0,524			
Part	XII Financial Statements and Reporting				_			
	Check if Schedule O contains a response or note to any line in this Part XII	· · ·		Yes				
_	Accounting method used to prepare the Form 990: Cash Accrual Other			res	No			
1		nlain .a	1	ľ				
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	piain in						
2a								
Za	If "Yes," check a box below to indicate whether the financial statements for the year were com		2a		/			
•	reviewed on a separate basis, consolidated basis, or both:	pileu oi	} ;					
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				1			
b	Were the organization's financial statements audited by an independent accountant?		2b	<				
_	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a						
	separate basis, consolidated basis, or both:							
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	versight						
	of the audit, review, or compilation of its financial statements and selection of an independent account		2c	7				
	If the organization changed either its oversight process or selection process during the tax year, ex	plain in						
	Schedule O							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in						
	the Single Audit Act and OMB Circular A-133?		3a	✓				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo		_					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b	√				
			Form	n 990	(2018)			

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number Micronesia Conservation Trust 98-6062277 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (I) Name of supported organization (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E) Total

Schedule A (Form 990 or 990-EZ) 2018 Page 2 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 Calendar year (or fiscal year beginning in) ▶ (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total grants, contributions, membership fees received. (Do not include any "unusual grants.") . . . 3,876,007 1,475,642 2,224,871 1,918,724 1,757,492 11,252,736 revenues levied for organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3. . . . 3,876,007 1,475,642 2,224,871 1,918,724 1,757,492 11,252,736 The portion of total contributions by each person (other а governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 2.557.965 Public support. Subtract line 5 from line 4 8,694,771 Section B. Total Support (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total Calendar year (or fiscal year beginning in) ▶ (a) 2014 3,876,007 1,475,642 2,224,871 1,918,724 1,757,492 11,252,736 7 Amounts from line 4 Gross income from interest, dividends. payments received on securities loans, rents, royalties, and income from similar sources 450,575 (430,738)1,163,020 3,060,374 (1,491,159)2,752,072 Net income from unrelated business activities, whether or not the business is regularly carried on 0 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 **Total support.** Add lines 7 through 10 14,004,808 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f) 14 <u>62.</u>08 % 15 75.78 % 15 Public support percentage from 2017 Schedule A, Part II, line 14 331/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in

	organization
b	10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.
	Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part							
	(Complete only if you checked t						nder Part II.
	If the organization fails to qualify	under the te	ests listed bel	ow, please c	omplete Part	II.)	
	ion A. Public Support				·		
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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			1			1
	furnished in any activity that is related to the						j
	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						1
	organization's benefit and either paid to	1					
	or expended on its behalf	<u></u>					
5	The value of services or facilities				/	,	
	furnished by a governmental unit to the	1	1			}	ļ
	organization without charge			/	<u> </u>		<u> </u>
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3		ł		}	}	
	received from disqualified persons .						
b	Amounts included on lines 2 and 3	\ \					
	received from other than disqualified						
	persons that exceed the greater of \$5,000			/			
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b			<u> </u>			
8	Public support. (Subtract line 7c from	ļ	l X		1		
	line 6.)	<u> </u>		l	<u> </u>		!
	on B. Total Support	r			T	T	
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6		/				
10a	Gross income from interest, dividends,	/	ľ				
	payments received on securities loans, rents,	/					
	royalties, and income from similar sources .			\\			
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses]			
	acquired after June 30, 1975	<u></u>					
С	Add lines 10a and 10b	/					
11	Net income from unrelated business	/				l	
	activities not included in line 10b, whether	!					
40	or not the business is regularly carried on	<u></u>					
12	Other income. Do not include gain of				`		
	loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
13	and 12.)						
14	First five years. If the Form 990 is for the	e organization	'e first secon	d third fourth	or fifth tax v	ear as a section	n 501(c)(3)
17	organization, check this box and stop he				i, or mar tax y	sai as a sectio	··· 50 1(c)(o) ▶ □
Secti	on C. Computation of Public Suppor				<u> </u>	 / .	
15	Public support percentage for 2018 (line 8			13 column (f)		15	%
16	Public support percentage from 2017 Sch					16	%
	on D. Computation of Investment In				<u> </u>	1	
17	Investment income percentage for 2018 (by line 13, colu	mn (f))	17	1 %
18	Investment income percentage from 2017					18	// %
19a	331/3% support tests—2018. If the organ					1	
	17 is not more than 331/3%, check this box						
b	331/3% support tests -2017. If the organiz	=	=		-		~
	line 18 is not more than 331/3%, check this i						
20	Private foundation./If the organization di	d not check a	box on line 14,	, 19a, or 19b, o	check this box	and see instru	ctions 🕨 🗌

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.)

Section	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	-	
С	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		
5а	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		二
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 (as 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).	7		
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).	8		
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 in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	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 .	9b		
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.	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 supporting organizations)? If "Yes," answer 10b below.	10a		
b	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	_	Ţ

Part	Supporting Organizations (continued)			
			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		<u></u>
Secti	ion B. Type I Supporting Organizations			Τ
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			ļ.
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	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.	2		
Secti	on C. Type II Supporting Organizations	1_=_1		<u> </u>
	y, company to the second secon		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed]		<u>.</u>
	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			
	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			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			1
	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		<u> </u>
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			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			l
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			L
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i		tions	<u></u>
' a	The organization satisfied the Activities Test. Complete line 2 below.	nstrac	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	٠,٠
b	☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructi	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	
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		İ	
	those supported organizations and explain how these activities directly furthered their exempt purposes,		- 1	
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a]	
b	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]	1	
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		<u> </u>
3	Parent of Supported Organizations. Answer (a) and (b) below.		ł	
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	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			
	of its supported examinations? If "Ves." describe in Part VI the role played by the organization in this regard	25		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gan	izations	
1	g tru	st on Nov. 20, 1970 (exp	laın ın Part VI). See
instructions. All other Type III non-functionally integrated supporting organ	nizat	ions must complete Sec	tions A through E.
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 supporti	ng organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	izations (continued)	
Sect	ion D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2			orted	
3	Administrative expenses paid to accomplish exempt purp	poses of supported orga	ınızations	
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 whice (provide details in Part VI). See instructions.	th the organization is res	ponsive	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		•	
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Carryover from 2013 not applied (see instructions)			
ز	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
	Applied to underdistributions of prior years	<u> </u>	······································	
<u> b</u>	Applied to 2018 distributable amount Remainder, Subtract lines 4a and 4b from 4.			
<u></u>				
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7			 -
	Excess from 2014			
b	Excess from 2015			
c	Excess from 2016			
d	Excess from 2017			
	Excess from 2018			

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, 2 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 I lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	b,
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SCHEDULE D

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.

OMB No 1545-0047 2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **Employer identification number** Micronesia Conservation Trust 98-6062277 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 1 Total number at end of year 1,44,024 2 Aggregate value of contributions to (during year) 512,517 3 Aggregate value of grants from (during year) . Aggregate value at end of year 4 20.138.368 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? ✓ Yes
☐ No 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.** Part II 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 Preservation of a certified historic structure ☐ Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements . 2a 2b Number of conservation easements on a certified historic structure included in (a) . . . 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ 5 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 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year R 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. 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 .

chedule D	?Form	990)	2018	

Page 2

Par	Organizations Maintaining	Collections of A	Art, Historical	Treasures, or O	ther Similar As	sets (conti	inued)
3	Using the organization's acquisition, collection items (check all that apply):		ner records, che	ck any of the follo	wing that are a s	ignificant us	e of its
a	☐ Public exhibition		d 🗌 Loar	or exchange pro	grams		
b	☐ Scholarly research		e 🗌 Othe	r			
C	☐ Preservation for future generations						
4	Provide a description of the organizat	tion's collections a	ind explain how	they further the or	ganization's exen	npt purpose	in Part
5	During the year, did the organization assets to be sold to raise funds rather	than to be mainta					□ No
Par	IV Escrow and Custodial Arra						
	Complete if the organization 990, Part X, line 21.	_			·		orm
1a	Is the organization an agent, trustee, included on Form 990, Part X?					ot 🗌 Yes	□ No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	te the following t	able:	At	mount	
С	Beginning balance					- Iourit	
ď		<i></i>					
e	Distributions during the year			 -			
f	Ending balance						
2a	Did the organization include an amour					2 Vec	□ No
	If "Yes," explain the arrangement in Pa						
	t V Endowment Funds.	art Ain. Check here	il tile explanatio	ii nas been provid	eu on Fait Aii .	· · · · · · · · · · · · · · · · · · ·	<u> </u>
r ai	Complete if the organization	anewored "Vee"	on Form 990 I	Part IV line 10			
	Complete ii the organization	(a) Current year	(b) Pnor year	(c) Two years back	(d) Three years back	(e) Four year	rs back
4.	Regioning of year balance	21,995,256	19,015,204				854,219
1a	Beginning of year balance	144,788	376,129		 		758,086
b	Contributions	144,700	3/0,129	257,130	30,468	2,4	100,000
С	Net investment earnings, gains, and	(4.404.450)	2 000 074	4 400 000	/400 700		450 575
	losses	(1,491,159)	3,060,374		 	<u>'</u>	450,575
d	Grants or scholarships	(510,517)	(456,451)	(87,603)		 	
е	Other expenditures for facilities and programs						
f	Administrative expenses						
9	End of year balance	20,138,368	21,995,256			18,0	062,880
2	Provide the estimated percentage of the		d balance (line 1g	ı, column (a)) held	as:		
а	Board designated or quasi-endowmer	nt 🕨	_%				
b	Permanent endowment ▶1	100%					
C	Temporarily restricted endowment ▶	%					
	The percentages on lines 2a, 2b, and 2	2c should equal 10	0%.				
3a	Are there endowment funds not in the	possession of the	e organization the	at are held and ac	dministered for the	∍	
	organization by:					Yes	s No
	(i) unrelated organizations					3a(i)	
	(ii) related organizations					3a(ii)	1
b	If "Yes" on line 3a(ii), are the related or	ganizations listed	as required on So	chedule R?		3b	√
4	Describe in Part XIII the intended uses	of the organization	n's endowment f	unds.			
Part	VI Land, Buildings, and Equip	ment.					
	Complete if the organization		on Form 990, F	Part IV, line 11a.	See Form 990,	Part X, line	10.
	Description of property	(a) Cost or oth (investme	er basis (b) Cost o	or other basis (c)	Accumulated epreciation	(d) Book val	
1a	Land						
b	Buildings						
C	Leasehold improvements						
d	Equipment		30,647		30,647		0
е	Other						
Total.	Add lines 1a through 1e. (Column (d) m	ust equal Form 99	0, Part X, column	(B), line 10c.) .	. . > [0
_							

	Complete if the organization ans (a) Description of security or catego	n.,	(b) Book value	(5) 84	thad of valuation:
	(a) Description of security or catego (including name of security)	ry	(b) Book value		ethod of valuation: d-of-year market value
I) Financial	derivatives				
) Closely-h	neld equity interests				
<i>1</i> Δ1					
(B)					
(C)			-	~	
(D)					
(E)			-		
(F)			·- 	 	
(G)			•		
(H)				 	
	o) must equal Form 990, Part X, col. (B) line 12.) ▶		-		
art VIII	Investments-Program Relate	d.			
	Complete if the organization ans		rm 990. Part IV. lir	ne 11c. See Forn	n 990 Part X line 1
	(a) Description of investment	100 01110	(b) Book value		ethod of valuation
	(a) Description of investment		(b) Book value		d-of-year market value
			 	 	
1)			 	 	
2)		· · · · · · · · · · · · · · · · · · ·	 	 	
3)		····			
4)			 		
5)			-		
51			 		 ,
7)					·
7) 8)					
7) 8) 9)	n must aqual Form 000 Part V and /D) line 12)				
7) 8) 9) otal. (Column (b	n) must equal Form 990, Part X, col. (B) line 13)				
6) 7) 8) 9) otal. (Column (t Part IX	Other Assets.	word "Voe" on Fo	rm 990 Port IV lin	no 11d See Form	a 990 Part V line 1
7) 8) 9) Ital. (Column (b	Other Assets. Complete if the organization ans		rm 990, Part IV, lir	ne 11d. See Forn	
7) 8) 9) tal. (Column (b Part IX	Other Assets. Complete if the organization ans	wered "Yes" on Fo	rm 990, Part IV, lir	ne 11d. See Forn	n 990, Part X, line 1 (b) Book value
7) 8) 9) tal. (Column (t Part IX	Other Assets. Complete if the organization ans		rm 990, Part IV, lir	ne 11d. See Forn	
7) 8) 9) Ital. (<i>Column (t</i> Part IX	Other Assets. Complete if the organization ans		rm 990, Part IV, lir	ne 11d. See Forn	
7) 8) 9) tal. (Column (t	Other Assets. Complete if the organization ans		rm 990, Part IV, lir	ne 11d. See Forn	
7) 8) 9) tal. (Column (t Part IX 1) 2) 3)	Other Assets. Complete if the organization ans		rm 990, Part IV, lir	ne 11d. See Forn	
7) 8) 9) tal. (Column (t	Other Assets. Complete if the organization ans		rm 990, Part IV, lir	ne 11d. See Forn	
7) 3) 6) tal. (Column (t. Part IX 1) 2) 3)	Other Assets. Complete if the organization ans		rm 990, Part IV, lir	ne 11d. See Forn	
7) 3) 4) 1) 2) 1) 2) 3) 4) 5) 6) 7)	Other Assets. Complete if the organization ans		rm 990, Part IV, lir	ne 11d. See Forn	
7) 3) 3) (a) (Column (to Part IX	Other Assets. Complete if the organization ans		rm 990, Part IV, lir	ne 11d. See Forn	
7) 3) 3) tal. (Column (tal. (C	Other Assets. Complete if the organization ans	a) Description	rm 990, Part IV, lir	ne 11d. See Forn	
7) 8) 9) tal. (Column (t) Part IX 1) 2) 3) 4) 5) 6) 7) 9) otal. (Column (t)	Other Assets. Complete if the organization ans (a) Description	rm 990, Part IV, lir	ne 11d. See Forn	
7) 8) 9) Ital. (Column (t) Part IX 1) 2) 3) 4) 5) 6) 7) 8)	Other Assets. Complete if the organization ans (inn (b) must equal Form 990, Part X, c Other Liabilities.	ol. (B) line 15.)		•	(b) Book value
7) 8) 9) tal. (Column (t) Part IX 1) 2) 3) 4) 5) 6) 7) 9) otal. (Column (t)	Other Assets. Complete if the organization ans (i) mn (b) must equal Form 990, Part X, c Other Liabilities. Complete if the organization ans	ol. (B) line 15.)		•	(b) Book value
7) 8) 9) tal. (Column (t) Part IX 1) 2) 3) 4) 5) 6) 7) 9) otal. (Column (t)	Other Assets. Complete if the organization ans (inn (b) must equal Form 990, Part X, c Other Liabilities.	ol. (B) line 15.)		•	(b) Book value
7) 3) 3) 4al. (Column (t. Part IX 1) 2) 3) 4) 5) 6) 7) btal. (Column (t. Part X	Other Assets. Complete if the organization ans (a) Inn (b) must equal Form 990, Part X, c Other Liabilities. Complete if the organization ans line 25. (a) Description of liability	ol. (B) line 15.)		•	(b) Book value
r) r) r) r) r) r) rat. (Column (t) rat IX r) r) r) r) r) r) r) r) r) r) r) r) r)	Other Assets. Complete if the organization ans (a) Inn (b) must equal Form 990, Part X, c Other Liabilities. Complete if the organization ans line 25. (a) Description of liability	ol. (B) line 15.) wered "Yes" on Fo		•	(b) Book value
7) 3) b) tal. (Column (t) 2) 1) 2) 5) 5) 6) 7) Part X	Other Assets. Complete if the organization ans (a) Inn (b) must equal Form 990, Part X, c Other Liabilities. Complete if the organization ans line 25. (a) Description of liability	ol. (B) line 15.) wered "Yes" on Fo		•	(b) Book value
r) r) r) r) rat. (Column (t) rat. IX r) r) r) r) r) r) r) r) r) r) r) r) r)	Other Assets. Complete if the organization ans (a) Inn (b) must equal Form 990, Part X, c Other Liabilities. Complete if the organization ans line 25. (a) Description of liability	ol. (B) line 15.) wered "Yes" on Fo		•	(b) Book value
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() () () () () () () () () () () () () (Other Assets. Complete if the organization ans (a) Inn (b) must equal Form 990, Part X, c Other Liabilities. Complete if the organization ans line 25. (a) Description of liability	ol. (B) line 15.) wered "Yes" on Fo		•	(b) Book value
7) 33) 34) 4al. (Column (t. Part IX 1) 2) 33) 45) 56) 7) 36) 90 Part X) Federal inc 2) 6)	Other Assets. Complete if the organization ans (a) Inn (b) must equal Form 990, Part X, c Other Liabilities. Complete if the organization ans line 25. (a) Description of liability	ol. (B) line 15.) wered "Yes" on Fo		•	(b) Book value
7) 3) 3) 4) tal. (Column (t. Part IX 1) 5) 6) 7) 6) 9) tal. (Column (t. Part X) Federal in (t. Part X))	Other Assets. Complete if the organization ans (a) Inn (b) must equal Form 990, Part X, c Other Liabilities. Complete if the organization ans line 25. (a) Description of liability	ol. (B) line 15.) wered "Yes" on Fo		•	(b) Book value
7) 3) 3) 4) tal. (Column (t) 2) 3) 4) 5) b) btal. (Column 2) 7) 6) 7) 6) 6) 7) 6) 7) 6) 7) 6) 7) 6) 7) 6) 7) 6) 7) 6) 7) 6) 7) 7) 6) 7) 7) 8) 8) 8) 8) 8) 8) 8) 8) 8) 8) 8) 8) 8)	Other Assets. Complete if the organization ans (a) Inn (b) must equal Form 990, Part X, c Other Liabilities. Complete if the organization ans line 25. (a) Description of liability	ol. (B) line 15.) wered "Yes" on Fo		•	(b) Book value
1) Federal index (2) (3) (5) (5) (5) (6) (7) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	Other Assets. Complete if the organization ans (a) Inn (b) must equal Form 990, Part X, c Other Liabilities. Complete if the organization ans line 25. (a) Description of liability	ol. (B) line 15.) wered "Yes" on Fo		•	(b) Book value
1) Federal incess (1) Federal incess (2) Signature (2) S	Other Assets. Complete if the organization ans (a) Inn (b) must equal Form 990, Part X, c Other Liabilities. Complete if the organization ans line 25. (a) Description of liability	ol. (B) line 15.) wered "Yes" on Fo		•	(b) Book value

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ran	·		r Heturn.	
	Complete if the organization answered "Yes" on Form 990,		T a T	4 770 004
1	Total revenue, gains, and other support per audited financial statements	• • • • • • • •	1	1,778,221
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		1	
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	r - r		
d	Other (Describe in Part XIII.)	2d	-	
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	{1999	
b	Other (Describe in Part XIII.)	4b	_ 	
	Add lines 4a and 4b		4c	4 770 004
5 Dow			5 Dotum	1,778,221
Part			er Keturn.	
	Complete if the organization answered "Yes" on Form 990,			3,822,010
1	Total expenses and losses per audited financial statements			3,822,010
2	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	10-1	}	
a		2a	-	
b	Prior year adjustments	2b		
C	Other losses	2c	-{ ,5,5,5 }	
đ	Other (Describe in Part XIII.)	2d		
	Add lines 2a through 2d		2e 3	
3	Subtract line 2e from line 1	; · ; · · · · · · ·	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	40		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b	-{	
	Other (Describe in Part XIII.)	L		
	Add lines 4a and 4b		4c 5	2 022 010
	Supplemental Information.	6 10.j 	1 3 [3,822,010
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4: Part IV lines 1h and 2	h: Part V. lin	e 1: Part Y line
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part			e 4, Fait A, line
art V	line 4. MCT maintains three endowment sub-accounts: the Micronesia Challe	ge (MC) endowment, the MC	Operationa	al endowment,
	W. O	1. 6 1 1.		
ind the	Yela Conservation Easement fund. Revenues from the MCT endowmwnet are	used to fund conservation	and recurring	g management
osts t	or Protected Areas Networks affiliated with the Mcironesia Challenge, in accor	dance with the terms outline	ed in memora	anda of
				
green	ent between MCT and the participating jurisdictions/parties of the MC. The MC	1 Operational endowment	supports MC	i s operational
udget	upon approval of the Board of Trustees. The Yela Conservation Easement fun	id provides yearly dividends	to the lando	wners party
o the c	onservation easement contingent upon their adherence to the terms of the ea	sement and annual inspecti	on/report by	the Kosrae
sland I	Resource Management Authority.			
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Schedule D (For	m 990) 2018 Supplemental Information (continued)	age \$
Part XIII	Supplemental Information (continued)	
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		· -
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		<u>-</u>
		
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SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

➤ Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer Identification numb

Micro	nesia Conservation Trust				9	B-6062277
Par			les Outside	the United States. Con	nplete if the organization a	
1	For grantmakers. Does the other assistance, the grante award the grants or assistan	ees' eligibility				☑ Yes □ No
2	For grantmakers. Describe outside the United States.		_	•		d other assistance
3_	Activities per Region. (The fo	(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 listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)	East Asia and Pacific	1	12	Re-Granting	Conservation Program	1,582,030
(2)				Training/Support	Capacitty-Building Program	202,744
(3)				Other Program	Administration and Finance	65,821
(4)				Other Program	Program-related Expenses	1,971,415
(5)						
(6)						L
(7)			···········			
(B)	· · · · · · · · · · · · · · · · · · ·					
(9)						
(10)						
(11)						
<u>(12)</u>						
(13)		·				
(14)						
(15)			·			
(16)						
(17)						
3a b	Subtotal					3,822,010
	sheets to Part I		_		「ペクルの運動」、「大学」(

c Totals (add lines 3a and 3b)

3,822,010

Part II

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.

				- 1	•				
-	(a) Name of organization	(b) IRS code section and EIN (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			Asia & Pacific	See Part V	41,611 Check	Sheck			
(2)		-	Asia & Pacific	See Part V	158,383 Check	Sheck			
(3)			Asia & Pacific	See Part V	87,046 Check	Sheck			
4)			Asia & Pacific	See Part V	22,998 Check	Sheck			
(2)			Asia & Pacific	See Part V	34,350 Check	Check			
9			Asia & Pacific	See Part V	25,688 Check	Check			
(5)		•	Asia & Pacific	See Part V	36,978 Check	Check			
(8)			Asia & Pacific	See Part V	14,920 Check	Check			
6)			Asia & Pacific	See Part V	13,775 Check	Check			
(10)			Asia & Pacific	See Part V	29,772 Check	Check			
(11)			Asia & Pacific	See Part V	10,613 Check	Check			
(12)		-	Asia & Pacific	See Part V	22,801 Check	Check			
(13)			Asia & Pacific	See Part V	49,171 Check	Check	Constitution of the Consti		
(14)			Asia & Pacific	See Part V	22,624 Check	Check			
(15)									
(16)									
7	Enter total nu	mber of recipie	Enter total number of recipient organizations listed above		ognized as charities	that are recognized as charities by the foreign country, recognized as tax-exempt	ry, recognized as ta	ux-exempt	;
6	Enter total pin	mbor of othor	Cator total number of other presented of counsel has	ilas piovidad a secuci:	שמוואם (הולה) בחמואשובו	וכא ופוופו			14

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. Enter total number of other organizations or entities.

က

Schedule F (Form 990) 2018

Schedule F (Form 990) 2018

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. Part III

י מיניווו סמון ספ חחלוווי	ated II additional space	e is lieeded.					
(a) Type of grant or assistance	of grant or assistance (b) Region (c) Number of recipients	(c) Number of recipients	(d) Amount of cash grant	(a) Manner of cash disbursement	(f) Amount of noncash assistance	. (g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)					,		
(3)	•						
(4)					-		
.(5)							
(9)	٩						
(7)							
(8)							
(6)							
(10)							
(11)							-
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							,
(18)							
						Scho	Schedule F (Form 990) 2018

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; don't 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)	☐ Ye s	☑ 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	V 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; don't file with Form 990)	□ Vas	₽ No

Schedule F (Form 990) 2018

Part V

Supplemental Information

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

Don't Libra 2: In most seem MCT conducts one calls for proposale collecting concent pages and then full proposale from naturals.
Part I, line 2: In most cases, MCT conducts open calls for proposals, soliciting concept papers, and then full proposals, from potential
greantees. Once projects are approved by the Board of Trustees' Technical Grants Committee, the Management Unit and
Conservation and Capacity-Building Programs execute contracts with the grantees. The contracts are based on project proposals,
workplans and budgets as evaluated and approved by the Technical Grants Committee and Board of Trustees. The program staff are then
responsible for monitoring the projects against the approved workplans ad budgets, reviewing and approving project reports and
conducting on-site monitoring visits. Payments to projects are dependent acceptance of reports, submission of the appropriate supporting
documents and the documented achievement of goals and milestones. These procedures and requirements are outlined in the MCT
Policy and Operations Manual and in Individual project contracts.
roncy and Operations wanted and in individual project contracts.
Part II, line 1, column (d): MCT provides grants to local Micronesian conservation and community organizations, sometimes providing
several awards to individual organizations for various purposes. All MCT grants are use for one or more of the followinf purposes: coral reef
monitoring, resource management planning, conservation and climate change awareness, policy development, climate change adaptation
neasures, workshops and training, habitat restoration, and livelihoods support. All of the grants in Part I applied to one or more of the
ourposes here listed.
,

SCHEDULE (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

General Information on Grants and Assistance

Micronesia Conservation Trust

Part

Department of the Treasury Internal Revenue Service Name of the organization

OMB No. 1545-0047	2018	Open to Public
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Employer identification number

98-6062277

the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	award the grants zation's procedur	or assistance? es for monitoring	the use of grant fur	nds in the United	States.		· · · · · · · · · · · · · · · · · · ·
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	sistance to Do	mestic Organiz	ations and Dom	lestic Governm	ents. Complete is additional	f the organization answ space is needed.	rganizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, nore than \$5,000. Part II can be duplicated if additional space is needed.
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Mariana Islands Nature Alliance	66-0664562		14,173	:		r	socio-economic monitorina
(2) University of Guam	98-0032933		147,478				coral reef monitoring
(3) US Forest Service			37,508				forest management/plannin
(4) Coral Consulting			16,944				coral reef monitoring
(5) US Geological Survey			15,102	5 A A A			mangrove science/research
(9)							
(2)							
(8)							
(6)	1						
(10)							
(11)							
(12)							
 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table 	501(c)(3) and govrganizations listed	rernment organizat	tions listed in the li	ine 1 table			w w
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instruction	s for Form 990.		ď	Cat. No 50055P		Schedule I (Form 990) (2018)

Schedule I (Form 990) (2018)

Part III

Schedule ! (Form 990) (2018) (f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part II, Ilne 1, column (h) Part IV ß 9 8 က 4

SCHEDULE J (Form 990)

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.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Part	Questions Regarding Compensation				
		,		Yes	No
1a	Check the appropriate box(es) if the organization provided any 990, Part VII, Section A, line 1a. Complete Part III to provide any		,		
	☐ First-class or charter travel ☐ Housin	ng allowance or residence for personal use			
	☐ Travel for companions ☐ Payme	ents for business use of personal residence			İ
	☐ Tax indemnification and gross-up payments ☐ Health	or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Person	nal services (such as maid, chauffeur, chef)	"		
		~	′ ·	-	~
þ			`		
	or reimbursement or provision of all of the expenses de				
	explain		1b		
2	Did the organization require substantiation prior to reimb directors, trustees, and officers, including the CEO/Executive 1a?	Director, regarding the items checked on line	2		
		· · · · · · · · · · · · · · · · · · ·	-		
3	Indicate which, if any, of the following the filing organization u	sed to establish the compensation of the)		
J	organization's CEO/Executive Director. Check all that apply. I				
	related organization to establish compensation of the CEO/Ex			1	
		employment contract]	
		ensation survey or study	- 1		Ì
		val by the board or compensation committee	ŀ		
			1	- 1	
4	During the year, did any person listed on Form 990, Part VII, S organization or a related organization:	ection A, line 1a, with respect to the filing			,
а	Receive a severance payment or change-of-control payment?	·	4a		
b	Participate in, or receive payment from, a supplemental nonqu	y=	4b		
С	Participate in, or receive payment from, an equity-based comp		4c		
	If "Yes" to any of lines 4a-c, list the persons and provide the a				
	·				ı
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizatio	ns must complete lines 5–9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, di	d the organization pay or accrue any		ŀ	
	compensation contingent on the revenues of:				
а	The organization?	. <i>.</i>	5a		
b	Any related organization?	[5b		
	If "Yes" on line 5a or 5b, describe in Part III.		ļ		
		i			
6	For persons listed on Form 990, Part VII, Section A, line 1a, di	d the organization pay or accrue any	ł	ł	
	compensation contingent on the net earnings of:	ـ أ			
а	The organization?		6a		
b	Any related organization?		6b		
	If "Yes" on line 6a or 6b, describe in Part III.			}	
					
7	For persons listed on Form 990, Part VII, Section A, line		ł	İ	
	payments not described on lines 5 and 6? If "Yes," describe in	<u></u>	7		
8	Were any amounts reported on Form 990, Part VII, paid or acc			ļ	
	to the initial contract exception described in Regulations			1	
	in Part III		8		
_					
9	If "Yes" on line 8, did the organization also follow the re	outtable presumption procedure described in		-	

Page 2

Schedule J (Form 990) 2018

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.

ach listed individual must equal the total amount of Form 990. Part VII. Section A. Inte 1a. applicable column (D) and (F) amounts for that individual

(B) Breakdown of W-2 and/or 1099-MISC compensation	- ag	(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	וו אוו, ספכווטוו א, וווופ ד	a, applicable coluin	i (D) aird (L) airioding	וטו ווומר וווטואוסממו.
		io importa (a)	21 (20)	in the second se	(C) Retirement and	(D) Nontaxable		(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(i)(a)	in column (B) reported as deferred on prior Form 990
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14	€							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2018

SCHEDULE O

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.

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990 or 990-EZ)

Micronesia Conservation Trust

Employer identification number 98-6062277

Part VI, Section B, line 11a The Deputy Director and the Finance Officer prepare form 990 in draft. The Executive Director reviews, approves
and signs. The signature and submission are validated by the Board of Trustees' Treasurer
Part VI, Section B, line 12c. MCT's Trustees are required to disclose any actual or potential conflicts of interest prior to meetings and
electronic votes. Any conflicts are disclosed verbally and recorded in the minutes of the meetings. Annual disclosure forms are also
distributed, completed and submitted during the first face-to-face meetings of every calendar year as well
Part VI, Section B, line 15a. Determining compensation for the Executive Director involved a survey of the executive compensation of other,
sub-regional organizations Annual increases of the Executive Director's salary are based on annual performance reviews conducted by the
Board of Trustees' Governance Committee
Part VI, Section B, line 15b Determining annual salary increases for other key staff is based on annual performance reviews conducted by
the employee's immediate supervisor(s)
Part VI, Section C, line 19 MCT's governing documents are made available on its website / Financial statements and other information are
available upon request via email, facsimile, telephone or regular mail
Part III - 4d - Endowment distribution of \$480,256 and investment loss of (\$1,491,159) were not included in either 3 programs listed but under
Other program services
Part IX - Statement of Functional Expenses, Endowment distribution of \$480, 256 and Investment loss (\$1,491,159) were listed in column A but not
not on columns B, C or D

Schedule O (Form 990 or 990-EZ) (2018)		Page 2
Name of the organization	Employer identification number	
		
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