Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

For the 2017 calendar year, or tax year beginning , 2017, and ending . 20 C Name of organization Mainspring Conservation Trust, D Employer identification number R Check if applicable: Inc. Address change Doing business as 56-2142199 Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change PO Box 1148 (828)524-2711Initial return City or town, state or province, country, and ZIP or foreign postal code Final return/terminated Franklin, NC 28744-1148 **G** Gross receipts \$ 4,690,206. Amended return F Name and address of principal officer: Application pending H(a) Is this a group return for subordinates? Yes No Sharon F Taylor, PO Box 1148, Franklin, NC 28744-1148 H(b) Are all subordinates included? Yes No If "No," attach a list. (see instructions)) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 501(c) (Tax-exempt status: Website: ▶ www.mainspringconserves.org **H(c)** Group exemption number ▶ 1999 M State of legal domicile: NC Form of organization: X Corporation Trust Association Other ▶ L Year of formation: Part I Briefly describe the organization's mission or most significant activities: Located in the heart of the Southern 1 Blue Ridge, the mission of Mainspring Conservation Trust is to conserve the waters, Activities & Governance forests, farms and heritage of the Upper Little Tennessee and Hiwassee River Valleys. 2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 17 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 17 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 15 6 6 140 Total unrelated business revenue from Part VIII. column (C), line 12 7a 0. Net unrelated business taxable income from Form 990-T, line 34 7b 0. **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) 2,673,742 4,327,922. Revenue 9 Program service revenue (Part VIII, line 2g) 117,398. 286,452. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -63,893. 30,146. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 11 40,565 20,951. 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,767,812 4,665,471. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 535,360 647,199. Professional fundraising fees (Part IX, column (A), line 11e) 16a Total fundraising expenses (Part IX, column (D), line 25) ► 126,569. b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,041,683. 1,673,015. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 2,577,043. 2,320,214. 19 Revenue less expenses. Subtract line 18 from line 12 190,769. 2,345,257. End of Year **Beginning of Current Year** 20 Total assets (Part X, line 16) 8,537,163. 10,996,016. 21 315,680. 311,616. Total liabilities (Part X, line 26) . 22 Net assets or fund balances. Subtract line 21 from line 20 8,221,483. 10,684,400. Signature Block Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 08/21/2018 Sign Signature of officer Here Sharon F Taylor, Executive Director Type or print name and title Print/Type preparer's name Preparer's signature Date **Paid** Check if Stephen C Corliss 08/21/2018 self-employed P01333317 Stephen C Corliss **Preparer** Firm's name ► CORLISS & SOLOMON, PLLC Firm's EIN ► 20-2571677 **Use Only** Firm's address ► 242 CHARLOTTE ST SUITE #1, ASHEVILLE, NC 28801-1434 Phone no. (828)236-0206 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

Part	art III Statement of Program Service Accomplish		_
	Check if Schedule O contains a response or	note to any line in this Part III	
1	· , · · · · · · · · · · · · · · · · · ·		
	The mission of Mainspring Conservation Tr	ust is to conserve the waters, forests, farms and herita	ıge
	of the Upper Little Tennessee and Hiwassee	River Valleys. We are dedicated to three core initiative	es:
	conserve the land, restore the water,	, and connect the people to these valuable resource	es.
2	2 Did the organization undertake any significant progr	ram services during the year which were not listed on the	
	prior Form 990 or 990-EZ?		Nο
	If "Yes," describe these new services on Schedule C		
3	·	significant changes in how it conducts, any program	
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		· · · · · · · · · · · · · · · · · · ·	NO
_	If "Yes," describe these changes on Schedule O.		
4		plishments for each of its three largest program services, as measure	
		ions are required to report the amount of grants and allocations to other	ners
	the total expenses, and revenue, if any, for each pro-	gram service reported.	
4a	4a (Code:) (Expenses \$ 2,004,615. incl	luding grants of \$0 .) (Revenue \$286 , 452 .)	
		to conserve its nationally significant project are	a .
		resources overlaid with cultural heritage asset	
			<u> </u>
		acres in nine transactions, including one	
		ight fee acquisitions, including projects to	
		<u>ee River Greenway, protect a large tract of wildla</u>	
	adjacent to the United States Fores	t Service's Snowbird Area, which is managed as a	<u>a</u>
	Wilderness Study Area, and a contam	inated brownfield site near the historically	
	significant Cherokee Nikwasi Town s	ite.	
4b			
4b	4b (Code:) (Expenses \$incl	luding grants of \$) (Revenue \$)	
4b	4b (Code:) (Expenses \$incl RESTORE: Mainspring completed two s	luding grants of \$) (Revenue \$) tream restoration projects. In those projects,	
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orm 99	90 (2017)		ı	Page
Part	V Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
'	complete Schedule A	1	×	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</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	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	×	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "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? <i>If</i> "Yes," <i>complete Schedule D, Part IV</i>	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, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
	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		×
	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? <i>If "Yes," complete Schedule D, Part VIII </i>	11c		×
	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? <i>If "Yes," complete Schedule D, Part IX</i>	11d	×	
e f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 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)? <i>If "Yes," complete Schedule D, Part X</i> .	11e	×	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	×	
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		×
	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			<u>├</u> ^
	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		

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Did the organization report more than \$15,000 total of fundraising event gross income and contributions on

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

Part I	V Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		×
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			-
22				
		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	040		
		24a		×
	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		×
la.		ZJa		_^
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		×
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		×
00	•	29		<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	×	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	×	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	22		
0.4	·	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		×
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			—
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
27		30		×
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	×	

13

Part '	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
	,		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	\ <u></u>	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10	×	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 15			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	×	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		×
b	If "Yes," enter the name of the foreign country: ▶			
	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		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	_		
b	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		×
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		×
	If "Yes," indicate the number of Forms 8282 filed during the year	-		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×
ı	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f 7g		×
g h	If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?	7h	×	_^
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		×
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		×
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		×
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
a b	Gross income from members or shareholders	-		
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			

13b

13c

13a

Form **990** (2017)

Section 501(c)(29) qualified nonprofit health insurance issuers.

the organization is licensed to issue qualified health plans

Is the organization licensed to issue qualified health plans in more than one state?

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

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	ee ins	tructi	ons.	
Secti	on A. Governing Body and Management				
			Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b 2	Enter the number of voting members included in line 1a, above, who are independent . 15 16 17 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with				
3	any other officer, director, trustee, or key employee?	2		×	
4	supervision of officers, directors, or trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3 4		×	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		×	
6	Did the organization have members or stockholders?	6		×	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		×	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		×	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			,,	
а	The governing body?	8a	×		
b	Each committee with authority to act on behalf of the governing body?	8b	×		
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i> 9					
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C			
			Yes	No	
10a b	Did the organization have local chapters, branches, or affiliates?	10a		×	
44.	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 12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a	~		
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 15	Did the organization have a written document retention and destruction policy?	14	×		
	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		×	
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 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	IVa		×	
	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 See Part VI, Line 17 st Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.		c)(3)s	only)	
19	☑ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interinancial statements available to the public during the tax year.	erest	policy	/, and	
20	State the name, address, and telephone number of the person who possesses the organization's books and recamelle Smith, 557 E Main St, Franklin, NC 28744 (828)524-2711	cords	>		

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

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.

enock the box in notifier the organization no				((C)				,	
(A)	(B)	Position						(D)	(E)	(F)
Name and Title	Average	(do not check more than one box, unless person is both an						Reportable	Reportable	Estimated
	hours per					or/trust		compensation	compensation from	amount of
	week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Constance Haire	3.00									
Chair		×		×				0.	0.	0.
(2) Jason Love	3.00									
Vice Chair		×		×				0.	0.	0.
(3) John Gladden	3.00									
Secretary		×		×				0.	0.	0.
(4) Kenyon Murphy	3.00									
Treasurer		×		×				0.	0.	0.
(5) Chris Brouwer	3.00									
At-large Executive Committee seat		×		×				0.	0.	0.
(6) David Adams	3.00									
Board Member		×						0.	0.	0.
(7) Richard Clark	2.00	×						0.		0
Board Member	2 00	^						0.	0.	0.
(8) Bill Gibson Board Member	2.00	×						0.	0.	0.
(9) Ed Haight	2.00							0.	0.	0.
Board Member	4.00	×						0.	0.	0.
(10) Hope Huskey	2.00							0.	0.	
Board Member	2.00	×						0.	0.	0.
(11) Terrie Kelly	2.00									
Board Member		×						0.	0.	0.
(12) Doug Landwehr	2.00									
Board Member		×						0.	0.	0.
(13)Lisa Leatherman	2.00									
Board Member		×						0.	0.	0.
(14)Rita Salain	2.00									
Board Member		×						0.	0.	0.

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mploy	yees	s, ar	nd F	lighes	st C	ompensated E	mployees (co	ntinue	d)		
					•	C)								
	(A) Name and title	(B) Average hours per week (list any	box,	unles	s pe	more rson	e than o is both or/trust	n an	(D) Reportable compensation from	(E) Reportable compensation fr	om	Estir	mated ount of ther	
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		compe fror orgar and i	ensation n the nization related izations	
	ames Stork Dard Member	2.00	×						0.		o .			0.
	ohn Strawn	2.00												
Во	oard Member		×						0.	().			0.
	aanita Wilson oard Member	2.00	×						0.	(0.			0.
	naron Taylor	40.00												
	xecutive Director				×				74,620.	(0.		19,5	40.
(19)														
(20)														
(21)														
(22)														
(23)														
(24)														
(25)														
	Sub-total							<u> </u>	74,620.		<u>.</u>		19,5	40
c d	Total from continuation sheets to Part	-						>	74,620.		0.		19,5	
2	Total number of individuals (including bur reportable compensation from the organic						above	e) w					19,5	40.
	reportable compensation from the organi	Zation											Yes	No
3	Did the organization list any former of employee on line 1a? <i>If "Yes," complete of the line of the </i>							-	oloyee, or high	-		3		×
4	For any individual listed on line 1a, is the organization and related organizations													
5	individual	 or accrue co	 ompe	nsat	tion	 froi	m any	 ⁄ un	 related organiz	 zation or indiv	<i>.</i> idual	4		×
	for services rendered to the organization	? If "Yes," c	compl	ete	Sch	iedu	ıle J f	or s	such person			5		×
Section	n B. Independent Contractors													
1	Complete this table for your five highest compensation from the organization. Repyear.													ıx
	(A) Name and business add	lress							(B) Description of s	ervices	Co	(C) ompens	ation	
	Total number of independent contractor	ors (includir	na bu	ıt n	ot I	imit	ed to	L th	ose listed abo	ove) who				

received more than \$100,000 of compensation from the organization ▶

Part VIII Statement of Revenue

Par	: VIII						_
		Check if Schedule O contains a resp	onse or note to				<u> </u>
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s, Grants Amounts	1a b c	Federated campaigns 1a Membership dues 1b Fundraising events 1c	970.				
Contributions, Gifts, Grants and Other Similar Amounts	d e f	Related organizations 1d Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above 1f	4,326,952.				
Contri and O	g h		1,606,354.	4,327,922.			
		Totali, itali ili ili ili ili ili ili ili ili ili	Business Code	1,32.,322.			
Ju /	2a	Stewardship Contracts	541990	11,924.	11,924.	0.	0.
æ	b		541990	274,528.	274,528.	0.	0.
ervice	c d						
Š	e						
Program Service Revenue	f	All other program service revenue .		225 452			
	<u>g</u>	Total. Add lines 2a–2f		286,452.			
	3	and other similar amounts)	🕨	35,646.	0.	0.	35,646.
	4	Income from investment of tax-exempt bor	•				
	5	Royalties	▶ (ii) Personal				
	6a	Gross rents 11,860.	(ii) i ersonai				
	b	Less: rental expenses					
	C	Rental income or (loss) 11,860.					
	d	Net rental income or (loss)	•	11,860.	11,860.	0.	0.
	7a	Gross amount from sales of assets other than inventory	(ii) Other 17,500.	,	,		
	b	Less: cost or other basis and sales expenses .	23,000.				
	С	Gain or (loss)	-5,500.				
	d	Net gain or (loss)	▶	-5,500.	0.	0.	-5,500.
Other Revenue		Gross income from fundraising events (not including \$ 970. of contributions reported on line 1c). See Part IV, line 18 a	0.				
ŏ		Less: direct expenses b	940.				
		Net income or (loss) from fundraising e Gross income from gaming activities. See Part IV, line 19		-940.		0.	-940.
	b	Less: direct expenses b	1,870.				
	1	Net income or (loss) from gaming activ Gross sales of inventory, less	ities ►	1,075.	0.	0.	1,075.
	b	returns and allowances a Less: cost of goods sold b	819.				
		Net income or (loss) from sales of invel	ntory ►	819.	0.	0.	819.
		Miscellaneous Revenue	Business Code				
	11a b		900099	8,137.	8,137.	0.	0.
	C						
	d	All other revenue					
	e	Total. Add lines 11a–11d	▶	8,137.			
	12			4,665,471.	306,449.	0.	31,100.
)5/17 PRO			Form 990 (2017)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX **(D)** Fundraising Do not include amounts reported on lines 6b, 7b, (A) Total expenses (B) Program service Management and general expenses 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV. line 21 . . . Grants and other assistance to domestic 2 individuals. See Part IV, line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV. lines 15 and 16 . . . Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 94,159. 47,080. 23,541. 23,538. Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . 7 Other salaries and wages 59,427. 454,582. 313,022. 82,133. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 20,172. 14,089. 3,571. 2,512. Other employee benefits 6,760. 4,716. 9 38,390. 26,914. 10 Payroll taxes 39,896. 26,350. 7,621. 5,925. 11 Fees for services (non-employees): Management Legal 13,220. 0. 13,220. 0. Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . 365,60<u>6</u>. 377,207. 7,738. 3,863. 12 Advertising and promotion 253. 253. 0. 0. 13 19,240. 6,166. 8,840. 4,234. Office expenses Information technology 14 11,909. 4,914. 4,115. 2,880. 15 Royalties 9,646. Occupancy 22,191. 12,061. 484. 16 29,253. 21,626. 3,871. 3,756. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 7,229. 3,057. 3,653. 519. 20 21 Payments to affiliates 12,602. 8,323. 2,407. 1,872. 22 Depreciation, depletion, and amortization . 23 23,653. 15,622. 4,518. 3,513. Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) Easement and Land Purchases 0. 21,158. 21,158. 0. Below Book Value Land Sales 840,140. 840,140. 0. 0. 3,108. Supplies/Materials/Publications 22,157. 16,040. 3,009. Return of Contribution Funds 200,000. 200,000. 0. 0. 72,803. 62,194. 8,163. 2,446. All other expenses Total functional expenses. Add lines 1 through 24e 25 2,320,214. 2,004,615. 189,030. 126,569. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720) if

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Part X Balance Sheet

Га	irt X			and the start of the	4 V		
		Check if Schedule O contains a response or	r note to	any line in this Pai		· · ·	<u>.</u>
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			38,515.	1	73,105.
	2	Savings and temporary cash investments			2,638,712.	2	2,790,455
	3	Pledges and grants receivable, net			53,916.	3	75,250
	4	Accounts receivable, net			1,812.	4	7,517
	5	Loans and other receivables from current and					
		trustees, key employees, and highest co Complete Part II of Schedule L	-				
		·		<u> </u>		5	
S	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B), ar sponsoring organizations of section 501(c)(9) volur organizations (see instructions). Complete Part II of Sche	nd contribi ntary emp	uting employers and loyees' beneficiary		6	
Assets	7	Notes and loans receivable, net				7	
AS	8	Inventories for sale or use		-		8	
`	9				6,978.	9	5,115.
	10a	Land, buildings, and equipment: cost or			0,570.		3,113
		other basis. Complete Part VI of Schedule D	10a	6,896,584.			
	b	Less: accumulated depreciation	10b	45,684.	4,727,748.	10c	6,850,900.
	11	•			1,727,740.	11	0,030,500.
	12	Investments—other securities. See Part IV, line		-		12	
	13	Investments—program-related. See Part IV, line				13	
	14	Intangible assets		-	6,643.	14	7,336.
	15	Other assets. See Part IV, line 11			1,062,839.	15	1,186,338
	16	Total assets. Add lines 1 through 15 (must equal to the control of			8,537,163.	16	10,996,016
_	17	Accounts payable and accrued expenses				17	
	18	Grants payable		-	60,717.	18	23,860.
	19			-	60 101	19	104 105
		Deferred revenue			68,191.	20	104,195.
	20 21	Tax-exempt bond liabilities				21	
		Escrow or custodial account liability. Complete		<u> </u>		21	
Liabilities	22	Loans and other payables to current and for trustees, key employees, highest comper					
		disqualified persons. Complete Part II of Schedu				22	
<u>a</u>	23	Secured mortgages and notes payable to unrela		<u> </u>	167,131.	23	160,928.
	23 24	Unsecured notes and loans payable to unrelated			107,131.	24	100,920.
	2 4 25	Other liabilities (including federal income tax,	•	-		24	
	25	parties, and other liabilities not included on lines					
		of Schedule D	-	-	19,641.	25	22,633.
	26	Total liabilities. Add lines 17 through 25			315,680.	26	311,616.
+		Organizations that follow SFAS 117 (ASC 958			313,000.	20	311,010.
es		complete lines 27 through 29, and lines 33 an					
ang	27	Unrestricted net assets		[7,243,020.	27	9,469,579.
39	28	Temporarily restricted net assets			523,924.	28	760,282.
9 E	29	Permanently restricted net assets			454,539.	29	454,539.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 98 complete lines 30 through 34.			·		
S O	30	Capital stock or trust principal, or current funds				30	
Set	31	Paid-in or capital surplus, or land, building, or ea		-		31	
4SE				-		32	
et/	32	Retained earnings, endowment, accumulated in			0 221 402		10 604 400
	33	Total liabilities and not seems (fund balances			8,221,483.	33	10,684,400.
	34	Total liabilities and net assets/fund balances .			8,537,163.	34	10,996,016.

Form **990** (2017)

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Part	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		565,4			
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,	320,2	214.		
3	Revenue less expenses. Subtract line 2 from line 1	3	2,	345,2	257.		
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4						
5	Net unrealized gains (losses) on investments	5	:	117,6	560.		
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	10,	584,4	100.		
Part	XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				. X		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash Accrual Other		_				
	If the organization changed its method of accounting from a prior year or checked "Other," ex	olain i	n				
	Schedule O.						
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?				×		
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	oiled c	or				
	reviewed on a separate basis, consolidated basis, or both:						
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis						
b	······································			×			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	d 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 over the committee that assumes responsibility for the committee that assumes the committee that assume						
	of the audit, review, or compilation of its financial statements and selection of an independent account			×			
	If the organization changed either its oversight process or selection process during the tax year, ex	plain i	n				
	Schedule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set						
	the Single Audit Act and OMB Circular A-133?				×		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits?						
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b				
			E_	-	(2017		

REV 12/05/17 PRO

Additional information from your Form 990: Return of Organization Exempt from Income Tax

Form 990: Return of Organization Exempt from Income Tax Part VI, Line 17 (continued)

Continuation Statement

(**************************************		
	States Where Copy of Return is Required	
NC		
GA		
FL		

2017

Name Employer Identification No.

Mainspring Conservation Trust, Inc. 56-2142199

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Contract Labor	145,363.	142,443.	2,920.	0.
Professional Fees	231,844.	223,163.	943.	7,738.
rioressionar rees	231/0111			77750.
<u> </u>				
Total to Form 990, Part IX,				
line 11g	377,207.	365,606.	3,863.	7,738.
	5.7,207.		3,003.	.,,,,,,,

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047 2017

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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.

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

Inspection Employer identification number

Mai:	nspr	ing Conservation Tr					56-2142199		
Pa	rt I	Reason for Public Cha	rity Status (All	organizations must	comple	te this p	art.) See instructio	ns.	
The	_	zation is not a private found		,		•	,		
1		church, convention of church							
2		school described in section		,					
3		hospital or a cooperative ho							
4	_	medical research organizati ospital's name, city, and stat	•	onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)	(iii). Ent	er the
5	_	n organization operated for ection 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a government	al unit	described in
6 7	X A	federal, state, or local gover n organization that normally escribed in section 170(b)(1	receives a subs	tantial part of its sup				n the g	eneral public
8	□ A	community trust described	in section 170(b)	(1)(A)(vi). (Complete I	Part II.)				
9	or ur	n agricultural research orgar r university or a non-land-gra niversity:	ant college of agr	iculture (see instruction	ons). Ente	r the nan	ne, city, and state of	the co	llege or
10	re su ac	n organization that normally eceipts from activities related upport from gross investment cquired by the organization a	I to its exempt fu it income and un after June 30, 19	nctions—subject to c related business taxal 75. See section 509(a	ertain exc ble incom a)(2). (Cor	ceptions, ne (less se nplete Pa	and (2) no more tha ection 511 tax) from art III.)	n 33 ¹ /3	% of its
11		n organization organized and	•	•	•		` '` '		
12	of	n organization organized and f one or more publicly supp heck the box in lines 12a thro	orted organizatio	ns described in secti	on 509(a)(1) or se	ection 509(a)(2). Se	e secti	on 509(a)(3).
а	ı 🗌	Type I. A supporting organization supporting organization. Y	n(s) the power to	regularly appoint or e	lect a ma	ijority of t			
b) [Type II. A supporting orga control or management of organization(s). You must	the supporting of	rganization vested in	the same				
c	: 🗆	Type III functionally integits supported organization						ally inte	grated with,
d	i 🗌	Type III non-functionally that is not functionally interequirement (see instructionally interequirement)	grated. The orga	nization generally mu	st satisfy	a distribu	ution requirement an		
е	• 🗆	Check this box if the organ functionally integrated, or						e II, Typ	e III
f	Ente	er the number of supported	• •						
g	Pro	vide the following information	n about the supp	orted organization(s).					
	(i) Nar	me of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	other	Amount of support (see structions)
					Yes	No			
(A)									
(B)									
(C)									
(D)									
(E)									
Tota	ıl								

18

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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) 2013 **(b)** 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total grants, contributions, 1 membership fees received. (Do not include any "unusual grants.") . . . 1,241,093. 1,939,682. 1,600,371. 2,673,742. 4,327,922. 11,782,810. levied 2 revenues the 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 1,241,093. 1,939,682. 1,600,371. 2,673,742. 4,327,922. 11,782,810. Total. Add lines 1 through 3. . . . 4 The portion of total contributions by 5 each person (other than governmental unit publicly or supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 2,155,464. Public support. Subtract line 5 from line 4 9,627,346. Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2013 **(b)** 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 1,241,093. 1,939,682. 1,600,371. 2,673,742. 4,327,922. 11,782,810. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 15,780. 45,298. 65,457. 39,300. 47,506. 213,341. Net income from unrelated business 9 activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 8,627. 4,146. 7,737. 28,736. 8,137. 57,383. **Total support.** Add lines 7 through 10 11 12,053,534. Gross receipts from related activities, etc. (see instructions) 12 904,843. 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 2017 (line 6, column (f) divided by line 11, column (f) 14 79.87% 15 Public support percentage from 2016 Schedule A, Part II, line 14 15 331/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 331/3% support test - 2016. 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 - 2017. 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 Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2016. 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

Page 3

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

	ii the organization falls to qualify	under the te	sis listed bei	ow, piease co	impiete Fart	11.)	
	on A. Public Support				1		
Calen	dar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
•	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
•	line 6.)						
Secti	on B. Total Support						
	dar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	(u) 2010	(6) 2014	(0) 2010	(4) 2010	(6) 2017	(i) rotar
10a	Gross income from interest, dividends,						
iva	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
h	Unrelated business taxable income (less						
D	section 511 taxes) from businesses						
	acquired after June 30, 1975						
_	· ·						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)						
40	` '						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
4.4	,		.'. finat	al theireal factoration	au fifth tav		- F01(-)(0)
14	First five years. If the Form 990 is for the organization, check this box and stop her	•	•	•			(/ (/
C +:							
	on C. Computation of Public Suppor			0 1 (f)		45	0/
15	Public support percentage for 2017 (line 8		-				%
16 Secti	Public support percentage from 2016 Schon D. Computation of Investment Inc					16	%
	<u> </u>			vilina 10. aaluu	~~ (f\)	47	0/
17	Investment income percentage for 2017 (I			-			%
18	Investment income percentage from 2016					18	% and line
19a	33 ¹ / ₃ % support tests – 2017. If the organi						
	17 is not more than 33 ¹ / ₃ %, check this box a	_	=	-		_	_
b	33 ¹ / ₃ % support tests—2016. If the organiz						
00	line 18 is not more than 331/3%, check this b	_		•	-		_
20	Private foundation If the organization did	I DOT CHECK A	DOX ON LINE 14	IVA Or TUD (THECK THIS HOY	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.)

All Supporting Organizations

ecu	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3а	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		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?			
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 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? <i>If "Yes," provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	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		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		

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		
b	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		
Secti	on B. Type I Supporting Organizations			
			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 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			
			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 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 organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ction	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in:	struct	ions).
2	Activities Test. Answer (a) and (b) below.	I	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	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 reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	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? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 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-functionall	y int	tegrated Type III support	ing organization (see

Schedule A (Form 990 or 990-EZ) 2017

Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	on D - Distributions		, ,	Current Year				
1	Amounts paid to supported organizations to accomplish	exempt purposes						
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	orted					
3	Administrative expenses paid to accomplish exempt purp							
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								
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	sponsive					
9	Distributable amount for 2017 from Section C, line 6							
10	Line 8 amount divided by line 9 amount							
	Line o amount divided by line 3 amount		(ii)	(iii)				
So	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017				
1	Distributable amount for 2017 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required – explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2017							
a								
b	From 2013							
C	From 2014							
d	From 2015							
е	From 2016							
f	Total of lines 3a through e							
g	Applied to underdistributions of prior years							
h	Applied to 2017 distributable amount							
<u>i</u> _	Carryover from 2012 not applied (see instructions)							
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2017 from Section D, line 7: \$							
a	Applied to underdistributions of prior years							
b	Applied to 2017 distributable amount							
c	Remainder. Subtract lines 4a and 4b from 4.							
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.							
7	Excess distributions carryover to 2018. Add lines 3j and 4c.							
8	Breakdown of line 7:							
а	Excess from 2013							
b	Excess from 2014							
С	Excess from 2015							
d	Excess from 2016							
е	Excess from 2017							

Schedule A (Form 990 or 990-EZ) 2017

Part VI

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

Schedule A: Public Charity Status and Public Support

Part VI: Supplemental Information

Continuation Statement

Pt II Ln 10	Other	Income	Part	II, I	Line 10	Descr	iption:	Other	Revenue	2013:
	8627.	2014:	4146.	2015	7737.	2016:	28736.	2017:	8137.	

SCHEDULE D (Form 990)

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number Mainspring Conservation Trust, Inc. 56-2142199 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I 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 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . Aggregate value at end of year 4 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 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose 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). R Preservation of land for public use (e.g., recreation or education) R Preservation of a historically important land area X Protection of natural habitat Preservation of a certified historic structure X Preservation of open space 2 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 55 2b 6715.1 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 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 4 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 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. 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

Schedule D (Form 990) 2017 Page **2**

Part	Organizations Maintaining	Collections of A	Art, Historical T	reasures, or O	ther Similar Ass	sets (continued)
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and oth	ner records, chec	k any of the follo	wing that are a sig	gnificant use of its
а	☐ Public exhibition		d 🗌 Loan	or exchange prog	grams	
b	☐ Scholarly research		e 🗌 Other	•		
С	☐ Preservation for future generations	;				
4	Provide a description of the organizat XIII.		nd explain how th	hey further the or	ganization's exem	pt purpose in Part
5	During the year, did the organization	aclicit or receive	denotions of ort	hiotorical tracque	as ar athar aimilar	
3	assets to be sold to raise funds rather	than to be maintai				
Part	IV Escrow and Custodial Arra	ngements.				
	Complete if the organization 990, Part X, line 21.				·	
1a	Is the organization an agent, trustee,					
L	included on Form 990, Part X?					
b	If "Yes," explain the arrangement in Pa	art XIII and comple	te the following ta	able:	Am	nount
_	Paginning balance			1		
C C	Beginning balance					
d						
e	Distributions during the year					
f	Ending balance					Vac DNa
2a	Did the organization include an amour					
b	If "Yes," explain the arrangement in Pa	art XIII. Check here	if the explanation	n nas been provid	ied on Part XIII .	· · · 📙
Par		anawarad "Vaa"	an Farm 000 F	Part IV lina 10		
	Complete if the organization	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
4.	Danisais a of complete and			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
1a	Beginning of year balance	884,752.	831,794.	821,043.	716,164.	577,407.
b	Contributions	9,750.	30,500.	35,000.	78,032.	47,660.
С	Net investment earnings, gains, and					
	losses	136,642.	56,314.	2,555.	46,880.	95,931.
d	Grants or scholarships					
е	Other expenditures for facilities and					
	programs	19,170.	27,300.	20,477.		
f	Administrative expenses	7,263.	6,556.	6,327.		4,834.
g	End of year balance	1,004,711.	884,752.	831,794.		716,164.
2	Provide the estimated percentage of t	he current year end	d balance (line 1g	, column (a)) held	as:	
а	Board designated or quasi-endowmer	nt ▶29.64	_%			
b	Permanent endowment ► 45.	24%				
С	Temporarily restricted endowment ▶	25.12%				
	The percentages on lines 2a, 2b, and	2c should equal 10	0%.			
3a	Are there endowment funds not in the	e possession of the	e organization tha	at are held and a	dministered for the	
	organization by:					Yes No
	(i) unrelated organizations					3a(i) ×
	(ii) related organizations					3a(ii) ×
b	If "Yes" on line 3a(ii), are the related or	rganizations listed	as required on So	chedule R?		3b
4	Describe in Part XIII the intended uses	of the organization	n's endowment fu	unds.		
Part	VI Land, Buildings, and Equip	ment.				
	Complete if the organization	answered "Yes"	on Form 990, F	Part IV, line 11a.	See Form 990, F	Part X, line 10.
	Description of property	(a) Cost or oth			Accumulated	(d) Book value
		(investme	nt) (o	ther)	depreciation	
1a	Land		6,1	99,535.		6,199,535.
b	Buildings		3	90,420.	12,222.	378,198.
С	Leasehold improvements					
d	Equipment			58,424.	33,462.	24,962.
е	Other		2	48,205.		248,205.
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 99	0. Part X. column	(B), line 10c.)		6,850,900.

Schedule D (Form 990) 2017

	Complete if the organization ans	s. swered "Yes" on For	m 990, Part IV, line	11b. See Form 9	90, Part X, line 12.
	(a) Description of security or categor (including name of security)		(b) Book value	(c) Metho	d of valuation: -year market value
(1) Financia	I derivatives				
(2) Closely-l	held equity interests	[
(A)					
(B)					
(C) (D)					
(E)					
(-) (F)					
(G)					
(H)					
	(b) must equal Form 990, Part X, col. (B) line 12.) ▶				
Part VIII	Investments—Program Relate			_	
	Complete if the organization ans	swered "Yes" on For			
	(a) Description of investment		(b) Book value		d of valuation: -year market value
(4)					your market value
(1)					
(2)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	(1)				
	(b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX	Other Assets. Complete if the organization ans	wordd "Voc" on For	m 000 Part IV lina	11d Soc Form 0	100 Part V lina 15
	· · · · · · · · · · · · · · · · · · ·	(a) Description	11 990, Fait IV, line	Tid. See Foili s	(b) Book value
(1) Option	ns and Escrow Deposits	(4) 2000			2,000
		1 . '			
	ment held by Community Foi	undation of WNC:			
	ment held by Community For rvation Land Subject to L:				1,004,711
(3) Conse	ment held by Community For rvation Land Subject to L: ity Deposit				1,004,711 179,127
(3) Conser (4) Secur	rvation Land Subject to L				1,004,711 179,127
(3) Consection (4) Security (5)	rvation Land Subject to L				1,004,711 179,127
(3) Consection (4) Security (5) (6)	rvation Land Subject to L				1,004,711 179,127
(3) Conse: (4) Secur: (5) (6) (7) (8)	rvation Land Subject to L				1,004,711 179,127
(3) Conset (4) Security (5) (6) (7) (8) (9)	rvation Land Subject to Liity Deposit	ife Estate, Net			1,004,711 179,127 500
(3) Conse: (4) Secur: (5) (6) (7) (8) (9) Total. (Colu	rvation Land Subject to Lity Deposit mn (b) must equal Form 990, Part X, c	ife Estate, Net		>	1,004,711 179,127 500
(3) Conset (4) Security (5) (6) (7) (8) (9)	rvation Land Subject to Lity Deposit mn (b) must equal Form 990, Part X, c Other Liabilities.	col. (B) line 15.)			1,004,711 179,127 500 1,186,338
(3) Conse: (4) Secur: (5) (6) (7) (8) (9) Total. (Colu	rvation Land Subject to Lity Deposit mmn (b) must equal Form 990, Part X, of Other Liabilities. Complete if the organization ans	col. (B) line 15.)	n 990, Part IV, line		1,004,711 179,127 500 1,186,338
(3) Conset (4) Secur: (5) (6) (7) (8) (9) Total. (Colu Part X	rvation Land Subject to Lity Deposit mn (b) must equal Form 990, Part X, c Other Liabilities.	col. (B) line 15.)	n 990, Part IV, line		1,004,711 179,127 500 1,186,338
(3) Conset (4) Secur: (5) (6) (7) (8) (9) Total. (Colu	rvation Land Subject to Lity Deposit rmn (b) must equal Form 990, Part X, of Other Liabilities. Complete if the organization ans line 25. (a) Description of liability	col. (B) line 15.)	m 990, Part IV, line		1,004,711 179,127 500 1,186,338
(3) Conset (4) Secur: (5) (6) (7) (8) (9) Total. (Colu Part X	rvation Land Subject to Lity Deposit rmn (b) must equal Form 990, Part X, of Other Liabilities. Complete if the organization and line 25. (a) Description of liability income taxes	col. (B) line 15.) Swered "Yes" on For			1,004,711 179,127 500 1,186,338
(3) Conset (4) Secur: (5) (6) (7) (8) (9) Total. (Columnation of the columnation of the c	rvation Land Subject to Lity Deposit rmn (b) must equal Form 990, Part X, of Other Liabilities. Complete if the organization ans line 25. (a) Description of liability	col. (B) line 15.)			1,004,711 179,127 500 1,186,338
(3) Conset (4) Secur: (5) (6) (7) (8) (9) Total. (Colurant X (1) Federal in (2) Fiscal (3) (4)	rvation Land Subject to Lity Deposit rmn (b) must equal Form 990, Part X, of Other Liabilities. Complete if the organization and line 25. (a) Description of liability income taxes	col. (B) line 15.) Swered "Yes" on For			1,004,711 179,127 500 1,186,338
(3) Conset (4) Secur: (5) (6) (7) (8) (9) Total. (Colurant X (1) Federal in (2) Fiscal (3) (4) (5)	rvation Land Subject to Lity Deposit rmn (b) must equal Form 990, Part X, of Other Liabilities. Complete if the organization and line 25. (a) Description of liability income taxes	col. (B) line 15.) Swered "Yes" on For			1,004,711 179,127 500 1,186,338
(3) Conset (4) Secur: (5) (6) (7) (8) (9) Total. (Columnation of the columnation of the c	rvation Land Subject to Lity Deposit rmn (b) must equal Form 990, Part X, of Other Liabilities. Complete if the organization and line 25. (a) Description of liability income taxes	col. (B) line 15.) Swered "Yes" on For			1,004,711 179,127 500 1,186,338
(3) Conset (4) Secur: (5) (6) (7) (8) (9) Total. (Colu Part X (1) Federal in (2) Fiscal (3) (4) (5) (6) (7)	rvation Land Subject to Lity Deposit rmn (b) must equal Form 990, Part X, of Other Liabilities. Complete if the organization and line 25. (a) Description of liability income taxes	col. (B) line 15.) Swered "Yes" on For			1,004,711 179,127 500 1,186,338
(3) Conset (4) Secur: (5) (6) (7) (8) (9) Total. (Colu Part X 1. (1) Federal in (2) Fiscal (3) (4) (5) (6) (7) (8)	rvation Land Subject to Lity Deposit rmn (b) must equal Form 990, Part X, of Other Liabilities. Complete if the organization and line 25. (a) Description of liability income taxes	col. (B) line 15.) Swered "Yes" on For			1,004,711 179,127 500 1,186,338
(3) Conset (4) Securities (5) (6) (7) (8) (9) Total. (Columnation (Col	rvation Land Subject to Lity Deposit rmn (b) must equal Form 990, Part X, of Other Liabilities. Complete if the organization and line 25. (a) Description of liability income taxes	col. (B) line 15.) Swered "Yes" on For	33.		1,004,711 179,127 500 1,186,338

Schedule D (Form 990) 2017 Page 4

	Reconciliation of Revenue per Audited Financial Statemers Complete if the organization answered "Yes" on Form 990,	Dart I	V line 12a		
1	Total revenue, gains, and other support per audited financial statements			1	4,795,876.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			1	4,795,876.
a	Net unrealized gains (losses) on investments	2a	117,660.		
b	Donated services and use of facilities	2b	5,510.	_	
C	Recoveries of prior year grants	2c	3,310.	-	
d	Other (Describe in Part XIII.)		7,235.		
e	Add lines 2a through 2d			2e	130,405.
3	Subtract line 2e from line 1			3	4,665,471.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	ĺ			1,003,171.
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)		5	4,665,471.
Part	XII Reconciliation of Expenses per Audited Financial Statem	ents	With Expenses pe	er Ret	
	Complete if the organization answered "Yes" on Form 990,	Part I	V, line 12a.		
1	Total expenses and losses per audited financial statements			1	2,332,959.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	5,510.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	7,235.		
е	Add lines 2a through 2d			2e	12,745.
3	Subtract line 2e from line 1			3	2,320,214.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)				
c	Add lines 4a and 4b			4c	
5		- 101		_	0 200 014
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18.)		5	2,320,214.
Part	XIII Supplemental Information.				
Part Provid	Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; P	art IV, lines 1b and 2b	; Part \	V, line 4; Part X, line
Part Provid 2; Par	XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; P	art IV, lines 1b and 2b	; Part \	V, line 4; Part X, line
Part Provid 2; Par	Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; P	art IV, lines 1b and 2b	o; Part \ oformat	V, line 4; Part X, line ion.
Part Provid 2; Par	Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; P	art IV, lines 1b and 2b	o; Part \ oformat	V, line 4; Part X, line ion.
Part Provid 2; Par	Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; P	art IV, lines 1b and 2b	o; Part \ oformat	V, line 4; Part X, line ion.
Part Provid 2; Par	Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; P	art IV, lines 1b and 2b	o; Part \ oformat	V, line 4; Part X, line ion.
Part Provid 2; Par	Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; P	art IV, lines 1b and 2b	o; Part \ oformat	V, line 4; Part X, line ion.
Part Provid 2; Par	Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; P	art IV, lines 1b and 2b	o; Part \ oformat	V, line 4; Part X, line ion.
Part Provid 2; Par	Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; P	art IV, lines 1b and 2b	o; Part \ oformat	V, line 4; Part X, line ion.
Part Provid 2; Par	Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; P	art IV, lines 1b and 2b	o; Part \ oformat	V, line 4; Part X, line ion.
Part Provid 2; Par	Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; P	art IV, lines 1b and 2b	o; Part \ oformat	V, line 4; Part X, line ion.
Part Provid 2; Par	Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; P	art IV, lines 1b and 2b	o; Part \ oformat	V, line 4; Part X, line ion.
Part Provid 2; Par	Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; P	art IV, lines 1b and 2b	o; Part \ oformat	V, line 4; Part X, line ion.
Part Provid 2; Par	Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; P	art IV, lines 1b and 2b	o; Part \ oformat	V, line 4; Part X, line ion.
Part Provid 2; Par	Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; P	art IV, lines 1b and 2b	o; Part \ oformat	V, line 4; Part X, line ion.
Part Provid 2; Par	Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; P	art IV, lines 1b and 2b	o; Part \ oformat	V, line 4; Part X, line ion.
Part Provid 2; Par	Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; P	art IV, lines 1b and 2b	o; Part \ oformat	V, line 4; Part X, line ion.
Part Provid 2; Par	Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; P	art IV, lines 1b and 2b	o; Part \ oformat	V, line 4; Part X, line ion.
Part Provid 2; Par	Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; P	art IV, lines 1b and 2b	o; Part \ oformat	V, line 4; Part X, line ion.
Part Provid 2; Par	Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; P	art IV, lines 1b and 2b	o; Part \ oformat	V, line 4; Part X, line ion.
Part Provid 2; Par	Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; P	art IV, lines 1b and 2b	o; Part \ oformat	V, line 4; Part X, line ion.
Part Provid 2; Par	Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; P	art IV, lines 1b and 2b	o; Part \ oformat	V, line 4; Part X, line ion.
Part Provid 2; Par	Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; P	art IV, lines 1b and 2b	o; Part \ oformat	V, line 4; Part X, line ion.
Part Provid 2; Par	Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; P	art IV, lines 1b and 2b	o; Part \ oformat	V, line 4; Part X, line ion.

Schedule D: Supplemental Financial Statements

Part XIII: Supplemental Information

Continuation Statement

Pt II, Line 5	CEs are monitored by Mainspring's conservation easement monitoring staff at least annually with a report to Mainspring's files and the landowner. The handling of violations, monitoring and enforcement are covered in Mainspring's Stewardship Policy Manual.
Pt II, Line 9	Conservation easements purchased are expensed at cost. Conservation easements received by donation are not recorded in the organization's books.(See Schedule O for further information.)
Pt II, Line 3	A corrective modification was made on one of the conservation easements held by Mainspring Conservation Trust.
Pt V, Line 4	The intended uses of the organization's endowment funds are to generate income for conservation easement stewardship, land acquisition and other conservation purposes consistent with the purpose and terms of each endowment fund.
Pt X, Line 2	Mainspring is exempt from federal income taxes under 501(c)(3) of the Internal Revenue Code. Under the Code, income from certain activities not related to the organization's tax-exempt purpose may be subject to taxation as unrelated business income. The organization had less than \$1,000 of income from unrelated business activities in the 2017 fiscal year and was, therefore, not required to file Federal Form 990-T (Exempt Organization Business Income Tax Return). The organization believes that it has appropriate support for all tax positions taken, and as such, does not have any uncertain tax positions that are material to the financial statements.
Pt XI, Line 2d	Loss on Sale of Land \$5,500, Fundraising Expenses \$940, Raffle Expenses \$795
Pt XII, Line 2d	Loss on Sale of Land \$5,500, Fundraising Expenses \$940, Raffle Expenses \$795

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

56-2142199

Department of the Treasury Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

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

Name of the organization Mainspring Conservation Trust, Inc.

Types of Property Part I (c) (a) (b) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g 1 Art-Works of art 2 Art—Historical treasures . . . 3 Art—Fractional interests . . 4 Books and publications . . 5 Clothing and household goods 13,900. Appraisal 6 Cars and other vehicles . . . 1 7 Boats and planes 8 Intellectual property 9 Securities-Publicly traded . . × 10 149,849. Fair Market Value Securities-Closely held stock . 10 Securities—Partnership, LLC, 11 or trust interests 12 Securities-Miscellaneous . . 13 Qualified conservation contribution—Historic structures 14 Qualified conservation contribution - Other . . . X 0. See Part II 15 Real estate-Residential . . . 16 Real estate—Commercial . . Real estate—Other 17 X 1,431,562. Appraisal 18 Collectibles 19 Food inventory 20 Drugs and medical supplies . . 21 Taxidermy Historical artifacts 22 23 Scientific specimens 24 Archeological artifacts . . . 25 Other ▶ (Office Supplies) X 275. Fair Market Value 26 3 10,768. Fair Market Value Other ► (Land Conservation) 27 Other ► (_____) 28 Other ► (29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 3. Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required 30a × **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard 31 31 × 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a × If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

describe in Part II.

Schedule M (Form 990) 2017 Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether Part II the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. See Statement

Schedule M: Noncash Contributions

Part II: Supplemental Information

Continuation Statement

	Mainspring does not carry conservation easements as assets on the organization's books. Accordingly, donated conservation easements are not recognized in revenue.			
Other	Line 17 Real estate - Other - Land donations are reported on this line.			

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2017

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

Inspection
Employer identification number
56-2142199

Mainspring Conservation Trust, Inc.	56-2142199
Pt VI, Line la: Per the Bylaws, the Executive Committee may exer	cise the powers
of the Board between Board meetings, except as may be limited b	y the North Carolina
Nonprofit Corporation Act, or may make recommendations to the Bo	ard with respect
to any matters that come before it. All actions taken by the Ex	ecutive Committee
shall be reported to the Board of Directors at the meeting follo	wing such action.
Pt VI, Line 11b: The 990 is initially reviewed by the Finance Ma	nager and the
Executive Director. It is then provided to the Finance Committee	for review and
approval. Finally, the 990 is sent to the Board of Directors pri	or to filing.
Pt VI, Line 12c: A conflict of interest statement is handed out	to the Board
of Directors in attendance at the first board meeting of the new	year and are
asked to complete it and hand it in at that time. The statement	is mailed to
any Board of Director who misses that meeting. To ensure all the	completed forms
are returned within one month, a designated staff member follows	up with anyone
who has not submitted the signed form. Staff is given a Conflict	of Interest
statement to complete each January, or if new to the organization	n at their time
of hire. The Finance Manager reviews the statements. In addition	, the Executive
Director monitors the statements for any possible conflicts of i	nterest.
Pt VI, Line 15a: In the annual budgeting process, the Board appr	oves a budget
line for aggregate salary expense. Thereafter, the Executive Dire	ector gives consideration
to comparable salary information for land trust nonprofit organi	zations with
similar budgets, as available, and local job markets. The Execut	ive Committee
sets the Executive Director salary after a performance review an	d a check of
comparable salary information for related land trust nonprofit o	rganizations
with similar budgets.	
Pt VI. Line 18: Forms 1023 and 990 are available upon request. T	he Form 990

Name of the organization	Employer identification number
Mainspring Conservation Trust, Inc.	56-2142199
is also available on the organization's website.	
Pt VI, Line 19: Governing documents, Conflict of Interest policy	vand audited
financial statements are available upon request.	
Other: Net investment gains on Endowment held with the Community	/ Foundation
of Western NC amounted to \$117,660.	
Pt XII, Line 2c: The Audit Committee directly reviews the audit.	·
Other: Sch D, Ln 3&5 - Since U.S. GAAP does not provide specific	guidance on
the accounting treatment for conservation easements, land trust	organizations
in the U.S. use several different methods to account for the eas	sements they hold.
Mainspring has adopted one such method which is widely used by o	other land trusts.
Under this method, conservation easements are not recognized as	assets. Accordingly,
easements received by donation are not recorded in income and ea	asements purchased
by the organization are recorded as expenses. Management believe	es that this method
results in financial statements that most accurately reflect the	e organization's
financial activities.	

Form **8879-E0**

IRS e-file Signature Authorization for an Exempt Organization

			O 1 Samuelation	
calendar vear 2017. o	r fiscal vear	beginning	. 2017. and ending	

OMB No. 1545-1878

				7 20 17
Department of the Treasury Internal Revenue Service	► Do not send to the IRS. Keep for your ► Go to www.irs.gov/Form8879E0 for the lates		n.	
Name of exempt organization	on		Employer identificat	tion number
Mainspring Cons	servation Trust, Inc.		56-2142199	
	c, Executive Director		•	
	Return and Return Information (Whole Dollars Only)			
Check the box for the check the box on line leave line 1b, 2b, 3b,	return for which you are using this Form 8879-EO and enter 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for 4b, or 5b, whichever is applicable, blank (do not enter -0-). Brow. Do not complete more than one line in Part I.	the return b	eing filed with this	s form was blank, then
2a Form 990-EZ ched3a Form 1120-POL c4a Form 990-PF ched	ere ► ☑ b Total revenue, if any (Form 990, Part VIII, colt ck here ► ☐ b Total revenue, if any (Form 990-EZ, line 9) heck here ► ☐ b Total tax (Form 1120-POL, line 22) . ck here ► ☐ b Tax based on investment income (Form 99 here ► ☐ b Balance Due (Form 8868, line 3c)	90-PF, Part V	/I, line 5)	1b4,665,471. 2b
Part II Declara	tion and Signature Authorization of Officer			
are true, correct, and organization's electron to send the organizati	ectronic return and accompanying schedules and statements complete. I further declare that the amount in Part I above is a nic return. I consent to allow my intermediate service provider on's return to the IRS and to receive from the IRS (a) an acknowless the consent of the IRS (b) and acknowless the consent of the IRS (b) and acknowless the consent of the IRS (b) and acknowless the consent of the IRS (c)	the amount r, transmitte nowledgeme	shown on the cop er, or electronic ret ent of receipt or rea	by of the curn originator (ERO) ason for rejection of
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Additional Information For Tax Return

56-2142199

Form (200 *	10: Line 24 cel (P) 4		

Mainspring Conservation Trust, Inc.

Return of Contribution Funds: In 2016, a donor made a \$350,000 contribution to Mainspring to fund the purchase of a conservation property. Mainspring fully recovered its investment when it sold the property to the State of N.C. In 2017, Mainspring agreed to return \$200,000 to the donor so he could invest in other projects of his choosing.