

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

Department of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2023

Open to Public
Inspection

A For the 2023 calendar year, or tax year beginning OCT 1, 2023 and ending SEP 30, 2024

B Check if applicable:	C Name of organization THE CONSERVANCY OF SOUTHWEST FLORIDA		D Employer identification number 59-1157084
Address change	Doing business as		E Telephone number 239-403-4202
Name change	Number and street (or P.O. box if mail is not delivered to street address) 1495 SMITH PRESERVE WAY		F Gross receipts \$ 25,450,512.
Initial return	Room/suite		G
Final return/terminated	City or town, state or province, country, and ZIP or foreign postal code NAPLES, FL 34102		H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No
Amended return	F Name and address of principal officer: ROB MOHER SAME AS C ABOVE		H(b) Are all subordinates included? Yes <input checked="" type="checkbox"/> No
Application pending	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 527		If "No," attach a list. See instructions
J Website: WWW.CONSERVANCY.ORG			H(c) Group exemption number
K Form of organization: <input checked="" type="checkbox"/> Corporation		Trust	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 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 30
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 30
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 84
	6 Total number of volunteers (estimate if necessary) 6 671
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
7b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 11,819,344. 11,198,164.
	9 Program service revenue (Part VIII, line 2g) 156,957. 136,926.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 3,941,145. 3,946,040.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,318,255. -772,810.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 18,235,701. 14,508,320.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 51,800. 5,500.
	14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.
Expenses	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 5,550,006. 5,633,643.
	16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25) 1,942,973.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 5,710,389. 6,079,548.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 11,312,195. 11,718,691.
	19 Revenue less expenses. Subtract line 18 from line 12 6,923,506. 2,789,629.
	20 Total assets (Part X, line 16) Beginning of Current Year 91,148,360. End of Year 100,523,040.
21 Total liabilities (Part X, line 26) 1,036,167. 827,055.	
22 Net assets or fund balances. Subtract line 21 from line 20 90,112,193. 99,695,985.	

Part II Signature Block

Under penalty 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. The information furnished by my preparer (other than officer) is based on all information of which preparer has any knowledge.

Victoria Pollock

7/23/2025

Date

BE11223535D8452...

Signature of officer

VICTORIA POLLOCK, CFO

Type or print name and title

Paid	Print/Type preparer's name AMELIA COOPER	Preparer's signature AMELIA COOPER	Date 07/22/25	Check if self-employed P00437898	PTIN
Preparer	Firm's name CLIFTONLARSONALLEN LLP		Firm's EIN 41-0746749		
Use Only	Firm's address 4501 TAMiami TRAIL NORTH, SUITE 200 NAPLES, FL 34103-3548		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 SW FLORIDA. WE ACCOMPLISH THIS THROUGH A MYRIAD OF EFFORTS BY THE TEAMS IN 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 X 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 X 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 \$ 2,692,211. including grants of \$ 0.) (Revenue \$ 0.)

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 AIM TO EQUIP OUR COMMUNITY WITH THE KNOWLEDGE AND UNDERSTANDING TO MAKE A DIFFERENCE FOR THE ENVIRONMENT AND CREATE THE NEXT GENERATION OF ENVIRONMENTAL LEADERS. INDIVIDUALS WHO APPRECIATE THE IMPORTANCE OF THESE UNIQUE NATURAL 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).

4b (Code: _____) (Expenses \$ 2,057,329. including grants of \$ 0.) (Revenue \$ 0.)

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 SMART GROWTH, WATER ISSUES, MINING, ENDANGERED SPECIES AND WILDLIFE HABITAT PROTECTION (CONTINUED ON SCHEDULE O).

4c (Code: _____) (Expenses \$ 2,004,835. including grants of \$ 0.) (Revenue \$ 0.)

THE CONSERVANCY OF SOUTHWEST FLORIDA'S VON ARX WILDLIFE HOSPITAL ADMITTED APPROXIMATELY 3,600 NATIVE ANIMALS THIS YEAR. THE WILDLIFE HOSPITAL IS 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. THE INJURED, SICK AND ORPHANED NATIVE WILDLIFE ARE CARED FOR BY A DEDICATED STAFF OF SEVEN FULL-TIME EMPLOYEES, A STAFF VETERINARIAN, AND SEASONAL INTERNS. STAFF EFFORTS ARE SUPPORTED BY VOLUNTEERS WHO ASSIST WITH DIET PREPARATION, CAGE CLEANING (CONTINUED ON SCHEDULE O).

- 4d Other program services (Describe on Schedule O.)

(Expenses \$ 1,810,772. including grants of \$ 5,500.) (Revenue \$ 136,926.)

4e Total program service expenses 8,565,147.

Form 990 (2023)

Part IV Checklist of Required Schedules

- 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?
If "Yes," complete Schedule A
- 2 Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions
- 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*
- 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*
- 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 Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*
- 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*
- 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*
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*
- 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
- 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? *If "Yes," complete Schedule D, Part V*
- 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*
 - 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*
 - 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*
 - 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*
 - e Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part 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*
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*
- 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
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
 - 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*
- 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*
- 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*
- 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I. See instructions*
- 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*
- 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*
- 20a Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*
- b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
- 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*

	Yes	No
1	X	
2	X	
3		X
4	X	
5		X
6		X
7	X	
8		X
9		X
10	X	
11a	X	
11b		X
11c		X
11d	X	
11e	X	
11f		X
12a	X	
12b		X
13	X	
14a		X
14b		X
15		X
16		X
17		X
18	X	
19		X
20a		X
20b		
21	X	

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	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
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
24c	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	
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	X
25b	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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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 the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
28a	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	X
28b	b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	X
28c	c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	X
29	Did the organization receive more than \$25,000 in noncash 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
35b	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 on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	X

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	69
1b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
1c	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	84
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
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 on Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	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?	7e	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7f	X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7g	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7h	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	8	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	9a	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	9b	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
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.		
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 on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	X
If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17	
If "Yes," complete Form 6069.			

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 on Schedule O. See instructions.

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

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	30	
1b	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 on Schedule O.		
b	Enter the number of voting members included on line 1a, above, who are independent	30	
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		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?		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?		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?		
b	Each committee with authority to act on behalf of the governing body?		
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 on Schedule O		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?	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?	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	
b	Describe on 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	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	
13	Did the organization have a written whistleblower policy?	
14	Did the organization have a written document retention and destruction policy?	
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	
b	Other officers or key employees of the organization	
	If "Yes" to line 15a or 15b, describe the process on 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?	
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		X

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	FL
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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 type="checkbox"/> Upon request	<input type="checkbox"/> Other (explain on Schedule O)
19	Describe on 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, address, and telephone number of the person who possesses the organization's books and records	
	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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(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) ROB MOHER CEO	45.00		X				268,682.	0.	30,989.
(2) PAUL SEIFERT VP OF MARKETING	45.00		X				242,097.	0.	30,779.
(3) VICTORIA POLLOCK CFO	45.00		X				158,306.	0.	13,819.
(4) NICOLE RYAN DIRECTOR OF ENVIRONMENTAL POLICY	45.00			X			118,365.	0.	19,202.
(5) KAREN MACARTNEY CHIEF OPERATIONS OFFICER	45.00			X			116,965.	0.	23,087.
(6) ERNEST REID DIRECTOR OF BUSINESS SYSTEMS & IT	45.00			X			114,561.	0.	10,877.
(7) KATHY WORLEY DIRECTOR OF ENVIRONMENTAL SCIENCE	45.00			X			106,450.	0.	12,113.
(8) PHYLLIS DEITSCHEL VETERINARIAN	45.00			X			101,225.	0.	11,957.
(9) JOHN WALTER CHAIRMAN OF BOARD	15.00	X	X				0.	0.	0.
(10) CHARLIE MUELLER VICE-CHAIR	15.00	X	X				0.	0.	0.
(11) PHIL DOUGLAS SECRETARY	15.00	X	X				0.	0.	0.
(12) LESLIE FRECON TREASURER	15.00	X	X				0.	0.	0.
(13) BARRY FRANK DIRECTOR	7.00	X					0.	0.	0.
(14) BRUCE GROVES DIRECTOR (AS OF 01/24)	7.00	X					0.	0.	0.
(15) CEDRIC SHAW DIRECTOR	7.00	X					0.	0.	0.
(16) GEORGE LAWTON DIRECTOR	7.00	X					0.	0.	0.
(17) JAMES NOLTE DIRECTOR	7.00	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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(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) JONATHAN KUKK DIRECTOR	7.00	X					0.	0.	0.
(19) KATRINA LUNDMARK-KASH DIRECTOR	7.00	X					0.	0.	0.
(20) KIMBERLY JOHNSON DIRECTOR	7.00	X					0.	0.	0.
(21) LINDA GRIJALVA DIRECTOR	7.00	X					0.	0.	0.
(22) NANCY ANTHONY DIRECTOR	7.00	X					0.	0.	0.
(23) NANETTE RIVERA DIRECTOR	7.00	X					0.	0.	0.
(24) NICK BATOS DIRECTOR	7.00	X					0.	0.	0.
(25) NICK PENNIMAN DIRECTOR	7.00	X					0.	0.	0.
(26) PAUL MYERSON DIRECTOR	7.00	X					0.	0.	0.
1b Subtotal							1,226,651.	0.	152,823.
c Total from continuation sheets to Part VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)							1,226,651.	0.	152,823.

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

8

- 3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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
- 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

	Yes	No
3	X	
4	X	
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
STEVENS CONSTRUCTION, INC., 14541 HOPE CENTER LOOP SUITE 200, FORT MYERS, FL	CONSTRUCTION	1,271,460.
HARMON'S AUDIO VISUAL 2533 CRYSTAL DRIVE, FORT MYERS, FL 33966	AUDIO VISUAL	301,773.
TENTLOGIX, INC., 19100 SW WARFIELD BLVD, INDIANTOWN, FL 34956	TENT INSTALLATION	263,940.
THE RITZ-CARLTON RESORT, NAPLES 280 VANDERBILT BEACH ROAD, NAPLES, FL 34108	CATERING	263,374.
ARNOLD & PORTER KAYE SCHOLER LLP P.O. BOX 759451, BALTIMORE, MD 21275	LEGAL SERVICES	193,658.

- 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

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Part VII

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

Total to Part VII, Section A, line 1c

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a			
	b Membership dues	1b 299,552.			
	c Fundraising events	1c 3,619,179.			
	d Related organizations	1d			
	e Government grants (contributions)	1e 106,252.			
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f 7,173,181.			
	g Noncash contributions included in lines 1a-1f	1g \$ 646,272.			
	h Total. Add lines 1a-1f		11,198,164.		
Program Service Revenue	2 a PROGRAM INCOME	Business Code 611710	136,926.	136,926.	
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f		136,926.		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,726,333.		1726333.
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	6 a Gross rents	(i) Real 6a 2,125.			
	b Less: rental expenses	(ii) Personal 6b 0.			
	c Rental income or (loss)	6c 2,125.			
	d Net rental income or (loss)		2,125.		2,125.
	7 a Gross amount from sales of assets other than inventory	(i) Securities 7a 12,106,352.			
	b Less: cost or other basis and sales expenses	(ii) Other 7b 9,820,740.	65,905.		
	c Gain or (loss)	7c 2,285,612.	-65,905.		
	d Net gain or (loss)			2,219,707.	2219707.
	8 a Gross income from fundraising events (not including \$ 3,619,179. of contributions reported on line 1c). See Part IV, line 18	8a 213,408.			
	b Less: direct expenses	8b 1,017,588.			
	c Net income or (loss) from fundraising events		-804,180.		-804,180.
	9 a Gross income from gaming activities. See Part IV, line 19	9a			
	b Less: direct expenses	9b			
	c Net income or (loss) from gaming activities				
	10 a Gross sales of inventory, less returns and allowances	10a 66,095.			
	b Less: cost of goods sold	10b 37,959.			
	c Net income or (loss) from sales of inventory		28,136.		28,136.
Miscellaneous Revenue	11 a OTHER INCOME	Business Code 900099	1,109.		1,109.
	b				
	c				
	d All other revenue				
	e Total. Add lines 11a-11d		1,109.		
	12 Total revenue. See instructions		14,508,320.	136,926.	0.
					3173230.

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,500.	5,500.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	779,126.		492,884.	286,242.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,931,454.	3,251,043.	47,766.	632,645.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	70,431.	61,339.		9,092.
9 Other employee benefits	525,635.	407,145.	30,397.	88,093.
10 Payroll taxes	326,997.	229,198.	35,188.	62,611.
11 Fees for services (nonemployees):				
a Management	12,346.		12,346.	
b Legal	34,626.		34,626.	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	141,521.		141,521.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	964,736.	433,962.		530,774.
12 Advertising and promotion	213,399.	172,991.	21,732.	18,676.
13 Office expenses	189,159.	89,771.	14,629.	84,759.
14 Information technology				
15 Royalties				
16 Occupancy	283,304.	209,011.	58,142.	16,151.
17 Travel	73,934.	55,921.	17,342.	671.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,217,299.	2,123,045.	93,819.	435.
23 Insurance	781,187.	654,106.	76,981.	50,100.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MATERIALS AND SMALL EQUIPMENT	431,972.	342,825.	36,793.	52,354.
b MAINTENANCE CONTRACTS/EXPENSES	425,744.	240,896.	74,478.	110,370.
c INTERNS	94,030.	94,030.		
d REHAB, ANIMAL FOOD AND	83,010.	83,010.		
e All other expenses	133,281.	111,354.	21,927.	
25 Total functional expenses. Add lines 1 through 24e	11,718,691.	8,565,147.	1,210,571.	1,942,973.
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 <input type="checkbox"/> 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	1,176,003.	1	735,365.
	2 Savings and temporary cash investments	8,326,450.	2	7,379,540.
	3 Pledges and grants receivable, net	1,808,908.	3	2,743,154.
	4 Accounts receivable, net	76,645.	4	113,761.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	41,906.	8	32,774.
	9 Prepaid expenses and deferred charges	631,976.	9	822,350.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 47,047,997.		
	b Less: accumulated depreciation	10b 17,208,121.	30,957,390.	10c 29,839,876.
	11 Investments - publicly traded securities	42,458,610.	11	52,951,293.
	12 Investments - other securities. See Part IV, line 11	7,330.	12	8,801.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	5,663,142.	15	5,896,126.
	16 Total assets. Add lines 1 through 15 (must equal line 33)	91,148,360.	16	100,523,040.
Liabilities	17 Accounts payable and accrued expenses	888,792.	17	541,640.
	18 Grants payable		18	
	19 Deferred revenue	145,000.	19	283,540.
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,375.	25	1,875.
	26 Total liabilities. Add lines 17 through 25	1,036,167.	26	827,055.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	59,971,515.	27	63,722,718.
	28 Net assets with donor restrictions	30,140,678.	28	35,973,267.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	90,112,193.	32	99,695,985.
	33 Total liabilities and net assets/fund balances	91,148,360.	33	100,523,040.

Form 990 (2023)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI X

1 Total revenue (must equal Part VIII, column (A), line 12)	1 14,508,320.
2 Total expenses (must equal Part IX, column (A), line 25)	2 11,718,691.
3 Revenue less expenses. Subtract line 2 from line 1	3 2,789,629.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4 90,112,193.
5 Net unrealized gains (losses) on investments	5 6,659,728.
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 on Schedule O)	9 134,435.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10 99,695,985.

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	2a	X
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2b	X
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	2c	X
2b Were the organization's financial statements audited by an independent accountant?		
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	3a	X
c 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?		
If the organization changed either its oversight process or selection process during the tax year, explain on 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		
	3b	X

Form 990 (2023)

SCHEDULE A
(Form 990)
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.

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

OMB No. 1545-0047

2023Open 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 12, 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 (Form 990).)
 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
 10 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.)
 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 f Enter the number of supported organizations
 g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	16615970.	10469871.	9694661.	11819344.	11198164.	59798010.
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	16615970.	10469871.	9694661.	11819344.	11198164.	59798010.
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)						9074589.
6 Public support. Subtract line 5 from line 4.						50723421.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	16615970.	10469871.	9694661.	11819344.	11198164.	59798010.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	971,433.	613,426.	879,932.	955,303.	1728458.	5148552.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	7,790.	11,069.	5,037.	3092606.	1,109.	3117611.
11 Total support. Add lines 7 through 10						68064173.
12 Gross receipts from related activities, etc. (see instructions)					12	715,026.
13 First 5 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 2023 (line 6, column (f), divided by line 11, column (f))	14	74.52	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	81.89	%
16a 33 1/3% support test - 2023. 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 - 2022. 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 - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			
<input type="checkbox"/>			
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			
<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) 2023

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 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 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. 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

b 33 1/3% support tests - 2022. 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

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a	
b A family member of a person described on line 11a above?	11b	
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).

- a The organization satisfied the Activities Test. Complete line 2 below.
- b The organization is the parent of each of its supported organizations. Complete line 3 below.
- c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

2 Activities Test. Answer lines 2a and 2b below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions.
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors <i>(explain in detail in Part VI):</i>			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990) 2023

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Schedule A (Form 990) 2023

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

Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:OTHER INCOME2019 AMOUNT: \$ 7,790.2020 AMOUNT: \$ 11,069.2021 AMOUNT: \$ 5,037.2022 AMOUNT: \$ 5,746.2023 AMOUNT: \$ 1,109.LEGAL SETTLEMENT2022 AMOUNT: \$ 2,870,000.INSURANCE REIMBURSEMENT2022 AMOUNT: \$ 216,860.

Schedule B

(Form 990)

Department of the Treasury
Internal Revenue Service**Schedule of Contributors**Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization

Employer identification number

THE CONSERVANCY OF SOUTHWEST FLORIDA

59-1157084

Organization type (check one):

Filers of:Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organizationForm 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck 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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.**Special Rules** For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)

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		\$ 1,060,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 390,326.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 333,429.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 250,765.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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		\$ 241,222.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 238,670.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

THE CONSERVANCY OF SOUTHWEST FLORIDA

Employer identification number

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., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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 info. 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

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

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

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

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

Name of organization

Employer identification number

THE CONSERVANCY OF SOUTHWEST FLORIDA

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 campaign activity expenditures \$ _____
3 Volunteer hours for political campaign activities

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.

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

Schedule C (Form 990) 2023

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 (grassroots lobbying)		302.	
b Total lobbying expenditures to influence a legislative body (direct lobbying)		0.	
c Total lobbying expenditures (add lines 1a and 1b)		302.	
d Other exempt purpose expenditures		8,564,845.	
e Total exempt purpose expenditures (add lines 1c and 1d)		8,565,147.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		578,257.	
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)		144,564.	
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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount	550,159.	500,356.	565,994.	578,257.	2,194,766.
b Lobbying ceiling amount (150% of line 2a, column(e))					3,292,149.
c Total lobbying expenditures	2,657.	2,657.	861.	302.	6,477.
d Grassroots nontaxable amount	137,540.	125,089.	141,499.	144,564.	548,692.
e Grassroots ceiling amount (150% of line 2d, column (e))					823,038.
f Grassroots lobbying expenditures	2,532.	2,532.	861.	302.	6,227.

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 on 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 not be 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 campaign activity 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).	2	
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 expenditures 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, lines 1 and 2 (see instructions); 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" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

2023Open 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" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).	
<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a 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.	
a Total number of conservation easements	3
b Total acreage restricted by conservation easements	10.00
c Number of conservation easements on a certified historic structure included on line 2a	
d Number of conservation easements included on line 2c acquired after July 25, 2006, 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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	
	5
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	302.
8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> 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" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB 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 FASB 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) Revenue included on 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 FASB ASC 958 relating to these items:	
a Revenue included on Form 990, Part VIII, line 1	\$
b Assets included in Form 990, Part X	\$

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

Schedule D (Form 990) 2023

332051 09-28-23

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 make significant use of its collection items (check all that apply).
- a Public exhibition
 b Scholarly research
 c Preservation for future generations
- d Loan or exchange program
 e Other _____
- 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" on 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 | |
- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b 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" on 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	23,427,291.	21,498,868.	25,806,823.	22,076,927.	21,973,059.
b Contributions	2,050,000.	399,573.	710,510.	685,570.	16,676.
c Net investment earnings, gains, and losses	3,907,957.	2,586,899.	-4,040,413.	3,532,176.	1,052,192.
d Grants or scholarships					
e Other expenditures for facilities and programs	860,833.	1,018,136.	923,442.	487,850.	965,000.
f Administrative expenses	53,753.	39,913.	54,610.		
g End of year balance	28,470,662.	23,427,291.	21,498,868.	25,806,823.	22,076,927.

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

- a Board designated or quasi-endowment .0000 %
 b Permanent endowment 100 %
 c Term endowment .0000 %

The percentages on 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?

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

- b If "Yes" on line 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.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on 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	39,193,376.	13,392,042.		25,801,334.
c Leasehold improvements				
d Equipment	5,559,297.	2,807,444.		2,751,853.
e Other	1,716,278.	1,008,635.		707,643.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) 29,839,876.

Schedule D (Form 990) 2023

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on 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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on 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, line 13, col. (B))		

Part IX Other Assets

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

(a) Description	(b) Book value
(1) LAND HELD FOR CONSERVATION	5,015,369.
(2) TRUST RECEIVABLES	633,373.
(3) CONSTRUCTION IN PROCESS	208,739.
(4) SCIENCE RECIEVABLES	38,645.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	5,896,126.

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FACILITY DEPOSITS	1,875.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	1,875.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2023

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

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

1	Total revenue, gains, and other support per audited financial statements	1	21,160,962.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	6,659,728.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	134,435.
e	Add lines 2a through 2d	2e	6,794,163.
3	Subtract line 2e from line 1	3	14,366,799.
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	141,521.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	141,521.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	14,508,320.

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

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

1	Total expenses and losses per audited financial statements	1	11,577,170.
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	11,577,170.
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	141,521.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	141,521.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	11,718,691.

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 IS RECORDED AT COST WHEN PURCHASED OR AT FAIR MARKET VALUE AT THE DATE OF ACQUISITION, IF DONATED. MANAGEMENT REVIEWS EACH PARCEL PERIODICALLY TO DETERMINE IF THERE HAS BEEN IMPAIRMENT TO THE VALUE THAT IS RECORDED IN THE STATEMENT OF FINANCIAL POSITION.

PART V, LINE 4:

A FUND HELD IN PERPETUITY, THE INCOME FROM WHICH CAN BE SET ASIDE FOR FUTURE PROJECTS AND USES OR USED FOR THE ORGANIZATION'S OVERALL NEEDS.

THE CONTRIBUTION LINE 1B INCLUDES A TRANSFER INTO THE ENDOWMENT OF

Part XIII **Supplemental Information** *(continued)*

\$2,000,000 FROM THE MONEY MARKET ACCOUNT.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN SPLIT INTEREST 134,435.

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number
59-1157084

THE CONSERVANCY OF SOUTHWEST FLORIDA

Part I Fundraising

q Activities: Complete if the organization answered "Yes" on Form 90.

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on 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
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events

- 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 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

Total

- 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.

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

Schedule G (Form 990) 2023

Part II Fundraising Events. Complete if the organization answered "Yes" on 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 THE MANGROVE (event type)	(b) Event #2 RED SNOOK FISHING TOUR (event type)	(c) Other events 1 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	3,482,599.	282,788.	67,200.
	2 Less: Contributions	3,320,599.	255,320.	43,260.
	3 Gross income (line 1 minus line 2)	162,000.	27,468.	23,940.
	4 Cash prizes			213,408.
Direct Expenses	5 Noncash prizes	118,000.	33,125.	151,125.
	6 Rent/facility costs			
	7 Food and beverages	307,494.	1,448.	30,216.
	8 Entertainment			339,158.
	9 Other direct expenses	441,550.	85,755.	527,305.
	10 Direct expense summary. Add lines 4 through 9 in column (d)			1,017,588.
	11 Net income summary. Subtract line 10 from line 3, column (d)			-804,180.

Part III Gaming. Complete if the organization answered "Yes" on 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 conducts gaming activities: _____

a Is the organization licensed to conduct 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: _____

Schedule G (Form 990) 2023

THE CONSERVANCY OF SOUTHWEST FLORIDA

59-1157084 Page 3

- 11** Does the organization conduct gaming activities with nonmembers?

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?

13 Indicate the percentage of gaming activity conducted in:

 - 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:

13a	%
13b	%

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

Page 10 of 10

Director/officer Employee Independent contractor

- ## 17 Mandatory distributions:

Employee

Independent contractor

- a** Is the organization requi

b Enter the amount of distributions required under state law to be distributed to other exempt organizations

Yes No

- Part IV Supplemental Information** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and

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 provide any additional information. See instructions.

15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Part IV **Supplemental Information** *(continued)*

THE CONSERVANCY OF SOUTHWEST FLORIDA

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance

Part IV **Supplemental Information** Provide the information required in Part III line 2: Part III column (b); and any other additional information

THE FINANCE TEAM WORKS CLOSELY WITH THE GRANTS DEPARTMENT AND PROGRAM AREAS TO ENSURE THESE STEPS ARE FOLLOWED TO STAY IN COMPLIANCE WITH AWARDED GRANTS. GRANT AGREEMENT REVIEW: DETAILED ANALYSIS OF TERMS AND CONDITIONS BEFORE ACCEPTANCE. FINANCIAL MANAGEMENT: CLEAR PROTOCOLS FOR BUDGETING, ACCOUNTING, AND FINANCIAL REPORTING. PROGRAMMATIC COMPLIANCE: ENSURING THAT PROGRAM ACTIVITIES MEET THE OBJECTIVES AND SCOPE DEFINED BY THE GRANTOR. REPORTING AND DOCUMENTATION: REGULAR, ACCURATE, AND TIMELY SUBMISSION OF

Part IV Supplemental Information

INTERNAL AND EXTERNAL REVIEWS TO VERIFY COMPLIANCE AND PERFORMANCE.

SCHEDULE J
(Form 990)Department of the Treasury
Internal Revenue Service**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023Open 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 on 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 (such as maid, chauffeur, chef) |

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

- 3** Indicate which, if any, of the following the 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 on 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

- a** The organization?
- b** Any related organization?

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

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

- a** The organization?
- b** Any related organization?

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

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

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

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

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

Schedule J (Form 990) 2023

THE CONSERVANCY OF SOUTHWEST FLORIDA

59-1157084

Part II Officers, Directors

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).

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.

Schedule J (Form 990) 2023 THE CONSERVANCY OF SOUTHWEST FLORIDA

59-1157084 Page 3

Part III **Supplemental Information**

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

SCHEDULE M
(Form 990)Department of the Treasury
Internal Revenue Service**Noncash Contributions**

OMB No. 1545-0047

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.**2023**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	50	481,942.	STOCK EXCHANGE VALUE
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>AUCTION ITEMS</u>)	X	0	151,125.	DONOR VALUE
26 Other (<u>SUPPLIES</u>)	X	0	13,205.	ACTUAL COST
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 V, Donee Acknowledgement

29

0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it
must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for
exempt purposes for the entire holding period?

	Yes	No
30a		X

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

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

31	X

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

32a	X

b If "Yes," describe in Part II.

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

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

Schedule M (Form 990) 2023

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.

**SCHEDULE O
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023Open to Public
Inspection

Name of the organization

THE CONSERVANCY OF SOUTHWEST FLORIDA

Employer identification number
59-1157084**FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:****ACCOMPLISHMENTS FOR THE EDUCATION TEAM IN FY 2023-2024:****SUCCESSFUL PROGRAMS**

IN 2024, THE CONSERVANCY OF SOUTHWEST FLORIDA'S EDUCATION TEAM REACHED THOUSANDS THROUGH INTERACTIVE, SCIENCE-BASED PROGRAMMING. THE LEARNING ADVENTURES BUS (LAB) BROUGHT HANDS-ON ENVIRONMENTAL EDUCATION TO LOCAL COMMUNITIES, WITH 75% OF PARTICIPANTS REPORTING A COMMITMENT TO PROTECTING THE ENVIRONMENT IN POST-PROGRAM SURVEYS.

THE LAB ALSO REACHED OVER 300 STUDENTS AT LOCAL SUMMER CAMPS THROUGH THE SUMMER SLAM OUTREACH INITIATIVE. IN TOTAL, STEM LEARNING ADVENTURES IMPACTED MORE THAN 4,000 INDIVIDUALS, BLENDING FUN AND EDUCATION TO INSPIRE ENVIRONMENTAL STEWARDSHIP. ADDITIONALLY, OVER 950 THIRD-GRADE STUDENTS PARTICIPATED IN WATERY WONDERS FIELD TRIPS, OFFERING REAL-WORLD INSIGHTS INTO FRESHWATER CONSERVATION AND SCIENTIFIC RESEARCH.

SUMMER CAMP

IN JUNE 2024, THE CONSERVANCY OF SOUTHWEST FLORIDA SUCCESSFULLY RELAUNCHED ITS SUMMER CAMP PROGRAM AFTER A FOUR-YEAR HIATUS DUE TO COVID-19. NEARLY 120 STUDENTS IN GRADES 1-6 PARTICIPATED IN WEEKLONG SESSIONS EXPLORING FLORIDA'S ECOSYSTEMS THROUGH IMMERSIVE, HANDS-ON EXPERIENCES.

WITH ENGAGING THEMES LIKE OCEAN EXPLORERS AND SWAMP STOMPERS, CAMPERS ENJOYED NATURE-BASED ACTIVITIES, LIVE ANIMAL ENCOUNTERS, AND EDUCATIONAL FIELD TRIPS TO LOCAL MARINE AND WETLAND HABITATS. THE

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

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PROGRAM REESTABLISHED A VITAL CONNECTION BETWEEN YOUTH AND CONSERVATION, FOSTERING ENVIRONMENTAL AWARENESS AND STEWARDSHIP IN THE NEXT GENERATION.

ON-SITE LEARNING AND VISITATION

FROM JANUARY TO SEPTEMBER 2024, THE CONSERVANCY OF SOUTHWEST FLORIDA WELCOMED OVER 16,300 VISITORS TO ITS CAMPUS, OFFERING ENGAGING, SCIENCE-BASED EXPERIENCES THROUGH ITS NATURE CENTER AND EDUCATIONAL PROGRAMMING.

DAILY TALKS LED BY THE EDUCATION TEAM COVERED TOPICS SUCH AS INVASIVE SPECIES, CLIMATE CHANGE, AND HURRICANE IMPACTS, WHILE THE SUSAN AND WILLIAM DALTON DISCOVERY CENTER AND JOHN & CAROL WALTER DISCOVERY WING SHOWCASED FLORIDA'S ECOSYSTEMS AND CONSERVATION CHALLENGES. VISITORS ALSO CONNECTED WITH NATURE FIRSTHAND THROUGH ELECTRIC BOAT RIDES AND GUIDED KAYAK TOURS ALONG THE SCENIC GORDON RIVER, ENHANCING PUBLIC UNDERSTANDING AND APPRECIATION OF SOUTHWEST FLORIDA'S NATURAL ENVIRONMENT.

IN 2024, THE CONSERVANCY OF SOUTHWEST FLORIDA ENHANCED ITS NATURE CENTER EXHIBITS AND EDUCATIONAL PROGRAMMING TO CREATE A MORE ENGAGING AND IMMERSIVE EXPERIENCE FOR VISITORS. THE 5,000-GALLON PATCH REEF EXHIBIT IN THE SUSAN AND WILLIAM DALTON DISCOVERY CENTER WAS RENOVATED AND NOW FEATURES NEW MARINE SPECIES, INCLUDING THE FLORIDA SPINY LOBSTER.

THE EDUCATION TEAM ALSO WELCOMED FOUR JUVENILE ALLIGATORS, RENOVATED THE CANE TOAD EXHIBIT WITH LIVE PLANTS AND CUBAN TREE FROGS, AND UPGRADED THREE UPLAND SNAKE HABITATS WITH DYNAMIC WATER FEATURES.

EXHIBIT IMPROVEMENTS INCLUDE REPLACING OLDER AQUARIUMS WITH MODERN DESIGNS TO ENHANCE VIEWING. GUESTS NOW ENJOY WEEKLY LIVE FEEDINGS AND

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EXHIBIT CLEANINGS, OFFERING INTERACTIVE LEARNING OPPORTUNITIES AND A DEEPER CONNECTION WITH FLORIDA'S NATIVE WILDLIFE.

EARTH DAY

ON APRIL 20, 2024, THE CONSERVANCY OF SOUTHWEST FLORIDA WELCOMED 1,800 GUESTS TO ITS 21-ACRE NATURE CENTER FOR THE ANNUAL EARTH DAY FESTIVAL A FREE, COMMUNITY-WIDE CELEBRATION PROMOTING ENVIRONMENTAL AWARENESS AND EDUCATION.

ATTENDEES ENGAGED WITH LOCAL ENVIRONMENTAL VENDORS, PARTICIPATED IN STEM-BASED ACTIVITIES, ENJOYED ANIMAL ENCOUNTERS, AND EXPLORED LOCAL ECOSYSTEMS THROUGH GUIDED BOAT RIDES ON THE GORDON RIVER. THE EVENT SERVED AS A DYNAMIC PLATFORM FOR FAMILIES AND STUDENTS TO LEARN ABOUT CONSERVATION CHALLENGES AND THE IMPORTANCE OF PROTECTING SOUTHWEST FLORIDA'S NATURAL RESOURCES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

ACCOMPLISHMENTS FOR THE POLICY TEAM IN FY 2023-2024:

WETLANDS PROTECTION

IN 2024, THE CONSERVANCY OF SOUTHWEST FLORIDA ACHIEVED A MAJOR LEGAL VICTORY IN ITS ONGOING EFFORTS TO PROTECT THE REGION'S WETLANDS. AS PART OF A COALITION REPRESENTED BY EARTHJUSTICE, THE CONSERVANCY SUCCESSFULLY CHALLENGED THE STATE OF FLORIDA'S ASSUMPTION OF THE CLEAN WATER ACT SECTION 404 PERMITTING PROGRAM, WHICH WOULD HAVE WEAKENED WETLAND PROTECTIONS BY BYPASSING FEDERAL STANDARDS.

A FEDERAL COURT RULING IN FEBRUARY 2024 INVALIDATED THE STATE'S PROGRAM, REAFFIRMING THE NEED FOR RIGOROUS REVIEW OF DEVELOPMENT PROJECTS IMPACTING WETLANDS AND ENDANGERED SPECIES. IN MAY 2024, THE

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U.S. COURT OF APPEALS DENIED THE STATE'S REQUEST TO TEMPORARILYREINSTATE THE PROGRAM, PREVENTING THE APPROVAL OF HARMFUL PROJECTSWHILE THE APPEAL PROCEEDS.THIS LEGAL EFFORT PROTECTED THOUSANDS OF ACRES OF CRITICAL HABITAT ANDREINFORCED THE CONSERVANCY'S ROLE AS A LEADER IN DEFENDINGENVIRONMENTAL SAFEGUARDS THROUGH SCIENCE-BASED ADVOCACY AND LITIGATION.WATER QUALITYTO STRENGTHEN ADVOCACY FOR CLEAN WATER, THE CONSERVANCY OF SOUTHWESTFLORIDA PARTNERED WITH CAPTAINS FOR CLEAN WATER AND THE SANIBEL-CAPTIVACONSERVATION FOUNDATION TO COMMISSION AN INDEPENDENT ECONOMIC STUDY BYGREENE ECONOMICS. THE STUDY TRANSLATED THE ECOLOGICAL CONSEQUENCES OFWATER DEGRADATION INTO CLEAR ECONOMIC TERMS, DEMONSTRATING THATINVESTMENTS IN WATER QUALITY YIELD MEASURABLE ECONOMIC BENEFITS.KEY FINDINGS PROJECTED THAT A RECURRENCE OF HARMFUL ALGAL BLOOMS LIKETHOSE IN 2005-2006 AND 2018 COULD RESULT IN OVER \$5.2 BILLION INECONOMIC LOSSES, INCLUDING \$460 MILLION IN THE FISHING INDUSTRY ANDWIDESPREAD IMPACTS ON PROPERTY VALUES, EMPLOYMENT, AND RECREATION. THEANALYSIS EQUIPS POLICYMAKERS WITH COMPELLING DATA TO SUPPORTSCIENCE-BASED WATER MANAGEMENT POLICIES AND RESTORATION EFFORTS ACROSSSOUTHWEST FLORIDA.BELLMARTHE CONSERVANCY OF SOUTHWEST FLORIDA TOOK A LEAD ROLE IN OPPOSING THEPROPOSED BELLMAR DEVELOPMENTA SPRAWLING PROJECT OF OVER 4,000 HOMES ANDCOMMERCIAL SPACE PLANNED WITHIN CRITICAL FLORIDA PANTHER HABITAT INEASTERN COLLIER COUNTY.THE CONSERVANCY PROVIDED SCIENCE-BASED ANALYSIS AND PUBLIC TESTIMONY TO

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HIGHLIGHT THE PROJECT'S THREATS TO ENDANGERED SPECIES AND WILDLIFE CORRIDORS. IN COLLABORATION WITH PARTNERS, STAFF ATTENDED A PUBLIC MEETING IN DECEMBER TO ENSURE THE PANTHER'S HABITAT NEEDS WERE CLEARLY REPRESENTED.

WITH SECTION 404 PERMITTING RETURNED TO FEDERAL OVERSIGHT, THE ENDANGERED SPECIES ACT NOW PROVIDES A STRONGER FRAMEWORK TO CHALLENGE HARMFUL DEVELOPMENTS LIKE BELLMAR, REINFORCING THE IMPORTANCE OF CONTINUED ADVOCACY AND HABITAT PROTECTION EFFORTS.

KINGSTON

IN 2024, THE CONSERVANCY OF SOUTHWEST FLORIDA CONTINUED EFFORTS TO OPPOSE THE PROPOSED KINGSTON DEVELOPMENT IN EASTERN LEE COUNTY, WHICH WOULD ADD OVER 10,000 HOMES ADJACENT TO THE CORKSCREW SWAMP SANCTUARY AND CORKSCREW REGIONAL ECOSYSTEM WATERSHED (CREW) A VITAL 60,000-ACRE NATURAL RESOURCE THAT PROTECTS LOCAL DRINKING WATER.

LOCATED WITHIN THE DENSITY REDUCTION/GROUNDWATER RESOURCE (DR/GR) AREA, THE PROJECT THREATENS 3,300 ACRES OF WILDLIFE HABITAT AND CRITICAL WETLANDS. WITH FEDERAL AGENCIES ONCE AGAIN OVERSEEING CLEAN WATER ACT PERMITTING, THE PROJECT MUST UNDERGO NATIONAL ENVIRONMENTAL POLICY ACT (NEPA) REVIEW, REQUIRING A THOROUGH ASSESSMENT OF ENVIRONMENTAL IMPACTS.

THE CONSERVANCY MOBILIZED STRONG PUBLIC ENGAGEMENT, WITH OVER 2,500 CITIZENS SUBMITTING COMMENTS IN OPPOSITION TO KINGSTON, REINFORCING THE CALL FOR RIGOROUS ENVIRONMENTAL SCRUTINY AND PROTECTION OF SOUTHWEST FLORIDA'S MOST SENSITIVE ECOSYSTEMS.

EVERGLADES COALITION CONFERENCE

IN 2024, THE CONSERVANCY OF SOUTHWEST FLORIDA WAS HONORED TO HOST THE

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39TH ANNUAL EVERGLADES COALITION CONFERENCE IN BONITA SPRINGS,
CONVENING CONSERVATION LEADERS FROM ACROSS THE STATE AND NATION. THE
EVERGLADES COALITION REPRESENTS 57 ORGANIZATIONS UNITED IN THE MISSION
TO FULLY RESTORE THE GREATER EVERGLADES ECOSYSTEM.
AS CONFERENCE HOST, THE CONSERVANCY PLAYED A KEY ROLE IN SHAPING THE
DIALOGUE BY MODERATING PANEL DISCUSSIONS ON PRESSING REGIONAL ISSUES,
INCLUDING THE FINDINGS OF ITS ECONOMIC WATER QUALITY STUDY AND EMERGING
THREATS AND OPPORTUNITIES IN THE GREATER WESTERN EVERGLADES. THIS
LEADERSHIP POSITION REINFORCED THE CONSERVANCY'S ROLE AS A TRUSTED
VOICE IN COLLABORATIVE ECOSYSTEM RESTORATION EFFORTS.

CLIMATE RESILIENCE

IN 2024, THE CONSERVANCY OF SOUTHWEST FLORIDA EXPANDED ITS CLIMATE
RESILIENCE WORK BY APPOINTING DR. CARRIE SCHUMAN AS CLIMATE RESILIENCE
ADVISOR, A NEW ROLE EMBEDDED WITHIN THE ENVIRONMENTAL POLICY TEAM AND
SUPPORTING CROSS-PROGRAM COLLABORATION. THIS POSITION HAS STRENGTHENED
THE CONSERVANCY'S ABILITY TO ENGAGE LOCAL GOVERNMENTS, HOMEOWNER
ASSOCIATIONS, AND BUSINESSES IN ADVANCING SUSTAINABLE,
COMMUNITY-FOCUSED CLIMATE STRATEGIES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:ANIMAL RESTRAINT AND WILDLIFE RESCUE AND RELEASE.ACCOMPLISHMENTS FOR THE WILDLIFE REHABILITATION TEAM IN FY 2023-2024:SEASON WRAP-UP

IN 2024, THE VON ARX WILDLIFE HOSPITAL AT THE CONSERVANCY OF SOUTHWEST
FLORIDA ADMITTED 3,828 NATIVE WILDLIFE PATIENTS, AN INCREASE OF OVER

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300 FROM THE PREVIOUS YEAR. THE HOSPITAL REMAINED OPEN 365 DAYS A YEAR, PROVIDING ESSENTIAL CARE TO SICK, INJURED, AND ORPHANED ANIMALS, INCLUDING SEVERAL RARE SPECIES SUCH AS BOBCATS, A PEREGRINE FALCON, AND A GLASS LIZARD.

ADMISSIONS SURGED FOLLOWING HURRICANES HELENE AND MILTON, WITH OVER 200 ANIMALS BROUGHT IN AFTER THE STORMS. THE MAJORITY OF CASES CONTINUED TO RESULT FROM HUMAN-RELATED CAUSES, INCLUDING VEHICLE STRIKES (584 ADMISSIONS) AND PET ATTACKS (358 ADMISSIONS). DESPITE THE VOLUME, THE TEAM WORKED TIRELESSLY TO REHABILITATE AND RELEASE HUNDREDS OF ANIMALS, CONTRIBUTING TO THE PROTECTION AND RECOVERY OF LOCAL WILDLIFE POPULATIONS.

VETERINARIAN STAFF UPDATE

IN SEPTEMBER 2024, THE CONSERVANCY OF SOUTHWEST FLORIDA HONORED DR. PJ DEITSCHEL, WHO CONCLUDED HER 12-YEAR TENURE AS STAFF VETERINARIAN AT THE VON ARX WILDLIFE HOSPITAL. JOINING THE TEAM IN 2012, DR. PJ PLAYED A PIVOTAL ROLE IN TRANSFORMING THE FACILITY INTO A LICENSED VETERINARY WILDLIFE HOSPITAL. WITH EXPERTISE IN BOTH WILDLIFE MEDICINE AND TRADITIONAL CHINESE VETERINARY MEDICINE, SHE CARED FOR THOUSANDS OF NATIVE SPECIES AND MENTORED NUMEROUS CONSERVATION ASSOCIATES, LEAVING A LASTING LEGACY GROUNDED IN COMPASSION AND ANIMAL WELFARE.

FOLLOWING HER DEPARTURE, THE CONSERVANCY WELCOMED DR. KENDALL CARLIN AS THE NEW STAFF VETERINARIAN. A GRADUATE OF TUFTS UNIVERSITY, DR. CARLIN BRINGS HANDS-ON EXPERIENCE FROM THE RAPTOR CENTER, THE WILDLIFE REHABILITATION CENTER OF MINNESOTA, AND INTERNATIONAL WORK IN NEW ZEALAND AND TAIWAN. SHE HAS ALREADY PROVEN TO BE A DEDICATED AND KNOWLEDGEABLE ADDITION, COMMITTED TO ENHANCING WILDLIFE CARE AND ENGAGING WITH VOLUNTEERS AND STUDENTS ALIKE.

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BABY SHOWER

ON JUNE 1, 2024, THE VON ARX WILDLIFE HOSPITAL HOSTED ITS ANNUAL SPRING BABY SHOWER TO SUPPORT THE INFLUX OF ORPHANED AND INJURED BABY ANIMALS DURING PEAK WILDLIFE SEASON. NEARLY 100 COMMUNITY MEMBERS ATTENDED, CONTRIBUTING OVER 180 WISHLIST DONATIONS TO HELP PROVIDE CRITICAL CARE FOR YOUNG PATIENTS SUCH AS SQUIRRELS, SONGBIRDS, RAPTORS, TURTLES, AND TORTOISES.

THE EVENT SERVED AS A VALUABLE PUBLIC EDUCATION OPPORTUNITY, TEACHING ATTENDEES HOW TO PREVENT HARM TO NESTLINGS AND THE IMPORTANCE OF SEEKING PROFESSIONAL WILDLIFE CARE. WITH HOSPITAL ADMISSIONS DOUBLING DURING THIS SEASON, THE GENEROUS SUPPORT FROM THE COMMUNITY PLAYED A VITAL ROLE IN HELPING THE HOSPITAL MEET THE INCREASED DEMAND.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

THE CONSERVANCY'S ENVIRONMENTAL SCIENCE TEAM IS DEDICATED TO RESEARCH AND SOLUTIONS, PROVIDING UNBIASED DATA AND STUDIES WHILE MAINTAINING A NATIONAL REPUTATION FOR THEIR MULTI-FACETED EXPERTISE. WITH A RANGE OF COLLECTIVE EXPERIENCE, CONSERVANCY SCIENTISTS PROVIDE THE BACKGROUND AND KNOWLEDGE, RANGING FROM COASTAL ECOSYSTEMS AND RESILIENCY TO INVASIVE SPECIES RESEARCH AND MANAGEMENT.

ACCOMPLISHMENTS FOR THE ENVIRONMENTAL SCIENCE TEAM IN FY 2023-2024:SEA TURTLES

IN 2024, THE CONSERVANCY'S SEA TURTLE RESEARCH TEAM DOCUMENTED 425 NESTS ON KEEWAYDIN ISLAND, REAFFIRMING ITS ROLE AS A VITAL NESTING HABITAT. DESPITE SEVERAL SEVERE WEATHER EVENTS, INCLUDING TROPICAL

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STORMS AND HIGH TIDES, THE TEAM MAINTAINED DAILY MONITORING EFFORTS, ENABLING ACCURATE DATA COLLECTION AND RESPONSE TO ENVIRONMENTAL CHALLENGES.

THE SEASON OFFERED CRITICAL INSIGHTS INTO STORM-RELATED IMPACTS ON HATCHING SUCCESS, AND NEST PREDATION REMAINED LOW, REFLECTING THE EFFECTIVENESS OF ONGOING CONSERVATION STRATEGIES. WHILE STORM SURGE AFFECTED A PORTION OF THE NESTS, THE SEA TURTLES' NATURAL REPRODUCTIVE RESILIENCE AND THE CONSERVANCY'S SCIENCE-BASED APPROACH CONTINUE TO SUPPORT LONG-TERM POPULATION STABILITY.

PYTHONS

THE CONSERVANCY PYTHON TEAM HIT A MILESTONE IN 2024, REMOVING MORE THAN 36,000 POUNDS OF INVASIVE PYTHONS FROM A 150-SQUARE-MILE AREA IN SOUTHWEST FLORIDA SINCE CONCEPTION OF THE PROGRAM. AS OF SEPTEMBER 2024, 120 ADULT PYTHONS HAVE BEEN RADIO-TAGGED AND TRACKED TO GATHER DATA ON BEHAVIOR AND HABITAT USE.

THIS RESEARCH SUPPORTS THE CREATION OF A COMPREHENSIVE BEHAVIORAL DATABASE, HELPING INFORM LAND MANAGERS, BIOLOGISTS, AND POLICYMAKERS AS THEY WORK TO CONTROL THIS APEX PREDATOR AND PROTECT NATIVE WILDLIFE.

CONSERVANCY BIOLOGISTS IAN BARTOSZEK AND IAN EASTERLING, IN COLLABORATION WITH DR. BRUCE JAYNE FROM THE UNIVERSITY OF CINCINNATI, PUBLISHED A GROUNDBREAKING STUDY IN REPTILES & AMPHIBIANS. THE RESEARCH DOCUMENTED THE LARGEST KNOWN GAPE SIZE IN BURMESE PYTHONS, INCLUDING A PYTHON INGESTING A 77-POUND WHITE-TAILED DEER, UNDERSCORING THE SPECIES' THREAT TO NATIVE WILDLIFE. THESE EFFORTS CONTINUE TO PROVIDE CRITICAL DATA TO INFORM SCIENCE-BASED MANAGEMENT ACROSS THE GREATER EVERGLADES ECOSYSTEM.

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MANGROVESIN 2024, THE CONSERVANCY ASSESSED THE HEALTH OF 7,603 MANGROVES ACROSSPERMANENT MONITORING PLOTS IN THE CLAM BAY ESTUARY AND GOODLAND FRUITFARM CREEK. THESE EFFORTS SUPPORT LONG-TERM RECOVERY AND RESILIENCE INECOSYSTEMS SEVERELY IMPACTED BY DEVELOPMENT AND PREVIOUS DIE-OFFS.THE TEAM DOCUMENTED EARLY SIGNS OF RECOVERY IN CLAM BAY, FOLLOWINGDAMAGE FROM HURRICANE IAN, WHILE ADJACENT AREAS IN GOODLAND SHOWEDCONTINUED STABILITY. THESE FINDINGS ARE CRITICAL TO GUIDING ONGOINGRESTORATION EFFORTS, WHICH ARE HELPING MANGROVE FORESTS RECOVER ANDCONTINUE THEIR ROLE IN COASTAL PROTECTION AND HABITAT PRESERVATION.EXPENSES \$ 1,810,772. INCLUDING GRANTS OF \$ 5,500. REVENUE \$ 136,926.FORM 990, PART VI, SECTION A, LINE 1A:THE EXECUTIVE COMMITTEE IS MADE UP OF THE CHAIRMAN OF BOARD, VICE CHAIR,SECRETARY, TREASURER, CHAIR OF EAC, CHAIR OF DEVELOPMENT COMMITTEE, CHAIROF MEMBERSHIP AND MARKETING COMMITTEE, CHAIR OF BOARD GOVERNANCE COMMITTEE,AND CHAIR OF EDUCATION COMMITTEE. THE EXECUTIVE COMMITTEE SHALL MEETREGULARLY IN THE "OFF SEASON" OR UPON CALL BY THE BOARD CHAIR, TO REVIEWAND ACT ON MATTERS BETWEEN BOARD MEETINGS. IT SHALL HAVE THE FULL POWER TOACT 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 THESAME RIGHTS.FORM 990, PART VI, SECTION A, LINE 7A:THE MEMBERS ELECT THE BOARD OF DIRECTORS DURING THE ANNUAL MEETING.

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Employer identification number

59-1157084

FORM 990, PART VI, SECTION B, LINE 11B:BUDGET AND FINANCE COMMITTEE WILL REVIEW THE 990; THE 990 WILL BE MADEAVAILABLE TO ALL BOARD MEMBERS PRIOR TO FILING, ALL QUESTIONS AND CONCERNSWILL BE BROUGHT TO BUDGET & FINANCE FOR FINAL REVIEW. SUBSEQUENT TO FILINGTHE AUDIT COMMITTEE WILL REVIEW.FORM 990, PART VI, SECTION B, LINE 12C:WE DISTRIBUTE CONFLICT OF INTEREST STATEMENTS FOR BOARD MEMBERS TO SIGN ATBEGINNING OF YEAR. AT EACH MEETING, COMMITTEE OR OTHERWISE, WE ANNOUNCETHE 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:HUMAN RESOURCES PERFORMS A COMPARATIVE STUDY TO LOCAL, STATEWIDE ANDNATIONAL ORGANIZATIONS OF COMPARABLE SIZE AND COMPLEXITY; THE CEOS SALARYIS THEN PRESENTED TO THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE THENMEETS AND RECOMMENDS THE CEO SALARY TO THE BOARD. THE STUDY WAS LASTPERFORMED IN JULY 2024.FORM 990, PART VI, SECTION C, LINE 19:THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, ANDFINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST.FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:CHANGE IN SPLIT INTEREST134,435.