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PUBLIC DISCLOSURE COPY

THE CONSERVANCY OF SOUTHWEST FLORIDA
1495 SMITH PRESERVE WAY
NAPLES, FL 34102

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0027

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FORM 990

THE CONSERVANCY OF SOUTHWEST FLORIDA
1495 SMITH PRESERVE WAY
NAPLES, FL 34102

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0027

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FORM 990-T

Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2013

Open to Public
Inspection

A For the 2013 calendar year, or tax year beginning OCT 1, 2013 and ending SEP 30, 2014

<input checked="" type="checkbox"/> Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE CONSERVANCY OF SOUTHWEST FLORIDA		D Employer identification number 59-1157084
	Doing Business As		
	Number and street (or P.O. box if mail is not delivered to street address) 1495 SMITH PRESERVE WAY		Room/suite
	City or town, state or province, country, and ZIP or foreign postal code NAPLES, FL 34102		
	F Name and address of principal officer: ROB MOHER SAME AS C ABOVE		
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
	J Website: ► WWW.CONSERVANCY.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		L Year of formation: 1964 M State of legal domicile: FL	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: OUR MISSION IS TO PROTECT SOUTHWEST FLORIDA'S UNIQUE NATURAL ENVIRONMENT AND QUALITY OF LIFE.		
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	27
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	27
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	73
	6 Total number of volunteers (estimate if necessary)	6	643
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	49,780.
b Net unrelated business taxable income from Form 990-T, line 34	7b	48,780.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	4,799,475.	10,554,665.	
	9 Program service revenue (Part VIII, line 2g)	259,220.	374,377.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	701,290.	1,031,746.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	39,954.	24,862.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,799,939.	11,985,650.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,387,223.	3,469,406.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	80,140.
	b Total fundraising expenses (Part IX, column (D), line 25) ► 974,075.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,925,858.	3,316,654.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,313,081.	6,866,200.
19 Revenue less expenses. Subtract line 18 from line 12	-513,142.	5,119,450.	
Net Assets or Fund Balances	Beginning of Current Year	End of Year	
	20 Total assets (Part X, line 16)	50,919,591.	55,215,205.
	21 Total liabilities (Part X, line 26)	6,922,820.	5,594,756.
	22 Net assets or fund balances. Subtract line 21 from line 20	43,996,771.	49,620,449.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	► Signature of officer		Date
	► VICTORIA POLLOCK, CFO		
Type or print name and title			
Paid Preparer	Print/Type preparer's name AMELIA COOPER CPA	Preparer's signature AMELIA COOPER CPA	Date 05/27/15
		Check <input type="checkbox"/> if self-employed	PTIN P00437898
Use Only	Firm's name ► CLIFTONLARSONALLEN LLP	Firm's EIN ► 41-0746749	
	Firm's address ► 4099 TAMiami TRAIL N., STE. 300 NAPLES, FL 34103	Phone no. 239-262-8686	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III X

1 Briefly describe the organization's mission:

WE ARE A GRASSROOTS ORGANIZATION FOCUSED ON THE CRITICAL ENVIRONMENTAL ISSUES OF SOUTHWEST FLORIDA. WE ACCOMPLISH THIS THROUGH THE COMBINED EFFORTS OF OUR PROGRAMMATIC DEPARTMENTS: SCIENCE, POLICY, EDUCATION AND WILDLIFE REHABILITATION.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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? Yes No
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 \$ 1,135,184. including grants of \$) (Revenue \$)**CONSERVANCY OF SOUTHWEST FLORIDA ENVIRONMENTAL SCIENCE TEAM:**

THE CONSERVANCY OF SOUTHWEST FLORIDA'S ENVIRONMENTAL SCIENCE TEAM IS DEDICATED TO PROVIDING UNBIASED STUDIES AND ENJOYS A NATIONAL REPUTATION FOR THEIR EXPERTISE. WITH MORE THAN 100 YEARS OF COLLECTIVE EXPERIENCE, THE SCIENTISTS PROVIDE THE DEPTH OF EXPERIENCE AND KNOWLEDGE RANGING FROM CONDUCTING ENVIRONMENTAL SITE AUDITS TO DETAILED LABORATORY STUDIES. THE PRIMARY OBJECTIVE IS TO CONDUCT RESEARCH TO ENHANCE OUR UNDERSTANDING OF WILDLIFE POPULATIONS AND THE BIOLOGICAL COMMUNITIES ON WHICH THEY DEPEND - FOR USE IN MORE EFFECTIVELY CONSERVING, MANAGING AND RESTORING SOUTHWEST FLORIDA'S NATURAL SYSTEMS.

CONTINUED ON SCHEDULE O4b (Code:) (Expenses \$ 1,186,182. including grants of \$) (Revenue \$)**CONSERVANCY OF SOUTHWEST FLORIDA ENVIRONMENTAL POLICY TEAM:**

THE CONSERVANCY OF SOUTHWEST FLORIDA'S ENVIRONMENTAL POLICY TEAM USES A SCIENCE-BASED APPROACH TO TACKLE BROAD REGIONAL ENVIRONMENTAL ISSUES AND COLLABORATES WITH PARTNERS SUCH AS BUSINESS, ENVIRONMENTAL, ACADEMIC AND GOVERNMENT LEADERS TO ENSURE THE PROPER STEWARDSHIP OF SOUTHWEST FLORIDA'S WATER, LAND AND WILDLIFE. THEY PROVIDE OUR REGION'S DECISION MAKERS WITH THE TOOLS NECESSARY TO MAKE INFORMED DECISIONS ON ENVIRONMENTAL AND CONSERVATION ISSUES. SPECIFIC OBJECTIVES TACKLED BY THE TEAM ARE DEVELOPMENT, SMART GROWTH, WATER ISSUES, ENDANGERED SPECIES AND WILDLIFE HABITAT PROTECTION.

CONTINUED ON SCHEDULE O4c (Code:) (Expenses \$ 1,548,578. including grants of \$) (Revenue \$ 756,760.)**CONSERVANCY OF SOUTHWEST FLORIDA EDUCATION TEAM:**

THE CONSERVANCY OF SOUTHWEST FLORIDA'S ENVIRONMENTAL EDUCATION TEAM IS COMMITTED TO DEVELOPING THE ENVIRONMENTAL LEADERSHIP OF TOMORROW. WE STRIVE TO PROVIDE CHILDREN AND ADULTS AN APPRECIATION AND UNDERSTANDING OF SOUTHWEST FLORIDA'S UNIQUE NATURAL RESOURCES. THROUGH THIS WORK, WE STRIVE TO EQUIP OUR COMMUNITY WITH THE KNOWLEDGE AND UNDERSTANDING TO MAKE A DIFFERENCE FOR THE ENVIRONMENT AND CREATE THE NEXT GENERATION OF ENVIRONMENTAL LEADERS. PEOPLE WHO APPRECIATE THE IMPORTANCE OF THESE RESOURCES ARE MORE WILLING TO HELP PROTECT AND TO ADDRESS THE CRITICAL ENVIRONMENTAL ISSUES FACING SOUTHWEST FLORIDA'S LAND, WATER AND WILDLIFE.

CONTINUED ON SCHEDULE O

4d Other program services (Describe in Schedule O.)

(Expenses \$ 1,289,981. including grants of \$) (Revenue \$)4e Total program service expenses ► 5,159,925.

Form 990 (2013)

Part IV 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 X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2 X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3 X	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 X	
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 X	
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 X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7 X	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8 X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9 X	
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 X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a X	
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 X	
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c X	
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 X	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a X	
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 X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 X	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a X	
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 X	
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 X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16 X	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17 X	
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 X	
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 X	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a X	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b X	

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X
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	X
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	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	X
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	X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26	X
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	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X
c	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	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
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	X
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	X
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	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	X
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	X

Form 990 (2013)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	32
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
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	73
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	X
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).	7a	X
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7b	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e	X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	9a	
9	Sponsoring organizations maintaining donor advised funds.	9b	
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:	10a	
a	Initiation fees and capital contributions included on Part VIII, line 12	10b	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:	11a	
a	Gross income from members or shareholders	11b	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	
a	Is the organization licensed to issue qualified health plans in more than one state?		
Note. See the instructions for additional information the organization must report on Schedule O.			
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	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	27
	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	27
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	X
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	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6	Did the organization have members or stockholders?	6	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X
13	Did the organization have a written whistleblower policy?	13	X
14	Did the organization have a written document retention and destruction policy?	14	X
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?		
a	The organization's CEO, Executive Director, or top management official	15a	X
b	Other officers or key employees of the organization	15b	X
	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	X
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	

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed ► FL, PA
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
	<input checked="" type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► VICTORIA POLLOCK - 239-403-4202
	1495 SMITH PRESERVE WAY, NAPLES, FL 34102

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

 Check if Schedule O contains a response or note to any line in this Part VII
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter .0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(1) LYNN SLABAUGH CHAIRMAN OF BOARD	5.00	X	X				0.	0.	0.
(2) KEN KRIER VICE CHAIRMAN	1.00	X	X				0.	0.	0.
(3) JAY TOMPKINS TREASURER	1.00	X	X				0.	0.	0.
(4) JANE PEARSALL SECRETARY	1.00	X	X				0.	0.	0.
(5) LEW ALLYN DIRECTOR	1.00	X					0.	0.	0.
(6) DENNIS BROWN DIRECTOR	1.00	X					0.	0.	0.
(7) HEIDI COLGATE-TAMBLYN DIRECTOR	1.00	X					0.	0.	0.
(8) ED EATON DIRECTOR	1.00	X					0.	0.	0.
(9) THOMAS GIBSON DIRECTOR	1.00	X					0.	0.	0.
(10) STEPHANIE GOFORTH DIRECTOR	1.00	X					0.	0.	0.
(11) PHIL GRESH DIRECTOR	1.00	X					0.	0.	0.
(12) JOHN R. HALL DIRECTOR	1.00	X					0.	0.	0.
(13) DR. JUDITH HURSHON DIRECTOR	1.00	X					0.	0.	0.
(14) LOIS KELLEY DIRECTOR	1.00	X					0.	0.	0.
(15) LORALEE LEBOEUF DIRECTOR	1.00	X					0.	0.	0.
(16) WAYNE MELAND DIRECTOR	1.00	X					0.	0.	0.
(17) GERRI MOLL DIRECTOR	1.00	X					0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(18) JIM MURRAY DIRECTOR	1.00	X					0.	0.	0.
(19) DR. KAMELA PATTON DIRECTOR	1.00	X					0.	0.	0.
(20) MAYELA ROSALES DIRECTOR	1.00	X					0.	0.	0.
(21) PATSY SCHROEDER DIRECTOR	1.00	X					0.	0.	0.
(22) BOB SALTARELLI DIRECTOR	1.00	X					0.	0.	0.
(23) LYNNE SHOTWELL DIRECTOR	1.00	X					0.	0.	0.
(24) ANNE DRACKETT THOMAS DIRECTOR	1.00	X					0.	0.	0.
(25) TUCKER TYLER DIRECTOR	1.00	X					0.	0.	0.
(26) NANCY WHITE DIRECTOR	1.00	X					0.	0.	0.
1b Sub-total							0.	0.	0.
c Total from continuation sheets to Part VII, Section A							346,290.	0.	69,825.
d Total (add lines 1b and 1c)							346,290.	0.	69,825.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►

2

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
HEATHERWOOD CONSTRUCTION COMPANY, 8880 TERRENE COURT, BONITA SPRINGS, FL 34135	GENERAL CONTRACTOR	2,462,174.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►

1

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2013)

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

Part VIII

Statement of Revenue

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

Contributions, Gifts, Grants and Other Similar Amounts		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
1 a	Federated campaigns	1a			
b	Membership dues	1b	439,753.		
c	Fundraising events	1c	1,916,768.		
d	Related organizations	1d			
e	Government grants (contributions)	1e	33,535.		
f	All other contributions, gifts, grants, and similar amounts not included above	1f	8,164,609.		
g	Noncash contributions included in lines 1a-1f: \$		1,260,164.		
h	Total. Add lines 1a-1f		► 10,554,665.		
Program Service Revenue		Business Code			
2 a	PROGRAM INCOME	611710	262,366.	262,366.	
b	ADMISSIONS	713990	112,011.	112,011.	
c					
d					
e					
f	All other program service revenue		374,377.		
g	Total. Add lines 2a-2f		► 374,377.		
3	Investment income (including dividends, interest, and other similar amounts)		► 292,706.		292,706.
4	Income from investment of tax-exempt bond proceeds		►		
5	Royalties		►		
6 a	Gross rents	(i) Real 6,536.			
b	Less: rental expenses	(ii) Personal 0.			
c	Rental income or (loss)	6,536.			
d	Net rental income or (loss)	► 6,536.			6,536.
7 a	Gross amount from sales of assets other than inventory	(i) Securities 7,305,521.	(ii) Other 180,939.		
b	Less: cost or other basis and sales expenses	6,575,518.	171,902.		
c	Gain or (loss)	730,003.	9,037.		
d	Net gain or (loss)	► 739,040.			739,040.
8 a	Gross income from fundraising events (not including \$ 1,916,768. of contributions reported on line 1c). See Part IV, line 18	a 583,352.			
b	Less: direct expenses	b 1,005,831.			
c	Net income or (loss) from fundraising events	► -422,479.			-422,479.
9 a	Gross income from gaming activities. See Part IV, line 19	a			
b	Less: direct expenses	b			
c	Net income or (loss) from gaming activities	►			
10 a	Gross sales of inventory, less returns and allowances	a 996,188.			
b	Less: cost of goods sold	b 564,025.			
c	Net income or (loss) from sales of inventory	► 432,163.	382,383.	49,780.	
Miscellaneous Revenue					
11 a	OTHER INCOME	Business Code 900099	8,642.		8,642.
b					
c					
d	All other revenue		► 8,642.		
e	Total. Add lines 11a-11d		► 11,985,650.	756,760.	49,780.
12	Total revenue. See instructions		►		624,445.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	342,933.	97,414.	163,755.	81,764.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	2,569,211.	1,846,891.	261,601.	460,719.
7 Other salaries and wages	39,794.	29,888.	2,907.	6,999.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	315,930.	232,902.	25,541.	57,487.
9 Other employee benefits	201,538.	136,117.	27,988.	37,433.
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management	63,946.	55,894.	8,052.	
b Legal	20,500.	17,919.	2,581.	
c Accounting	38,944.	38,944.		
d Lobbying	80,140.			80,140.
e Professional fundraising services. See Part IV, line 17	51,350.		51,350.	
f Investment management fees	355,536.	310,354.	3,955.	41,227.
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	144,437.	138,660.	2,919.	2,858.
12 Advertising and promotion	249,334.	185,901.	3,744.	59,689.
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	75,103.	39,053.	8,686.	27,364.
17 Travel	226,704.	204,033.	10,936.	11,735.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	3,131.	1,592.	1,539.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	884,391.	795,953.	57,485.	30,953.
23 Insurance	248,933.	222,048.	16,679.	10,206.
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.)				
a INCOME TAXES	42,087.		42,087.	
b MATERIALS AND SMALL EQUIPMENT	248,604.	211,313.	18,645.	18,646.
c MAINTENANCE	242,293.	203,526.	16,961.	21,806.
d ANIMAL FOOD COSTS	132,558.	132,558.		
e All other expenses	288,803.	258,965.	4,789.	25,049.
25 Total functional expenses. Add lines 1 through 24e	6,866,200.	5,159,925.	732,200.	974,075.
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 following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	33,598.	1	83,138.
	2 Savings and temporary cash investments	24,008.	2	2,112,942.
	3 Pledges and grants receivable, net	3,803,709.	3	2,613,987.
	4 Accounts receivable, net	11,315.	4	17,672.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	187,491.	8	177,075.
	9 Prepaid expenses and deferred charges	121,228.	9	184,907.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 29,133,766.		
	b Less: accumulated depreciation	10b 5,078,730.	21,531,892.	10c 24,055,036.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	10,482,630.	12	11,059,805.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	14,723,720.	15	14,910,643.
	16 Total assets. Add lines 1 through 15 (must equal line 34)	50,919,591.	16	55,215,205.
Liabilities	17 Accounts payable and accrued expenses	637,435.	17	642,672.
	18 Grants payable		18	
	19 Deferred revenue	176,020.	19	159,498.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	75,792.	22	76,592.
	23 Secured mortgages and notes payable to unrelated third parties	6,029,867.	23	4,710,243.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	3,706.	25	5,751.
	26 Total liabilities. Add lines 17 through 25	6,922,820.	26	5,594,756.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	15,739,940.	27	27,307,406.
	28 Temporarily restricted net assets	17,718,892.	28	11,767,350.
	29 Permanently restricted net assets	10,537,939.	29	10,545,693.
	Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	43,996,771.	33	49,620,449.
	34 Total liabilities and net assets/fund balances	50,919,591.	34	55,215,205.

Part XI Reconciliation of Net AssetsCheck 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	11,985,650.
2 Total expenses (must equal Part IX, column (A), line 25)	2	6,866,200.
3 Revenue less expenses. Subtract line 2 from line 1	3	5,119,450.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	43,996,771.
5 Net unrealized gains (losses) on investments	5	-253,150.
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	757,378.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	49,620,449.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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	<input checked="" type="checkbox"/>
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2b Were the organization's financial statements audited by an independent accountant?	2b	<input checked="" type="checkbox"/>
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	<input checked="" type="checkbox"/>
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	<input checked="" type="checkbox"/>
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

THE CONSERVANCY OF SOUTHWEST FLORIDA

Employer identification number

59-1157084

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated

e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box _____

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____

(ii) A family member of a person described in (i) above? _____

(iii) A 35% controlled entity of a person described in (i) or (ii) above? _____

h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7,148,657.	16,839,064.	4,802,653.	4,799,475.	10,554,665.	44,144,514.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	7,148,657.	16,839,064.	4,802,653.	4,799,475.	10,554,665.	44,144,514.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						5,172,415.
6 Public support. Subtract line 5 from line 4.						38,972,099.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	7,148,657.	16,839,064.	4,802,653.	4,799,475.	10,554,665.	44,144,514.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	145,675.	205,743.	221,681.	233,453.	299,242.	1,105,794.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	48,848.	222,585.	34,237.	132,833.	49,780.	488,283.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	33,073.	45,284.	52,034.		8,642.	139,033.
11 Total support. Add lines 7 through 10						45,877,624.
12 Gross receipts from related activities, etc. (see instructions)					12	2,011,597.
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) organization, check this box and stop here						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	84.95	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	87.48	%
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization			
► <input checked="" type="checkbox"/>			
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization			
► <input type="checkbox"/>			
17a 10% -facts-and-circumstances test - 2013. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			
► <input type="checkbox"/>			
b 10% -facts-and-circumstances test - 2012. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			
► <input type="checkbox"/>			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			
► <input type="checkbox"/>			

Schedule A (Form 990 or 990-EZ) 2013

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, 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						
c 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 IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 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) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

Schedule B
(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

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

OMB No. 1545-0047

2013

Name of the organization

THE CONSERVANCY OF SOUTHWEST FLORIDA

Employer identification number

59-1157084

Organization type (check one):

Filers of:

Section:
 501(c)(3) (enter number) organization

- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

- For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ► \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization

THE CONSERVANCY OF SOUTHWEST FLORIDA

Employer identification number

59-1157084

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 2,138,245.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
2		\$ 308,326.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
3		\$ 1,452,619.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
4		\$ 868,692.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
5		\$ 484,194.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
6		\$ 377,842.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>

Name of organization

THE CONSERVANCY OF SOUTHWEST FLORIDA

Employer identification number

59-1157084

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 311,150.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>

Name of organization

Employer identification number

THE CONSERVANCY OF SOUTHWEST FLORIDA

59-1157084

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____

Name of organization

Employer identification number

THE CONSERVANCY OF SOUTHWEST FLORIDA

59-1157084

Part III

Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively religious, charitable, etc., contributions of \$1,000 or less* for the year. (Enter this information once.) ► \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

Political Campaign and Lobbying Activities

2013

Open to Public
Inspection

For Organizations Exempt From Income Tax Under section 501(c) and section 527

- Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.
- See separate instructions. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

THE CONSERVANCY OF SOUTHWEST FLORIDA

Employer identification number

59-1157084

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political expenditures ► \$ _____
3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ► \$ _____
2 Enter the amount of any excise tax incurred by organization managers under section 4955 ► \$ _____
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
4a Was a correction made? Yes No
b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$ _____
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527
exempt function activities ► \$ _____
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,
line 17b ► \$ _____
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization
made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political
contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a
political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

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

Schedule C (Form 990 or 990-EZ) 2013

LHA

332041
11-08-13

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ► if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ► if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		1,954.	
b Total lobbying expenditures to influence a legislative body (direct lobbying)		36,990.	
c Total lobbying expenditures (add lines 1a and 1b)		38,944.	
d Other exempt purpose expenditures		6,710,168.	
e Total exempt purpose expenditures (add lines 1c and 1d)		6,749,112.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		487,456.	
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% of line 1f)		121,864.	
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.	
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.	
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount	424,247.	424,777.	465,654.	487,456.	1,802,134.
b Lobbying ceiling amount (150% of line 2a, column(e))					2,703,201.
c Total lobbying expenditures	38,273.	41,814.	28,701.	38,944.	147,732.
d Grassroots nontaxable amount	106,062.	106,104.	116,414.	121,864.	450,444.
e Grassroots ceiling amount (150% of line 2d, column (e))					675,666.
f Grassroots lobbying expenditures	10,000.			1,954.	11,954.

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
a Current year	2a
b Carryover from last year	2b
c Total	2c
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4
5 Taxable amount of lobbying and political expenditures (see instructions)	5

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047

2013Open to Public
Inspection

Name of the organization

THE CONSERVANCY OF SOUTHWEST FLORIDA

Employer identification number
59-1157084**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate 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 held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
	<input checked="" type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
	<input checked="" type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.		
		Held at the End of the Tax Year
a Total number of conservation easements		1
b Total acreage restricted by conservation easements		10.00
c Number of conservation easements on a certified historic structure included in (a)		0
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register		

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► 1

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► 354

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ 18,050.

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a <input type="checkbox"/> Public exhibition	d <input type="checkbox"/> Loan or exchange programs
b <input type="checkbox"/> Scholarly research	e <input type="checkbox"/> Other _____
c <input type="checkbox"/> Preservation for future generations	

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes Nob If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII **Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	9,941,441.	9,302,844.	10,513,485.	9,916,876.	9,042,432.
b Contributions	330,121.	263,640.	16,662.	596,609.	874,444.
c Net investment earnings, gains, and losses	615,292.	726,957.			
d Grants or scholarships					
e Other expenditures for facilities and programs	500,000.	352,000.	1,227,303.		
f Administrative expenses					
g End of year balance	10,386,854.	9,941,441.	9,302,844.	10,513,485.	9,916,876.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ► .00 %

b Permanent endowment ► 96.38 %

c Temporarily restricted endowment ► 3.62 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

	Yes	No
3a(i)		X
3a(ii)		X
3b		

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		579,046.		579,046.
b Buildings		25,520,317.	3,788,662.	21,731,655.
c Leasehold improvements				
d Equipment		2,675,145.	1,173,089.	1,502,056.
e Other		359,258.	116,979.	242,279.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ► 24,055,036.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) INVESTMENTS	10,682,571.	END-OF-YEAR MARKET VALUE
(B) CASH EQUIVALENTS -		
(C) RESTRICTED	377,234.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►	11,059,805.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) LAND HELD FOR CONSERVATION	5,061,722.
(2) OTHER RECEIVABLES	32,441.
(3) TRUST RECEIVABLES	9,816,480.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	14,910,643.

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) FACILITY DEPOSITS	5,751.	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	5,751.	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1 Total revenue, gains, and other support per audited financial statements	1	11,564,062.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains on investments	2a	-253,150.
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII.)	2d	-117,087.
e Add lines 2a through 2d	2e	-370,237.
3 Subtract line 2e from line 1	3	11,934,299.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	51,351.
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b	4c	51,351.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	11,985,650.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1 Total expenses and losses per audited financial statements	1	6,697,762.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIII.)	2d	
e Add lines 2a through 2d	2e	0.
3 Subtract line 2e from line 1	3	6,697,762.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	51,351.
b Other (Describe in Part XIII.)	4b	117,087.
c Add lines 4a and 4b	4c	168,438.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	6,866,200.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART II, LINE 9:LAND HELD FOR CONSERVATION: LAND HELD FOR CONSERVATION ISRECORDED AT COST WHEN PURCHASED OR AT FAIR MARKET VALUE AT THE DATE OFACQUISITION, IF DONATED. MANAGEMENT REVIEWS EACH PARCEL PERIODICALLY TODETERMINE IF THERE HAS BEEN IMPAIRMENT TO THE VALUE THAT IS RECORDED INTHE STATEMENT OF FINANCIAL POSITION.**PART V, LINE 4:**A FUND HELD IN PERPETUITY, THE INCOME FROM WHICH CAN BE SETASIDE FOR FUTURE PROJECTS AND USES OR USED FOR THE ORGANIZATION'S OVERALLNEEDS.

PART X, LINE 2:

THE INTERNAL REVENUE SERVICE HAS DETERMINED THE ORGANIZATION TO BE EXEMPT FROM INCOME TAXES UNDER THE PROVISIONS OF INTERNAL REVENUE CODE SECTION 501(C)(3). IN ADDITION, THE ORGANIZATION HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE TO BE OTHER THAN A PRIVATE FOUNDATION WITHIN THE MEANING OF SECTION 509(A) OF THE CODE. THE INTERNAL REVENUE CODE PROVIDES FOR TAXATION OF UNRELATED BUSINESS INCOME UNDER CERTAIN CIRCUMSTANCES. THE CONSIGNMENT SHOPS THAT THE ORGANIZATION OPERATES ARE SUBJECT TO SUCH UNRELATED BUSINESS INCOME TAXES.

THE ORGANIZATION HAS NOT BEEN EXAMINED BY THE IRS. THE ORGANIZATION'S TAX RETURNS FROM THE TAX YEARS ENDED SEPTEMBER 30, 2011 THROUGH SEPTEMBER 30, 2013 ARE OPEN TO EXAMINATION BY THE IRS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

UNRELATED BUSINESS INCOME TAXES REPORTED IN FUNCTIONAL EXPENSE	-42,087.
PROFESSIONAL FUNDRAISING SERVICES NOT NETTED WITH REVENUES ON PART VIII	-75,000.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-117,087.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

UNRELATED BUSINESS INCOME TAXES REPORTED IN FUNCTIONAL EXPENSE	42,087.
PROFESSIONAL FUNDRAISING EXPENSES INCLUDED ON PART IX, LINE 11E	75,000.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	117,087.

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form_990

Name of the organization

Employer identification number
59-1157084

THE CONSERVANCY OF SOUTHWEST FLORIDA

THE CONSERVANCY OF SOUTHWEST FLORIDA 59-

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this section.

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a Mail solicitations e Solicitation of non-government grants
b Internet and email solicitations f Solicitation of government grants
c Phone solicitations g Special fundraising events
d In-person solicitations

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

Yes

No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
CYNTHIA FIBER - 7225 PELICAN BAY #902, NAPLES, FL 34108	EVENT COORDINATOR	Yes	No	1,822,169.	75,000.	1,747,169.
RUFFALOCODY - PO BOX 3018,	PHONE SOLICITATIONS		X	8,565.	5,140.	3,425.
Total				1,830,734.	80,140.	1,750,594.

Total ► 1,830,734. 80,140. 1,750,594.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

FL, PA

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1 MAGIC UNDER RED SNOOK THE MANGROVE FISHING TOUR (event type)	(b) Event #2 FISHING TOUR (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue				
1	Gross receipts	2,268,146.	231,974.	2,500,120.
2	Less: Contributions	1,764,346.	152,422.	1,916,768.
3	Gross income (line 1 minus line 2)	503,800.	79,552.	583,352.
Direct Expenses				
4	Cash prizes			
5	Noncash prizes	445,600.	68,052.	513,652.
6	Rent/facility costs	141,709.		141,709.
7	Food and beverages	111,966.	1,583.	113,549.
8	Entertainment			
9	Other direct expenses	192,190.	44,731.	236,921.
10	Direct expense summary. Add lines 4 through 9 in column (d)			► 1,005,831.
11	Net income summary. Subtract line 10 from line 3, column (d)			► -422,479.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				
1	Gross revenue			
Direct Expenses				
2	Cash prizes			
3	Noncash prizes			
4	Rent/facility costs			
5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)			►
8	Net gaming income summary. Subtract line 7 from line 1, column (d)			►

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? _____ Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____ Yes No

b If "Yes," explain: _____

11 Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in:

13a	%
13b	%

a The organization's facility
 b An outside facility

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____ .

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Compensation Information

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

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

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

2013

Open to Public
Inspection

Name of the organization

THE CONSERVANCY OF SOUTHWEST FLORIDA

Employer identification number
59-1157084

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes **No**

1b

2

4a **X**

4b **X**

4c **X**

5a **X**

5b **X**

6a **X**

6b **X**

7 **X**

8 **X**

9

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

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

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

Part III Supplemental Information

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

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: JOSEPH TOMPKINS

(C) PURPOSE OF LOAN: LOAN FOR MEMBERSHIP DEVELOPMENT PROGRAM

(A) NAME OF PERSON: WILLIAM VAN ZANDT

(C) PURPOSE OF LOAN: LOAN FOR MEMBERSHIP DEVELOPMENT PROGRAM

(A) NAME OF PERSON: NICK PENNIMAN

(C) PURPOSE OF LOAN: LOAN FOR MEMBERSHIP DEVELOPMENT PROGRAM

(A) NAME OF PERSON: KENNETH KRIER

(C) PURPOSE OF LOAN: LOAN FOR MEMBERSHIP DEVELOPMENT PROGRAM

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

THE CONSERVANCY OF SOUTHWEST FLORIDA

Employer identification number
59-1157084

Part I 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	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	28	646,512.	STOCK MARKET
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (<u>EXCURSIONS/TR</u>)	X	1	513,652.	INVOICE
26 Other ► (<u>DIAMOND</u>)	X	1	100,000.	DONOR VALUATION
27 Other ► (_____)				
28 Other ► (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions
for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for
at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for
the entire holding period?

	Yes	No
30a		X

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31	X
32a	X

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe the arrangement in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II.

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

Schedule M (Form 990) (2013)

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether 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.

SCHEDULE M, LINE 32B:

A THIRD PARTY IS USED TO SELL CONTRIBUTED SECURITIES UPON RECEIPT.

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

Name of the organization

THE CONSERVANCY OF SOUTHWEST FLORIDA

Employer identification number
59-1157084

FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:

PROGRAM ACCOMPLISHMENTS FOR CONSERVANCY SCIENCE TEAM IN

2013-2014:

-ADVANCED WORK ON RESTORATION OF MANGROVE DIE-OFF AREAS, INCLUDING
AREAS NEAR GOODLAND FL.

-PROVIDED ASSISTANCE TO FLORIDA FWC (FLORIDA FISH AND WILDLIFE
CONSERVATION) AND US FISH AND WILDLIFE SERVICES IN THEIR PANTHER
TRACKING RESEARCH.

-CONTINUING ONE OF THE LONGEST LOGGERHEAD SEA TURTLE MONITORING
PROGRAMS IN THE COUNTRY. THIS PROGRAM INCLUDES APPLYING SATELLITE TAGS
TO MONITOR SEA TURTLE TRAVEL HABITS.

-CONTINUE WORKING WITH OTHER ORGANIZATIONS TO MANAGE EXOTIC SPECIES,
IN ORDER TO HELP LIMIT THE DESTRUCTION OF NATIVE PLANTS AND WILDLIFE.

THIS INCLUDES THE TAGGING OF PYTHONS TO STUDY THEIR BEHAVIOR IN HOPES
OF CONTROLLING THIS NON-NATIVE INVADER.

-ONGOING STUDY OF WATER QUALITY PARAMETERS IN COAST SYSTEMS, AND
RESEARCH AND ASSESS STORM WATER RUNOFF, WATER RESOURCE AND WATERSHEDS.

FORM 990, PART III, LINE 4B, DESCRIPTION OF PROGRAM SERVICE:

PROGRAM ACCOMPLISHMENTS FOR CONSERVANCY POLICY TEAM IN

2013-2014:

POLICY LED INITIATIVES:

AMENDMENT 1:

CONSERVANCY STAFF AND VOLUNTEERS LED THE CHARGE IN SOUTHWEST FLORIDA TO
GET THE HISTORICAL "LAND AND WATER" AMENDMENT ON THE NOVEMBER BALLOT.

Name of the organization

THE CONSERVANCY OF SOUTHWEST FLORIDA

Employer identification number

59-1157084

THE CONSERVANCY CAMPAIGNED AND EDUCATED THE COMMUNITY ON ITS IMPORTANCE. THE AMENDMENT PASSED WITH APPROXIMATELY 75% OF VOTER SUPPORT. OVER THE NEXT 30 YEARS BILLIONS OF DOLLARS WILL GO TOWARD PROTECTING FLORIDA'S ENVIRONMENTALLY SENSITIVE LANDS AND EXCEPTIONAL WATERS.

PEACEFUL HORSE RANCH:

CONSERVANCY OF SOUTHWEST FLORIDA FACILITATED THE PEACEFUL HORSE RANCH - A 4,400 ACRE PROPERTY - TO BE PUT IN PERMANENT CONSERVATION BY THE STATE OF FLORIDA AS A NEW FORESTRY RESERVE. THE \$12 MILLION TRANSACTION HELPS PRESERVE VITAL NATURAL HABITATS AND CONTRIBUTES TO DOWNSTREAM WATER QUALITY IN THE CHARLOTTE HARBOR.

OIL DRILLING:

THE POLICY AND ADVOCACY TEAM TOOK ON INAPPROPRIATE OIL DRILLING AND SUCCEEDED IN BRINGING MORE MEANINGFUL ENFORCEMENT FOR UNAUTHORIZED FRACKING-LIKE ACTIVITY UNDERTAKEN AT A WELL IN NORTHEAST COLLIER COUNTY. THE CONSERVANCY ALSO LAUNCHED AN ADVOCACY CAMPAIGN FOR UPDATING FLORIDA'S OIL AND GAS LAWS, GAINING SUPPORT FROM STATE LEGISLATORS FOR NEW COMPREHENSIVE LEGISLATION TO BE INTRODUCED THIS UPCOMING STATE LEGISLATIVE SESSION.

GETTING THE WATER RIGHT:

THE CONSERVANCY SERVED AS A MEMBER OF THE CITIZENS WATER STRATEGY TASK FORCE CREATED BY THE BONITA SPRINGS CITY COUNCIL. AFTER MEETING FOR ALMOST A YEAR, THE TASK FORCE SUBMITTED AN EXTENSIVE LIST OF RECOMMENDATIONS TO THE COUNCIL THAT, IF IMPLEMENTED, SHOULD RESULT IN IMPROVEMENTS TO WATER QUALITY AND REDUCTION OF FLOODING IN THE SOUTHERN

Name of the organization

THE CONSERVANCY OF SOUTHWEST FLORIDA

Employer identification number

59-1157084

IMPERIAL RIVER WATERSHED.FORM 990, PART III, LINE 4C, DESCRIPTION OF PROGRAM SERVICE:PROGRAM ACCOMPLISHMENTS FOR CONSERVANCY EDUCATION TEAM IN2013-2014:

-DEVELOPED RELATIONSHIPS WITH GULF COAST UNIVERSITY AND AREA SCHOOLS TO CREATE AN ENVIRONMENTALLY-BASED STEM (SCIENCE, TECHNOLOGY, ENGINEERING AND MATH) INSTITUTE.

-WORKED WITH LOCAL SCHOOLS TO PROVIDE AGE APPROPRIATE ENVIRONMENTAL LEARNING PROGRAMS, REACHING APPROXIMATELY 8,000 STUDENTS PER YEAR WITHIN THE SCHOOLS, K THROUGH 8.

-LEAD FIELD TRIPS FOR SCHOOL GROUPS, ADULT GROUPS, AND FAMILY GROUPS AT THE CONSERVANCY NATURE CENTER REACHING AN ESTIMATED 2,500 PEOPLE ANNUALLY.

-WORKING WITH LOCAL COUNTY EDUCATION DEPARTMENT REPRESENTATIVES TO PIONEER OFF-SITE VIDEO LEARNING AND PROVIDING TOOLS TO TEACHERS FOR ENVIRONMENTAL PROGRAMS.

-OFFERED AWARD WINNING ECO-CAMPS TO OVER 2,500 CHILDREN IN THE PAST EIGHT YEARS, AND PROVIDING CAMP SCHOLARSHIPS TO UNDER-SERVED CHILDREN.

-CREATED AND DELIVERED CONSERVANCY NATURE CENTER EDUCATIONAL PROGRAMS AND TRAINED THE VOLUNTEER CREW TO ASSIST IN THE EDUCATION PROCESS TO OVER 15,000 VISITORS EACH YEAR.

-DEVELOPED CONTENT AND PROVIDED TRAINING TO EDUCATION VOLUNTEERS TO DELIVER OFFSITE ADULT ENVIRONMENTAL EDUCATION NATURE EXCURSIONS AND FIELD TRIPS TO OVER 1,500 ANNUALLY.

-- GOOD FORTUNE II PONTOON BOAT ECO-CRUISES IN ROOKERY BAY

-- FREE NATURE WALKS AT THREE SITES IN THE AREA: TIGER TAIL BEACH,

332212
09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

Name of the organization

THE CONSERVANCY OF SOUTHWEST FLORIDA

Employer identification number

59-1157084

BRIGGS BOARDWALK AND CLAM PASS.FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:CONSERVANCY OF SOUTHWEST FLORIDA VON ARX HOSPITAL WILDLIFEREHABILITATION TEAM:

ORIGINALLY BUILT IN 1979 TO TREAT 400-600 ANIMALS PER YEAR, THE CONSERVANCY OF SOUTHWEST FLORIDA WILDLIFE CLINIC TREATED APPROXIMATELY 2,700 NATIVE ANIMALS A YEAR IN AN ANTIQUATED 1,700 SQUARE FOOT FACILITY. IN THE FALL OF 2012 THE OLD CLINIC WAS REPLACED WITH A 5,000 SQUARE FOOT, ENERGY EFFICIENT STATE-OF-THE-ART WILDLIFE HOSPITAL.

FOREMOST THE HOSPITAL WAS DESIGNED TO MEET THE MEDICAL NEEDS OF INJURED, SICK AND ORPHANED NATIVE BIRDS, MAMMALS AND REPTILES, ULTIMATELY IMPROVING THEIR ABILITY TO BE RELEASED BACK IN TO THE WILD. THE SECOND GOAL IS TO PROVIDE EDUCATION TO OUR NATURE CENTER VISITORS ON HOW TO PREVENT INJURIES TO WILDLIFE.

THE VON ARX WILDLIFE HOSPITAL IS THE ONLY FACILITY OF ITS KIND WITHIN COLLIER COUNTY AND RECEIVES NO GOVERNMENT FUNDING. THE INJURED, SICK AND ORPHANED NATIVE WILDLIFE ARE CARED FOR BY A DEDICATED STAFF OF FIVE FULL-TIME EMPLOYEES, A STAFF VETERINARIAN, AND SEASONAL INTERNS. STAFF EFFORTS ARE SUPPORTED BY VOLUNTEERS WHO ASSIST WITH DIET PREPARATION, CAGE CLEANING, ANIMAL RESTRAINT AND WILDLIFE RESCUE AND RELEASE.

THE COST TO TREAT EACH ANIMAL IS MORE THAN \$250. OPERATING EXPENSES FOR FOOD, MEDICAL SUPPLIES AND STAFF EXCEEDS \$300,000 ANNUALLY.

Name of the organization

THE CONSERVANCY OF SOUTHWEST FLORIDA

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INCREMENTAL OPERATING COSTS ARE SUBSIDIZED BY A SMALL NUMBER OF COMMUNITY PARTNERS WHO DONATE BASIC SUPPLIES SUCH AS FOOD, MAINTENANCE EQUIPMENT AND MEDICAL SUPPLIES NEEDED TO CARE FOR THE WILDLIFE PATIENTS. THE VON ARX WILDLIFE HOSPITAL TEAM RELEASES ABOUT HALF OF THE ANIMALS TREATED BACK INTO THEIR NATURAL HABITATS.

2014 SAW A DRAMATIC INCREASE IN THE NUMBER OF ANIMALS ADMITTED TO THE HOSPITAL FOR TREATMENT, SPECIFICALLY PELICANS. A LARGE MAJORITY OF INJURIES WERE DUE TO FISHING LINES, HOOKS AND THE INJURIES THAT CAN OCCUR WHEN SOMEONE WHO IS UNTRAINED TRIES TO REMOVE A HOOK FROM A PELICAN. AS A DIRECT RESULT, THE CONSERVANCY'S WILDLIFE TEAM, PUT ON WORKSHOPS FOR FISHERMEN AND ANYONE INTERESTED ON HOW TO REMOVE HOOKS AND LINE FROM A PELICAN. ALSO, IN AN EFFORT AND TO EXPAND PUBLIC EDUCATION EFFORTS AT THE NAPLES PIER, (WHERE FISHERMEN AND PELICANS COME IN FREQUENT CONTACT) THE CONSERVANCY WILDLIFE TEAM PUT UP GRAPHIC SIGNS EXPLAINING THE PROCEDURE TO FOLLOW IF A PELICAN GETS HOOKED, AND PERSUADED THE CITY OF NAPLES TO FUND TWO ADDITIONAL POLICE MARINE PATROL OFFICERS IN THE AREA. IN ADDITION, WE SUCCESSFULLY ADVOCATED FOR A STRONGER ORDINANCE THAT BANNED TREBLE HOOKS AT THE CITY PIER. EXPENSES \$ 1,289,981. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 1:

THE EXECUTIVE COMMITTEE IS MADE UP OF THE COB, VICE CHAIR, SECRETARY, TREASURER, CHAIR OF EAC, CHAIR OF DEVELOPMENT COMMITTEE, CHAIR OF MEMBERSHIP AND MARKETING COMMITTEE, CHAIR OF BOARD GOVERNANCE COMMITTEE, AND CHAIR OF EDUCATION COMMITTEE. THE EXECUTIVE COMMITTEE SHALL MEET REGULARLY IN THE "OFF SEASON" OR UPON CALL BY THE BOARD CHAIR, TO REVIEW AND ACT ON MATTERS BETWEEN BOARD MEETINGS. IT SHALL HAVE THE FULL POWER TO

332212
09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

Name of the organization

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ACT FOR AND IN PLACE OF THE BOARD AS PROVED BY FLORIDA LAW.FORM 990, PART VI, SECTION A, LINE 6:THE ORGANIZATION IS MADE UP OF MEMBERS WHO PAY DUES. ALL
MEMBERS HAVE THE SAME RIGHTS.FORM 990, PART VI, SECTION A, LINE 7A:THE MEMBERS ELECT THE BOARD OF DIRECTORS DURING THE ANNUAL
MEETING.FORM 990, PART VI, SECTION B, LINE 11:BUDGET AND FINANCE COMMITTEE WILL REVIEW THE 990; THE 990 WILL
BE MADE AVAILABLE TO ALL BOARD MEMBERS PRIOR TO FILING, ALL QUESTIONS AND
CONCERNS WILL BE BROUGHT TO BUDGET & FINANCE FOR FINAL REVIEW. SUBSEQUENT
TO FILING THE AUDIT COMMITTEE WILL REVIEW.FORM 990, PART VI, SECTION B, LINE 12C:WE DISTRIBUTE CONFLICT OF INTEREST STATEMENTS FOR BOARDMEMBERS
TO SIGN AT BEGINNING OF YEAR. AT EACH MEETING, COMMITTEE OR OTHERWISE, WE
ANNOUNCE THE AGENDA AND THEN ASK IF ANYONE HAS A CONFLICT WITH ANY ITEMS.
IF YES, THEY EXCUSE THEMSELVES FROM DISCUSSION AND VOTE ON SAID ITEM.FORM 990, PART VI, SECTION B, LINE 15:THERE IS A COMPENSATION COMMITTEE THAT MEETS AND RECOMENDS
SALARIES TO THE BOARD.FORM 990, PART VI, SECTION C, LINE 19:THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST332212
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Schedule O (Form 990 or 990-EZ) (2013)

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POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

APPRECIATION OF SPLIT INTEREST AGREEMENT & TRUST RECEIVABLE 757,378.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS NOT CHANGED ITS OVERSIGHT OR

SELECTION PROCESS DURING THE YEAR.

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37

► Attach to Form 990. ► See separate instructions

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

Name of the organization

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Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
TCI PEACEFUL HORSE , LLC - 99-9999999 1496 SMITH PRESERVE WAY NAPLES , FL 34102	N/A	FLORIDA	0.	THE CONSERVANCY OF 0. SOUTHWEST FLORIDA	

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

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

Schedule R (Form 990) 2013

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		
1b		
1c		
1d		
1e		
1f		
1g		
1h		
1i		
1j		
1k		
1l		
1m		
1n		
1o		
1p		
1q		
1r		
1s		

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))Department of the Treasury
Internal Revenue ServiceFor calendar year 2013 or other tax year beginning OCT 1, 2013, and ending SEP 30, 2014.

2013

Open to Public Inspection for
501(c)(3) Organizations Only

► Information about Form 990-T and its instructions is available at www.irs.gov/form990t.
► Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

A <input checked="" type="checkbox"/> Check box if address changed	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.)		D Employer identification number (Employees' trust, see instructions.)
B Exempt under section	THE CONSERVANCY OF SOUTHWEST FLORIDA		59-1157084
<input checked="" type="checkbox"/> 501(c)(3)	Number, street, and room or suite no. If a P.O. box, see instructions.		E Unrelated business activity codes (See instructions.)
<input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)	1495 SMITH PRESERVE WAY		453310
<input type="checkbox"/> 408A <input type="checkbox"/> 530(a)	City or town, state or province, country, and ZIP or foreign postal code		
<input type="checkbox"/> 529(a)	NAPLES, FL 34102		

C Book value of all assets at end of year	F Group exemption number (See instructions.)
55,215,205.	G Check organization type ► <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust

H Describe the organization's primary unrelated business activity. ► UPSCALE CONSIGNMENT GOODS

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ► Yes No
If "Yes," enter the name and identifying number of the parent corporation. ►

J The books are in care of ► VICTORIA POLLOCK Telephone number ► 239-403-4202

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 645,012.	645,012.		
b	Less returns and allowances	c Balance ►	318,639.	
2	Cost of goods sold (Schedule A, line 7)	326,373.	326,373.	
3	Gross profit. Subtract line 2 from line 1c			
4a	Capital gain net income (attach Form 8949 and Schedule D)			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
c	Capital loss deduction for trusts			
5	Income (loss) from partnerships and S corporations (attach statement)			
6	Rent income (Schedule C)			
7	Unrelated debt-financed income (Schedule E)			
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)...			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10	Exploited exempt activity income (Schedule I)			
11	Advertising income (Schedule J)			
12	Other income (See instructions; attach schedule.)			
13	Total. Combine lines 3 through 12	326,373.	326,373.	

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)

(Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	164,572.
16	Repairs and maintenance	16	1,539.
17	Bad debts	17	
18	Interest (attach schedule)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules.)	20	
21	Depreciation (attach Form 4562)	21	244.
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	
23	Depletion	22b	244.
24	Contributions to deferred compensation plans	23	
25	Employee benefit programs	24	
26	Excess exempt expenses (Schedule I)	25	38,473.
27	Excess readership costs (Schedule J)	26	
28	Other deductions (attach schedule)	27	
29	Total deductions. Add lines 14 through 28	28	71,765.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	29	276,593.
31	Net operating loss deduction (limited to the amount on line 30)	30	49,780.
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	31	
33	Specific deduction (Generally \$1,000, but see instructions for exceptions.)	32	49,780.
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	33	1,000.
		34	48,780.

Part III Tax Computation**35 Organizations Taxable as Corporations.** See instructions for tax computation.Controlled group members (sections 1561 and 1563) check here ► See instructions and:

a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):

(1) (2) (3) b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) (2) Additional 3% tax (not more than \$100,000) c Income tax on the amount on line 34

► 35c 7,317.

36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: Tax rate schedule or Schedule D (Form 1041)

► 36

37 Proxy tax. See instructions

► 37

38 Alternative minimum tax

► 38

39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies

► 39 7,317.

Part IV Tax and Payments**40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)** 40a

40e

b Other credits (see instructions) 40b c General business credit. Attach Form 3800 40c d Credit for prior year minimum tax (attach Form 8801 or 8827) 40d e Total credits. Add lines 40a through 40d

40e

41 Subtract line 40e from line 39 41 7,317.**42** Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)

42

43 Total tax. Add lines 41 and 42 43 7,317.**44a Payments:** A 2012 overpayment credited to 2013 44a

45

b 2013 estimated tax payments 44b 16,160.

46

c Tax deposited with Form 8866 44c

47

d Foreign organizations: Tax paid or withheld at source (see instructions) 44d

48

e Backup withholding (see instructions) 44e

49

f Credit for small employer health insurance premiums (Attach Form 8941) 44f g Other credits and payments: Form 2439 44g Form 4136 Other Total ► **45 Total payments.** Add lines 44a through 44g 45 16,160.**46** Estimated tax penalty (see instructions). Check if Form 2220 is attached ►

46 36.

47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed 47**48 Overpayment.** If line 45 is larger than the total of lines 43 and 46, enter amount overpaid 48 8,807.**49** Enter the amount of line 48 you want: **Credited to 2014 estimated tax** ► Refunded 49 8,807.**Part V Statements Regarding Certain Activities and Other Information** (see instructions)

1 At any time during the 2013 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial

 Yes NoAccounts. If YES, enter the name of the foreign country here ► X2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. X3 Enter the amount of tax-exempt interest received or accrued during the tax year ► \$ **Schedule A - Cost of Goods Sold.** Enter method of inventory valuation ► **N/A**

1 Inventory at beginning of year	1 0.	6 Inventory at end of year	6 0.
2 Purchases	2	7 Cost of goods sold. Subtract line 6	
3 Cost of labor	3	from line 5. Enter here and in Part I, line 2	
4a Additional section 263A costs (att. schedule)	4a	8 Do the rules of section 263A (with respect to	
b Other costs (attach schedule)	4b 318,639.	property produced or acquired for resale) apply to	
5 Total. Add lines 1 through 4b	5 318,639.	the organization?	

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Sign Here	Signature of officer	Date	CFO	Title
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	AMELIA COOPER CPA	AMELIA COOPER CPA	05/27/15	PTIN
	Firm's name ► CLIFTONLARSONALLEN LLP			P00437898
	4099 TAMiami TRAIL N., STE. 300			Firm's EIN ► 41-0746749
	Firm's address ► NAPLES, FL 34103			Phone no. 239-262-8686

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1. Description of property

(1)
(2)
(3)
(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)	0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ... ► 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A). ► 0.	Enter here and on page 1, Part I, line 7, column (B). 0.
Total dividends-received deductions included in column 8				0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). ► 0.	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). 0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization
 (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).
Totals	► 0.			0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income
 (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
Totals	► 0.	0.				0.

Schedule J - Advertising Income (see instructions)

Part I **Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	► 0.	0.				0.

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	► 0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14	► 0.		

Name

THE CONSERVANCY OF SOUTHWEST FLORIDA

Employer identification number
59-1157084

<p>Note: See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e).</p>			
1	Taxable income or (loss) before net operating loss deduction	1	48,780.
2	Adjustments and preferences:		
a	Depreciation of post-1986 property	2a	
b	Amortization of certified pollution control facilities	2b	
c	Amortization of mining exploration and development costs	2c	
d	Amortization of circulation expenditures (personal holding companies only)	2d	
e	Adjusted gain or loss	2e	
f	Long-term contracts	2f	
g	Merchant marine capital construction funds	2g	
h	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)	2h	
i	Tax shelter farm activities (personal service corporations only)	2i	
j	Passive activities (closely held corporations and personal service corporations only)	2j	
k	Loss limitations	2k	
l	Depletion	2l	
m	Tax-exempt interest income from specified private activity bonds	2m	
n	Intangible drilling costs	2n	
o	Other adjustments and preferences	2o	
3	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o	3	48,780.
4	Adjusted current earnings (ACE) adjustment:		
a	ACE from line 10 of the ACE worksheet in the instructions	4a	48,780.
b	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount (see instructions)	4b	0.
c	Multiply line 4b by 75% (.75). Enter the result as a positive amount	4c	
d	Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments (see instructions). Note: You must enter an amount on line 4d (even if line 4b is positive)	4d	
e	ACE adjustment.		
	● If line 4b is zero or more, enter the amount from line 4c	4e	0.
	● If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount		
5	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT	5	48,780.
6	Alternative tax net operating loss deduction (see instructions)	6	
7	Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions	7	48,780.
8	Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c):		
a	Subtract \$150,000 from line 7 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-	8a	0.
b	Multiply line 8a by 25% (.25)	8b	0.
c	Exemption. Subtract line 8b from \$40,000 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-	8c	40,000.
9	Subtract line 8c from line 7. If zero or less, enter -0-	9	8,780.
10	Multiply line 9 by 20% (.20)	10	1,756.
11	Alternative minimum tax foreign tax credit (AMTFTC) (see instructions)	11	
12	Tentative minimum tax. Subtract line 11 from line 10	12	1,756.
13	Regular tax liability before applying all credits except the foreign tax credit	13	7,317.
14	Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	14	0.

JWA For Paperwork Reduction Act Notice, see separate instructions.

Form 4626 (2013)

Adjusted Current Earnings (ACE) Worksheet

► See ACE Worksheet Instructions.

1	Pre-adjustment AMTI. Enter the amount from line 3 of Form 4626	1	48,780.
2	ACE depreciation adjustment:		
a	AMT depreciation	2a	
b	ACE depreciation:		
(1)	Post-1993 property	2b(1)	
(2)	Post-1989, pre-1994 property	2b(2)	
(3)	Pre-1990 MACRS property	2b(3)	
(4)	Pre-1990 original ACRS property	2b(4)	
(5)	Property described in sections 168(f)(1) through (4)	2b(5)	
(6)	Other property	2b(6)	
(7)	Total ACE depreciation. Add lines 2b(1) through 2b(6)	2b(7)	
c	ACE depreciation adjustment. Subtract line 2b(7) from line 2a	2c	
3	Inclusion in ACE of items included in earnings and profits (E&P):		
a	Tax-exempt interest income	3a	
b	Death benefits from life insurance contracts	3b	
c	All other distributions from life insurance contracts (including surrenders)	3c	
d	Inside buildup of undistributed income in life insurance contracts	3d	
e	Other items (see Regulations sections 1.56(g)-1(c)(6)(iii) through (ix) for a partial list)	3e	
f	Total increase to ACE from inclusion in ACE of items included in E&P. Add lines 3a through 3e	3f	
4	Disallowance of items not deductible from E&P:		
a	Certain dividends received	4a	
b	Dividends paid on certain preferred stock of public utilities that are deductible under section 247	4b	
c	Dividends paid to an ESOP that are deductible under section 404(k)	4c	
d	Nonpatronage dividends that are paid and deductible under section 1382(c)	4d	
e	Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for a partial list)	4e	
f	Total increase to ACE because of disallowance of items not deductible from E&P. Add lines 4a through 4e	4f	
5	Other adjustments based on rules for figuring E&P:		
a	Intangible drilling costs	5a	
b	Circulation expenditures	5b	
c	Organizational expenditures	5c	
d	LIFO inventory adjustments	5d	
e	Installment sales	5e	
f	Total other E&P adjustments. Combine lines 5a through 5e	5f	
6	Disallowance of loss on exchange of debt pools	6	
7	Acquisition expenses of life insurance companies for qualified foreign contracts	7	
8	Depletion	8	
9	Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property	9	
10	Adjusted current earnings. Combine lines 1, 2c, 3f, 4f, and 5f through 9. Enter the result here and on line 4a of Form 4626	10	48,780.

FORM 990-T

OTHER DEDUCTIONS

STATEMENT 1

DESCRIPTION	AMOUNT
ADVERTISING	1,497.
CREDIT CARD CHARGES	21,566.
FREIGHT AND DELIVERY CHARGES	5,688.
MATERIALS AND SUPPLIES	2,860.
PRINTING	742.
POSTAGE	843.
RENT	126,847.
TRAVEL	641.
TELEPHONE AND UTILITIES	13,660.
INSURANCE	8,252.
UNIFORMS	286.
SMALL EQUIPMENT	1,277.
EMPLOYEE VOLUNTEER RELATIONS	581.
EXPENSES ALLOCABLE TO DONATED GOODS	-112,975.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	71,765.

FORM 990-T

COST OF GOODS SOLD - OTHER COSTS

STATEMENT 2

DESCRIPTION	AMOUNT
PAYMENTS MADE ON CONSIGNMENT GOODS	318,639.
TOTAL TO FORM 990-T, SCHEDULE A, LINE 4B	318,639.

Application for Extension of Time To File an
Exempt Organization Return

► File a separate application for each return.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ►

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ►

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
Type or print	Name of exempt organization or other filer, see instructions. THE CONSERVANCY OF SOUTHWEST FLORIDA	Employer identification number (EIN) or 59-1157084
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1495 SMITH PRESERVE WAY	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NAPLES, FL 34102	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

VICTORIA POLLOCK

• The books are in the care of ► **1495 SMITH PRESERVE WAY - NAPLES, FL 34102**

Telephone No. ► **239-403-4202** Fax No. ►

• If the organization does not have an office or place of business in the United States, check this box ►

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ► . If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until

AUGUST 15, 2015, to file the exempt organization return for the organization named above. The extension

is for the organization's return for:

► calendar year or
► tax year beginning **OCT 1, 2013**, and ending **SEP 30, 2014** .

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return

Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box ►

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. THE CONSERVANCY OF SOUTHWEST FLORIDA	Employer identification number (EIN) or 59-1157084
	Number, street, and room or suite no. If a P.O. box, see instructions. 1495 SMITH PRESERVE WAY	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NAPLES, FL 34102	

Enter the Return code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

VICTORIA POLLICK

- The books are in the care of ► **1495 SMITH PRESERVE WAY - NAPLES, FL 34102**
Telephone No. ► **239-403-4202** Fax No. ►
- If the organization does not have an office or place of business in the United States, check this box ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ► If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **AUGUST 15, 2015**.

5 For calendar year , or other tax year beginning **OCT 1, 2013** , and ending **SEP 30, 2014** .

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension
ADDITIONAL INFORMATION IS NEEDED IN ORDER TO FILE A COMPLETE & ACCURATE RETURN

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$ 0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$ 0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ 0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ►

Title ► **CFO**

Date ►

Form 8868 (Rev. 1-2014)

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to paper size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

STATE COPY

**Florida Corporate Income/Franchise Tax Return**

FEIN 59-1157084

For calendar year 2013
or tax year beginning

OCT 1

, 2013

ending SEP 30, 2014

F-1120, R. 01/14 1019

Rule 12C-1.051
Florida Administrative Code
Effective 01/14

841702014093000020050376359115708400003

Name THE CONSERVANCY OF SOUTHWEST FLORIDA
 Address 1495 SMITH PRESERVE WAY
 City/State/ZIP NAPLES, FL 34102

Check here if any changes have been made to name or address

Computation of Florida Net Income Tax

1. Federal taxable income (see instructions) - Attach pages 1-5 of federal return	Check here if negative	48,780.00
2. State income taxes deducted in computing federal taxable income (attach schedule)	Check here if negative	
3. Additions to federal taxable income (from Schedule I)	Check here if negative	
4. Total of Lines 1, 2 and 3	Check here if negative	48,780.00
5. Subtractions from federal taxable income (from Schedule II)	Check here if negative	
6. Adjusted federal income (Line 4 minus Line 5)	Check here if negative	48,780.00
7. Florida portion of adjusted federal income (see instructions)	Check here if negative	48,780.00
8. Nonbusiness income allocated to Florida (from Schedule R)	Check here if negative	
9. Florida exemption	Check here if negative	48,780.00
10. Florida net income (Line 7 plus Line 8 minus Line 9)		0.00
11. Tax due: 5.5% of Line 10 or amount from Schedule VI, whichever is greater (see instructions for Schedule VI)		0.00
12. Credits against the tax (from Schedule V)		0.00
13. Total corporate income/franchise tax due (Line 11 minus Line 12)		0.00
14. a) Penalty: F-2220	b) Other	
c) Interest: F-2220	d) Other	Line 14 Total ►
15. Total of Lines 13 and 14		
16. Payment credits: Estimated tax payments 16a \$ 3,340.00		3,340.00
Tentative tax payment 16b \$		
17. Total amount due: Subtract Line 16 from Line 15. If positive, enter amount due here and on payment coupon. If the amount is negative (overpayment), enter on Line 18 and/or Line 19	OVERPAYMENT	3,340.00
18. Credit: Enter amount of overpayment credited to next year's estimated tax here and on payment coupon		
19. Refund: Enter amount of overpayment to be refunded here and on payment coupon		3,340.00

344081

09-19-13

Florida Corporate Income Tax Return1019
F-1120
R. 01/14

Do Not Detach

YEAR ENDING 09/30/14

To ensure proper credit to your account, enclose your check with tax return when mailing.

Return is Due 1st Day of the 4th Month After Close of the Taxable Year

Check here if you transmitted funds electronically ►

Name THE CONSERVANCY OF SOUTHWEST FLORIDA
 Address 1495 SMITH PRESERVE WAY
 City/State/ZIP NAPLES, FL 34102

591157084	0	878000	334000
20131001	0	0	0
20140930	4878000	0	0
10000000	0.000000	0	0
012	0	0	0
201	0	334000	0
4878000	0	0	0
0	4878000	0	-334000

-334000

8417 0 20140930 0002005037 6 3591157084 0000 3



THE CONSERVANCY OF SOUTHWEST FLORIDA

FEIN

59-1157084

1019

F-1120

R. 01/14

Page 2

09/30/14

This return is considered incomplete unless a copy of the federal return is attached.

If your return is not signed, or improperly signed and verified, it will be subject to a penalty. The statute of limitations will not start until your return is properly signed and verified. Your return must be completed in its entirety.

	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
Sign here	Signature of officer (must be an original signature)	Date	Title ➤ CFO
Paid preparers only	Preparer's signature ➤ AMELIA COOPER CPA	Date 05/27/15	Preparer check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed) and address ➤ CLIFTONLARSONALLEN LLP 4099 TAMiami TRAIL N., STE. 300 NAPLES, FL	FEIN ➤	41-0746749
		ZIP ➤	34103

All Taxpayers Must Answer Questions A through M Below - See Instructions

A. State of incorporation: **FLORIDA**

B. Florida Secretary of State document number: **710402**

C. Florida consolidated return? **YES** **NO**

D. Initial return Final return (final federal return filed)

E. Taxpayer election section (s.) 220.03(5), Florida Statutes (F.S.) **[X]** General Rule
 Election A Election B

F. Principal Business Activity Code (as pertains to Florida)
453310

G. A Florida extension of time was timely filed? **YES** **NO**

H-1. Corporation is a member of a controlled group? **YES** **NO** If yes, attach list.

L**T****Where to Send Payments and Returns**

Make check payable to and mail with return to:

Florida Department of Revenue
 5050 W Tennessee Street
 Tallahassee FL 32399-0135

If you are requesting a **refund** (Line 19), send your return to:

Florida Department of Revenue
 PO Box 6440
 Tallahassee FL 32314-6440

Remember:

- ✓ Make your check payable to the Florida Department of Revenue.
- ✓ Write your FEIN on your check.
- ✓ Sign your check and return.
- ✓ Attach a copy of your federal return.
- ✓ Attach a copy of your Florida Form F-7004 (extension of time) if applicable.



NAME THE CONSERVANCY OF SOUTHWEST FLORIDA FEIN 59-1157084 TAXABLE YEAR ENDING 09/30/14

Schedule I - Additions and/or Adjustments to Federal Taxable Income	Column (a) For page 1	Column (b) For Schedule VI, AMT
1. Interest excluded from federal taxable income (attach schedule)	1.	1.
2. Undistributed net long-term capital gains (attach schedule)	2.	2.
3. Net operating loss deduction (attach schedule)	3.	3.
4. Net capital loss carryover (attach schedule)	4.	4.
5. Excess charitable contribution carryover (attach schedule)	5.	5.
6. Employee benefit plan contribution carryover (attach schedule)	6.	6.
7. Enterprise zone jobs credit (Florida Form F-1156Z)	7.	7.
8. Ad valorem taxes allowable as enterprise zone property tax credit (Florida Form F-1158Z)	8.	8.
9. Guaranty association assessment(s) credit	9.	9.
10. Rural and/or urban high crime area job tax credits	10.	10.
11. State housing tax credit	11.	11.
12. Credit for contributions to nonprofit scholarship funding organizations	12.	12.
13. Renewable energy tax credits	13.	13.
14. s.179, IRC expense above \$128,000	14.	14.
15. s.168(k), IRC special bonus depreciation	15.	15.
16. New markets tax credit	16.	16.
17. Entertainment industry tax credit	17.	17.
18. Research and Development tax credit	18.	18.
19. Energy Economic Zone tax credit	19.	19.
20. Other additions (attach statement)	20.	20.
21. Total Lines 1 through 20 in Columns (a) and (b). Enter totals for each column on Line 21. Column (a) total is also entered on Page 1, Line 3 (of Florida Form F-1120). Column (b) total is also entered on Schedule VI, Line 3.	21.	21.

Schedule II - Subtractions from Federal Taxable Income	Column (a) For page 1	Column (b) For Schedule VI, AMT
1. Gross foreign source income less attributable expenses (a) Enter s. 78, IRC income \$ _____ (b) plus s. 862, IRC dividends \$ _____ (c) less direct and indirect expenses \$ _____	Total ► 1.	1.
2. Gross subpart F income less attributable expenses (a) Enter s. 951, IRC subpart F income \$ _____ (b) less direct and indirect expenses \$ _____	Total ► 2.	2.
Note: Taxpayers doing business outside Florida enter zero on Lines 3 through 6, and complete Schedule IV.		
3. Florida net operating loss carryover deduction (attach schedule)	3.	3.
4. Florida net capital loss carryover deduction (attach schedule)	4.	4.
5. Florida excess charitable contribution carryover (attach schedule)	5.	5.
6. Florida employee benefit plan contribution carryover (attach schedule)	6.	6.
7. Nonbusiness income (from Schedule R, Line 3)	7.	7.
8. Eligible net income of an international banking facility (attach schedule)	8.	8.
9. s. 179, IRC expense (see instructions)	9.	9.
10. s. 168(k), IRC special bonus depreciation (see instructions)	10.	10.
11. Other subtractions (attach statement)	11.	11.
12. Total Lines 1 through 11 in Columns (a) and (b). Enter totals for each column on Line 12. Column (a) total is also entered on Page 1, Line 5 (of Florida Form F-1120). Column (b) total is also entered on Schedule VI, Line 5.	12.	12.



NAME THE CONSERVANCY OF SOUTHWEST FLORIDA FEIN 59-1157084 TAXABLE YEAR ENDING 09/30/14

Schedule III - Apportionment of Adjusted Federal Income

III-A For use by taxpayers doing business outside Florida, except those providing insurance or transportation services.

	(a) WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)	(c) Col. (a) ÷ Col. (b) Rounded to Six Decimal Places	(d) Weight If any factor in Column (b) is zero, see note on Pg 9 of the instructions.	(e) Weighted Factors Rounded to Six Decimal Places
1. Property (Schedule III-B below)				X 25% or	
2. Payroll				X 25% or	
3. Sales (Schedule III-C below)				X 50% or	
4. Apportionment fraction (Sum of Lines 1, 2, and 3, Column [e]). Enter here and on Schedule IV, Line 2.					1.000000

**III-B For use in computing average value of property
(use original cost).**

WITHIN FLORIDA

TOTAL EVERYWHERE

a. Beginning of year

c. Beginning of year

d. End of year

1. Inventories of raw material, work in process, finished goods			
2. Buildings and other depreciable assets			
3. Land owned			
4. Other tangible and intangible (financial org. only) assets (attach schedule)			
5. Total (Lines 1 through 4)			
6. Average value of property			
a. Add Line 5, Columns (a) and (b) and divide by 2 (for within Florida)	6a.		
b. Add Line 5, Columns (c) and (d) and divide by 2 (for total everywhere)		6b.	
7. Rented property (8 times net annual rent)			
a. Rented property in Florida	7a.		
b. Rented property Everywhere		7b.	
8. Total (Lines 6 and 7). Enter on Line 1, Schedule III-A, Columns (a) and (b).			
a. Enter Lines 6 a. plus 7 a. and also enter on Schedule III-A, Line 1, Column (a) for total average property in Florida	8a.		
b. Enter Lines 6 b. plus 7 b. and also enter on Schedule III-A, Line 1, Column (b) for total average property Everywhere		8b.	

III-C Sales Factor

(a)
TOTAL WITHIN FLORIDA
(Numerator)

(b)
TOTAL EVERYWHERE
(Denominator)

1. Sales (gross receipts)	N/A	
2. Sales delivered or shipped to Florida purchasers		N/A
3. Other gross receipts (rents, royalties, interest, etc. when applicable)		
4. TOTAL SALES (Enter on Schedule III-A, Line 3, Columns [a] and [b])		

III-D Special Apportionment Fractions (see instructions)

(a) WITHIN FLORIDA

(b) TOTAL EVERYWHERE

(c) FLORIDA Fraction ([a] ÷ [b])
Rounded to Six Decimal Places

1. Insurance companies (attach copy of Schedule T - Annual Report)		
2. Transportation services		

Schedule IV - Computation of Florida Portion of Adjusted Federal Income

	Column (a) Adjusted Federal Income	Column (b) Adjusted AMT Income
1. Apportionable adjusted federal income from Page 1, Line 6 (or Line 6, Schedule VI for AMT in Col. [b])	1.	1.
2. Florida apportionment fraction (Schedule III-A, Line 4 or Schedule III-D, Column [c])	2.	2.
3. Tentative apportioned adjusted federal income (multiply Line 1 by Line 2)	3.	3.
4. Net operating loss carryover apportioned to Florida (attach schedule; see instructions)	4.	4.
5. Net capital loss carryover apportioned to Florida (attach schedule; see instructions)	5.	5.
6. Excess charitable contribution carryover apportioned to Florida (attach schedule; see instructions)	6.	6.
7. Employee benefit plan contribution carryover apportioned to Florida (attach schedule; see instructions)	7.	7.
8. Total carryovers apportioned to Florida (add Lines 4 through 7)	8.	8.
9. Adjusted federal income apportioned to Florida (Line 3 less Line 8; see instructions)	9.	9.



NAME THE CONSERVANCY OF SOUTHWEST FLORIDA FEIN 59-1157084 TAXABLE YEAR ENDING 09/30/14

Schedule V - Credits Against the Corporate Income/Franchise Tax

1. Florida health maintenance organization credit (attach assessment notice)	1.
2. Capital investment tax credit (attach certification letter)	2.
3. Enterprise zone jobs credit (from Florida Form F-1156Z attached)	3.
4. Community contribution tax credit (attach certification letter)	4.
5. Enterprise zone property tax credit (from Florida Form F-1158Z attached)	5.
6. Rural job tax credit (attach certification letter)	6.
7. Urban high crime area job tax credit (attach certification letter)	7.
8. Emergency excise tax (EET) credit (see instructions and attach schedule)	8.
9. Hazardous waste facility tax credit	9.
10. Florida alternative minimum tax (AMT) credit	10.
11. Contaminated site rehabilitation tax credit (attach tax credit certificate)	11.
12. Child care tax credits (attach certification letter)	12.
13. State housing tax credit (attach certification letter)	13.
14. Credit for contributions to nonprofit scholarship funding organizations (attach certificate)	14.
15. Florida renewable energy technologies investment tax credit	15.
16. Florida renewable energy production tax credit	16.
17. New markets tax credit	17.
18. Entertainment industry tax credit	18.
19. Jobs for the unemployed tax credit	19.
20. Research and Development tax credit	20.
21. Energy Economic Zone tax credit	21.
22. Other credits (attach schedule)	22.
23. Total credits against the tax (sum of Lines 1 through 22 not to exceed the amount on Page 1, Line 11). Enter total credits on Page 1, Line 12	23.

Schedule VI - Computation of Florida Alternative Minimum Tax (AMT)

1. Federal alternative minimum taxable income after exemption (attach federal Form 4626)	1. 8,780.00
2. State income taxes deducted in computing federal taxable income (attach schedule)	2.
3. Additions to federal taxable income (from Schedule I, Column [b])	3.
4. Total of Lines 1 through 3	4. 8,780.00
5. Subtractions from federal taxable income (from Schedule II, Column [b])	5.
6. Adjusted federal alternative minimum taxable income (Line 4 minus Line 5)	6. 8,780.00
7. Florida portion of adjusted federal income (see instructions)	7. 8,780.00
8. Nonbusiness income allocated to Florida (see instructions)	8.
9. Florida exemption	9. 8,780.00
10. Florida net income (Line 7 plus Line 8 minus Line 9)	10. 0.00
11. Florida alternative minimum tax due (3.3% of Line 10). See instructions for Page 1, Line 11	11. 0.00



NAME THE CONSERVANCY OF SOUTHWEST FLORIDA FEIN 59-1157084 TAXABLE YEAR ENDING 09/30/14

Schedule R - Nonbusiness Income

Line 1. Nonbusiness income (loss) allocated to Florida

Type	Amount
Total allocated to Florida	1. _____

(Enter here and on Page 1, Line 8 or Schedule VI, Line 8 for AMT)

Line 2. Nonbusiness income (loss) allocated elsewhere

Type	State/country allocated to	Amount
Total allocated elsewhere	2. _____	

Line 3. Total nonbusiness income

Grand total. Total of Lines 1 and 2	3. _____
(Enter here and on Schedule II, Line 7)	

Estimated Tax Worksheet
For Taxable Years Beginning On or After January 1, 2014

1. Florida income expected in taxable year	1. \$ <u>48,780.00</u>
2. Florida exemption \$50,000 (Members of a controlled group, see instructions on Page 14 of Florida Form F-1120N)	2. \$ <u>48,780.00</u>
3. Estimated Florida net income (Line 1 less Line 2)	3. \$ _____
4. Total Estimated Florida tax (5.5% of Line 3)*	\$ _____
Less: Credits against the tax	\$ _____

* Taxpayers subject to federal alternative minimum tax must compute

Florida alternative minimum tax at 3.3% and enter the greater of these two computations.

5. Computation of installments:

Payment due dates and payment amounts:	Last day of 4th month - Enter 0.25 of Line 4	5a. _____
	Last day of 6th month - Enter 0.25 of Line 4	5b. _____
	Last day of 9th month - Enter 0.25 of Line 4	5c. _____
	Last day of fiscal year - Enter 0.25 of Line 4	5d. _____

NOTE: If your estimated tax should change during the year, you may use the amended computation below to determine the amended amounts to be entered on the declaration (Florida Form F-1120ES).

1. Amended estimated tax	1. \$ _____
2. Less:	
(a) Amount of overpayment from last year elected for credit to estimated tax and applied to date	2a. -- \$ _____
(b) Payments made on estimated tax declaration (Florida Form F-1120ES) 2b. -- \$ _____	2b. -- \$ _____
(c) Total of Lines 2(a) and 2(b)	2c. \$ _____
3. Unpaid balance (Line 1 less Line 2(c))	3. \$ _____
4. Amount to be paid (Line 3 divided by number of remaining installments)	4. \$ _____



THE CONSERVANCY OF SOUTHWEST FLORIDA

1019
F-1120
R. 01/14FEIN 59-1157084
DATA Page 1

591157084	0	0	0
4878000	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
1	0	0	0
2	0	0	0
2	0	0	0
2	0	0	0
00000000	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0



THE CONSERVANCY OF SOUTHWEST FLORIDA

1019
F-1120
R. 01/14

FEIN 59-1157084
DATA Page 2

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))For calendar year 2013 or other tax year beginning OCT 1, 2013, and ending SEP 30, 2014.

2013

Open to Public Inspection for
501(c)(3) Organizations OnlyDepartment of the Treasury
Internal Revenue Service

► Information about Form 990-T and its instructions is available at www.irs.gov/form990t.
► Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

A <input checked="" type="checkbox"/> Check box if address changed	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) THE CONSERVANCY OF SOUTHWEST FLORIDA	D Employer identification number (Employees' trust, see instructions.) 59-1157084
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Number, street, and room or suite no. If a P.O. box, see instructions. 1495 SMITH PRESERVE WAY	E Unrelated business activity codes (See instructions.) 453310
C Book value of all assets at end of year 55,215,205.	City or town, state or province, country, and ZIP or foreign postal code NAPLES, FL 34102	

C Book value of all assets at end of year 55,215,205.	F Group exemption number (See instructions.) ►
G Check organization type ► <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	

H Describe the organization's primary unrelated business activity. ► **UPSCALE CONSIGNMENT GOODS**I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ► Yes No
If "Yes," enter the name and identifying number of the parent corporation. ►J The books are in care of ► **VICTORIA POLLOCK** Telephone number ► **239-403-4202**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 645,012.	1c	645,012.	
b	Less returns and allowances	c Balance		
2	Cost of goods sold (Schedule A, line 7)	2	318,639.	
3	Gross profit. Subtract line 2 from line 1c	3	326,373.	326,373.
4a	Capital gain net income (attach Form 8949 and Schedule D)	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from partnerships and S corporations (attach statement)	5		
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)...	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See instructions; attach schedule.)	12		
13	Total. Combine lines 3 through 12	13	326,373.	326,373.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)

(Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	164,572.
16	Repairs and maintenance	16	1,539.
17	Bad debts	17	
18	Interest (attach schedule)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules.)	20	
21	Depreciation (attach Form 4562)	21	244.
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	
23	Depletion	22b	244.
24	Contributions to deferred compensation plans	23	
25	Employee benefit programs	24	
26	Excess exempt expenses (Schedule I)	25	38,473.
27	Excess readership costs (Schedule J)	26	
28	Other deductions (attach schedule)	27	
29	Total deductions. Add lines 14 through 28	28	71,765.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	29	276,593.
31	Net operating loss deduction (limited to the amount on line 30)	30	49,780.
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	31	
33	Specific deduction (Generally \$1,000, but see instructions for exceptions.)	32	49,780.
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	33	1,000.
		34	48,780.

Part III Tax Computation**35 Organizations Taxable as Corporations.** See instructions for tax computation.Controlled group members (sections 1561 and 1563) check here ► See instructions and:

a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):

(1) (2) (3) b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) (2) Additional 3% tax (not more than \$100,000) c Income tax on the amount on line 34

► 35c 7,317.

36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: Tax rate schedule or Schedule D (Form 1041)

► 36

37 Proxy tax. See instructions

► 37

38 Alternative minimum tax

► 38

39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies

► 39 7,317.

Part IV Tax and Payments**40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)**

40a

40e

b Other credits (see instructions)

40b

41 7,317.

c General business credit. Attach Form 3800

40c

42

d Credit for prior year minimum tax (attach Form 8801 or 8827)

40d

43 7,317.

e **Total credits.** Add lines 40a through 40d

40e

41 Subtract line 40e from line 39

41 7,317.

42 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)

42

43 Total tax. Add lines 41 and 42

43 7,317.

44a Payments: A 2012 overpayment credited to 2013

44a

45 16,160.

b 2013 estimated tax payments

44b

16,160.

c Tax deposited with Form 8866

44c

d Foreign organizations: Tax paid or withheld at source (see instructions)

44d

e Backup withholding (see instructions)

44e

f Credit for small employer health insurance premiums (Attach Form 8941)

44f

g Other credits and payments: Form 2439 Form 4136 Other

Total ►

44g

45 16,160.

45 Total payments. Add lines 44a through 44g

46 36.

46 Estimated tax penalty (see instructions). Check if Form 2220 is attached ►

46

47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed

47

48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid

48 8,807.

49 Enter the amount of line 48 you want: **Credited to 2014 estimated tax** ► **Refunded** ►

49 8,807.

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2013 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial

Yes No

Accounts. If YES, enter the name of the foreign country here ►

X

2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.

X

3 Enter the amount of tax-exempt interest received or accrued during the tax year ► \$ **Schedule A - Cost of Goods Sold.** Enter method of inventory valuation ► **N/A**

1 Inventory at beginning of year	1 0.	6 Inventory at end of year	6 0.
2 Purchases	2	7 Cost of goods sold. Subtract line 6	
3 Cost of labor	3	from line 5. Enter here and in Part I, line 2	
4a Additional section 263A costs (att. schedule)	4a	8 Do the rules of section 263A (with respect to	
b Other costs (attach schedule)	4b 318,639.	property produced or acquired for resale) apply to	
5 Total. Add lines 1 through 4b	5 318,639.	the organization? <input type="checkbox"/> Yes <input type="checkbox"/> No	X

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Sign Here	Signature of officer	Date	CFO	Title	
	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Paid Preparer Use Only	AMELIA COOPER CPA	AMELIA COOPER CPA	05/27/15	P00437898	
	Firm's name ► CLIFTONLARSONALLEN LLP			Firm's EIN ► 41-0746749	
	4099 TAMiami TRAIL N., STE. 300				
	Firm's address ► NAPLES, FL 34103			Phone no. 239-262-8686	

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1. Description of property

(1)
(2)
(3)
(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)	0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ... ► 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A). ► 0.	Enter here and on page 1, Part I, line 7, column (B). 0.
Total dividends-received deductions included in column 8			► 0.	0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). ► 0.	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). 0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization
 (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).
Totals	0.			0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income
 (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions)

Part I **Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

FORM 990-T

OTHER DEDUCTIONS

STATEMENT 1

DESCRIPTION	AMOUNT
ADVERTISING	1,497.
CREDIT CARD CHARGES	21,566.
FREIGHT AND DELIVERY CHARGES	5,688.
MATERIALS AND SUPPLIES	2,860.
PRINTING	742.
POSTAGE	843.
RENT	126,847.
TRAVEL	641.
TELEPHONE AND UTILITIES	13,660.
INSURANCE	8,252.
UNIFORMS	286.
SMALL EQUIPMENT	1,277.
EMPLOYEE VOLUNTEER RELATIONS	581.
EXPENSES ALLOCABLE TO DONATED GOODS	-112,975.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	71,765.

FORM 990-T

COST OF GOODS SOLD - OTHER COSTS

STATEMENT 2

DESCRIPTION	AMOUNT
PAYMENTS MADE ON CONSIGNMENT GOODS	318,639.
TOTAL TO FORM 990-T, SCHEDULE A, LINE 4B	318,639.

Name

THE CONSERVANCY OF SOUTHWEST FLORIDA

Employer identification number
59-1157084

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38 on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment

1 Total tax (see instructions)	1	7,317.
2a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a	
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b	
c Credit for federal tax paid on fuels (see instructions)	2c	
d Total. Add lines 2a through 2c	2d	
3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty	3	7,317.
4 Enter the tax shown on the corporation's 2012 income tax return (see instructions). Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5	4	16,160.
5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3	5	7,317.

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty (see instructions).

6 The corporation is using the adjusted seasonal installment method.
 7 The corporation is using the annualized income installment method.
 8 The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

	(a)	(b)	(c)	(d)
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9 01/15/14	03/15/14	06/15/14	09/15/14
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% of line 5 above in each column.	10 1,829.	1,830.	1,829.	1,829.
11 Estimated tax paid or credited for each period (see instructions). For column (a) only, enter the amount from line 11 on line 15 Complete lines 12 through 18 of one column before going to the next column.			12,120.	
12 Enter amount, if any, from line 18 of the preceding column				6,632.
13 Add lines 11 and 12			12,120.	6,632.
14 Add amounts on lines 16 and 17 of the preceding column		1,829.	3,659.	
15 Subtract line 14 from line 13. If zero or less, enter -0-	15 0.	0.	8,461.	6,632.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-		1,829.	0.	
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17 1,829.	1,830.		
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column			6,632.	

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

JWA For Paperwork Reduction Act Notice, see separate instructions.

Form 2220 (2013)

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 3rd month after the close of the tax year, whichever is earlier (see instructions). (Form 990-PF and Form 990-T filers: Use 5th month instead of 3rd month.)	19			
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2013 and before 7/1/2013	21			
22 Underpayment on line 17 x Number of days on line 21 x 3% 365	22	\$	\$	\$
23 Number of days on line 20 after 06/30/2013 and before 10/1/2013	23			
24 Underpayment on line 17 x Number of days on line 23 x 3% 365	24	\$	\$	\$
25 Number of days on line 20 after 9/30/2013 and before 1/1/2014	25			
26 Underpayment on line 17 x Number of days on line 25 x 3% 365	26	\$	\$	\$
27 Number of days on line 20 after 12/31/2013 and before 4/1/2014	27	SEE	ATTACHED WORKSHEET	
28 Underpayment on line 17 x Number of days on line 27 x 3% 365	28	\$	\$	\$
29 Number of days on line 20 after 3/31/2014 and before 7/1/2014	29			
30 Underpayment on line 17 x Number of days on line 29 x *% 365	30	\$	\$	\$
31 Number of days on line 20 after 6/30/2014 and before 10/01/2014	31			
32 Underpayment on line 17 x Number of days on line 31 x *% 365	32	\$	\$	\$
33 Number of days on line 20 after 9/30/2014 and before 1/1/2015	33			
34 Underpayment on line 17 x Number of days on line 33 x *% 365	34	\$	\$	\$
35 Number of days on line 20 after 12/31/2014 and before 2/16/2015	35			
36 Underpayment on line 17 x Number of days on line 35 x *% 365	36	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120; line 33; or the comparable line for other income tax returns	38	\$		36.

* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

FORM 990-T
UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Penalty Due (Sum of Column F). 36 .

- * Date of estimated tax payment, withholding credit date or installment due date.

Name

THE CONSERVANCY OF SOUTHWEST FLORIDA

Employer identification number
59-1157084

<p>Note: See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e).</p>			
1	Taxable income or (loss) before net operating loss deduction	1	48,780.
2	Adjustments and preferences:		
a	Depreciation of post-1986 property	2a	
b	Amortization of certified pollution control facilities	2b	
c	Amortization of mining exploration and development costs	2c	
d	Amortization of circulation expenditures (personal holding companies only)	2d	
e	Adjusted gain or loss	2e	
f	Long-term contracts	2f	
g	Merchant marine capital construction funds	2g	
h	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)	2h	
i	Tax shelter farm activities (personal service corporations only)	2i	
j	Passive activities (closely held corporations and personal service corporations only)	2j	
k	Loss limitations	2k	
l	Depletion	2l	
m	Tax-exempt interest income from specified private activity bonds	2m	
n	Intangible drilling costs	2n	
o	Other adjustments and preferences	2o	
3	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o	3	48,780.
4	Adjusted current earnings (ACE) adjustment:		
a	ACE from line 10 of the ACE worksheet in the instructions	4a	48,780.
b	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount (see instructions)	4b	0.
c	Multiply line 4b by 75% (.75). Enter the result as a positive amount	4c	
d	Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments (see instructions). Note: You must enter an amount on line 4d (even if line 4b is positive)	4d	
e	ACE adjustment.	4e	0.
	● If line 4b is zero or more, enter the amount from line 4c		
	● If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount		
5	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT	5	48,780.
6	Alternative tax net operating loss deduction (see instructions)	6	
7	Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions	7	48,780.
8	Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c):		
a	Subtract \$150,000 from line 7 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-	8a	0.
b	Multiply line 8a by 25% (.25)	8b	0.
c	Exemption. Subtract line 8b from \$40,000 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-	8c	40,000.
9	Subtract line 8c from line 7. If zero or less, enter -0-	9	8,780.
10	Multiply line 9 by 20% (.20)	10	1,756.
11	Alternative minimum tax foreign tax credit (AMTFTC) (see instructions)	11	
12	Tentative minimum tax. Subtract line 11 from line 10	12	1,756.
13	Regular tax liability before applying all credits except the foreign tax credit	13	7,317.
14	Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	14	0.

JWA For Paperwork Reduction Act Notice, see separate instructions.

Form 4626 (2013)

Adjusted Current Earnings (ACE) Worksheet

► See ACE Worksheet Instructions.

1	Pre-adjustment AMTI. Enter the amount from line 3 of Form 4626	1	48,780.
2	ACE depreciation adjustment:		
a	AMT depreciation	2a	
b	ACE depreciation:		
(1)	Post-1993 property	2b(1)	
(2)	Post-1989, pre-1994 property	2b(2)	
(3)	Pre-1990 MACRS property	2b(3)	
(4)	Pre-1990 original ACRS property	2b(4)	
(5)	Property described in sections 168(f)(1) through (4)	2b(5)	
(6)	Other property	2b(6)	
(7)	Total ACE depreciation. Add lines 2b(1) through 2b(6)	2b(7)	
c	ACE depreciation adjustment. Subtract line 2b(7) from line 2a	2c	
3	Inclusion in ACE of items included in earnings and profits (E&P):		
a	Tax-exempt interest income	3a	
b	Death benefits from life insurance contracts	3b	
c	All other distributions from life insurance contracts (including surrenders)	3c	
d	Inside buildup of undistributed income in life insurance contracts	3d	
e	Other items (see Regulations sections 1.56(g)-1(c)(6)(iii) through (ix) for a partial list)	3e	
f	Total increase to ACE from inclusion in ACE of items included in E&P. Add lines 3a through 3e	3f	
4	Disallowance of items not deductible from E&P:		
a	Certain dividends received	4a	
b	Dividends paid on certain preferred stock of public utilities that are deductible under section 247	4b	
c	Dividends paid to an ESOP that are deductible under section 404(k)	4c	
d	Nonpatronage dividends that are paid and deductible under section 1382(c)	4d	
e	Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for a partial list)	4e	
f	Total increase to ACE because of disallowance of items not deductible from E&P. Add lines 4a through 4e	4f	
5	Other adjustments based on rules for figuring E&P:		
a	Intangible drilling costs	5a	
b	Circulation expenditures	5b	
c	Organizational expenditures	5c	
d	LIFO inventory adjustments	5d	
e	Installment sales	5e	
f	Total other E&P adjustments. Combine lines 5a through 5e	5f	
6	Disallowance of loss on exchange of debt pools	6	
7	Acquisition expenses of life insurance companies for qualified foreign contracts	7	
8	Depletion	8	
9	Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property	9	
10	Adjusted current earnings. Combine lines 1, 2c, 3f, 4f, and 5f through 9. Enter the result here and on line 4a of Form 4626	10	48,780.