

CLIFTONLARSONALLEN LLP
4501 TAMiami TRAIL NORTH, SUITE 200
NAPLES, FL 34103-3548

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

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CLIENT'S COPY

CARRYOVER DATA TO 2019

Name **THE CONSERVANCY OF SOUTHWEST FLORIDA**

Employer Identification Number
59-1157084

Based on the information provided with this return, the following are possible carryover amounts to next year.

FEDERAL AMT NET OPERATING LOSS 13,816.

Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

► 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.

OMB No. 1545-0047

2018

Open to Public
Inspection

A For the 2018 calendar year, or tax year beginning OCT 1, 2018 and ending SEP 30, 2019

B Check if applicable:	C Name of organization THE CONSERVANCY OF SOUTHWEST FLORIDA		D Employer identification number 59-1157084
<input type="checkbox"/> Address change	Doing business as		E Telephone number 239-262-0304
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) 1495 SMITH PRESERVE WAY		F Gross receipts \$ 30,110,799.
<input type="checkbox"/> Initial return	Room/suite		G
<input type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Amended return	F Name and address of principal officer: ROB MOHER SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Application pending	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		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 <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		L Year of formation: 1964 M State of legal domicile: FL	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: OUR MISSION IS TO PROTECT SOUTHWEST FLORIDA'S UNIQUE NATURAL ENVIRONMENT AND QUALITY OF LIFE.	
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	3 29
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 29
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5 81
	6 Total number of volunteers (estimate if necessary)	6 743
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
b Net unrelated business taxable income from Form 990-T, line 38	7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 11,345,187. Current Year 23,868,378.
	9 Program service revenue (Part VIII, line 2g)	414,797. 388,275.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,504,171. 1,238,871.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,854,183. -497,732.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,118,338. 24,997,792.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	17,728. 5,525.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,112,259. 4,247,641.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	1,885. 1,998.
	b Total fundraising expenses (Part IX, column (D), line 25) ► 998,618.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,855,585. 3,984,714.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,987,457. 8,239,878.
19 Revenue less expenses. Subtract line 18 from line 12	7,130,881. 16,757,914.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 57,483,682. End of Year 75,451,905.
	21 Total liabilities (Part X, line 26)	582,820. 1,670,720.
	22 Net assets or fund balances. Subtract line 21 from line 20	56,900,862. 73,781,185.

Part II Signature Block

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

Sign Here	► Signature of officer	Date
	VICTORIA POLLOCK, CFO	
► Type or print name and title		
Paid Preparer	Print/Type preparer's name AMELIA COOPER	Preparer's signature AMELIA COOPER
	Date 04/01/20	Check <input type="checkbox"/> if self-employed	PTIN P00437898
Use Only	Firm's name ► CLIFTONLARSONALLEN LLP	Firm's EIN ► 41-0746749
	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 X1 Briefly describe the organization's mission:

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes 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 \$ **1,519,771.** including grants of \$ _____) (Revenue \$ _____)

THE CONSERVANCY OF SOUTHWEST FLORIDA ENVIRONMENTAL SCIENCE TEAM IS DEDICATED TO PROVIDING UNBIASED STUDIES AND ENJOYS A NATIONAL REPUTATION FOR THEIR EXPERTISE. WITH MORE THAN 100 YEARS OF COLLECTIVE EXPERIENCE, OUR SCIENTISTS PROVIDE THE DEPTH OF EXPERIENCE AND KNOWLEDGE RANGING FROM COASTAL ECOLOGY TO INVASIVE SPECIES MANAGEMENT.

CONTINUED ON SCHEDULE O

4b (Code: _____) (Expenses \$ **1,706,763.** including grants of \$ **5,450.**) (Revenue \$ _____)

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 MINING, SMART GROWTH, WATER ISSUES, ENDANGERED SPECIES AND WILDLIFE HABITAT PROTECTION.

CONTINUED ON SCHEDULE O

4c (Code: _____) (Expenses \$ **1,610,901.** including grants of \$ **75.**) (Revenue \$ **399,551.**)

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

CONTINUED ON SCHEDULE O4d Other program services (Describe in Schedule O.)

(Expenses \$ **1,503,529.** including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ► **6,340,964.**

Form 990 (2018)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3 X	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5 X	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7 X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8 X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9 X	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. <ul style="list-style-type: none"> a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> 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? <i>If "Yes," complete Schedule D, Part VII</i> 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? <i>If "Yes," complete Schedule D, Part VIII</i> 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? <i>If "Yes," complete Schedule D, Part IX</i> e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> 	11a X	
11b	11b X	
11c	11c X	
11d	11d X	
11e	11e X	
11f	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
12b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13 X	
14a Did the organization maintain an office, employees, or agents outside of the United States? <ul style="list-style-type: none"> 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? <i>If "Yes," complete Schedule F, Parts I and IV</i> 	14a X	
14b	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16 X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19 X	
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a X	
20b	20b X	
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X
28b	b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X
28c	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
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 in 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	56
1b	b Enter the number of Forms W-2G included in 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	

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	81
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
3a	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	3a	X
3b	.....	3b	
4a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	4a	X
4b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	4b	
4c	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)?	4c	
4d	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).	4d	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
5b	If "Yes," did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
5c	.....	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
6b	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
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
7d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
7g	.....	7g	
7h	.....	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.	9a	
9b	.....	9b	
10	Section 501(c)(7) organizations. Enter:	10a	
10a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:	11a	
11a	Gross income from members or shareholders	11a	
11b	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	
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	
13a	Is the organization licensed to issue qualified health plans in more than one state?	13a	
13b	Note. See the instructions for additional information the organization must report on Schedule O.	13b	
13c	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	13c	
14a	Enter the amount of reserves on hand	14a	X
14b	.....	14b	
14c	.....	14c	
15	Did the organization receive any payments for indoor tanning services during the tax year?	15	X
15a	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	15a	
16	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?	16	X
16a	If "Yes," see instructions and file Form 4720, Schedule N.	16a	
16b	.....	16b	
16c	.....	16c	

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	29
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent	1b	29
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6	Did the organization have members or stockholders?	6	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	8a	X
a	The governing body?	8b	X
b	Each committee with authority to act on behalf of the governing body?	9	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		

Section B. Policies

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

	Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?	10a	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	X
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12c	X
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	13	X
13	Did the organization have a written whistleblower policy?	14	X
14	Did the organization have a written document retention and destruction policy?	15a	X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15b	X
a	The organization's CEO, Executive Director, or top management official	16a	X
b	Other officers or key employees of the organization	16b	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		
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?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ►FL, PA

18 Section 6104 requires an organization to make its Forms 1023 (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.

Own website Another's website Upon request Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of 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 instructions for definition of "key employee."

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(1) VAN WILLIAMS CHAIRMAN OF BOARD	15.00	X	X				0.	0.	0.
(2) STEPHANIE GOFORTH VICE CHAIRMAN	15.00	X	X				0.	0.	0.
(3) ED EATON TREASURER	15.00	X	X				0.	0.	0.
(4) GERRI MOLL SECRETARY	7.00	X	X				0.	0.	0.
(5) LEW ALLYN DIRECTOR	7.00	X					0.	0.	0.
(6) EDDIE ANDREW DIRECTOR	7.00	X					0.	0.	0.
(7) DENNIS BROWN DIRECTOR	7.00	X					0.	0.	0.
(8) PHIL COLLINS DIRECTOR	7.00	X					0.	0.	0.
(9) CAROL DINARDO DIRECTOR	7.00	X					0.	0.	0.
(10) PHIL DOUGLAS DIRECTOR	7.00	X					0.	0.	0.
(11) BARRY FRANK DIRECTOR	7.00	X					0.	0.	0.
(12) PHIL GRESH DIRECTOR	7.00	X					0.	0.	0.
(13) JOHN HALL DIRECTOR	7.00	X					0.	0.	0.
(14) JEAN HARTMAN DIRECTOR	7.00	X					0.	0.	0.
(15) DR. JUDITH HUSHON DIRECTOR	7.00	X					0.	0.	0.
(16) KEN KRIER DIRECTOR	7.00	X					0.	0.	0.
(17) LORALEE LEBOEUF 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(18) WAYNE MELAND DIRECTOR	7.00	X					0.	0.	0.
(19) TOM MORAN DIRECTOR	7.00	X					0.	0.	0.
(20) DR. KAMELA PATTON DIRECTOR	7.00	X					0.	0.	0.
(21) NICHOLAS PENNIMAN DIRECTOR	7.00	X					0.	0.	0.
(22) DAVE RISMILLER DIRECTOR	7.00	X					0.	0.	0.
(23) MAYELA ROSALES DIRECTOR	7.00	X					0.	0.	0.
(24) ROBERT SALTARELLI DIRECTOR	7.00	X					0.	0.	0.
(25) SUE SCHULTE DIRECTOR	7.00	X					0.	0.	0.
(26) J.P. VAN DONGEN DIRECTOR	7.00	X					0.	0.	0.
1b Sub-total						►	0.	0.	0.
c Total from continuation sheets to Part VII, Section A						►	543,455.	0.	75,536.
d Total (add lines 1b and 1c)						►	543,455.	0.	75,536.

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 ► 3

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
PRIORITY MARKETING OF SOUTHWEST FLORIDA, INC 12140 CARISSA COMMERCE COURT, SUITE 201, FT	MARKETING	242,808.
PLUG SMART, 350 E 1ST AVE, SUITE 210, COLUMBUS, OH 43201	ENGINEERING	177,285.
THE ROCK CUSTOM HOMES PO BOX 111646, NAPLES, FL 34108	CONSTRUCTION	173,285.
WINDOWS CATERING CO., 5724 GENERAL WASHINGTON DR., ALEXANDRIA, VA 22312	CATERING SERVICES	149,079.
HARMON'S AUDIO VISUAL 2533 CRYSTAL DRIVE, FT. MYERS, FL 33966	AUDIO VISUAL	140,537.

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 ► 8

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2018)

Part VII

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

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, and Other Similar Amounts	1 a Federated campaigns	1a			
	b Membership dues	1b 477,152.			
	c Fundraising events	1c 2,134,045.			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 21,257,181.			
	g Noncash contributions included in lines 1a-1f: \$		1,440,174.		
	h Total. Add lines 1a-1f ►		23,868,378.		
Program Service Revenue		Business Code			
	2 a PROGRAM INCOME	611710	255,913.	255,913.	
	b ADMISSIONS	713990	132,362.	132,362.	
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f ►		388,275.		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		807,492.		807,492.
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	6 a Gross rents	(i) Real 9,000.			
	b Less: rental expenses	(ii) Personal 0.			
	c Rental income or (loss)	9,000.			
	d Net rental income or (loss)		9,000.		9,000.
	7 a Gross amount from sales of assets other than inventory	(i) Securities 4,395,291.	(ii) Other 34,416.		
	b Less: cost or other basis and sales expenses	3,963,753.	34,575.		
	c Gain or (loss)	431,538.	-159.		
	d Net gain or (loss)		431,379.		431,379.
	8 a Gross income from fundraising events (not including \$ 2,134,045. of contributions reported on line 1c). See Part IV, line 18	a 505,791.			
	b Less: direct expenses	b 1,077,609.			
	c Net income or (loss) from fundraising events		-571,818.		-571,818.
	9 a Gross income from gaming activities. See Part IV, line 19	a			
	b Less: direct expenses	b			
	c Net income or (loss) from gaming activities				
	10 a Gross sales of inventory, less returns and allowances	a 48,346.			
	b Less: cost of goods sold	b 37,070.			
	c Net income or (loss) from sales of inventory		11,276.	11,276.	
	Miscellaneous Revenue	Business Code			
	11 a OTHER INCOME	900099	53,617.		53,617.
	b DISCOUNTS TAKEN	900099	123.		123.
	c VENDING INCOME	900099	70.		70.
	d All other revenue				
	e Total. Add lines 11a-11d ►		53,810.		
	12 Total revenue. See instructions ►		24,997,792.	399,551.	0. 729,863.

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	5,525.	5,525.		
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	644,176.		408,794.	235,382.
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	2,889,944.	2,394,956.	125,393.	369,595.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	70,852.	60,585.	1,894.	8,373.
9 Other employee benefits	401,414.	318,228.	27,927.	55,259.
10 Payroll taxes	241,255.	167,030.	33,963.	40,262.
11 Fees for services (non-employees):				
a Management	104,584.	83,147.	21,437.	
b Legal	20,500.	16,298.	4,202.	
c Accounting	34,915.	30,464.	1,324.	3,127.
d Lobbying	1,998.			1,998.
e Professional fundraising services. See Part IV, line 17	73,606.		73,606.	
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	357,826.	314,380.	13,520.	29,926.
12 Advertising and promotion	155,991.	142,353.	4,555.	9,083.
13 Office expenses	225,965.	179,028.	5,415.	41,522.
14 Information technology	27,635.	22,299.	2,564.	2,772.
15 Royalties				
16 Occupancy	258,043.	223,296.	18,749.	15,998.
17 Travel	86,137.	67,125.	5,501.	13,511.
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	1,439,290.	1,260,209.	82,347.	96,734.
23 Insurance	322,613.	277,447.	22,583.	22,583.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MATERIALS AND SMALL EQUIPMENT	306,195.	271,108.	18,291.	16,796.
b MAINTENANCE	250,936.	202,484.	23,277.	25,175.
c INTERNS	126,733.	126,733.		
d REHABILITATION & FOOD	99,762.	99,762.		
e All other expenses	93,983.	78,507.	4,954.	10,522.
25 Total functional expenses. Add lines 1 through 24e	8,239,878.	6,340,964.	900,296.	998,618.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ► if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
	Assets			
1	Cash - non-interest-bearing	920,674.	1	376,369.
2	Savings and temporary cash investments	4,028,858.	2	6,143,719.
3	Pledges and grants receivable, net	1,112,671.	3	5,259,639.
4	Accounts receivable, net	30,125.	4	39,225.
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use	27,028.	8	16,255.
9	Prepaid expenses and deferred charges	197,889.	9	216,606.
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 33,619,289.		
b	Less: accumulated depreciation	10b 10,856,960.	23,400,131.	10c 22,762,329.
11	Investments - publicly traded securities	21,087,470.	11	33,610,478.
12	Investments - other securities. See Part IV, line 11	6,337.	12	6,509.
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	6,672,499.	15	7,020,776.
16	Total assets. Add lines 1 through 15 (must equal line 34)	57,483,682.	16	75,451,905.
	Liabilities			
17	Accounts payable and accrued expenses	505,714.	17	612,067.
18	Grants payable		18	
19	Deferred revenue	73,356.	19	1,055,778.
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		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	3,750.	25	2,875.
26	Total liabilities. Add lines 17 through 25	582,820.	26	1,670,720.
	Net Assets or Fund Balances			
	Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	37,258,063.	27	48,517,815.
28	Temporarily restricted net assets	3,507,264.	28	6,770,024.
29	Permanently restricted net assets	16,135,535.	29	18,493,346.
	Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	56,900,862.	33	73,781,185.
34	Total liabilities and net assets/fund balances	57,483,682.	34	75,451,905.

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

1 Total revenue (must equal Part VIII, column (A), line 12)	1	24,997,792.
2 Total expenses (must equal Part IX, column (A), line 25)	2	8,239,878.
3 Revenue less expenses. Subtract line 2 from line 1	3	16,757,914.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	56,900,862.
5 Net unrealized gains (losses) on investments	5	122,409.
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	73,781,185.

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

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

Form 990 (2018)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

THE CONSERVANCY OF SOUTHWEST FLORIDA

Employer identification number

59-1157084

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

The organization is not a private foundation because it is: (For lines 1 through 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 or 990-EZ).)
- 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 in 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						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6385623.	7050240.	6693077.	11345187.	23868378.	55342505.
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	6385623.	7050240.	6693077.	11345187.	23868378.	55342505.
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)						4409416.
6 Public support. Subtract line 5 from line 4.						50933089.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	6385623.	7050240.	6693077.	11345187.	23868378.	55342505.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	293,393.	232,720.	347,098.	469,225.	816,492.	2158928.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	31,775.					31,775.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	15,158.	37,055.	9,137.	2496255.	53,810.	2611415.
11 Total support. Add lines 7 through 10						60144623.
12 Gross receipts from related activities, etc. (see instructions)				12		2,074,781.

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)organization, check this box and **stop here** ► **Section C. Computation of Public Support Percentage**

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	84.68	%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	77.83	%
16a 33 1/3% support test - 2018. 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 - 2017. 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 - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			
► <input type="checkbox"/>			
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			
► <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"/>			

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. 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 - 2017. 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
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 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
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 in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
10b		

Part 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 in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Section B. Type I Supporting Organizations

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

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 in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	

Section E. Type III Functionally Integrated Supporting Organizations

	Yes	No
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) 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.	2a	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	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 (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <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 or 990-EZ) 2018

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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:OTHER INCOME2014 AMOUNT: \$ 15,158.2015 AMOUNT: \$ 37,055.2016 AMOUNT: \$ 9,137.2017 AMOUNT: \$ 13,430.2018 AMOUNT: \$ 53,810.BP SETTLEMENT2017 AMOUNT: \$ 2,383,947.INSURANCE REIMBURSEMENT2017 AMOUNT: \$ 98,878.

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

- Attach to Form 990, Form 990-EZ, or Form 990-PF.
- Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

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 or 990-EZ), 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, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

THE CONSERVANCY OF SOUTHWEST FLORIDA

Employer identification number

59-1157084

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 2,043,125.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 1,498,754.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 1,012,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 560,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 547,010.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 531,201.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" 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
1	STOCK _____ _____ _____	\$ 285,750.	06/25/19
2	STOCK _____ _____ _____	\$ 349,160.	12/19/19
6	STOCK _____ _____ _____	\$ 298,717.	02/19/19
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization

THE CONSERVANCY OF SOUTHWEST FLORIDA

Employer identification number

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	6,616.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	28,300.													
c	Total lobbying expenditures (add lines 1a and 1b)	34,916.													
d	Other exempt purpose expenditures	6,306,048.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	6,340,964.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	467,048.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		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.		
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)	116,762.													
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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount	443,452.	463,549.	458,004.	467,048.	1,832,053.
b Lobbying ceiling amount (150% of line 2a, column(e))					2,748,080.
c Total lobbying expenditures	47,047.	27,464.	17,922.	34,916.	127,349.
d Grassroots nontaxable amount	110,863.	115,887.	114,501.	116,762.	458,013.
e Grassroots ceiling amount (150% of line 2d, column (e))					687,020.
f Grassroots lobbying expenditures	22,147.	5,464.	17,922.	6,616.	52,149.

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 be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political 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 expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, 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

2018Open 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 (e.g., 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.	Held at the End 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 in (a)	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► 0	
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 ► _____	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ _____	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<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 SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	► \$ _____
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) 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 SFAS 116 (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) 2018

832051 10-29-18

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

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

a Public exhibition
 b Scholarly research
 c Preservation for future generations

d Loan or exchange programs

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	

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 on 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	16,818,405.	11,876,877.	10,702,844.	10,154,617.	10,386,854.
b Contributions	1,257,026.	4,889,153.	471,350.	111,540.	503,799.
c Net investment earnings, gains, and losses	605,347.	598,375.	1,202,683.	936,687.	-236,036.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,161,129.	546,000.	500,000.	500,000.	500,000.
f Administrative expenses					
g End of year balance	17,519,649.	16,818,405.	11,876,877.	10,702,844.	10,154,617.

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

a Board designated or quasi-endowment ► .00 %

b Permanent endowment ► 95.00 %

c Temporarily restricted endowment ► 5.00 %

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:

	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		28,950,853.	8,681,812.	20,269,041.
c Leasehold improvements				
d Equipment		3,486,068.	1,987,399.	1,498,669.
e Other		603,322.	187,749.	415,573.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ► 22,762,329.

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, col. (B) line 12.) ►

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, col. (B) line 13.) ►

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	5,018,105.
(2) OTHER RECEIVABLES	18.
(3) TRUST RECEIVABLES	1,991,019.
(4) SCIENCE CONTRACT WORK IN PROGRESS	11,634.
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ► 7,020,776.

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	2,875.	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► 2,875.

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements	1	25,046,595.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	122,409.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	122,409.
3	Subtract line 2e from line 1	3	24,924,186.
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	73,606.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	73,606.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	24,997,792.

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	8,166,272.
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	8,166,272.
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	73,606.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	73,606.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	8,239,878.

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.

Part XIII Supplemental Information (continued)

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

THE CONSERVANCY OF SOUTHWEST FLORIDA

Employer identification number
59-1157084

Part I Fundraising

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.

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 2 (total number)	(d) Total events (add col. (a) through col. (c))
1 Gross receipts	2,380,756.	158,661.	100,419.	2,639,836.
2 Less: Contributions	1,926,155.	113,531.	94,359.	2,134,045.
3 Gross income (line 1 minus line 2)	454,601.	45,130.	6,060.	505,791.
4 Cash prizes				
5 Noncash prizes	212,481.	35,830.		248,311.
6 Rent/facility costs	222,739.	4,858.	3,318.	230,915.
7 Food and beverages	120,435.	5,899.	19,830.	146,164.
8 Entertainment				
9 Other direct expenses	358,627.	65,726.	27,866.	452,219.
10 Direct expense summary. Add lines 4 through 9 in column (d)				► 1,077,609.
11 Net income summary. Subtract line 10 from line 3, column (d)				► -571,818.

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))
1 Gross revenue				
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: _____

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

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

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

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

Name ► _____

Address ► _____

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

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

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

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

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

Part IV Supplemental Information (continued)

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

2018

Open to Public
Inspection

Name of the organization

THE CONSERVANCY OF SOUTHWEST FLORIDA

Employer identification number
59-1157084

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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 filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study
<input 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)?

Yes **No**

1b

2

4a **X**

4b **X**

4c **X**

5a **X**

5b **X**

6a **X**

6b **X**

7 **X**

8 **X**

9

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

Schedule J (Form 990) 2018

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

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

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

Part III Supplemental Information

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

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2018

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	20	1,187,013.	MEAN OF DAY
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	150	248,011.	FMV
26 Other ► (<u>SUPPLIES</u>)	X	1	5,150.	FMV
27 Other ► (_____)				
28 Other ► (_____)				

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

29

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

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?

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

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.

	Yes	No
30a	X	
31	X	
32a	X	

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

Schedule M (Form 990) 2018

Part II

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

SCHEDULE M, LINE 32B:

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

Supplemental Information to Form 990 or 990-EZ

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

- Attach to Form 990 or 990-EZ.
- Go to www.irs.gov/Form990 for the latest information.

2018

Open to Public
Inspection

Name of the organization

THE CONSERVANCY OF SOUTHWEST FLORIDA

Employer identification number
59-1157084

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

ACCOMPLISHMENTS FOR CONSERVANCY SCIENCE TEAM IN 2018-19:

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

- CELEBRATED 37TH ANNIVERSARY OF SEA TURTLE RESCUE AND MONITORING PROGRAM, ONE OF THE LONGEST IN THE COUNTRY. MONITORED MORE THAN 442 TURTLE NESTS

- THIS PROGRAM INCLUDES APPLYING SATELLITE TAGS TO MONITOR SEA TURTLE TRAVEL HABITS.

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

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

THE INAUGURAL YEAR OF THE CANE TOAD

CANE TOADS CAN BE LETHAL TO PETS AND NATIVE WILDLIFE THAT ATTACK THEM.

CANE TOADS (RHINELLA MARINA) ARE AN INVASIVE SPECIES FOUND THROUGHOUT PORTIONS OF FLORIDA. THIS SUMMER, THE CONSERVANCY BEGAN A RESEARCH

COLLABORATION WITH THE UNIVERSITY OF FLORIDA AND THE FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION TO STUDY THE EFFECTS OF CANE TOADS ON NATIVE WILDLIFE AND TO HELP DEVELOP CONTROL TOOLS FOR THIS INVASIVE

SPECIES. CONSERVANCY WILDLIFE BIOLOGIST MELINDA SCHUMAN IS STUDYING CANE TOADS USING THREE DISTINCT METHODS: RADIO TRACKING, TRAP/LURE

DESIGN TESTING, AND DIET ANALYSIS. MOST OF THIS YEAR'S FIELD EFFORTS OCCURRED DURING THE SUMMER BREEDING SEASON WHEN TOADS ARE MOST ACTIVE.

RESEARCHERS HOPE TO GAIN INSIGHT INTO CANE TOAD MOVEMENTS, HABITAT

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

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization

THE CONSERVANCY OF SOUTHWEST FLORIDA

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UTILIZATION, AND EFFECTS ON NATIVE WILDLIFE. THIS RESEARCH HAS THE
POTENTIAL TO DEVELOP FUTURE CONTROL STRATEGIES FOR THIS SPECIES. OUR
WORK REPRESENTS SOME OF THE FIRST SCIENTIFIC DATA GATHERED ON CANE
TOADS IN THE REGION, AND IS JUST THE BEGINNING OF THE STORY OF HOW THIS
INVASIVE SPECIES INTERACTS WITH THE URBAN AND NATURAL AREAS WITHIN THE
SOUTHWEST FLORIDA ECOSYSTEM.

BURMESE PYTHON UPDATE

IN THE 2019 CAPTURE SEASON, THE CONSERVANCY TEAM REMOVED 2,500 POUNDS
OF PYTHON AND NOTICED A DROP IN THE NUMBER AND SIZE CLASS OF SNAKES
CAPTURED WITHIN SPECIFIC CONTROL ZONES. WE HOPE THIS IS A SIGN WE ARE
MAKING A DENT IN THE POPULATION, AS IT IS OUR GOAL FOR THE PYTHON SIZE
AND POPULATION NUMBERS TO DECREASE OVER TIME. THE PYTHON TEAM HAS
RADIO-TAGGED AND TRACKED 60 ADULT PYTHONS AND 28 HATCHLINGS TO LEARN
MORE ABOUT THEIR MOVEMENT PATTERNS AND BEHAVIORS TO HELP DEVELOP A
CONTROL STRATEGY FOR THIS INVASIVE SPECIES. SINCE 2013, THE CONSERVANCY
PYTHON TRACKING TEAM AND COLLABORATORS HAVE REMOVED OVER 500 PYTHONS
WEIGHING IN EXCESS OF 12,500 POUNDS FROM A 55 SQUARE MILE STUDY AREA IN
RURAL COLLIER COUNTY.

GREEN SEA TURTLE (CHELONIA MYDAS) IMPACT

FROM 2017 - 2019, SEA TURTLE BIOLOGISTS FROM THE CONSERVANCY AND THE
SANIBEL-CAPTIVA CONSERVATION FOUNDATION SATELLITE TAGGED 14 NESTING
GREEN SEA TURTLES. THE OBJECTIVE IS TO DETERMINE WHERE THESE TURTLES
TRAVEL BETWEEN NESTING EVENTS, THE PATHS THEY TAKE TO THEIR FORAGING
AREAS, AND WHERE THEY LIVE BETWEEN NESTING SEASONS. PRIOR TO THIS
INITIATIVE, THERE WAS VERY LITTLE INFORMATION ON THE MOVEMENTS OF THE
GREEN TURTLES THAT NEST ON FLORIDA'S LOWER WEST COAST. THIS INFORMATION

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WILL BE USEFUL TO THE RESOURCE MANAGERS CHARGED WITH THE OVERSIGHT OF OUR COASTAL MARINE SYSTEMS.

MANGROVES GET SET UP

CONSERVANCY BIOLOGISTS, WITH A LOT OF HELP FROM THE UNITED STATES GEOLOGICAL SURVEY (USGS), INSTALLED 3 SETS (SEDIMENT ELEVATION TABLES), TWO IN THE MANGROVE FORESTS IN CLAM BAY AND ONE RIGHT HERE AT THE CONSERVANCY. THESE SETS WILL ALLOW US TO ANNUALLY TAKE HIGH-RESOLUTION MEASUREMENTS THAT DETAIL CHANGES IN SEDIMENT ELEVATION RELATIVE TO SEA LEVEL RISE. OVER TIME THESE MEASUREMENTS WILL ALLOW US TO DETERMINE WHETHER THESE URBAN MANGROVE SYSTEMS HAVE LARGE ENOUGH SEDIMENT ACCRETION RATES TO KEEP UP WITH SEA LEVEL RISE.

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

ACCOMPLISHMENTS FOR CONSERVANCY POLICY TEAM IN 2018-19:

WATER POLICY

THE TOXIC BLUE-GREEN ALGAE AND RED TIDE THAT DEVASTATED OUR BEACHES AND WATERWAYS IN LATE 2018 REMIND US HOW ESSENTIAL CLEAN WATER IS TO OUR LOCAL ECONOMY AND OUR QUALITY OF LIFE. SINCE THE CRISIS UNFOLDED, IT IS MORE APPARENT THAN EVER THAT THE ENVIRONMENT IS TIED TO HUMAN HEALTH, OUR ECONOMY, AND OUR QUALITY OF LIFE.

THE SILVER LINING IS THAT WE NOW HAVE A SIGNIFICANT ALIGNMENT OF INTERESTS AND LEADERSHIP TO ADVANCE SUBSTANTIAL AND MEANINGFUL SOLUTIONS TO OUR WATER ISSUES. POLICY MAKERS ARE NOW MORE SERIOUSLY EVALUATING THE ENORMITY OF THE CHALLENGE BEFORE US. CHANGES IN AGENCY LEADERSHIP AND DIRECTION ARE CREATING MORE OPPORTUNITIES TO ADDRESS

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SOME OF THE ROOT CAUSES OF THE ISSUE. THOUGH MUCH WORK REMAINS, WE
REMAIN ENCOURAGED BY THE POSITIVE STEPS THAT ARE BEING TAKEN TO
PROTECT, RESTORE AND CONSERVE OUR PRECIOUS WATER RESOURCES.

OIL AND GAS

DURING THE 2019 FLORIDA LEGISLATIVE SESSION, THE CONSERVANCY ADVOCATED
FOR A BAN ON ADVANCED WELL STIMULATION TECHNIQUES, INCLUDING HYDRAULIC
FRACTURING, ACID FRACTURING AND MATRIX ACIDIZING. WHILE NO LEGISLATION
PASSED, THE CONSERVANCY AND OUR PARTNERS WERE SUCCESSFUL IN DEFEATING
AN INCOMPLETE, FAKE FRACKING BAN BILL, WHICH CLAIMED TO BAN FRACKING,
BUT INCLUDED LOOPHOLES THAT WOULD ALLOW THE PRACTICE TO CONTINUE. IN
ADDITION, WE WERE ABLE TO COMPEL THE AGENCIES OVERSEEING BURNETT OIL'S
DESTRUCTIVE SEISMIC EXPLORATION PROJECT TO LIMIT THE COMPANY'S IMPACTS
IN 2019 AND FOCUS ON REMEDIATION.

PANTHERS

IN RESPONSE TO AN APPLICATION BY 11 LARGE LANDOWNERS IN EASTERN COLLIER
COUNTY FOR A 50-YEAR FEDERAL MEGA-PERMIT TO AUTHORIZE 45,000 ACRES OF
INTENSE DEVELOPMENT IN THE LAST REMAINING CORE HABITAT AREA FOR THE
FLORIDA PANTHER, YOU JOINED CONSERVANCY STAFF IN SPEAKING OUT IN
OPPOSITION.

AS THIS PERMIT CONTINUES TO WORK ITS WAY THROUGH FEDERAL AUTHORIZATION,
THE CONSERVANCY VOWS TO CONTINUE THE FIGHT TO PROTECT OUR LISTED
SPECIES.

CONSERVATION COLLIER

THE CONSERVANCY CONTINUES TO SUPPORT AND ADVOCATE FOR ACQUISITION OF
ENVIRONMENTALLY SENSITIVE PARCELS THROUGH THE CONSERVATION COLLIER LAND

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ACQUISITION PROGRAM. THIS YEAR, COLIER COUNTY ACQUIRED THREE NEW PARCELS FOR THE BENEFIT OF WILDLIFE, WATER RESOURCES AND PASSIVE RECREATION. FUNDING REAUTHORIZATION FOR THIS PROGRAM IS ANTICIPATED ON THE 2020 GENERAL ELECTION BALLOT, AND WE ARE GEARING UP TO ENTHUSIASTICALLY SUPPORT THIS BALLOT INITIATIVE.

EASTERN COLLIER

WE ARE ALSO WORKING HARD TO IMPROVE THE LOCAL GROWTH PLAN FOR EASTERN COLLIER COUNTY, CALLED THE RURAL LANDS STEWARDSHIP AREA. THE CONSERVANCY WILL CONTINUE TO ADVOCATE FOR A BETTER PLAN FOR THE RLSA A PLAN THAT CONDENSES DEVELOPMENT ONTO A SMALLER FOOTPRINT AND A PLAN THAT TRULY ADHERES TO SMART GROWTH DESIGN PRINCIPLES.

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

ACCOMPLISHMENTS FOR CONSERVANCY EDUCATION TEAM IN FY 2018-2019:

STEM EDUCATION NUMBERS

OUTREACH PROGRAMS: 115

STUDENTS REACHED IN THEIR SCHOOLS: 3591

FIELD TRIPS: 205

STUDENTS ONSITE: 3406

ADULT EDUCATION PROGRAMS: 16

ADULTS REACHED ON FORMAL EDUCATION PROGRAMS: 365

COMMUNITY EVENTS ATTENDED: 20

COMMUNITY MEMBERS REACHED: 3967

EDUCATION AND SCIENCE TEAM UP

THIS YEAR, THE CONSERVANCY'S ENVIRONMENTAL EDUCATION AND SCIENCE

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DEPARTMENTS TEAMED UP ON A VARIETY OF PROGRAMS. THE EDUCATION TEAM IS
USING THE RESEARCH DEVELOPED BY CONSERVANCY BIOLOGISTS TO SHARE THE
DATA WITH STUDENTS AND TEACHERS IN ENGAGING AND INTERESTING WAYS.

BE A BIOLOGIST THIS IS A NEW DAILY PROGRAM OFFERED TO ALL CONSERVANCY
NATURE CENTER GUESTS. ROTATING THEMES THROUGHOUT THE YEAR FOCUS ON THE
SCIENCE TEAM'S RESEARCH WITH SEA TURTLES, BURMESE PYTHONS, MANGROVES
AND MORE! IT HAS BEEN A HIT WITH GUESTS.

PYTHON EDVENTURE CONSERVANCY EDUCATORS WORKED WITH DOZENS OF TEACHERS
FOR THE CHAMPIONS FOR LEARNING ANNUAL EDVENTURE EVENT. USING THE
CONSERVANCY'S PYTHON RESEARCH EQUIPMENT AND TECHNIQUES, TEACHERS WERE
ABLE TO TRACK IMAGINARY PYTHONS IN ORDER TO LEARN HOW OUR SCIENCE TEAM
WORKS.

LIVE NECROPSY CONSERVANCY EDUCATORS AND BIOLOGISTS WORKED TOGETHER TO
CREATE A LIVE TALK-BACK FROM THE CONSERVANCY LAB TO HIGH SCHOOL
STUDENTS AT THE COMMUNITY SCHOOL OF NAPLES (CSN). STUDENTS AND
BIOLOGISTS SPOKE BACK AND FORTH ABOUT THE BURMESE PYTHON PROJECT AND
THEN SAW A VIDEO OF A PYTHON NECROPSY. THROUGH THIS INNOVATIVE USE OF
TECHNOLOGY, THE CONSERVANCY IS ABLE TO REACH EVEN MORE STUDENTS WITH
CUTTING-EDGE, STEM-BASED RESEARCH.

EARTH DAY FESTIVAL

THE CONSERVANCY WELCOMED 1,000 GUESTS TO OUR BIGGEST COMMUNITY EVENT OF
THE YEAR. WITH NEW VENDORS, FAMILIAR FACES, AND ACTIVITIES GALORE, WE
WERE INSPIRED BY ALL WHO CAME OUT TO CELEBRATE OUR WATER, LAND,
WILDLIFE AND FUTURE.

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CREATURE FEATURE

THE CONSERVANCY'S MARKETING AND EDUCATION TEAMS PAIRED UP TO HELP ABC7 LAUNCH A WEEKLY IN-STUDIO NEWS SEGMENT TO INFORM THE AUDIENCE ON NATIVE WILDLIFE, HOW TO PREVENT INJURIES TO WILDLIFE, LEARN ABOUT UPCOMING EVENTS AND PROGRAMS, AND HOW PEOPLE CAN GET INVOLVED. STAY TUNED FOR FUTURE CREATURE FEATURE SEGMENTS!

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

-CONSERVANCY OF SOUTHWEST FLORIDA'S VON ARX HOSPITAL WILDLIFE HOSPITAL
2018-2019

THE CONSERVANCY OF SOUTHWEST FLORIDA'S VON ARX WILDLIFE HOSPITAL ADMITTED APPROXIMATELY 3,800 NATIVE ANIMALS THIS YEAR.

FOREMOST THE 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 SIX FULL-TIME EMPLOYEES, A STAFF VETERINARIAN, AND SEASONAL INTERNS. STAFF EFFORTS ARE SUPPORTED BY VOLUNTEERS WHO ASSIST WITH DIET PREPARATION, CAGE CLEANING, ANIMAL RESTRAINT AND WILDLIFE RESCUE AND RELEASE.

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THE COST TO TREAT EACH ANIMAL IS MORE THAN \$250. OPERATING EXPENSES

FOR FOOD, MEDICAL SUPPLIES AND STAFF EXCEEDS \$350,000 ANNUALLY.

INCREMENTAL OPERATING COSTS ARE SUBSIDIZED BY A SMALL NUMBER OF

COMMUNITY PARTNERS WHO DONATE BASIC SUPPLIES SUCH AS FOOD, MAINTENANCE

EQUIPMENT AND MEDICAL SUPPLIES NEEDED TO CARE FOR THE WILDLIFE

PATIENTS. THE VON ARX WILDLIFE HOSPITAL TEAM RELEASES ABOUT HALF OF THE

ANIMALS TREATED BACK INTO THEIR NATURAL HABITATS.

EXPENSES \$ 1,503,529. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

THE EXECUTIVE COMMITTEE IS MADE UP OF THE CHAIR, VICE CHAIR, SECRETARY, AND
TREASURER. THE EXECUTIVE COMMITTEE SHALL MEET REGULARLY IN THE "OFF SEASON"
(SUMMER) OR UPON CALL BY THE BOARD CHAIR, TO REVIEW AND ACT ON MATTERS
BETWEEN BOARD MEETINGS. IT SHALL HAVE THE FULL POWER TO ACT FOR AND IN
PLACE OF THE BOARD AS PROVED BY FLORIDA LAW. AT THE FIRST FULL BOARD
MEETING IN NOVEMBER, THE EXECUTIVE COMMITTEE REPORTS ALL DECISIONS AND HAS
MINUTES OF THE MEETINGS APPROVED.

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION IS MADE UP OF MEMBERS WHO PAY DUES. ALL MEMBERS HAVE THE
SAME RIGHTS.

FORM 990, PART VI, SECTION A, LINE 7A:

THE MEMBERS ELECT THE BOARD OF DIRECTORS DURING THE ANNUAL MEETING.

FORM 990, PART VI, SECTION B, LINE 11B:

BUDGET AND FINANCE COMMITTEE WILL REVIEW THE 990; THE 990 WILL BE MADE

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AVAILABLE TO ALL BOARD MEMBERS PRIOR TO FILING, ALL QUESTIONS AND CONCERNS
WILL BE BROUGHT TO BUDGET & FINANCE FOR FINAL REVIEW. SUBSEQUENT TO FILING
THE AUDIT COMMITTEE WILL REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C:

WE DISTRIBUTE CONFLICT OF INTEREST STATEMENTS FOR BOARDMEMBERS TO SIGN AT
BEGINNING OF YEAR. AT EACH MEETING, COMMITTEE OR OTHERWISE, WE ANNOUNCE
THE AGENDA AND THEN ASK IF ANYONE HAS A CONFLICT WITH ANY ITEMS. IF YES,
THEY EXCUSE THEMSELVES FROM DISCUSSION AND VOTE ON SAID ITEM.

FORM 990, PART VI, SECTION B, LINE 15:

THERE IS A COMPENSATION COMMITTEE THAT MEETS AND RECOMENDS SALARIES TO THE
BOARD. THE BOARD PERFORMS A COMPARATIVE STUDY TO LOCAL, STATEWIDE AND
NATIONAL ORGANIZATIONS OF COMPARABLE SIZE AND COMPLEXITY. THE
COMPARABILITY STUDY WAS LAST PERFORMED IN 2018.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND
FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number

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

Enter the Return Code for the return that this application is for (file a separate application for each return)

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

VICTORIA POLLOCK

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

1 I request an automatic 6-month extension of time until AUGUST 15, 2020, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► calendar year or

tax year beginning OCT 1, 2018

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

3a. If this application is for Forms 990-BI, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less

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

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2019)