Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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.

A For the 2018 calendar year, or tax year beginning , 2018, and ending

Α	For the 2	2018 cale	ndar year, or tax year beginning	,	2018, a	nd ending	_		, 20
В	Check if ap	pplicable:	C Name of organization Mainspri	ing Conservation 7	Crust	, Inc.		D Employ	er identification number
	Address ch	1	Doing business as					56-23	142199
_	Name char	· ·	Number and street (or P.O. box if ma	ail is not delivered to street addre	ess)	Room/suite		E Telephoi	ne number
\exists	Initial retur	·	PO Box 1148					(828)524-2711
=	Final return/	1	City or town, state or province, cour	try, and ZIP or foreign postal coo	de	l.		•	•
=	Amended i		Franklin, NC 28744-					G Gross re	eceipts \$ 2,037,248.
=			F Name and address of principal office						subordinates? Yes No
	πρριισατισι	perialing	Sharon F Taylor, PO B		MC 28'	744-1148	1		
_	Tax-exemp	ot ototuo:	▼ 501(c)(3)			_			a list. (see instructions)
	Website:		ww.mainspringconserv		a)(1) Or	□ 527	H(c) Group		,
			X Corporation Trust Associa		I Van	ar of formation			of legal domicile: NC
	art I			tion Uner P	L rea	ar of formation	1. 1995	ivi State	or legal domicile: IVC
Г		Summ		·					
40			escribe the organization's miss						
Activities & Governance			idge, the mission of						
'na			s, farms and heritage						
Ve.	1		is box $ ightharpoonup \square$ if the organization \square	· ·		-		1 1	
ဗိ			of voting members of the gove		-			3	17
∞ ∞	4 N	Number (of independent voting member	s of the governing body (I	Part VI,	line 1b)		4	17
Ę.	5 T	otal nun	nber of individuals employed ir	n calendar year 2018 (Part	V, line	2a) .		5	15
Ęï	6 T	otal nun	nber of volunteers (estimate if	necessary)				6	186
Ac	7 a T	otal unr	elated business revenue from I	Part VIII, column (C), line 1	12 .			7a	0.
	b N	let unrel	ated business taxable income	from Form 990-T, line 38				7b	0.
							Prior Ye	ar	Current Year
Revenue	8 0	Contribut	tions and grants (Part VIII, line	1h)			4,327	.922.	1,717,851.
			service revenue (Part VIII, line	-				,452.	235,156.
	1	•	ent income (Part VIII, column (A	-,				,146.	51,006.
æ	1		renue (Part VIII, column (A), line					,951.	16,713.
			enue—add lines 8 through 11 (n		-		4,665		2,020,726.
			nd similar amounts paid (Part I				4,000	, 4 /1.	2,020,720.
	1		paid to or for members (Part IX						
	4- 0		other compensation, employee b				647,199.		600 574
Expenses	160 0					· · ·	64/	,199.	699,574.
ë	16a P		onal fundraising fees (Part IX, c	* **					
쫎	b T		draising expenses (Part IX, col		155,9		1 (7)	0.1.5	1 000 000
_	17		penses (Part IX, column (A), line			_	1,673		1,022,933.
			penses. Add lines 13–17 (must				2,320		1,722,507.
		Revenue	less expenses. Subtract line 1	8 from line 12			2,345		298,219.
Net Assets or Fund Balances						Beg	ginning of Cu	rent Year	End of Year
sset Jalar	20 T		, ,				10,996		11,171,248.
et Age nd B	21 T		, , , ,					,616.	270,824.
			ts or fund balances. Subtract li	ne 21 from line 20			10,684	,400.	10,900,424.
Pa	art II	Signat	ture Block						
			ry, I declare that I have examined this r						my knowledge and belief, it is
tru	e, correct, a	and compl	ete. Declaration of preparer (other than	officer) is based on all information	n of whic	ch preparer ha	as any knowle	edge.	
							0	3/27/2	1019
Siç	gn	Signa	ature of officer				Dat	е	
He	re	Sha	aron F Taylor, Execut	ive Director					
			e or print name and title						
D-	.:al	Print/Ty	pe preparer's name	Preparer's signature		Date		Ch!	PTIN
	iid		nen C Corliss	Stephen C Corliss		l na /	27/2019	Check self-emp	if bloyed P01333317
	eparer			_	,	007			
Us	se Only	Firm's n			ידא ודו	7 20001			20-2571677
\ /\c	v the IDS		ddress > 242 CHARLOTTE ST				<u> </u>		MV DN-
wia	y trie iRS	uiscus	s this return with the preparer s	SHOWIT ADOVE? (See INSTRUC	วแบทร)		· · · ·		X Yes No

Form 990 (2018) Page **2**

Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	The mission of Mainspring Conservation Trust is to conserve the waters, forests, farms and heritage of the Upper Little Tennessee and Hiwassee River Valleys. We are dedicated to three core initiatives:
	conserve the land, restore the water, and connect the people to these valuable resources.
	combetive the rand, restore the water, and connect the people to these variable resources.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
4	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others.
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1,384,460. including grants of \$ 0.) (Revenue \$ 235,156.)
	In 2018, Mainspring worked diligently to conserve its nationally significant project area, which has
	incredible land and water resources overlaid with cultural heritage assets dating back thousands of
	years.
	CONSERVE: Mainspring conserved 214 acres in five transactions, including two conservation easements
	to conserve farm and forest land. Priority purchases include two acquisitions totaling 71 acres that
	conserves over 4,000 feet of critical Little Tennessee riverfront and adjacent floodplain and contains
	montane alluvial forest, which is a floodplain forest of the Southern Blue Ridge that is ecologically rich
	and diverse. Rare aquatic species which will benefit from the conservation of these properties include
	sicklefin red horse and eastern hellbender. The properties, which were part of the ancient Cherokee
	Coweeta Creek settlement, connect public lands of the United States Forest Service and NC Game Lands
	and will provide public parking for increased access to the Bartram Trail, a National Recreation Trail.
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	RESTORE: As part of its restoration program, Mainspring completed one fish barrier removal which
	connected an entire stream tributary to the river, allowing fish access for miles both upstream and
	downstream. This is an important component of protecting and restoring fish populations which can
	have multiple benefits, including enhancement of recreational fishing, an important economic driver in
	Mainspring's project area. In addition, over 1,500 feet of streambank were stabilized by planting
	vegetation along the stream. Beyond stabilizing streambanks by limiting erosion, shrubs and trees buffer
	stream temperatures during warm months, provide a source of food and habitat to fish and other
	aquatic organisms, and soak up excess nutrients from the land.
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	CONNECT: Mainspring co-sponsored a day-long Little Tennessee Watershed Conference, part of the
	twenty-fifth celebration of the first watershed conference which was the basis of both the Little
	Tennessee Watershed Association and the Land Trust for the Little Tennessee, now
	merged as Mainspring. The attendees, approximately 100, heard about the findings of 30 years of
	aquatic biomonitoring and the impact of climate change in the Southern Blue Ridge, as well as many
	other topics. Mainspring engaged 2,934 people through 45 education programs, including a partnership
	to teach children about non-native invasive plants and their harmful effect on aquatic habitat, birds and
	native plants. Mainspring documented over 2,115 hours donated by its volunteers, including activities as
	diverse as weeding, to legal document drafting.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
40	Total program service expenses 1 384 460

Part I	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	×	
2	Is the organization required to complete <i>Schedule B</i> , <i>Schedule of Contributors</i> (see instructions)?	2	×	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," complete Schedule C, Part I	3		.,
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>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 "Yes," complete Schedule D, Part III </i>	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 "Yes," 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, 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	×	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	×	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	×	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	×	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	×	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		×
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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		×
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	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? #E:\(\) (\(\) (\) (\) (\) (\(\) (\) (\) (\) (\) (\(\) (\) (\) (\) (\(\) (\) (\) (\) (\(\) (\) (\) (\) (\(\) (\) (\) (\(\) (\) (\) (\) (\(\) (\) (\) (\(\) (\) (\) (\(\) (\) (\) (\(\) (\) (\) (\(\) (\) (\) (\(\) (\) (\) (\(\) (\) (\) (\(\) (\) (\) (\(\) (\) (\) (\(\) (\) (\) (\(\) (\) (\) (\(\) (\) (\) (\(\) (\) (\) (\(\) (\) (\) (\(\) (\) (\) (\(\) (\) (\) (\(\) (\) (\) (\) (\(\) (\) (\) (\(\) (\) (\) (\(\) (\) (\) (\) (\(\) (\) (\) (\(\) (\) (\) (\(\) (\) (\) (\) (\(\) (\) (\) (\(\) (\) (\) (\(\) (\) (\) (\) (\(\) (\) (\) (\(\) (\) (\) (\(\) (\) (\) (\) (\(\) (\) (\) (\) (\(\) (\) (\) (\) (\(\) (\) (\) (\) (\(\) (\) (\) (\) (\(\) (\) (\) (\) (\(\) (\) (\) (\) (\(\) (\) (\) (\) (\(\) (\) (\) (\) (\(\) (\) (\) (\) (\(\) (\) (\) (\) (\(\) (\) (\) (\) (\(\) (\) (\) (\(\) (\) (\) (\) (\(\) (\) (\) (\) (\(\) (\) (\) (\) (\(\) (\) (\) (\) (\(\) (\) (\) (\) (\) (\(\) (\) (\) (\) (\(\) (\) (\) (\) (\) (\(\) (\) (\) (\) (\) (\) (\(\) (\) (\) (\) (\) (\) (\) (\(\) (\) (\) (\) (\) (\) (\) (\) (\) (\) (\) (\) (\(\) (21		×

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		×
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		×
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	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		×
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 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		×
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	×	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
4.	Enter the number reported in Box 2 of Form 1006 Enter 0 if not applicable		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	-		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	-		
	reportable gaming (gambling) winnings to prize winners?	1c	×	

Part '	V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	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?		За		×
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> .	_	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority of				
Tu	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 (FB	3AR).			
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	_			
ou	organization solicit any contributions that were not tax deductible as charitable contributions?		6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such contribution		-		
	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 go	oods			
-	and services provided to the payor?		7a		×
b	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	_			
Ū	required to file Form 8282?		7c	×	
d	If "Yes," indicate the number of Forms 8282 filed during the year	2			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contra	act?	7e		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		×
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required.		7g		×
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by				
	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:				
а	Initiation fees and capital contributions included on Part VIII, line 12				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders				
b	Gross income from other sources (Do not net amounts due or paid to other sources				
	against amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041	1? 1	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?	. [1	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which				
	the organization is licensed to issue qualified health plans				
С	Enter the amount of reserves on hand				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	. 1	14a		×
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	. 1	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneratio	n or			
	excess parachute payment(s) during the year?	. L	15		
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment incor	me?	16		
	If "Yes," complete Form 4720, Schedule O.				

Part VI

	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			×					
Secti	on A. Governing Body and Management								
4.			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 17	-							
	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	Enter the number of voting members included in line 1a, above, who are independent . 1b 17								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	-							
_	any other officer, director, trustee, or key employee?	2		×					
3	Did the organization delegate control over management duties customarily performed by or under the direct								
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		×					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?								
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	, , , , , , , , , , , , , , , , , , , ,								
	one or more members of the governing body?								
b	3								
•	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>									
Section B. Policies (This Section B requests information about policies not required by the Internal Reven									
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		×					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b							
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?								
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	×						
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes,"	120							
C	describe in Schedule O how this was done	12c	×						
13		13	×						
14	Did the organization have a written document retention and destruction policy?	14	×						
15	Did the process for determining compensation of the following persons include a review and approval by								
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a	×						
b	Other officers or key employees of the organization	15b		×					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		×					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its								
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the								
	organization's exempt status with respect to such arrangements?	16b							
	on C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ► See Part VI, Line 17 st								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-	(Sec	tion 5	01(c)					
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ✓ Own website ✓ Another's website ✓ Upon request ☐ Other (explain in Schedule O)								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erect	nolica	/ and					
שו	financial statements available to the public during the tax year.			, and					
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords							

Ramelle Smith, 557 E Main St, Franklin, NC 28744 (828)524-2711

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

Form 990 (2018)

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 no	r any relate	d orga	aniz	atio	n c	ompe	nsa	ted any curren	t officer, director	r, or trustee.
				•	C)					
(A) Name and Title	(B) Average hours per	box, ι	unles	eck s pe	rson	than o is both or/trust	an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Constance Haire Chair	3.00	×		×				0.	0.	0.
(2) Jason Love Vice Chair	3.00	×		×				0.	0.	0.
(3) John Gladden Secretary	3.00	×		×				0.	0.	0.
(4) Rita Salain Treasurer	3.00	×		×				0.	0.	0.
(5) Chris Brouwer At-large Executive Committee seat	3.00	×		×				0.	0.	0.
(6) David Adams Board Member	3.00	×						0.	0.	0.
(7)Richard Clark Board Member	2.00	×						0.	0.	0.
(8) Bill Gibson Board Member	2.00	×						0.	0.	0.
(9) Ed Haight Board Member	2.00	×						0.	0.	0.
(10) Russ Harris Board Member	2.00	×						0.	0.	0.
(11)Hope Huskey Board Member	2.00	×						0.	0.	0.
(12)Terrie Kelly Board Member	2.00	×						0.	0.	0.
(13) Doug Landwehr Board Member	2.00	×						0.	0.	0.
(14)Lisa Leatherman Board Member	2.00	×						0.	0.	0.

Part VII Section A. Officers, Directors, Trus	tees, Key E	mplo	yees			lighe	st C	ompensated E	mployees (cont	inued)	•	
(A) Name and title	(B) Average hours per	box,	unles	Pos neck s pe	rson	e than o is both or/trust	n an	(D) Reportable compensation	(E) Reportable compensation from	1	(F) Estimated amount of	
	week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	or ar	other npensation rom the ganization d related anization	n I
(15) Ben Steere Board Member	2.00	×						0.	0			0.
(16) James Stork	2.00	×										
Board Member (17) John Strawn Board Member	2.00	×						0.	0			0.
(18) Sharon Taylor Executive Director	40.00			×				79,346.	0 .		20,3	326.
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1b Sub-total	VII, Sectio	 on A					>	79,346.	0		20,3	
d Total (add lines 1b and 1c)						above	e) w	79,346. Tho received me	0 . ore than \$100,0		20,3	326.
3 Did the organization list any former of employee on line 1a? If "Yes," complete	ficer, direc							, ,	est compensa	_	Yes	No X
4 For any individual listed on line 1a, is the organization and related organizations individual	greater th	an \$1	150,	000	? <i>I</i> :	f "Ye	s, "	complete Sch	edule J for su	ıch		×
5 Did any person listed on line 1a receive of for services rendered to the organization	or accrue co	ompe	nsat	tion	fror	n any	/ un	related organiz	ation or individ	ual		×
Section B. Independent Contractors										•	•	•
Complete this table for your five highest compensation from the organization. Repyear.												ax
(A) Name and business add	Iress							(B) Description of s	ervices	Compe	nsation	
Penland, 300 NP&L Loop, Franklin	n, NC 28	734					Wa	lnut Creek Re	storation		122,8	307.
2 Total number of independent contractor received more than \$100,000 of compens							th	nose listed abo	ove) who			

REV 05/20/19 PRO

Part VIII Statement of Revenue

Part	LVIII	Check if Schedule C		sponse or note t	o any line in this	Part VIII		П
				sponse of flote t	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c	Federated campaigns Membership dues . Fundraising events .	1b		-			
utions, Gi ^r ıer Similaı	e f	Related organizations Government grants (con All other contributions, g and similar amounts not inc	ifts, grants,		-			
Sontrib and Oth	g	Noncash contributions includ Total. Add lines 1a–1	ded in lines 1a–1f: \$	393,621.	1,717,851.			
	· · ·	Totall / Idd III Idd II		Business Code	2772770021			
veni	2a	Stewardship Co	ntracts	541990	13,225.	13,225.	0.	0.
Program Service Revenue	b c	Conservation Project		541990	221,931.	221,931.	0.	0.
Ser	d							
rogram	e f	All other program ser	vice revenue .		005 156			
	3 3	Total. Add lines 2a–2 Investment income	t	>	235,156.			
	4	and other similar amo	ounts)	•	51,456.	0.	0.	51,456.
	5	Royalties	•	•				
	6a	Gross rents	11,810.					
	b	Less: rental expenses						
	С	Rental income or (loss)	11,810.	'				
	d	Net rental income or	(IOSS) (i) Securities	>	11,810.	11,810.	0.	0.
	7a	Gross amount from sales of assets other than inventory	(i) Securities	2,000.	_			
	b	Less: cost or other basis and sales expenses . Gain or (loss)		2,450.				
	d			-450. 	-450.	0.	0.	-450.
Other Revenue	8a	Gross income from fu events (not including \$ of contributions reporte						
ther I	b	See Part IV, line 18 . Less: direct expenses	a					
O	С	Net income or (loss) f		events . ►				
	9a			15,000.	⊣ 1			
	b	Less: direct expenses					-	
	10a	Net income or (loss) f Gross sales of in returns and allowance	ventory, less		928.	0.	0.	928.
	b	Less: cost of goods s	_		-			
	С	Net income or (loss) f			164.	0.	0.	164.
		Miscellaneous F	Revenue	Business Code				
	11a b	Miscellaneous		900099	3,811.	3,811.	0.	0.
	С							
	d	All other revenue .						
	12	Total revenue See in			3,811.	250 777	0	F2 000
	12	Total revenue. See in	istructions .	>	2,020,726.	250,777.	0.	52,098. Form 990 (2018)

Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. A	II other organization	s must complete colu	mn (A).
	Check if Schedule O contains a respons	·		<u> </u>	
	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	99,678.	49,839.	24,920.	24,919.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages	486,867. 26,327.	323,497. 19,152.	81,208. 4,263.	82,162. 2,912.
9	Other employee benefits	44,444.	27,407.	10,682.	6,355.
10	Payroll taxes	42,258.	26,124.	9,419.	6,715.
11	Fees for services (non-employees):	12,250.	20,121.	J, 11J.	0,713.
а	Management				
b	Legal	250.	250.	0.	0.
С	Accounting	13,600.	0.	13,600.	0.
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	280,323.	259,325.	10,292.	10,706.
12	Advertising and promotion	307.	282.	0.	25.
13	Office expenses	10,781.	4,128.	2,530.	4,123.
14	Information technology	18,796.	12,137.	3,488.	3,171.
15	Royalties	01 150	16 520	0.606	1 000
16	Occupancy	21,152.	16,539.	2,626.	1,987.
17	Travel	29,171.	22,897.	3,101.	3,173.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	7,362.	3,200.	3,119.	1,043.
20	Interest				
21	Payments to affiliates	14 000	11 200	1 054	1 700
22	Depreciation, depletion, and amortization .	14,978.	11,396.	1,854.	1,728.
23	Insurance	23,038.	18,063.	2,298.	2,677.
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Easement and Land Purchases	44,996.	44,996.	0.	0.
_				0.	0.
b	Below Book Value Land Sales Supplies/Materials/Publications	468,678. 25,848.	468,678. 19,330.	3,616.	2,902.
d	Land Disbursement Expense	26,195.	26,195.	0.	2,902.
e	All other expenses	37,458.	31,025.	5,033.	1,400.
25	Total functional expenses. Add lines 1 through 24e	1,722,507.	1,384,460.	182,049.	155,998.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if	1,122,301.	1,301,100.	102,049.	133,330.
	following ŠOP 98-2 (ASC 958-720)				5 000 (2212)

REV 05/20/19 PRO

Form 990 (2018) Page **11**

Part X Balance Sheet

P	art X						
		Check if Schedule O contains a response of	r note	to any line in this Pa	rt X		
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			73,105.	1	46,913.
	2	Savings and temporary cash investments		[2,790,455.	2	2,492,415.
	3	Pledges and grants receivable, net	75,250.	3	40,175.		
	4	Accounts receivable, net		[7,517.	4	16,092.
	5	Loans and other receivables from current and	forme	r officers, directors,			
		trustees, key employees, and highest co					
		Complete Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified pers					
		4958(f)(1)), persons described in section 4958(c)(3)(B), an					
		sponsoring organizations of section 501(c)(9) volume					
sts		organizations (see instructions). Complete Part II of Scho			6		
Assets	7	Notes and loans receivable, net				7	
Ā	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			5,115.	9	8,679.
	10a	Land, buildings, and equipment: cost or					
		other basis. Complete Part VI of Schedule D	10a				
	b	Less: accumulated depreciation	10b		6,850,900.	10c	7,384,375.
	11	' '			11		
	12	Investments-other securities. See Part IV, line		12			
	13	Investments—program-related. See Part IV, line		13			
	14	Intangible assets	<u> </u>	7,336.	14	7,248.	
	15	Other assets. See Part IV, line 11		<u> </u>	1,186,338.	15	1,175,351.
	16	Total assets. Add lines 1 through 15 (must equa			10,996,016.	16	11,171,248.
	17	Accounts payable and accrued expenses	23,860.	17	32,780.		
	18	Grants payable		-	104 105	18	60 450
	19	Deferred revenue		104,195.	19	60,473.	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ies	22	Loans and other payables to current and for					
ij		trustees, key employees, highest comper					
Liabilities		disqualified persons. Complete Part II of Schedu			160 000	22	154 460
_	23	Secured mortgages and notes payable to unrela			160,928.	23	154,469.
	24	Unsecured notes and loans payable to unrelated		F		24	
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on lines					
		of Schedule D	0 17-2	4). Complete Fart X	22,633.	25	22 102
	26	Total liabilities. Add lines 17 through 25		-	311,616.	26	23,102. 270,824.
	20	Organizations that follow SFAS 117 (ASC 958			311,010.	20	270,024.
es		complete lines 27 through 29, and lines 33 an		ok nere F M and			
ınc	27	Unrestricted net assets			9,469,579.	27	9,770,102.
ala	28	Temporarily restricted net assets			760,282.	28	1,130,322.
d B	29	Permanently restricted net assets			454,539.	29	0.
n	23	Organizations that do not follow SFAS 117 (ASC 9			131,333.	23	<u> </u>
Net Assets or Fund Balances		complete lines 30 through 34.	-0,, 011	und and			
0 8	30	Capital stock or trust principal, or current funds				30	
set	31	Paid-in or capital surplus, or land, building, or ea		-		31	
As	32	Retained earnings, endowment, accumulated in		-		32	
et	33	Total net assets or fund balances			10,684,400.	33	10,900,424.
~	34	Total liabilities and net assets/fund balances			10,996,016.	34	11,171,248.
-	<u> </u>		<u> </u>				

Form **990** (2018)

Form 990 (2018) Page **12**

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	2,0	20,7	26.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,7	22,5	07.			
3	Revenue less expenses. Subtract line 2 from line 1	3	2	98,2	19.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,6	84,4	00.			
5	Net unrealized gains (losses) on investments	5	_	82,1	95.			
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	10,9	00,4	24.			
Part	XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				<u>×</u>			
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash Accrual Other		-					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		×			
	If "Yes," check a box below to indicate whether the financial statements for the year were comp							
	reviewed on a separate basis, consolidated basis, or both:							
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	×				
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	d on a	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 ov	ersigh	t					
	of the audit, review, or compilation of its financial statements and selection of an independent account	ntant?	2c	×				
	If the organization changed either its oversight process or selection process during the tax year, exp	olain ir	۱ 📗					
_	Schedule O.							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set to				V			
	the Single Audit Act and OMB Circular A-133?				<u>×</u>			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	_	∋ 3b					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	iuits.		n 990	(0010)			
			Fori	11 330	(ZU18)			

REV 05/20/19 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		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2018

Open to Public

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization **Employer identification number**

		ing Conservation Tr					56-2142199	
Par		Reason for Public Cha				.		ons.
The c	_	zation is not a private founda church, convention of church		,		-	•	
2		school described in section						
3		hospital or a cooperative hospital						
4	_	medical research organizationspital's name, city, and state	•	onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)	(iii). Enter 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 govern n organization that normally escribed in section 170(b)(1)	receives a subs	tantial part of its sup				n the general public
8	□ A	community trust described in	n section 170(b)	(1)(A)(vi). (Complete	Part II.)			
9	O IU	n agricultural research organ r university or a non-land-gra niversity:	nt college of agr	iculture (see instruction	ons). Ente	r the nan	ne, city, and state of	the college or
10	re Sl	n organization that normally receipts from activities related upport from gross investment cquired by the organization a	to its exempt full income and uni	nctions—subject to c related business taxal	ertain exc ole incom	ceptions, ne (less s	and (2) no more that ection 511 tax) from	n 33¹/₃% of its
11	□ A	n organization organized and	operated exclus	sively to test for public	safety.	See sect	ion 509(a)(4).	
12	of	n organization organized and f one or more publicly suppo 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 section 509(a)(3).
а		Type I. A supporting organ the supported organization supporting organization. You	(s) the power to	regularly appoint or e	lect a ma	ijority of t		
b		Type II. A supporting organ control or management of organization(s). You must	the supporting o	rganization vested in	the same			
С		Type III functionally integ its supported organization(ally integrated with,
d		Type III non-functionally integrated that is not functionally integrequirement (see instructionally integrated).	grated. The orga	nization generally mu	st satisfy	a distribu	ution requirement an	
е		Check this box if the organ functionally integrated, or	Гуре III non-func	tionally integrated sup				e II, Type III
f		er the number of supported o						
g		vide the following information me of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10	(iv) Is the o	organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))	docu	ment?	instructions)	instructions)
(A)					Yes	No		
(B)								
(C)								
(D)								
(E)								
Total								

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) 2014 **(b)** 2015 (c) 2016 (d) 2017 **(e)** 2018 (f) Total grants, contributions, 1 membership fees received. (Do not include any "unusual grants.") . . . 1,939,682. 1,600,371. 2,673,742. 4,327,922. 1,717,851. 12,259,568. 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 1,939,682. 1,600,371. 2,673,742. 4,327,922. 1,717,851. 12,259,568. 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) 2,088,686. Public support. Subtract line 5 from line 4 10,170,882. Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 1,939,682. 1,600,371. 2,673,742. 4,327,922. 1,717,851. 12,259,568. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 65,457. 45,298. 39,300. 47,506. 63,266. 260,827. 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.) 4,146. 7,737. 28,736. 8,137. 3,811. 52,567. **Total support.** Add lines 7 through 10 11 12,572,962. Gross receipts from related activities, etc. (see instructions) 12 1,072,431. 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 14 80.89% 15 Public support percentage from 2017 Schedule A, Part II, line 14 15 331/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 331/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support			•	·	,	
Calen	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
_	•						
5	The value of services or facilities furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
C1:	line 6.)						
	on B. Total Support	(=) 0014	(b) 0015	(a) 0010	(4) 0017	(-) 0010	(6) Tatal
Calen 9	dar year (or fiscal year beginning in) ► Amounts from line 6	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 10a	Gross income from interest, dividends,						
iva	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	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.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the	ne organization	n's first, secon	d, third, fourth	, or fifth tax y	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he	re					🕨 🗆
Secti	on C. Computation of Public Support	rt Percentag	е				
15	Public support percentage for 2018 (line	, ,,,	•	, ,,,			%
16	Public support percentage from 2017 Sci					16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2018 (* *	-			%
18	Investment income percentage from 201						%
19a	33 ¹ / ₃ % support tests—2018. If the organ						
_	17 is not more than 331/3%, check this box	_	_	-		_	_
b	331/3% support tests—2017. If the organization 18 is not more than 331/2% shock this						
20	line 18 is not more than 33½%, check this Private foundation. If the organization di	_	_	•	· · · · · · · · · · · · · · · · · · ·		
4 U	Filvate Ioungation. If the organization of	U HUL UHEUK A	DUX UIT III IE 14	. 13a. UL 13D. (JUSUK 11112 DOX	and set monn	CHOHS 🚩 🗀

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.)

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		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
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).	Fo		
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?	5a		
_	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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Part I	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
Section	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.			
2	Did the approximation approach fourths benefit of any approximation at how there the approached	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? <i>If "Yes," explain in Part</i>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
Ocotin	on or Type in 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		100	110
-	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		
Section	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.			
Soction	on E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	netru	otion	<u> </u>
ı a	The organization satisfied the Activities Test. Complete line 2 below.	เอเน	CHOIL	٠).
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see in:	struct	ions).
2	Activities Test. Answer (a) and (b) below.			No
a	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? <i>If "Yes," then in Part VI identify</i>			
	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. Answer (a) and (b) below.			
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? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	01		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		i .

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	izations	
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-functional	ly int	tegrated Type III support	ing organization (see

Schedule A (Form 990 or 990-EZ) 2018

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Sect	on D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	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	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
	From 2015			
d				
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а				
b				
c	Excess from 2016			
	Excess from 2017			
	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 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.)
Pt II	Ln 10: Other Income Part II, Line 10 Description: Other Revenue 2014:
4146.	2015: 7737. 2016: 28736. 2017: 8137. 2018: 3811.

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

varrie C	i tile organization	5	imployer identification number
Mai	nspring Conservation Trust, Inc.		56-2142199
Par	t I Organizations Maintaining Donor Adv	vised Funds or Other Similar Fund	s or Accounts.
	Complete if the organization answered		
		(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) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	advisors in writing that the assets hel	d in donor advised
	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a	=	
U	only for charitable purposes and not for the bene		
	conferring impermissible private benefit?		
			· · · · · · L Yes L No
Par			
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the	organization (check all that apply).	
	Preservation of land for public use (e.g., recrea		historically important land area
	▼ Protection of natural habitat	, —	a certified historic structure
	Preservation of open space	_ 1 Tooch valion of a	t contined motorie di dotare
0		old a gualified concernation contribution	in the form of a concernation
2	Complete lines 2a through 2d if the organization he	eid a quaimed conservation contribution	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		. 2a 59
b	Total acreage restricted by conservation easement	ts	. 2b 6,845.9
С	Number of conservation easements on a certified h	nistoric structure included in (a)	. 2c
d	Number of conservation easements included in	` '	
-			
3	Number of conservation easements modified, trans		
3		sierred, released, extiliguistied, or terrii	nated by the organization during the
	tax year • 0		_
4	Number of states where property subject to conse		2
5	Does the organization have a written policy re-		
	violations, and enforcement of the conservation ea	sements it holds?	· · · · · · 🗵 Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspe	cting, handling of violations, and enforcing	conservation easements during the year
	▶ 667		,
7	Amount of expenses incurred in monitoring, inspectir	ng handling of violations, and enforcing co	onservation easements during the year
•		ig, narialing of violations, and emoroting of	onservation casements daring the year
0		O(d) above esticity the requirements of a	action 170/b)/4)/D)/i)
8	Does each conservation easement reported on line		
	and section 170(h)(4)(B)(ii)?		· · · · · · × Yes 🗌 No
9	In Part XIII, describe how the organization reports	conservation easements in its revenue a	and expense statement, and
	balance sheet, and include, if applicable, the text of	of the footnote to the organization's finar	ncial statements that describes the
	organization's accounting for conservation easeme	ents.	
Part	III Organizations Maintaining Collection	s of Art. Historical Treasures. or C	Other Similar Assets.
	Complete if the organization answered		
10	If the organization elected, as permitted under SF		avanue statement and balance sheet
1a	works of art, historical treasures, or other similar	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		•	
	public service, provide, in Part XIII, the text of the f		
b	If the organization elected, as permitted under S		
	works of art, historical treasures, or other similar	assets held for public exhibition, edu-	cation, or research in furtherance of
	public service, provide the following amounts relat	ing to these items:	
	(i) Revenue included on Form 990 Part VIII line 1		• \$
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		• •
9	If the organization received or held works of art		
2			
	following amounts required to be reported under S	· · · · · · · · · · · · · · · · · · ·	
а	Revenue included on Form 990, Part VIII, line 1 .		
b	Assets included in Form 990, Part X		▶ \$

Schedule D (Form 990) 2018 Page **2**

Part	Organizations Maintaining	Collections of	Art, His	torical T	reasures, o	or Oth	er Similar Ass	ets (cor	ntinue	ed)
3	Using the organization's acquisition, collection items (check all that apply):		her reco	rds, chec	k any of the	followi	ng that are a sig	nificant	use c	of its
а	☐ Public exhibition		d	Loan	or exchange	progra	ams			
b	☐ Scholarly research		е	Other						_
С	☐ Preservation for future generations	3								
4	Provide a description of the organiza XIII.	tion's collections a	and expla	ain how th	hey further th	e orga	ınization's exemp	ot purpo	se in	Part
5	During the year, did the organization assets to be sold to raise funds rather							☐ Ye	s 🗌	No
Part										
	Complete if the organization 990, Part X, line 21.								Form	า
1a	Is the organization an agent, trustee included on Form 990, Part X?								s 🗌	No
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the fo	llowing ta	able:		Am	ount		
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount	nt on Form 990, Pa	art X, line	21, for e	scrow or cust	todial	account liability?	☐ Ye	s \square	No
b	If "Yes," explain the arrangement in P	art XIII. Check her	e if the e	xplanation	n has been pr	ovide	d on Part XIII			
Par	V Endowment Funds.									
	Complete if the organization	answered "Yes	" on For	m 990, F	Part IV, line 1	10.				
		(a) Current year	(b) Pri	or year	(c) Two years b	ack (d) Three years back	(e) Four y	ears b	ack
1a	Beginning of year balance	1,004,711.	88	1,752.	831,79	94.	821,043.	71	6,16	64.
b	Contributions	5,593.		750.	30,50	00.	35,000.	7	8,03	32.
С	Net investment earnings, gains, and									
	losses	-54,168.	130	5,642.	56,33	14.	2,555.	4	6,88	80.
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs	28,975.	1:	9,170.	27,30	00.	20,477.	1	4,00	00.
f	Administrative expenses	7,380.	•	7,263.	6,5	56.	6,327.		6,03	33.
g	End of year balance	919,781.	1,00	4,711.	884,7	52.	831,794.	82	1,04	43.
2	Provide the estimated percentage of t	the current year en	d balanc	e (line 1g	, column (a)) I	held a	3:			
а	Board designated or quasi-endowment	nt ▶ 27.6	6%							
b	Permanent endowment ► 50.	02%								
С	Temporarily restricted endowment ▶	22.32%								
	The percentages on lines 2a, 2b, and	2c should equal 1	00%.							
3a	Are there endowment funds not in the	e possession of th	ne organi	zation tha	at are held an	id adn	ninistered for the			
	organization by:							1	Yes	No
	(i) unrelated organizations							3a(i)	×	
	(ii) related organizations							3a(ii)		×
b	If "Yes" on line 3a(ii), are the related o							3b		
4	Describe in Part XIII the intended uses		on's endo	wment fu	unds.					
Part	VI Land, Buildings, and Equip	ment.								
	Complete if the organization	answered "Yes	" on For	m 990, F	Part IV, line 1	11a. S	ee Form 990, F	Part X, li	ne 10	ე
	Description of property	(a) Cost or ot (investm			or other basis ther)		occumulated preciation	(d) Book	value	
1a	Land		0.	6,6	52,713.			6,65	2,71	13.
b	Buildings				90,420.		13,802.		6,61	
С	Leasehold improvements									
d	Equipment				72,864.		36,781.	3	6,08	33.
e	Other				27,609.		8,648.		8,96	
Total.	Add lines 1a through 1e. (Column (d) r		90. Part 2)	•	7,38		

 Schedule D (Form 990) 2018
 Page 3

Part VII	Investments – Other Securities				
	Complete if the organization ans		m 990, Part IV, lir	ne 11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)	У	(b) Book value		od of valuation: of-year market value
(1) Financial	derivatives				
` '	neld equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D) (E)					
(F)					
(G)					
(H)					
	b) must equal Form 990, Part X, col. (B) line 12.) ▶				
Part VIII	Investments – Program Related Complete if the organization ans		m 990. Part IV. lir	ne 11c. See Form	990. Part X. line 13.
	(a) Description of investment		(b) Book value		nod of valuation:
	,, ,		, ,	Cost or end-	of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
_(7)					
(8)					
(9)	000 Dat V and /D // 401				
Part IX	b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.				
Partix	Complete if the organization ans	wered "Ves" on For	m 000 Part IV lir	a 11d Saa Form	000 Part V line 15
		a) Description	111 990, 1 art 10, 111	le 11d. See 1 Oilli	(b) Book value
(1) Option	ns and Escrow Deposits	.,			0.
	ment held by Community Fou	ndation of WNC			919,781.
	evation Land Subject to Li				255,070.
	ity Deposit	110 120000, 1100			500.
(5)					
(6)					
(7)					
(8)					
(9)					
	mn (b) must equal Form 990, Part X, c	ol. (B) line 15.)			1,175,351.
Part X	Other Liabilities.				5 000 D 11/
	Complete if the organization ans	wered "Yes" on For	m 990, Part IV, IIr	ne 11e or 11f. See	Form 990, Part X,
1.	line 25.	(la) Da alamata			
(1) Federal in	(a) Description of liability	(b) Book value			
		02.1	0.0		
(3)	Agent Funds Payable	23,1	.02.		
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col. (B) line 25.)	23,1	02.		
	uncertain tax positions. In Part XIII, provi			on's financial stateme	nts that reports the
	s liability for uncertain tax positions under				

Schedule D (Form 990) 2018 Page **4**

Part	XI Reconciliation of Revenue per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, F		-	Retur	n.
1	Total revenue, gains, and other support per audited financial statements			1	1 040 166
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			1	1,949,166.
	Net unrealized gains (losses) on investments	2a	-82,195.		
a b	Donated services and use of facilities	2b	10,635.		
	Recoveries of prior year grants	2c	10,035.		
C C	Other (Describe in Part XIII.)	2d			
d	Add lines 2a through 2d			2e	-71,560.
е 3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			3	2,020,726.
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
C	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line</i>			5	2,020,726.
Part	<u> </u>				
	Complete if the organization answered "Yes" on Form 990, I				
1	Total expenses and losses per audited financial statements			1	1,733,142.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				1773371111
a	Donated services and use of facilities	2a	10,635.		
b	Prior year adjustments	2b	, , , , , , ,		
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	10,635.
3	Subtract line 2e from line 1			3	1,722,507.
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.)	4b			
С	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.)		5	1,722,507.
Part					
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part				
Pt I	I, Line 5: CEs are monitored by Mainspring's conse	rvat	tion easement m	onit	oring
staf	at least annually with a report to Mainspring's	file	es and the land	lowne:	r.
The l	nandling of violations, monitoring and enforcement	are	e covered in Ma	insp	ring's
Stew	ardship Policy Manual.				
Pt I	I, Line 9: Conservation easements purchased are ex	pens	sed at cost. Co	nser	vation
easei	ments received by donation are not recorded in the	org	ganization's bo	oks.	(See
Sche	dule O for further information.)				
Othe:	r: The intended uses of the organization's endowme	nt i	funds are to ge	nera	te
inco	ne for conservation easement stewardship, land ac	qui	sition and othe	r co	nservation
purp	oses consistent with the purpose and terms of each	end	dowment fund.		·
Pt. X	. Line 2: Mainspring is exempt from federal income	ta:	xes under 501(c	:)(3)	

Schedule D (Form 990) 2018 Page **5**

Part XIII Supplemental Information (continued)
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 2018 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.

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

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

Name of the organization

56-2142199

Employer identification number

	Inspring Conservation Trust, Inc. 56-2142199						
Part	Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o	(d) of determini tribution an	
1 2 3 4 5	Art—Works of art						
6 7 8	goods						
9 10 11	Securities—Publicly traded Securities—Closely held stock . Securities—Partnership, LLC, or trust interests	×	6	150,323.	Fair Mar	ket Val	ue
12 13	Securities – Miscellaneous Qualified conservation contribution – Historic structures						
14	Qualified conservation contribution—Other						
15 16	Real estate — Residential Real estate — Commercial		_				
17 18 19	Real estate—Other Collectibles	×	5	243,043.	Appraisa	<u> </u>	
20 21 22 23	Drugs and medical supplies Taxidermy						
24 25	Archeological artifacts Other ► (Event Supplies)	×	2	255.	Fair Val	ue	
26 27 28	Other ► () Other ► () Other ► ()						
29	Number of Forms 8283 received which the organization completed				29	Yes	No
30a	During the year, did the organizat 28, that it must hold for at least the be used for exempt purposes f	nree years	from the date of the initial	contribution, and which is:	n't required	30a	×
ь 31	If "Yes," describe the arrangement Does the organization have a contributions?	gift accep				31 ×	
32a	Does the organization hire or use contributions?	-	ies or related organization	•		32a	×
ь 33	If "Yes," describe in Part II. If the organization didn't report an describe in Part II.	amount in	column (c) for a type of pro	perty for which column (a)	is checked,		

Schedule M (Form 990) 2018 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. Pt I Line 30b: Mainspring does not carry conservation easements as assets on it's books. 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
2018

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.

Open to Public Inspection

Employer identification number

56-2142199 Mainspring Conservation Trust, Inc. Pt VI, Line la: Per the Bylaws, the Executive Committee may exercise the powers of the Board between Board meetings, except as may be limited by the North Carolina Nonprofit Corporation Act, or may make recommendations to the Board with respect to any matters that come before it. All actions taken by the Executive Committee shall be reported to the Board of Directors at the meeting following such action. Pt VI, Line 11b: The 990 is initially reviewed by the Finance Manager 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 prior 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 members 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 at their time of hire. The Finance Manager reviews the statements. In addition, the Executive Director monitors the statements for any possible conflicts of interest. Pt VI, Line 15a: In the annual budgeting process, the Board approves a budget line for aggregate salary expense. Thereafter, the Executive Director gives consideration to comparable salary information for land trust nonprofit organizations with similar budgets, as available, and local job markets. The Executive Committee sets the Executive Director salary after a performance review and a check of comparable salary information for related land trust nonprofit organizations with similar budgets. Pt VI, Line 18: Forms 1023 and 990 are available upon request. The 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 and	d audited
financial statements are available upon request.	
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 gu	idance on
the accounting treatment for conservation easements, land trust orga	anizations
in the U.S. use several different methods to account for the easement	nts they hold.
Mainspring has adopted one such method which is widely used by other	r land trusts.
Under this method, conservation easements are not recognized as asse	ets. Accordingly,
easements received by donation are not recorded in income and easements	ents purchased
by the organization are recorded as expenses. Management believes the	hat this method
results in financial statements that most accurately reflect the organization	ganization's
financial activities.	
Pt VI, Section C, Line 17:	
State: GA	
State: FL	
Pt IX, Line 11g:	
Description: Contract Labor	
Total: \$172,455	
Program services: \$172,340	
Management and general: \$115	
Fundraising: \$0	
Description: Professional Fees	
Total: \$107,868	
Program services: \$86,985	
Management and general: \$10,177	
Fundraising: \$10,706	

Name of the organization	Employer identification number
Mainspring Conservation Trust, Inc.	56-2142199
Pt IX, Line 24e:	
FC 1A, Diffe 24e.	
Description: Program Event Expense	
Total: \$693	
Program services: \$677	
Management and general: \$0	
Fundraising: \$16	
Description: Dues/Subscriptions	
Total: \$3,435	
10041. 43,133	
Program services: \$1,440	
Management and general: \$1,700	
Fundraising: \$295	
Description: Miscellaneous	
Total: \$3,288	
10ta1· \$3,200	
Program services: \$740	
Management and general: \$1,718	
Fundraising: \$830	
Description: Field Equipment	
matal: 62 262	
Total: \$2,263	
Program services: \$2,263	
Management and general: \$0	
Fundraising: \$0	
Description: Project Management	
matal: 67, 100	
Total: \$7,100	
Program services: \$7,100	
Management and general: \$0	
Fundraising: \$0	
Description: Property Tax-Lands	

Name of the organization	Employer identification number
Mainspring Conservation Trust, Inc.	56-2142199
Total: \$14,857	
Program services: \$14,857	
12052411 50212005 721,001	
Management and general: \$0	
Fundraising: \$0	
Description: Staff Development	
Total: \$5,822	
December 2000 200 42 040	
Program services: \$3,948	
Management and general: \$1,615	
Fundraising: \$259	

Form **8879-E0**

IRS e-file Signature Authorization for an Exempt Organization For calendar year 2018, or fiscal year beginning _______, 2018, and ending _______,

OMB	Nα.	1545-1878

Department of the Treasury Internal Revenue Service	 Do not send to the IRS. Keep for your records. ▶ Go to www.irs.gov/Form8879EO for the latest information. 			2018
Name of exempt organization	on		Employer identifica	tion number
Mainspring Con	servation Trust, Inc.		56-2142199	
Name and title of officer				
	r, Executive Director			-
	Return and Return Information (Whole Dolla			
check the box on line leave line 1b, 2b, 3b,	return for which you are using this Form 8879-EO at 1a, 2a, 3a, 4a, or 5a, below, and the amount on the 4b, or 5b, whichever is applicable, blank (do not en ow. Do not complete more than one line in Part I.	at line for the return	being filed with this	s form was blank, then
1a Form 990 check h	ere 🕨 🗵 🛮 b Total revenue, if any (Form 990, Pa	t VIII, column (A), line	∍12)	1b 2,020,726.
	ck here ▶ 🗌 🏻 b Total revenue, if any (Form 990-			2b
	heck here 🕨 🔲 🏻 b Total tax (Form 1120-POL, li			3b
4a Form 990-PF che				4b
5a Form 8868 check	here ► ☐ b Balance Due (Form 8868, line 3c).			5b
Part II Declara	tion and Signature Authorization of Officer			
organization's 2018 e are true, correct, and organization's electro to send the organizati the transmission, (b) tauthorize the U.S. Tre financial institution ac return, and the financi Agent at 1-888-353-4 involved in the process resolve issues related electronic return and, Officer's PIN: check I authorize COI on the organizat	RLISS & SOLOMON, PLLC ERO firm name on's tax year 2018 electronically filed return. If [have	tatements and to the above is the amount e provider, transmitted and acknowledgement of the data electronic funds where the electronic funds withdrawal. to enter my PIN the indicated within the electronic funds within the el	best of my knowles shown on the coper, or electronic retent of receipt or reate of any refund. I withdrawal (direct dization's federal taust contact the U.S. I also authorize the necessary to ans my signature for 4 2 1 9 9 Enter five numbers, I do not enter all zeros is return that a coper.	edge and belief, they by of the turn originator (ERO) ason for rejection of f applicable, I lebit) entry to the exes owed on this S. Treasury Financial ne financial institutions swer inquiries and the organization's as my signature but s by of the return is
being filed with a ERO to enter my	state agency(ies) regulating charities as part of the PIN on the return's disclosure consent screen. The organization, I will enter my PIN as my signature	IRS Fed/State progr	am, I also authoriz	e the aforementioned
If I have indicate	d within this return that a copy of the return is being e program, I will enter my PIN on the return's disclo	filed with a state ago	ency(ies) regulating	
Officer's signature ▶		Date ►		
	tion and Authentication			
	er your six-digit electronic filing identification d by your five-digit self-selected PIN.	. [3 7 1 6 7 7 ter all zeros
indicated above. I con	numeric entry is my PIN, which is my signature on firm that I am submitting this return in accordance of ized IRS e-file Providers for Business Returns.			
	ERO Must Retain This Form			

2018

Name Employer Identification No.
Mainspring Conservation Trust, Inc. 56-2142199

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Contract Labor	172,455.	172,340.	115.	0.
Professional Fees	107,868.	86,985.	10,177.	10,706.
				
	-	-		
T. (.) (.) (.) (.)				
Total to Form 990, Part IX, line 11g	280,323.	259,325.	10,292.	10,706.

Additional Information For Tax Return

Mainspring Conservation Trust, Inc.	56-2142199
Form 990 p 11: Line 28, column (B)	
In accordance with new accounting standard AU-C 2016-14, the 2018 audit reports Total Net Assets Restrictions at \$1,130,322 which is the total of what would have previously been described as Temp Restricted Net Assets and Permanently Restricted Net Assets. The IRS has indicated that they are we aligning the form 990 with the new standard.	orarily
Form 990 p 11: Line 29, column (B)	

See Note to line 28 above.