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DLN: 93493164002304

Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public

		pplicable	endar year, or tax year beginning 10-01-2012 , 2012, and ending 09-30 C Name of organization	1010	D Emplove	er identi	ification number
	lress ch		THE CONSERVANCY OF SOUTHWEST FLORIDA		59-115		
— Nar	ne cha	ange	Doing Business As		39-113	7004	
— _{Inıt}	ıal retu	ım	Number and street (or P O box if mail is not delivered to street address) Room/suit	te	E Telephone	e numbe	ır
Ter	mınate	ed	1450 MERRIHUE DRIVE		(239)2		
	ended		City or town, state or country, and ZIP + 4 NAPLES, FL 34102		(200)2	02 00	<u> </u>
App	lication	n pending			G Gross rec	eıpts \$ 1	8,686,974
			F Name and address of principal officer ROB MOHER	H(a) Is the affelia		eturn fo	or □ Yes 🔽 No
			1450 MERRIHUE DRIVE NAPLES,FL 34102				
			NAPLES, IL 34102				ed? 「Yes 「No ee instructions)
[Ta:	x-exem	npt status	▼ 501(c)(3)				
J W	ebsite	e:► WW	W CONSERVANCY ORG	H(c) Grou	p exemptio	n numb	oer ►
K Forn	n of or	ganızatıon	✓ Corporation Trust Association Other ►	L Year of for	mation 1964	M St	ate of legal domicile Fl
Pa	rt I	Sum	mary	'		•	
Governance	,	CHARLC ACCOM WILDLIF LEADER	NMENTAL ISSUES OF THE SOUTHWEST FLORIDA REGION, INCLUINTE COUNTIES, WITH A MISSION TO PROTECT THE REGION'S WAPLISHED THROUGH THE COMBINED EFFORTS OF ENVIRONMENTA REFERENCE OF ENVIRONMENTA REFERENCE OF SOUTHWEST FLORIDA BEST OF SOUTHWEST FLORIDA BEST CAME TOGETHER TO DEFEAT A PROPOSED "ROAD TO NOWHER DITECTION OF ROOKERY BAY	ATER, LAND LL SCIENCE, EGAN 50 YEA	AND WILD POLICY, E RS AGO V	LIFE TOUCA	THIS IS TION, AND COMMUNITY
	2 (Check th	is box 📭 if the organization discontinued its operations or disposed o	f more than 2	5% of its n	et asse	ets
Activities &	3	Number	of voting members of the governing body (Part VI, line 1a)		. 1	з	2
	l		of independent voting members of the governing body (Part VI, line 1b)		<u> </u>	4	2
•	5	Total nui	mber of individuals employed in calendar year 2012 (Part V, line 2a) $$.		[5	6
			mber of volunteers (estimate if necessary)			6	73
	l		related business revenue from Part VIII, column (C), line 12 lated business taxable income from Form 990-T, line 34		· : -	7a 7b	132,83! 82,088
					r Year	7	Current Year
	8	Contri	butions and grants (Part VIII, line 1h)		4,802,65	3	4,799,475
Ravenue	9	_	m service revenue (Part VIII, line 2g)		254,32	_	259,220
H.	10		ment income (Part VIII, column (A), lines 3, 4, and 7d)		331,29	701,290	
	11 12		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) evenue—add lines 8 through 11 (must equal Part VIII, column (A), line		457,74	10	39,954
		12) .	<u> </u>		5,846,01	_	5,799,939
	13 14		s and similar amounts paid (Part IX, column (A), lines 1–3)		211,75	0	
	15		ts paid to or for members (Part IX, column (A), line 4)				
\$		5-10)			2,972,96	-	3,387,223
Expenses	16a 		sional fundraising fees (Part IX, column (A), line 11e)			0	(
.as	Ь 17		ndraising expenses (Part IX, column (D), line 25) •869,138		2 310 83	2.2	2,925,858
ш	+/						
	18	Total	expenses (Part IX, column (A), lines 11a-11d, 11f-24e) expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		5,495,54	4	
	18 19				5,495,54 350,47	_	-513,142
			expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	Beginning		'5	-513,142 End of Year
		Reven	expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	Beginning Y	350,47	75	End of Year
	19	Reven Total a	expenses Add lines 13–17 (must equal Part IX, column (A), line 25) ue less expenses Subtract line 18 from line 12	Beginning Y	350,47 of Current ear 48,033,04 4,274,68	75	End of Year 50,919,591 6,922,820
Not Assets or Fund Balances	19 20 21 22	Total a	expenses Add lines 13–17 (must equal Part IX, column (A), line 25) ue less expenses Subtract line 18 from line 12	Beginning Y	350,47 of Current ear 48,033,04	75	-513,142 End of Year 50,919,591 6,922,820 43,996,771
Not Assets of and Balances	20 21 22 1 III r pena	Total a Total I Net as Sign alties of I	expenses Add lines 13–17 (must equal Part IX, column (A), line 25) ue less expenses Subtract line 18 from line 12	Beginning You	350,47 of Current ear 48,033,04 4,274,68 43,758,36	75 14 33 51	End of Year 50,919,591 6,922,820 43,996,771 , and to the best of
Not Assets of and Balances	20 21 22 1 III r pena	Total a Total I Net as Sign altres of I dge and I	expenses Add lines 13–17 (must equal Part IX, column (A), line 25) ue less expenses Subtract line 18 from line 12	Beginning Your Ying schedule an officer) is l	350,47 of Current ear 48,033,04 4,274,68 43,758,36 s and state based on al	75 14 33 51	End of Year 50,919,591 6,922,820 43,996,771 , and to the best of
Met Assets of an under the breaks of the bre	20 21 22 TIII r pena nowled	Total a Total I Net as Sign altres of I dge and I as any kr	expenses Add lines 13–17 (must equal Part IX, column (A), line 25) ue less expenses Subtract line 18 from line 12	Beginning Your Ying schedule an officer) is l	350,47 of Current ear 48,033,04 4,274,68 43,758,36 s and state based on al	75 14 33 51	End of Year 50,919,591 6,922,820 43,996,771 , and to the best of
Net Assets or University of Day Balances	20 21 22 t III r pena nowled	Total a Total I Net as Sign altres of I dge and I as any kr	expenses Add lines 13–17 (must equal Part IX, column (A), line 25) ue less expenses Subtract line 18 from line 12	Beginning Young schedule an officer) is l	350,47 of Current ear 48,033,04 4,274,68 43,758,36 s and state based on al	75 14 33 51	End of Year 50,919,591 6,922,820 43,996,771 , and to the best of
Met Assets or Under Balances Sign	20 21 22 t III r pena nowled	Total a Total I Net as Sign altres of pdge and las any kr	expenses Add lines 13–17 (must equal Part IX, column (A), line 25) ue less expenses Subtract line 18 from line 12	Beginning Ying schedule an officer) is l	350,47 of Current ear 48,033,04 4,274,68 43,758,36 s and state based on al	33 51 ements	End of Year 50,919,591 6,922,820 43,996,771 , and to the best of
Net Assets of mod Bakances	20 21 22 1 III r pena nowled arer ha	Total a Total I Net as Sign altres of I dge and I as any kr	expenses Add lines 13–17 (must equal Part IX, column (A), line 25) ue less expenses Subtract line 18 from line 12	Beginning You ying schedule an officer) is l 20 Da ate 14-06-02 Checkself-	350,47 of Current ear 48,033,04 4,274,68 43,758,36 s and state based on al	75 33 51 ements Il inform	End of Year 50,919,593 6,922,820 43,996,773 , and to the best of nation of which

Use Only

Firm's address 🕨 4099 TAMIAMI TRAIL N STE 300

NAPLES, FL 34103 May the IRS discuss this return with the preparer shown above? (see instructions) $\,$. Phone no (239) 262-8686

✓ Yes No

	990 (2	·	age 2
Par	Ш	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III	.[v
UNIC ORG PRO WILD POLI	SCHED QUE NA ANIZA FECT L PLIFE N	describe the organization's mission JLE OTHE MISSION OF THE CONSERVANCY OF SOUTHWEST FLORIDA IS TO PROTECT SOUTHWEST FLORIDA'S TURAL ENVIRONMENT AND QUALITY OF LIFE NOW AND FOREVER THE CONSERVANCY IS A GRASSROOTS TON FOCUSED ON THE CRITICAL ENVIRONMENTAL ISSUES OF THE SOUTHWEST FLORIDA REGION WE WORK TO AND, WATER AND WILDLIFE, CONTROL UNPLANNED GROWTH AND EDUCATE THE PUBLIC ABOUT SOUTH FLORIDA JE USE SCIENCE-BASED RESEARCH TO INFORM GOVERNMENT LEADERS AND PROMOTE SOUND ENVIRONMENTAL ND PRACTICES WE FORGE CONSERVATION PARTNERSHIPS ON THE LOCAL, REGIONAL AND NATIONAL LEVEL TO MUM IMPACT RESEARCH FROM OUR SCIENCE DEPARTMENT PROVIDES THE BASIS FOR THE WORK THAT WE DO	.'S L
2		organization undertake any significant program services during the year which were not listed on or Form 990 or 990-EZ?	
3	If "Yes	n," describe these new services on Schedule O • organization cease conducting, or make significant changes in how it conducts, any program ••s?	
4	Descr expen	," describe these changes on Schedule O be the organization's program service accomplishments for each of its three largest program services, as measured by es Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, al expenses, and revenue, if any, for each program service reported	
4a	ACROWATE COND BY MA CONS REAL ENVIR EXPER NAPLE STUDI SPECI MANG OFF A WILDI LONGI HABIT IN PAI KEMPO UNBIA) (Expenses \$ 1,334,611 including grants of \$) (Revenue \$) RVANCY OF SOUTHWEST FLORIDA ENVIRONMENTAL SCIENCE TEAMTHE CONSERVANCY OF SOUTHWEST FLORIDA ENVIRONMENTAL SCIENCE TEAM WOR S A WIDE RANGE OF PROJECTS, BOTH PUBLIC AND PRIVATE TO SUPPORT THE ORGANIZATION'S MISSION TO PROTECT SOUTHWEST FLORIDA'S LAND, , WILDLIFE AND FUTURE CONTINUED ON SCHEDULE OSPECIFICALLY, THE PRIMARY OBJECTIVE OF THE CONSERVANCY'S ENVIRONMENTAL SCIENTISTS (CT RESEARCH TO ENHANCE OUR UNDERSTANDING OF WILDLIFE POPULATIONS AND THE BIOLOGICAL COMMUNITIES, ON WHICH THEY DEPEND - FOR IAGERS TO MORE EFFECTIVELY CONSERVE, MANAGE AND RESTORE NATURAL SYSTEMS TO MEET THESE OBJECTIVES, ENVIRONMENTAL SCIENTISTS AT RVANCY CREATE NEW WAYS TO ADVANCE EXISTING KNOWLEDGE ABOUT SOUTHWEST FLORIDA'S UNIQUE AND NATURAL ENVIRONMENTAL ACIENTISTS AT RVANCY CREATE NEW WAYS TO ADVANCE EXISTING KNOWLEDGE ABOUT SOUTHWEST FLORIDA'S UNIQUE AND NATURAL ENVIRONMENT AND TO DEVEL /ORLD SOLUTIONS TO CONSERVE, MANAGE AND RESTORE OUR NATURAL RESOURCES THE RESEARCH RESULTS ARE INCORPORATED INTO SCIENCE-B /ONMENTAL POLICY THE TEAM WORKS WITH INDIVIDUAL HOMEOWNERS ASSOCIATIONS TO THE FEDERAL GOVERNMENT THIS TEAM IS DIVERSE IN ITS ENCE, THUS ENSURING A COMPREHENSIVE LOOK AT SOUTHWEST FLORIDA'S ENVIRONMENTAL CHAILENGES BEGINNING WITH ITS LANDMARK STUDY (SEAY WATER QUALITY IN 1979, THE CONSERVANCY ENVIRONMENTAL SCIENCE TEAM PROVIDED STUDIES RANGING FROM LABORATORY ANALYSES TO F SOAT A LANDSCAPE LEVEL THE TEAM IS RECOGNIZED FOR ITS CAPABILITIES AND EXPERTISE IN SOUTHWEST FLORIDA ECOSYSTEMS, HABITATS AND SOAT MAJOR ACCOMPLISHMENTS INCLUDE - BASELINE MONITORING SURVEYS FOR WESTERN EVERGLADES RESTORATION - MONITORING AND ASSESSING COVE FORESTS OVERTIME AND INVESTIGATING CAUSES OF MANGROVE DIS-OFFS BOTH NATURAL AND ANTHROPOGENIC - RESTORATION OF MANGROVE LEAS, INCLUDING AREAS DEVASTATED BY THE 2004-2005 HURRICANES AND A DIE-OFF NEAR GOODLAND, FL - PROVIDE ASSISTANCE TO FLORIDA FISH FE CONSERVATION COMMISSION (FWC) AND U S FISH AND WILDLIFE SERVICE (USS-WS) IN THEIR PANTHER	IS TO USE THE OP SASED OF FIELD G E DIE- AND TLE HONS D (ATER
4b	PROVIENTE PROVINCE PR) (Expenses \$ 1,235,751 including grants of \$) (Revenue \$) RVANCY OF SOUTHWEST FLORIDA ENVIRONMENTAL POLICY TEAMA CRITICAL ROLE PLAYED BY THE CONSERVANCY ENVIRONMENTAL POLICY TEAM IS TO DEFER OUR REGION'S DECISION MAKERS WITH THE TOOLS NECESSARY TO MAKE INFORMED DECISIONS ON ENVIRONMENTAL AND CONSERVATION ISSUES SOMENTAL POLICY TEAM ENSURES THE PROPER STEWARDSHIP OF SOUTHWEST FLORIDA'S WATER, LAND AND WILDLIFE CONTINUED ON SCHEDULE OT ISSES A SCIENCE-BASED APPROACH TO TACKLE BROAD REGIONAL ENVIRONMENTAL ISSUES AND COLLABORATES WITH PARTNERS SUCH AS BUSINESS, ON MENTAL, ACADEMIC AND GOVERNMENT LEADERS SUSTAINABLE DEVELOPMENT, SMART GROWTH, WATER ISSUES, ENDANGERED SPECIES AND WILDLIF TO THE POLICY TEAM SPECIFIC INITIATIVES INCLUDE - WORKING TO REDUCE POLLUTION IN OUR BAYS, RIVER STUARIES BY DEVELOPING MORE STRINGENT STORMWATER RULES AND LIMIT THE LEGAL LIMITS OF NUTRIENT POLLUTION ENTERING THE WATERWAYS TING DECISION MAKERS TO ENSURE TRANSPORTATION AND DEVELOPMENT PROJECTS ARE SUSTAINABLE AND UTILIZE SMART GROWTH PRINCIPLES AT YAND REGIONAL LEVELS - WORKING WITH VARIOUS ENVIRONMENTAL ORGANIZATIONS TO PROTECT THE ENDANGERED FLORIDA PANTHER AND ITS IT - SUPPORTING THE PURCHASE OF LANDS THAT OFFER ENVIRONMENTAL BENEFIT AND PUBLIC BENEFIT, INCLUDING EVERGLADES' RESTORATION - ING CONSERVATION EASEMENTS AND SETTLEMENT AGREEMENTS ACROSS THE REGION TO ENSURE THEIR LONG-TERM ENVIRONMENTAL INTEGRITY - G AN ACTIVE ROLE TO ENSURE THAT ADEQUATE AMOUNTS AND QUALITY OF WATER ARE DELIVERED INTO THE UNIQUE ESTUARINE SYSTEMS IN SOUTH A - RECOMMENDING AND SUPPORTING ENVIRONMENTALLY SENSITIVE LANDS - WORKING TO LIMIT DEVELOPMENT IN WETLANDS TO PROTECT THE AREA FROM FLOODS AND RIVE UNDERGROUND WATER SUPPLIES AND IMPROVE WATER QUALITY FOR PEOPLE AND FOR WILDLIFE WHILE THE PRIMARY OBJECTIVE OF THE WANDLY OF SOUTHWEST FLORIDA POLICY TEAM IS TO COLLABORATE TO REACH ENVIRONMENTALLY. RESPONSIBLE DECISIONS, LEGAL ACTION IS TAKEN MEASURED TO PROMOTE SUSTAINABILITY AND PRESERVE THE QUALITY OF LIFE IN SOUTHWEST FLORIDA THE PRIMARY OBJECTIV	S THE THE LIFE RS S - T THE HWEST HELP
4 c	DEVEL AND L WILLI THES N THE N DEVEL HUND SMITH SITE 7 FLORI ARE K PROG TECHI REACI AND F DEPAR AWAR CREAC ENVIR) (Expenses \$ 1,087,461 including grants of \$) (Revenue \$ 596,268) RVANCY OF SOUTHWEST FLORIDA EDUCATION TEAM AND CONSERVANCY NATURE CENTERTHE CONSERVANCY OF SOUTHWEST FLORIDA IS COMMITTED POPING THE ENVIRONMENTAL LEADERSHIP OF TOMORROW CONTINUED ON SCHEDULE OWE STIVE TO PROVIDE CHILDREN AND ADULTS AN APPRECIAT ODERSTANDING OF SOUTHWEST FLORIDA'S UNIQUE NATURAL RESOURCES PEOPILE WHO APPRECIATE THE IMPORTANCE OF THESE RESOURCES ARE M G TO HELP PROTECT AND TO ADDRESS THE CRITICAL ENVIRONMENTAL ISSUES FACING SOUTHWEST FLORIDA'S LAND, WATER AND WILDLIFE THROUGH ORIK, WE STRIVE TO EQUIPO OUR COMMUNITY WITH THE KNOWLEDGE AND UNDESTANDING TO MAKE A DIFFERENCE FOR THE ENVIRONMENT AND CICKT GENERATION OF ENVIRONMENTAL LEADERS. THE WORK INCLUDES - INVESTING \$20 MILLION TO RENOVATE THE CONSERVANCY NATURE CENTER: "OP A MORE ROBUST ON-SITE EDUCATION PROGRAM THE FULL 21-ACRE EXPERIENCE FOR THE PUBLIC NOW INCLUDES - DALTON DISCOVERY CENTER EDGS OF LIVE NATIVE ANIMAL SPECIES - VON ARX WILDLIFE HOSPITAL AND NURSERY - SHOTWELL WAVERING FAMILY FILTER MARSH- CHRISTOPHER B PRESERVE, PROTECTING OVER 70 GOPHER TORTOISES- ELECTRIC BOAT RIDES DEPARTING FROM THE ALLYN FAMILY LAGOON- DELONG MANGROVE TR 69 ON "THE GREAT FLORIDA BIRDLING TRAIL" - FUNDING FOR CONSERVANCY NATURE CENTER RENOVATIONS WAS PROVIDED BY THE "SAVING SOUTHY A" CAPITAL CAMPAIGN OPERATING COSTS INCLUDE PROGRAM SUPPLIES, FOOD FOR DALTON DISCOVERY CENTER ANIMALS AND STAFF TIME EXPENS PIT IN CHECK BY THE USE OF SEASONAL INTERNS, VOLUNTEERS AND COMMUNITY PARTNERS WHO OCCASIONALLY SPONSOR OR UNDERWRITE EVENTS AMS - DEVELOPING RELATIONSHIPS WITH GULF COAST UNIVERSITY AND AREA SCHOOLS TO REATE AN ENVIRONMENTALLY-BASED STEM (SCIENCE, OLOGY, ENGINEERING AND MATH) INSTITUTE - WORKING WITH LOCAL SCHOOLS TO PROVIDE AGE APPROPRIATE ENVIRONMENTAL LEARNING PROGRAM ING APPROXIMATELY 10,000 STUDENTS PER YEAR WITHIN THE SCHOOLS, K THROUGH 8 - LEADING FIELD TRIPS FOR SCHOOL GROUPS, ADULT GROUP MILLY GROUPS AT THE CONSERVANCY NATURE CENTER REACHING AND ESTIMATED 2,500 PEO	TION HORE SH REATE TO WITH RAIL- WEST SES S AND MS, PS, HON HG ATION LT
	OF SC FALL (FUND NEEDS) (Expenses \$ 1,285,182 including grants of \$) (Revenue \$) RVANCY OF SOUTHWEST FLORIDA VON ARX HOSPITAL WILDLIFE TEAMORIGINALLY BUILT IN 1979 TO TREAT 400-600 ANIMALS PER YEAR, THE CONSERVITHWEST FLORIDA WILDLIFE CLINIC TREATED APPROXIMATELY 2,700 NATIVE ANIMALS A YEAR IN AN ANTIQUATED 1,700 SQUARE FOOT FACILITY IN THE 2012 THE OLD CLINIC WAS REPLACED WITH A 5,000 SQUARE FOOT, ENERGY EFFICIENT STATE-OF-THE-ART WILDLIFE HOSPITAL THE PROJECT WAS DO BY THE "SAVING SOUTHWEST FLORIDA" CAPITAL CAMPAIGN WITH TWO GOALS IN MIND FOREMOST THE HOSPITAL WAS DESIGNED TO MEET THE ME OF INJURED, SICK AND ORPHANED NATIVE BIRDS, MAMMALS AND REPTILES, ULTIMATELY IMPROVING THEIR ABILITY TO BE RELEASED BACK IN TO THIS THE SECOND GOAL IS TO PROVIDE EDUCATION TO OUR NATURE CENTER VISITORS ON HOW TO PREVENT INJURIES TO WILDLIFE THE VON ARX WILDLIF	HE S EDICAL E

CONSERVANCY OF SOUTHWEST FLORIDA VON ARX HOSPITAL WILDLIFE TEAMORIGINALLY BUILT IN 1979 TO TREAT 400-600 ANIMALS PER YEAR, THE CONSERVANCY OF SOUTHWEST FLORIDA WILDLIFE CLINIC TREATED APPROXIMATELY 2,700 NATIVE ANIMALS A YEAR IN AN ANTIQUATED 1,700 SQUARE FOOT FACILITY IN THE FALL OF 2012 THE OLD CLINIC WAS REPLACED WITH A 5,000 SQUARE FOOT, ENERGY EFFICIENT STATE-OF-THE-ART WILDLIFE HOSPITAL THE PROJECT WAS FUNDED BY THE "SAVING SOUTHWEST FLORIDA" CAPITAL CAMPAIGN WITH TWO GOALS IN MIND FOREMOST THE HOSPITAL WAS DESIGNED TO MEET THE MEDICAL NEEDS OF INJURED, SICK AND ORPHANED NATIVE BIRDS, MAMMALS AND REPTILES, ULTIMATELY IMPROVING THEIR ABILITY TO BE RELEASED BACK IN TO THE WILD THE SECOND GOAL IS TO PROVIDE EDUCATION TO OUR NATURE CENTER VISITORS ON HOW TO PREVENT INJURIES TO WILDLIFE THE VON ARX WILDLIFE HOSPITAL IS THE ONLY FACILITY OF ITS KIND WITHIN COLLIER COUNTY AND RECEIVES NO GOVERNMENT FUNDING 2013 SAW A 35% INCREASE IN THE NUMBER OF ANIMALS ADMITTED TO THE HOSPITAL FOR TREATMENT THE INJURED, SICK AND ORPHANED NATIVE WILDLIFE ARE CARED FOR BY A DEDICATED STAFF OF FIVE FULL-TIME EMPLOYEES, A STAFF VETERINARIAN, AND SEASONAL INTERNS STAFF EFFORTS ARE SUPPORTED BY VOLUNTEERS WHO ASSIST WITH DIET PREPARATION, CAGE CLEANING, ANIMAL RESTRAINT AND WILDLIFE RESCUE AND RELEASE THE COST TO TREAT EACH ANIMAL IS MORE THAN \$250 OPERATING EXPENSES FOR FOOD, MEDICAL SUPPLIES AND STAFF EXCEEDS \$300,000 ANNUALLY 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.

4d Other program services (Describe in Schedule O)

(Expenses \$ 1,285,182 including grants of \$

4.943,005 4.943,005

) (Revenue \$

art TV	Check	list of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	Yes	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10	Yes	
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
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	Yes	
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 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	Yes	
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		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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	Yes	
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Νo
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		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

	Statements Regarding Other IRS Fillings and Tax Compliance			г
	Check if Schedule O contains a response to any question in this Part V	•	Yes	No
3	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 31		103	110
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1 c	Yes	
	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			
,	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
		2-	V	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b	Yes Yes	
	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	30	1 es	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		N
	If "Yes," enter the name of the foreign country 🕨			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
		_		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		N
•	organization solicit any contributions that were not tax deductible as charitable contributions?			14
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
	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	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to		105	
	file Form 8282?	7c		N
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		N
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
	Sponsoring organizations maintaining donor advised funds.	8		
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
ı	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
ı	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			
	Enter the amount of reserves on hand	1		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N
	If "Yes" has it filed a Form 720 to report these payments? If "No" provide an explanation in Schedule O	14h		

Form 990 (2012) Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. 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 25			
	year	_		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
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		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
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	Yes	
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ıe Cod	e.)
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	Revenu	<i>y</i> es	e.) No
10a	Did the organization have local chapters, branches, or affiliates?	10a		
10a				No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10a 10b 11a 12a 12b	Yes Yes Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No

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 Form 1023 (or 1024 if applicable), 990, and 990-T (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)
- 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
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►VICTORIA POLLOCK 1450 MERRIHUE DRIVE NAPLES, FL (239)403-4202

<u>Part VII</u> Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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, or 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

Organization September Organization September Organization Organizati	(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not box h an or/tr	offic ustee	ess er e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
(1) LYINI SLAPAUGH (2) CHAIRMAN OF BOARD (3) GEORGE GIBSON (3) GEORGE GIBSON (3) GEORGE GIBSON (4) JANE FEASALL (4) JANE FEASALL (5) OU (5) DEHNIS BOWN (6) JOSEPH CATTI (6) JOSEPH CATTI (7) PAUL CARDDRY (7) PAUL CARDDRY (7) PAUL CARDDRY (8) JOHN FUNAGALI (9) THOMAS GIBSON (10) PHIL GRESH (10) PHIL GRESH (11) JOHN R HALL (10) PHIL GRESH (12) JOS KELLEY (13) JIM MURRAY (14) JUNNER HEAND (15) JUNN R REARTH (16) JOSEPH CATTI (17) JUNNER HEAND (17) DIRECTOR (18) JOHN FUNAGAL (18) JOHN FUNAGAL (19) JOHN R HALL (10) PHIL GRESH (11) JOHN R HALL (11) JOHN R HALL (13) JIM MURRAY (14) JUNNER HEAND (15) JOHN R HEAND (16) JOHN R HEAND (17) JUNNER HEAND (18) JOHN R		below	Individual trustée or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	and related	
(2) KEN KRIER	(1) LYNN SLABAUGH	10 00	х		х				0	0	0	
X												
(3) GEORGE GIBSON	•	5 00	x		х				0	0	0	
TREASURER		5 00									_	
(4) JANE PEARSALL (5) DENNIS BROWN (5) DENNIS BROWN (6) JOSEPH CATITI (6) JOSEPH CATITI (7) PAUL CARDDRY (8) JOHN FUMAGALL (8) JOHN FUMAGALL (9) THOMAS GIBSON (10) PHILE GRESH (11) JOHN R HALL (12) LOIS KELEY (13) JIM MURRAY (13) JIM MURRAY (14) WAYNE MELAND DIRECTOR (15) LEAS MERRITT (16) PATS SCHROEDER (17) YLYNNE SHOTWELL (18) SOO (10) PHILE GRESH (10) O	•		×		Х				0	0	0	
SECRETARY (S) DENNIS BROWN (S) OUT (S) OUT (S) OUT (S) OUT (T) PAUL CARDDRY (T) OUT (T) PAUL CARDDRY (T) OUT (T		5.00	-					\vdash				
S DENNIS BROWN		3 00	x		Х				0	0	0	
DIRECTOR (6) JOSEPH CATTI (7) AQUIL CARDDRY (8) JOHN FUMAGALI (8) JOHN FUMAGALI (9) HIMAG GIBSON (10) PHIL GRESH (11) JOHN R HALL (12) JOHN R HALL (13) JIM MURRAY (13) JIM MURRAY (13) JIM MURRAY (14) WAYNE MELAND (15) LISA MERRITT (16) PAISY SCHROEDER (17) LYNNE SHOTWELL (18) JOHN FUMAGAL (19) A A A A A A A A A A A A A A A A A A A		5.00									_	
GO JOSEPH CATTI	•	3 00	x						0	0	0	
DIRECTOR												
Color Colo		5 00	x						0	0	0	
DIRECTOR	DIRECTOR											
DIRECTOR	(7) PAUL CARDDRY	5 00	l x						0	0	0	
DIRECTOR (9) THOMAS GIBSON DIRECTOR (10) PHIL GRESH DIRECTOR (11) JOHN R HALL DIRECTOR (12) LOIS KELLEY DIRECTOR (13) JIM MURRAY DIRECTOR (14) WAYNE MELAND DIRECTOR (15) USA MERRITT DIRECTOR (16) PATSY SCHROEDER DIRECTOR (17) LYNNE SHOTWELL DIRECTOR (17) LYNNE SHOTWELL DIRECTOR (18) DO DIRECTOR DIRECTOR (19) THOMAS GIBSON DIRECTOR DIR	DIRECTOR									_		
DIRECTOR	(8) JOHN FUMAGALI	5 00	_x						0	0	0	
DIRECTOR									Ŭ	0		
DIRECTOR (10) PHIL GRESH DIRECTOR (11) JOHN R HALL DIRECTOR (12) LOIS KELLEY DIRECTOR (13) JIM MURRAY DIRECTOR (14) WAYNE MELAND DIRECTOR (15) LISA MERRITT DIRECTOR (16) PATSY SCHROEDER DIRECTOR (17) LYNNE SHOTWELL DIRECTOR (17) LYNNE SHOTWELL DIRECTOR (18) DO	(9) THOMAS GIBSON	5 00							0	<	0	
X	DIRECTOR		^							U	U	
DIRECTOR X 0<	(10) PHIL GRESH	5 00	, ,									
The content of the	DIRECTOR		×							0	0	
DIRECTOR X 0<		5 00										
12) LOIS KELLEY	DIRECTOR		×						0	0	0	
DIRECTOR X	(12) LOIS KELLEY	5 00										
Column C	DIRECTOR		×						0	0	0	
DIRECTOR X	(13) JIM MURRAY	5 00						\vdash				
(14) WAYNE MELAND 5 00 X 0 0 0 DIRECTOR 5 00 X 0 0 0 (15) LISA MERRITT 5 00 X 0 0 0 DIRECTOR 5 00 X 0 0 0 (16) PATSY SCHROEDER 5 00 X 0 0 0 DIRECTOR 5 00 X 0 0 0 (17) LYNNE SHOTWELL 5 00 X 0 0 0			×						0	0	0	
DIRECTOR X		5.00						\vdash				
(15) LISA MERRITT 5 00 X 0 0 0 DIRECTOR 5 00 X 0 0 0 (16) PATSY SCHROEDER 5 00 X 0 0 0 DIRECTOR X 0 0 0 0 (17) LYNNE SHOTWELL 5 00 X 0 0 0			x						0	0	0	
X		F.00										
(16) PATSY SCHROEDER 5 00 X 0 0 0 DIRECTOR (17) LYNNE SHOTWELL 5 00 X 0 0 0		5 00	x						0	0	0	
DIRECTOR								_			_	
DIRECTOR 5 00 X 0 0 0	(10) PAISY SCHRUEDER	5 00	l x						0	0	0	
	(17) LYNNE SHOTWELL	5 00	_v							0	0	
	DIRECTOR								<u> </u>	0	0	

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

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	note boo	chec x, unle n offic rustee	ess er	(D) Reportable compensati	on n	(E) Reportable compensatio from related organization	n I s	(F Estim amount o compen from	ated of other sation the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099 MISC)) -	(W- 2/1099 MISC)	-	organiz	lated
(18) JEANNIE SMITH	5 00	х							0		0		0
DIRECTOR (19) HEIDI COLGATE-TAMBLYN	5 00												
DIRECTOR	3 00	х							0		0		0
(20) ANN DRACKETT THOMAS	5 00												
DIRECTOR		X							0		0		0
(21) JAY TOMPLINS	5 00	х							0		0		0
DIRECTOR		<u> </u>									_		
(22) TUCKER TYLER	5 00	x							0		0		0
DIRECTOR (23) NANCY WHITE	5 00						-						
DIRECTOR		X							0		0		0
(24) VAN WILLIAMS	5 00	.											
DIRECTOR		X							0		0		0
(25) GEANE WINFELDT	5 00	x							0		0		0
DIRECTOR													
(26) ANDREW MCELWAINE	60 00			х				157	,994		0		41,264
CEO (THROUGH 7/5/13) (27) ROB MOHER	60 00	-											
VP MEMBERSHIP & DEVELOPMENT				х				165	,302		0		54,707
(28) VICTORIA POLLOCK	60 00			.							_		40.500
CFO				×				/4	,235		0		19,503
1b Sub-Total			•										
c Total from continuation sheets to Par	t VII, Section A		•	•				207 521			0		115,474
d Total (add lines 1b and 1c) Total number of individuals (including					ا ما ما	- \		397,531		'	۷		115,474
\$100,000 of reportable compensation				eu a	DOVE	e) Wiic	rec	erved more tr	Idli				
												Yes	No
3 Did the organization list any former of on line 1a? If "Yes," complete Schedule			e, ke	y en	nplo •	yee, o	rhig	ghest compen	sate •	d employee	3		N o
4 For any individual listed on line 1a, is organization and related organizations individual										om the	4	Yes	
5 Did any person listed on line 1a receiv	e or accrue com	pensat	ion f	rom	anv	unrel	later	d organization	orıı	ndividual for		162	
services rendered to the organization									•		5		Νo
												•	
Section B. Independent Contract Complete this table for your five highe		ındena	ndor	nt co	ntr	actoro	the	t received mo	re +l	nan ¢100 000	o f		
- Complete this table for your live liight	or combensared	maepe	.nuel		,,,,,,,,	401012	LIId	CIECGIVER IIIO	ייב נו	1411 P T O O , O O O	U I		

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

(A) Name and business address	(B) Description of services	(C) Compensation
HEATHERWOOD CONSTRUCTION COMPANY 8880 TERRENE COURT BONITA SPRINGS FL 34135	GENERAL CONTRACTOR	2,708,704
L-ARCHITECT 1020 8TH AVE S SUITE 5 NAPLES FL 34105	ARCHITECTUAL SERVICES	186,490

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 ►2

Form 99								Page 9
Part \	/Ш		of Revenue ule O contains a respon	nse to any question	in this Part VIII			Г
				ise to any question	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
χ£	1a	Federated cam	paigns 1a					
ant	ь	Membership du	es 1b	437,827				
ىق ق	c	Fundraising eve	ents 1 c	1,560,071				
ffs, FA	d	Related organiz	zations 1d					
<u>.</u>	e	Government grants		644,414				
ns,		_						
uti e fi	f	similar amounts no	ons, gifts, grants, and 1f ot included above	2,157,163				
들툍	g	Noncash contribution	ons included in lines	1,556,888			İ	j
Contributions, Giffs, Grants and Other Similar Amounts	h	Total. Add lines	s 1 a - 1 f		4,799,475			
<u> </u>	<u> </u>							
e E	2a	PROGRAM INCOME	_	Business Code	250 220	350 330		
wer	b	- ROGRAM INCOME	-	611710	259,220	259,220		
选								
Program Serwce Revenue	C							
	d							
	e	A. I						
Ş	f	All other progra	am service revenue					
	g	Total. Add lines	s 2a – 2f		259,220			
	3		ome (including dividend ar amounts)		222,053			222,053
	4		stment of tax-exempt bond p					
	5	Royalties						
			(ı) Real	(II) Personal				
	6a	Gross rents	11,400					
	Ь	Less rental expenses	0					
	c	Rental income or (loss)	11,400					
	d	, ,	me or (loss)		11,400			11,400
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other	11,807,406	1,615				
	Ь	than inventory Less cost or						
		other basis and sales expenses	11,154,500	175,284				
	c	Gain or (loss)	652,906	-173,669				
	d	Net gain or (los	s)		479,237			479,237
anne	8a	Gross income f events (not inc \$	luding ,071					
Other Revenue		of contributions See Part IV, lin	reported on line 1c) ie 18 a	460,113				
ē	ь	Less direct ex	penses b	901,442				
ō	c	Net income or (ا loss) from fundraising (events 🛌	-441,329			-441,329
	9a	Gross income f See Part IV, lin	rom gaming activities lee 19 a					
	ь	Less direct ex	penses b					
	c		loss) from gaming activ	vities				
	10a	Gross sales of						
		returns and allo	owances . a	1,125,692				
	ь	less cost of a	oods sold b					
			(loss) from sales of inve	655,809 entory .	469,883	337,048	132,835	
		Miscellaneous	· · · · · · · · · · · · · · · · · · ·	Business Code				
	11a							
	b							
	С							
	d	All other reven	ue					
	е	Total. Add lines	s 11a-11d	🕨				
	12	Total revenue.	See Instructions	🕨	5,799,939	596,268	132,835	271,361
	1			I	2,799,939	250,208	132,835	2/1,301

Form	990 (2012)				Page 10
Part					
Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns All			olete column (A)	
	Check if Schedule O contains a response to any question in this Pa	rt IX I	(B)		(D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	500,644	171,236	131,671	197,737
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	2,557,114	2,041,895	161,733	353,486
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	37,883	26,989	4,290	6,604
9	Other employee benefits	58,017	41,775	5,511	10,731
10	Payroll taxes	233,565	168,167	22,189	43,209
11	Fees for services (non-employees)				_
а	Management				
b	Legal	86,823	86,823		
С	Accounting	17,500		17,500	
d	Lobbying	43,000	43,000		
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	38,458		38,458	_
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on	432,495	375,000		57,495
12	Schedule O)		,	2 200	
12	Advertising and promotion	101,286	95,774	2,288	3,224
13	Office expenses	311,508	231,309	4,585	75,614
14	Information technology	156,925	107,866	14,547	34,512
15	Royalties				
16	Occupancy	463,806	401,370	30,317	32,119
17 18	Payments of travel or entertainment expenses for any federal,	176,368	157,620	8,924	9,824
10	state, or local public officials	FF 242	42.277	4.607	11.260
19	Conferences, conventions, and meetings	55,342	42,277	1,697	11,368
20	Interest		-	 	
21	Payments to affiliates	610.005	EE2 040	44.435	22.552
22	Depreciation, depletion, and amortization	618,906	553,919	 	23,552
23 24	Insurance	235,689	210,233	15,793	9,663
а	INTERNS	100,180	100,180		_
b	ANIMAL FOOD COSTS	87,572	87,572		
c		1,212	1,=1=		
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	6,313,081	4,943,005	500,938	869,138
26	Joint costs. Complete this line only if the organization	0,313,001	1,545,003	300,930	305,130
20	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here F [if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

PG	rt X	Check if Schedule O contains a response to any question in this Part X .				
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		46,002	1	33,598
	2	Savings and temporary cash investments		12,180	2	24,008
	3	Pledges and grants receivable, net		5,879,965	3	3,803,709
	4	Accounts receivable, net		20,437	4	11,315
Assets	5	Loans and other receivables from current and former officers, directors, to employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined u $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contributin and sponsoring organizations of section $501(c)(9)$ voluntary employees' organizations (see instructions) Complete Part II of Schedule L	g employers		6	
Š.	7	Notes and loans receivable, net			7	
₹	8	Inventories for sale or use		147,939		187,491
	9	Prepaid expenses and deferred charges		127.042	9	121,228
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	.2.,152			
	Ь	Less accumulated depreciation 10b	4,238,855	17,569,548	10c	21,531,892
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		9,884,342	12	10,482,630
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		14,345,589	15	14,723,720
	16	Total assets. Add lines 1 through 15 (must equal line 34)	48,033,044	16	50,919,591	
	17	Accounts payable and accrued expenses		634,088	17	637,435
	18	Grants payable	,	18	<u>, </u>	
	19	Deferred revenue	156,159	19	176,020	
	20	Tax-exempt bond liabilities	,	20	<u>'</u>	
	21	Escrow or custodial account liability Complete Part IV of Schedule D .			21	
Liabilities	22	Loans and other payables to current and former officers, directors, truste key employees, highest compensated employees, and disqualified				
аę		persons Complete Part II of Schedule L			22	75,792
	23	Secured mortgages and notes payable to unrelated third parties		3,480,481	23	6,029,867
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third pa and other liabilities not included on lines 17-24) Complete Part X of Sch		2.055	25	2 700
		D		3,955		3,706
	26	Total liabilities. Add lines 17 through 25	plete	4,274,683	26	6,922,820
Ĕ	27	lines 27 through 29, and lines 33 and 34. Unrestricted net assets		4,861,126	27	15,739,940
<u>ರ</u>			•	28,367,088		17,718,892
ă	28	Temporarily restricted net assets				
Ĭ	29	Permanently restricted net assets		10,530,147	29	10,537,939
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ► ☐ a complete lines 30 through 34.	ina			
Ş	30	Capital stock or trust principal, or current funds			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			31	
ď	32	Retained earnings, endowment, accumulated income, or other funds			32	
Zet	33	Total net assets or fund balances		43,758,361	33	43,996,771
	34	Total liabilities and net assets/fund balances	•	48,033,044	34	50,919,591

Pai	TEXT Reconcilliation of Net Assets				৮
	Check if Schedule O contains a response to any question in this Part XI	• •	<u>· · · </u>	• •	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5,7	799,939
2	Total expenses (must equal Part IX, column (A), line 25)	2 6,313,0			
3	Revenue less expenses Subtract line 2 from line 1				, 513,142
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4 43,758,36			
5	Net unrealized gains (losses) on investments	5			-26,146
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		7	777,698
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			96,771
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. ᅜ
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis			i	
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	arate			
	▼ Separate basis				1
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	n			1
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	е	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the i audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b		

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As Filed Data -

DLN: 93493164002304

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

THE CONSERVANCY OF SOUTHWEST FLORIDA

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. ▶ See separate instructions.

Inspection

									59-1157				
Par				blic Charity Sta						ınstruction	S.		
The o	rganı:			e foundation becaus									
1	<u> </u>		•	on of churches, or a				section 170	(b)(1)(A)(i)	-			
2	<u>_</u>			in section 170(b)(1			•						
3	<u>_</u>	•		perative hospital se	=								
4				n organization operat	ted ın conjun	ction with	a hospital de	scribed in s	ection 170(b)(1)(A)(iii).	Enter the		
5	Г			ty, and state erated for the benefi	t of a college	or univers	ity owned or	operated by	, a governme	ntal unit des	cribed in		
•	,			A)(iv). (Complete P		. Or univers	ity owned or	operated by	, a governine	iicai aiiic acs	cribed iii		
6	Г			local government or	•	al unit des	cribed in sec	tion 170(h)	(1)(A)(v)				
7	<u> </u>			at normally receives						from the ae	neral nublic		
8	,	descril	oed in sectio	n 170(b)(1)(A)(vi). described in section	(Complete F	art II)	• •		nental ante of	nom the ge	neral public		
9	Г			at normally receives			-	-	ıbutıons, mei	mbership fee	es, and gross		
				ities related to its ex									
		ıts sup	port from gr	oss investment inco	me and unre	lated busin	ess taxable i	ncome (les	s section 51	1 tax) from b	ousinesses		
		acquire	ed by the org	janızatıon after June	30,1975 S	ee section	509(a)(2).(Complete P	art III)				
10	Γ	Anorg	anızatıon or	ganızed and operated	dexclusively	to test for	public safety	y See secti	on 509(a)(4)				
11	Γ	An org	anızatıon or	ganized and operated	dexclusively	for the be	nefit of, to pe	rform the fu	nctions of, or	to carry ou	t the purposes of		
				ly supported organiz						See section	509(a)(3). Check		
				bes the type of supp b Type II c						lan function	ally intograted		
_	_		• •	ox, I certify that the			, -	•	· ·		• •		
е	1			on managers and ot									
			n 509(a)(2)	J		•	,	J			()()		
f				received a written de	etermination	from the I	RS that it is a	a Type I, Ty	pe II, or Typ	e III suppoi	ting organization,		
			this box	2006, has the organi	zation accer	ated any di	ft or contribu	tion from an	v of the		l		
g			ng persons?		zacion acce,	red ally gi	ic or contribu	cion nom an	iy or the				
				rectly or indirectly o	ontrols, eith	er alone or	together wit	h persons d	escribed in (i	u)	Yes No		
		and (111) below, the	governing body of th	e supported	organizatio	on?			11	.g(i)		
		(ii) A f	amıly memb	er of a person descr	bed ın (ı) ab	ove?				11	g(ii)		
		(iii) A	35% contro	lled entity of a perso	n described	described in (i) or (ii) above?							
h		Provid	e the followi	ng information about	the support	ed organiza	ition(s)						
			T				1		1		1		
_) Nam uppor		(ii) EIN	(iii) Type of organization	(iv) Is i organizati		(v) Did yo	•	(vi) Is		(vii) A mount of monetary		
	ganiza			(described on	col (i) lis		in col (i)		col (i) or		support		
				lines 1 - 9 above	your gove		suppo		ın the				
				or IRC section	docume	nt?							
				(see instructions))		•							
				macructions))	Yes	No	Yes	No	Yes	No			
Total						1							

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.)

5	ection A. Public Support	ation falls to qu	anny ander the	tests listed belo	W, picase com	piete i t	11 (111.)	
	endar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2	012	(f) Total
	in) ► Gifts, grants, contributions, and	(,	(-,	(1, 1111	(-,	(-, -		
1	membership fees received (Do not							
	include any "unusual	5,070,82	7,148,657	16,839,064	4,802,653	2	,799,474	38,660,669
	grants ")							
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	5,070,82	7,148,657	16,839,064	4,802,653	4	,799,474	38,660,669
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							2 672 246
	supported organization) included on line 1 that exceeds 2% of the							2,672,246
	amount shown on line 11, column							
	(f)							
6	Public support. Subtract line 5							25.000.422
	from line 4							35,988,423
S	ection B. Total Support							
Cale	endar year (or fiscal year	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 20)12	(f) Total
_	beginning in) 🟲							
	Amounts from line 4	5,070,821	7,148,657	16,839,064	4,802,653	4	,799,474	38,660,669
8	Gross income from interest,							
	dividends, payments received on securities loans, rents, royalties	152,527	145,675	205,743	221,681		233,453	959,079
	and income from similar		2.0,0.0		,			222,212
	sources							
9	Net income from unrelated							
	business activities, whether or	178,003	251,973	376,161	394,312		132,833	1,333,282
	not the business is regularly	1,0,000	232,373	373,101	331,312		152,005	1,333,232
	carried on							
10	Other income Do not include							
	gain or loss from the sale of capital assets (Explain in Part	53,959	33,073	45,284	52,034			184,350
	IV)							
11	Total support (Add lines 7							41 127 200
	through 10)							41,137,380
12	Gross receipts from related activit	ies, etc (see inst	ructions)			12		1,019,997
13	First five years. If the Form 990 is	for the organizat	ion's first, second	l, thırd, fourth, or fi	ifth tax year as a	501(c)(3) organız	ation, check
	this box and stop here	<u></u>	<u> </u>	<u> </u>				
	ection C. Computation of Pul							
14	Public support percentage for 2012	2 (line 6, column	(f) divided by line	11, column (f))		14		87 480 %
15	Public support percentage for 201	1 Schedule A, Pa	rt II, lıne 14			15		77 440 %
16a	33 1/3% support test—2012. If the	organization did	not check the box	on line 13, and lii	ne 14 is 33 1/3%	or more,	check th	
	and stop here. The organization qua							► ▼
b	33 1/3% support test—2011. If the				and line 15 is 33	1/3% or i	nore, che	
47-	box and stop here. The organizatio				- 12 16161		- 4.4	▶
1/a	10%-facts-and-circumstances test is 10% or more, and if the organiza	-				•		
	in Part IV how the organization me							ted
	organization	cts the lacts all	a circumstances	test The Organiz	acion quannes as	a public	., Juppor	►□
Ь	10%-facts-and-circumstances test	—2011. If the ora	anızatıon dıd not	check a box on lin	e 13, 16a, 16b. d	or 17a. a	nd line	. ,
_	15 is 10% or more, and if the organ							
	Explain in Part IV how the organiza							
	supported organization					_		► □
18	Private foundation. If the organiza	tion did not check	k a box on line 13	, 16a, 16b, 17a, o	or 17b, check this	box and	see	
	instructions							►□

Schedule A (Form 990 or 990-EZ) 2012 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2,						
<i>7</i> a	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and 3						
_	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6)						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	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						
11	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					<u> </u>
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,		
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. 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 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493164002304

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Inspection

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

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

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

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

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

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

Na	me of the organization ECONSERVANCY OF SOUTHWEST FLORI		Employer identification number				
1111	CONSERVANCE OF SOUTHWEST FEOR	ioa			59-1157084	1	
Par	t I-A Complete if the or	ganization is exempt unde	r section 501(d	c) or is a	section 52	7 organization.	
1	Provide a description of the org	ganızatıon's dırect and ındırect pol	itical campaign act	ıvıtıes ın Paı	t IV		
2	Political expenditures				►	\$	
3	Volunteer hours						
Par	t I-B Complete if the or	ganization is exempt unde	er section 501(c)(3).			
1		e tax incurred by the organization					
2	Enter the amount of any excise	e tax incurred by organization man	agers under sectior	1 4955	▶	\$	
3	If the organization incurred a s	ection 4955 tax, did it file Form 4	720 for this year?			┌ Yes ┌ No	
4a	Was a correction made?					┌ Yes ┌ No	
b	If "Yes," describe in Part IV						
Par	t I-C Complete if the or	ganization is exempt unde	r section 501(d	c), except	section 50	01(c)(3).	
1	Enter the amount directly expe	ended by the filing organization for	section 527 exemp	ot function a	ctivities 🕨	\$	
2	Enter the amount of the filing o exempt function activities	rganızatıon's funds contributed to	other organizations	for section	527 ►	\$	
3	Total exempt function expendi	tures Add lines 1 and 2 Enter he	re and on Form 112	0-POL, line	17b ►	\$	
4	Did the filing organization file F	Form 1120-POL for this year?				☐ Yes ☐ No	
5	organization made payments f amount of political contribution	nd employer identification number For each organization listed, enter ns received that were promptly and political action committee (PAC)	the amount paid fro d directly delivered	m the filing to a separat	organızatıon's e political org	funds Also enter the anization, such as a	
	(a) Name	(b) Address	(c) EIN	filing or	unt paid from ganization's one, enter -0	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-	

section 4911 tax for this year?

┌ Yes ┌ No

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

Check	▶	ıf the filing	organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, E	ĪN,
		expenses	and share of excess lobbying expenditures)	

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

	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)	28,701	
c	Total lobbying expenditures (add lines 1a and 1i	28,701		
d	O ther exempt purpose expenditures	6,284,382		
е	Total exempt purpose expenditures (add lines 1	6,313,083		
f	Lobbying nontaxable amount Enter the amount f	rom the following table in both	465,654	
	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 lin	e 1f)	116,414	
h	Subtract line 1g from line 1a If zero or less, ent	er-0-	0	
i	Subtract line 1f from line 1c If zero or less, ente	r - 0 -	0	
j	If there is an amount other than zero on either lii	ne 1h or line 1ı, did the organization file Form 47	20 reporting	

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

Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year (a) 2009 **(b)** 2010 (c) 2011 (d) 2012 (e) Total beginning in) Lobbying nontaxable amount 361,684 424,247 424,777 465,654 1,676,362 Lobbying ceiling amount 2,514,543 (150% of line 2a, column(e)) 69,298 38,273 28,701 Total lobbying expenditures 41,814 178,086 Grassroots nontaxable amount 90,421 106,062 106,104 116,414 419,001 Grassroots ceiling amount 628,502 (150% of line 2d, column (e)) 27,298 10,000 37,298 Grassroots lobbying expenditures

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has Notice filed Form 5768 (election under section 501(h)).	ОТ			7 0	ge S
	Week Week was a second to be a second to be a second to be a second to be a second to the second to	(6	a)		(b)	
activ	each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying vity.	Yes	No	1	Amoun	t
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					
а	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?					
е	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	O ther activities?					
j	Total Add lines 1c through 1:					
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?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 505(c)(6).	01(c)(5), (or s		
_			_		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?			3		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?					
Pa	t III-B Complete if the organization is exempt under section 501(c)(4), section 505(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "N 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).					
	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

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

Identifier Return Reference Explanation

DLN: 93493164002304

OMB No 1545-0047

Open to Public

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

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

		(a) Donor advised funds	(b) Funds and	other accounts			
1	Total number at end of year						
2	Aggregate contributions to (during year)						
3	Aggregate grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor adviso funds are the organization's property, subject to the org		nor advised	┌ Yes ┌ No	>		
6	Did the organization inform all grantees, donors, and do used only for charitable purposes and not for the benefi conferring impermissible private benefit?			┌ Yes ┌ No	5		
Pai	rt II Conservation Easements. Complete if	the organization answered "Yes" t	o Form 990, Part IV	⁷ , line 7.			
1	Purpose(s) of conservation easements held by the orga Preservation of land for public use (e g , recreation) Protection of natural habitat Preservation of open space	or education) Γ Preservation of an	n historically important certified historic struc				
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservation contribution in t	the form of a conserva	tion			
			Held at the	End of the Year			
а	Total number of conservation easements		2a		1		
b	Total acreage restricted by conservation easements		2b	10 0	0		
С	Number of conservation easements on a certified histo	, ,	2c		0		
d	Number of conservation easements included in (c) acq historic structure listed in the National Register	uired after 8/17/06, and not on a	2d				
3	Number of conservation easements modified, transferre	ed, released, extinguished, or terminate	ed by the organization	durıng			
	the tax year 🗠						
4	Number of states where property subject to conservation	on easement is located ►1					
5	Does the organization have a written policy regarding t enforcement of the conservation easements it holds?			עes ΓNo	5		
6	Staff and volunteer hours devoted to monitoring, inspect	cting, and enforcing conservation easer	ments during the year				
7	A mount of expenses incurred in monitoring, inspecting	, and enforcing conservation easement:	s during the year				
8	Does each conservation easement reported on line 2(d and section $170(h)(4)(B)(II)^2$) above satisfy the requirements of sec	ction 170(h)(4)(B)(ı)	┌ Yes ┌ No	5		
9	In Part XIII, describe how the organization reports con balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme	e footnote to the organization's financial					
Par	Complete of the organization answered "Yes		or Other Similar	Assets.			
1a	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asset service, provide, in Part XIII, the text of the footnote to	ts held for public exhibition, education,	or research in furthera				
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asset service, provide the following amounts relating to these	ts held for public exhibition, education,					
	(i) Revenues included in Form 990, Part VIII, line 1		► \$		_		
	(ii) Assets included in Form 990, Part X ► \$						
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items						

Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

	Organizations Maintaining Co							_	_		
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other recor	ds, ch	neck a	•	_		_	se of	ıts	
а	Public exhibition		d	ı	Loan or e	xchange prog	rams				
b	Scholarly research		e	Γ	Other						
c	Preservation for future generations										
4	Provide a description of the organization's co Part XIII	ollections and expla	ıın hov	w they	further th	e organization	ı's ex	empt purpos	e in		
5	During the year, did the organization solicit							nılar	_		 .
Dai	assets to be sold to raise funds rather than rate IV Escrow and Custodial Arrang		•					oc" to Form	<u>, 990</u>		l No
	Part IV, line 9, or reported an ar					ion answere	u i	es to roili	1 990	,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	lian or other interme	ediary	for co	ontribution	s or other ass	ets	not	Γ,	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	II and complete the	follov	ving ta	able	-					
								,	Amou	nt	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1 f				
2a	Did the organization include an amount on F	orm 990, Part X, line	e 21?						Γ,	Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	expla	natio	n has beer	n provided in f	art)	KIII			\sqcap
Pa	rt V Endowment Funds. Complete							t IV, line 10).		
		(a)Current year	(b)	Prior ye		Two years back	+				ears back
1a	Beginning of year balance	10,530,147			15,485	9,916,87	+	9,042,43	_		8,084,077
Ь	Contributions	7,792			16,662	596,60	7	874,44	14		958,355
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
e	Other expenditures for facilities and programs										
f	Administrative expenses						╙				
g	End of year balance	10,537,939		10,5	30,147	10,513,48	5	9,916,8	76		9,042,432
2	Provide the estimated percentage of the cur	rent year end baland	ce (lın	e 1g,	column (a)) held as					
а	Board designated or quasi-endowment 🕨										
b	Permanent endowment ► 100 000 %										
c	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c sho	uld equal 100%									
За	Are there endowment funds not in the posse		atıon '	that a	re held an	d administere	d for	the			
	·	_			i e ilelu ali						
	organization by				re neid an			_		Yes	No
	organization by (i) unrelated organizations								Ba(i)	Yes	No
	(i) unrelated organizations(ii) related organizations								a(ii)	Yes	
	(i) unrelated organizations	ns listed as require	 d on S	ched	 ule R? .					Yes	No
4	(i) unrelated organizations (ii) related organizations	ns listed as required ne organization's en	 d on S dowm	ched ent fu	 ule R? . nds		•		a(ii)	Yes	No
4	(i) unrelated organizations	ns listed as required ne organization's en	 d on S dowm	ent fu art X, (a)	 ule R? . nds	r (b) Cost or o			3b		No
4 Par	(i) unrelated organizations (ii) related organizations	ns listed as required ne organization's en	 d on S dowm	ent fu art X, (a)		r (b) Cost or o basis (other		(c) Accumulat	3b		No No ok value
4 Par	(i) unrelated organizations (ii) related organizations	ns listed as required ne organization's en	 d on S dowm	ent fu art X, (a)		r (b) Cost or o basis (other	r) ,046	(c) Accumulat	a(ii) 3b	(d) Boo	No No
Par	(i) unrelated organizations (ii) related organizations	ns listed as required ne organization's en	 d on S dowm	ent fu art X, (a)		r (b)Cost or o basis (other	r) ,046	(c) Accumulated depreciation	a(ii) 3b	(d) Boo	No No No ok value
Par 1a b	(i) unrelated organizations	ns listed as required ne organization's en	 d on S dowm	ent fu art X, (a)		r (b)Cost or o basis (other	er) 0,046 0,005	(c) Accumulated depreciation	a(ii) 3b eed 1	(d) Boo	No No No ok value
Par 1a b c	(i) unrelated organizations	ns listed as required ne organization's en	d on S dowm 90, Pa	ent fu art X, (a)		r (b)Cost or or basis (other	0,046 0,005 0,419	(c) Accumulated depreciation 3,100,	a(ii) 3b ed 861	(d) Boo	No No No ok value 579,046 4,239,144

Part VII Investments—Other Securities. S	ee Form 990, Part X, line 12.	
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
(3)Other (A)INVESTMENTS	10,042,581	F
(A) INVESTMENTS	10,042,301	<u> </u>
(B) CASH EQUIVALENTS - RESTRICTED	440,049	F
Table (Calume (h) asset asset Face 000 Part V and (P) (see 12)	10.493.630	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	10,482,630 Soc Form 000 Part V June 13	
Part VIII Investments—Program Related.		(a) Mathadas valuation
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	P	
Part IX Other Assets. See Form 990, Part X	line 15	
•	cription	(b) Book value
(1) LAND HELD FOR CONSERVATION		5,061,722
(2) OTHER RECEIVABLES		76,134
(3) TRUST RECEIVABLES		9,585,864
(0)		5,000,000
Total. (Column (b) must equal Form 990, Part X, col.(B) line	e 15.)	▶ 14,723,720
Part X Other Liabilities. See Form 990, Pa	rt X, line 25.	·
1 (a) Description of liability	(b) Book value	
Federal income taxes		
FACILITY DEPOSITS	3,706	
TAGELITI BELGGITG	3,7 30	
	 	
Table (California (I) and a 15		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	3,706	
2. Fin 48 (ASC 740) Footnote In Part XIII, provide the	text at the footnate to the organizat	tion's tinancial statements that reports the

Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	5,735,336
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	-26,145
3	Subtract line 2e from line 1	3	5,761,481
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 38,458		
b	Other (Describe in Part XIII)		
С	Add lines 4a and 4b	4c	38,458
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	5,799,939
Part :	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	6,274,623
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII) 2d		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	6,274,623
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 38,458		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	38,458
5	Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	6 313 081

Part XIII Supplemental Information

Complete this part to 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

Identifier	Return Reference	Explanation
DESCRIPTION OF HOW ORGANIZATION REPORTS CONSERVATION EASEMENTS		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
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	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
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48		THE INTERNAL REVENUE SERVICE HAS DETERMINED THE ORGANIZATION TO BE EXEMPT FROM INCOME TAXES UNDER THE PROVISIONS OF INTERNAL REVENUE CODE SECTION 501(C)(3) IN ADDITION, THE ORGANIZATION HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE TO BE OTHER THAN A PRIVATE FOUNDATION WITHIN THE MEANING OF SECTION 509(A) OF THE CODE THE INTERNAL REVENUE CODE PROVIDES FOR TAXATION OF UNRELATED BUSINESS INCOME UNDER CERTAIN CIRCUMSTANCES THE CONSIGNMENT SHOPS THAT THE ORGANIZATION OPERATES ARE SUBJECT TO SUCH UNRELATED BUSINESS INCOME TAXES THE ORGANIZATION HAS NOT BEEN EXAMINED BY THE IRS THE ORGANIZATION'S TAX RETURNS FROM THE TAX YEARS ENDED SEPTEMBER 30, 2010 THROUGH SEPTEMBER 30, 2012 ARE OPEN TO EXAMINATION BY THE IRS

DLN: 93493164002304

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Name of the organization

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding

Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Employer identification number

HE CONSERVANCY	OF SOUTHWE	ST FLORIDA						59-1157084		
Part I Fundrais	ing Activiti	es. Complete	ıf the oı	rganızatı	on a	answered "Yes" t	to Form	990, Part IV	, line 17.	
	the organization	on raised funds	through ar	ny of the f	follov	ving activities Che	eck all th	nat apply	·	
a Mail solicitati	_		J	-		Solicitation of non				
b Internet and	email solicitati	ions		f	Γ	Solicitation of gov	ernment	grants		
c	ations			g	Γ	Special fundraisin	g events	5		
d	ıcıtatıons									
2a Did the organizati or key employees	on have a writ Iisted in Form	ten or oral agree 990, Part VII)	ement with or entity	n any indi in connec	vidu: tion	al (ıncludıng officer with professional f	rs, direct undraisi	tors, trustees ng services?	Гyes Г	N
b If "Yes," list the to be compensate				undraiser	s) pı	ursuant to agreeme	ents und	er which the fur	ndraiser is	
(i) Name and addre individual or entity (fundrais		(ii) Activity	fundrais custo	Did ser have ody or	(iv) Gross receipts from activity	(or r fundra	mount paid to retained by) aiser listed in	(vi) A mount paid (or retained by organization	
			1	rol of outions?				col (i)		
			Yes	No						
			1	_						
otal	· · · ·	<u> </u>	<u> </u>	<u>.</u>			<u> </u>			
B List all states in v	which the organ	nization is regis	tered or li	censed to	solı	cıt funds or has be	en notıfı	ed it is exempt	from registration o	

Sche	edule	e G (Form 990 or 990-EZ) 2012				Page 2		
Pa	rt II	Fundraising Events. Com more than \$15,000 of fundra events with gross receipts g	aising event contributi					
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through		
			MAGIC UNDER THE MANGROVES	RED SNOOK FISHING TOURNAMENT	(total number)	col (c))		
als.			(event type)	(event type)				
Ě	1	Gross receipts	1,796,764	223,420		2,020,184		
Revenue	2	Less Contributions	1,417,573	142,498		1,560,071		
<u> </u>	3	Gross income (line 1 minus line 2)	379,191	80,922		460,113		
	4	Cash prizes						
မှာ	5	Noncash prizes	336,977	66,922		403,899		
e L	6	Rent/facility costs	134,443			134,443		
Expenses	7	Food and beverages .	112,375	2,307		114,682		
Direct E	8	Entertainment	1,500			1,500		
ă	9	Other direct expenses .	211,394	35,524		246,918		
	10	Direct expense summary Add lin	es 4 through 9 in column	(d)	•	(901,442		
	11	Net income summary Combine Ii				-441,329		
Par	t II	I Gaming. Complete if the or	ganization answered '	'Yes" to Form 990, Pai	rt IV, line 19, or rep	·		
		\$15,000 on Form 990-EZ, lir	ne 6a.					
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))		
<u>R</u>	1	Gross revenue						
enses	2	Cash prizes						
ped	3	Non-cash prizes						
Direct Exp	4	Rent/facility costs						
ă	5	Other direct expenses						
			Г Yes	┌ Yes	Г Yes			
	6	Volunteer labor	☐ No	□ No	□ No	_		
	7	Direct expense summary Add lines	s 2 through 5 in column (d)	🛌			
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	mn (d)	<u> ▶</u>			
9	Ent	ter the state(s) in which the organiza	ation operates gaming act	:ivities				
а		the organization licensed to operate				「Yes 「No		
b	If"	'No," explain						
10a	We	re any of the organization's gaming l						
b	If"	'Yes," explain						

70ES	the organization operate gaming	activities with nonlinelinders		· · I Yes I No
.2		neficiary or trustee of a trust or a men		
	formed to administer charitable of	gaming?		· · · · Fyes F No
.3	Indicate the percentage of gamir	ng activity operated in		
а	The organization's facility			13a
b	An outside facility			13b
.4	Enter the name and address of th	ne person who prepares the organizati	on's gaming/special events books	and records
	Name ►			
	Address 🟲			
	revenue?	ntract with a third party from whom the		
	amount of gaming revenue retain	ed by the third party 🟲 \$		
C	If "Yes," enter name and address	s of the third party		
	Name 🟲			
	Address ►			
.6	Gaming manager information			
	Name 🟲			
	Gaming manager compensation I	\$ \$		
	Description of services provided	>		
	☐ Director/officer	Employee	Independent contractor	
.7	Mandatory distributions			
а	Is the organization required unde	er state law to make charitable distrib	utions from the gaming proceeds to	
	retain the state gaming license?			Г _{Yes} Г _{No}
b	Enter the amount of distributions	required under state law distributed t	to other exempt organizations or sp	ent
	<u> </u>	activities during the tax year 🟲 💲		
Par	columns (III) and (v), a	mation. Complete this part to pr and Part III, lines 9, 9b, 10b, 15b ditional information (see instructi	, 15c, 16, and 17b, as applical	
	Identifier	Return Reference	Explana	tion

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493164002304

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Compensation Information

Part IV, question 23. ► Attach to Form 990. ► See separate instructions. Open to Public Inspection

Name of the organization THE CONSERVANCY OF SOUTHWEST FLORIDA **Employer identification number**

59-1157084

Par	t I Questions Regarding Compensation				
			Yes	No	
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form				
	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items				
	First-class or charter travel Housing allowance or residence for personal use				
	Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees				
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)				
	Personal services (e.g., maid, chauneur, cher)				
ь	If any of the boxes in 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	1b			
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers,				
	directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2			
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				
	✓ Compensation committee				
	☐ Independent compensation consultant ☐ Compensation survey or study				
	Form 990 of other organizations Approval by the board or compensation committee				
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization				
а	Receive a severance payment or change-of-control payment?	4a		No	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo	
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4 c		Νo	
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III				
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.				
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any				
	compensation contingent on the revenues of				
а	The organization?	5a		Νo	
b	Any related organization?	5b		No	
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of				
а	The organization?	6a		No	
b	Any related organization?	6b		Νo	
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was				
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe				
	ın Part III	8		Νo	
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9			

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

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

Note. The sum of columns (B)(1)-(111) 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

(A) Name and Title		(i) Base	W-2 and/or 1099-MIS (ii) Bonus & Incentive	C compensation (iii) Other reportable	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported as deferred in prior Form 990	
	(i) (ii)	compensation 157,994 0	compensation 0 0	compensation 0	5,188	36,076 0	199,258	<u> </u>	
	(i) (ii)	165,302 0	0	0	5,188 0	49,519 0	220,009	0	

Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to 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

Identifier Return Reference Explanation

Schedule J (Form 990) 2012

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DLN: 93493164002304

OMB No 1545-0047

Open to Public **Inspection**

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Transactions with Interested Persons

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization

Employer identification number

	ess Benefit 1									anıza		only).			
	iplete if the orgai ne of disqualified		nswered "\ (b) Rela						or 25b, or Fo (c) Descript					0b d) Corre	ected
			p€	erson	and orga	nızatıon	1							res	No
													+		
													+		
													+		
													_		
Enter the	amount of tax ın	curred by	organızatı	on ma	nagers	or disqu	alıfıed perso	ons	during the y	ear ur	nders	ection			
											. !	- \$ -			
Enterthe	amount of tax, if	any, on i	ine 2, abov	e, rei	mbursea	by the o	organizatior	١.			•	- \$ _			
	oans to and/														
	omplete if the org ganization repor							ine	38a, or Forr	n 990	, Part	IV, line	26, 0	r if the	
) Name of	(b) Relationship			(d)	Loan to	х, ппс с	(e)Origina		f) Balance	(g)		(h)		(i)Wr	
terested person	with organization				rom the nization?	,	principal amount	- 1	due	defa	ult?	A ppro		agreen	nen
	_			<u> </u>			4		-			commi		ļ.,	
IOSEPH		LOANF	O R	To X	Fr	om	25,00	00	25,229	Yes	No No	Yes Yes	No	Yes Yes	
MPKINS		МЕМВЕ													
		PROGRA													
WILLIAM N ZANDT		LOAN F		X			10,00	00	10,091		Νo	Yes		Yes	
VZANDI		DEVELO	PMENT												
NICK		PROGRA LOAN F		X			12,50	00	12,583		No	Yes		Yes	-
NAMINA		МЕМВЕ	RSHIP						,		''`	'		' ' '	
		PROGRA	OPMENT AM												
KENNETH ER		LOAN F MEMBEI		Х			27,50	00	27,889		Νo	Yes		Yes	
LK		DEVELO	PMENT												
		PROGRA	4 M				1	-							<u> </u>
														_	
al				►	<u> </u>				75,792]	
rt IIII Gr	ants or Assistant	stance	Benefitti	ng I	nteres	ted Pe	rsons.	+ T\/	Lino 27						
a) Name of			nship betw				assistance		d) Type of a	assist	ance	(e) F	urpos	e of assi	star
perso		terested _l	person and		` ,			`	, , , ,			``	·		
		orga	nızatıon												
								_							
								_							

Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.										
(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sh of organiz reven	f zatıon's					
				Yes	No					
				1						

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Ident if ier	Return Reference	Explanation
		Sahadula I (Farm 000 ar 000 F7) 2012

Schedule L (Form 990 or 990-EZ) 2012

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DLN: 93493164002304

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

SCHEDULE M

(Form 990)

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

Noncash Contributions

Name of the organization THE CONSERVANCY OF SOUTHWEST FLORIDA **Employer identification number**

					59-1157084			
Part	Types of Property			<u> </u>	1			
		(a) Check ıf applıcable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of c noncash contril	letermi		ts
1 A	rt—Works of art	Х	25	35,129	RETAIL			
2 A	rt—Historical treasures .							
3 A	rt—Fractional interests							
В	ooks and publications							
	lothing and household oods							
С	ars and other vehicles							
В	oats and planes							
Ir	ntellectual property							
S	ecurities—Publicly traded .	Х	47	1,185,175	STOCK MARKET			
S	ecurities—Closely held stock .	Х	1		STOCK CERTIFIC	ATE		
	ecurities—Partnership, LLC, r trust interests							
2 S	ecurities—Miscellaneous							
c	ualified conservation ontribution—Historic tructures							
Į Q	ualified conservation ontribution—Other							
R	eal estate—Residential .							
R	eal estate—Commercial							
R	eal estate—O ther							
С	ollectibles							
F	ood inventory							
D	rugs and medical supplies .							
T	axıdermy							
Н	ıstorıcal artıfacts							
S	cientific specimens							
. A	rcheological artifacts							
	ther►(
CUF	RSIONS/TRIPS/GETAWAYS)	X	44	76,880	RESALE VALUE			
0	GIFT ther►(CERTIFICATES)	Х	79	47,853	CERTIFICATE VA	LUE		
0	ONE OF A ther► (KIND TRIPS)	x	48	178 851	RESALE VALUE			
	ther ▶ (\(\frac{1115 + 1215}{5}\)		10	1,0,001				
N	umber of Forms 8283 received r which the organization comple				29			
					-		Yes	No
)a [During the year, did the organiza	ition receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it			
n	nust hold for at least three year	s from the o	date of the initial contribution	on, and which is not require	d to be used			
f	or exempt purposes for the enti	re holding p	period?			30a		No
b I	f "Yes," describe the arrangeme	ent in Part 1	II					
L C	Ooes the organization have a gif	t acceptano	ce policy that requires the i	eview of any non-standard	contributions?	31	Yes	
	Does the organization hire or uscontributions?	e third parti	es or related organizations	to solicit, process, or sell	noncash • • •	32a	Yes	
ЬΙ	f "Yes," describe in Part II							
	f the organization did not report	an amount	: in column (c) for a type of	property for which column (a) is checked.			
	lescribe in Part II		(2) (3) (4) (5)	,	,			

Supplemental Information. Complete this part to 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.

	Identifier	Return Reference	Explanation
-	THIRD PARTY USE	l '	A THIRD PARTY IS USED TO SELL CONTRIBUTED SECURITIES UPON RECEIPT

Schedule M (Form 990) (2012)

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DLN: 93493164002304

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Name of the organization	
THE CONSERVANCY OF SOUTHWEST FLORIDA	

Employer identification number

59-1157084

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 1	
	FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION IS MADE UP OF MEMBERS WHO PAY DUES ALL MEMBERS HAVE THE SAME RIGHTS
	FORM 990, PART VI, SECTION A, LINE 7A	THE MEMBERS ELECT THE BOARD OF DIRECTORS DURING THE ANNUAL MEETING
	FORM 990, PART VI, SECTION B, LINE 11	BUDGET AND FINANCE COMMITTEE WILL REVIEW THE 990, THE 990 WILL BE MADE AVAILABLE TO ALL BO ARD MEMBERS PRIOR TO FILING, ALL QUESTIONS AND CONCERNS WILL BE BROUGHT TO BUDGET & FINANC E 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 YEA R AT EACH MEETING, COMMITTEE OR OTHERWISE, WE ANNOUNCE THE AGENDA AND THEN ASK IF ANY ONE HAS A CONFLICT WITH ANY ITEMS IF YES, THEY EXCUSE THEMSELVES FROM DISCUSSION AND VOTE ON SAID ITEM
	FORM 990, PART VI, SECTION B, LINE 15	THERE IS A COMPENSATION COMMITTEE THAT MEETS AND RECOMENDS SALARIES TO THE BOARD
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	APPRECIATION OF SPLIT INTEREST AGREEMENT & TRUST RECEIVABLE 777,698
		THE ORGANIZATION HAS NOT CHANGED IT OVERSIGHT OR SELECTION PROCESS DURING THE YEAR

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

Related Organizations and Unrelated Partnerships

► Attach to Form 990.

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

OMB No 1545-0047

Schedule R (Form 990) 2012

DLN: 93493164002304

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

SCHEDULE R

Name of the organization THE CONSERVANCY OF SOUTHWEST FLORIDA **Employer identification number**

Cat No 50135Y

► See separate instructions.

59-1157084 Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) (b) (f) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity 0 THE CONSERVANCY OF SOUTHWEST (1) TCI PEACEFUL HORSE LLC N/A 1496 SMITH PRESERVE WAY FLORIDA NAPLES, FL 34102 99-9999999 Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Name, address, and EIN of related organization Legal domicile (state Public charity status Direct controlling Section 512(b) Primary activity Exempt Code section or foreign country) (if section 501(c)(3)) (13) controlled entity entity? Yes No

(a) Name, address, and EIN o related organization	f	(b) Primary activity	(c) Legal domicile (state or foreign country)	entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-	(f) Share of total income	(g) Share of end-of-yea assets	(h Disprop r allocat	ortionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	ral or	(k) Percentae ownersh
					514)			Yes	No		Yes	No	
V Identification of Related Or line 34 because it had one or r	ganizations Taxa nore related organi	ble as a Corpo zations treated a	ration s a cor	or Trust (poration or	Complete if t	he organı the tax ye	zatıon ar ar.)	swere	ed "Ye	s" to Form	990,	Part	IV,
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domıcıle (state or foreign country)		(d) Direct controlli entity	(e) Type of enti (C corp, S corp, or trust)	(f) Share of to income	total Share e of	(g) e of end- year ssets		(h) ercentage wnership	Section (b) conti	(13)	
		,,			,						Yes		No

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No		
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more re	elated organızatıons lı	sted in Parts II-IV?						
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a				
b Gift, grant, or capital contribution to related organization(s)									
c Gift, grant, or capital contribution from related organization(s)									
d	d Loans or loan guarantees to or for related organization(s)								
e	Loans or loan guarantees by related organization(s)				1e				
f	Dividends from related organization(s)				1f				
g	Sale of assets to related organization(s)				1g				
h	Purchase of assets from related organization(s)				1h				
i	Exchange of assets with related organization(s)				1i				
j	Lease of facilities, equipment, or other assets to related organization(s)				1j				
k	Lease of facilities, equipment, or other assets from related organization(s)				1k				
ı	Performance of services or membership or fundraising solicitations for related organization(s)				11				
m Performance of services or membership or fundraising solicitations by related organization(s)									
n	Sharıng of facılıtıes, equipment, mailing lists, or other assets with related organization(s)				1n				
0	Sharing of paid employees with related organization(s)				10				
р	Reimbursement paid to related organization(s) for expenses				1p				
q	Reimbursement paid by related organization(s) for expenses				1q				
r	O ther transfer of cash or property to related organization(s)				1r				
s	Other transfer of cash or property from related organization(s)				1s				
_	Test to the second seco								
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete (a)	(b)	(c)	(d)					
	Name of other organization	Transaction type (a-s)	Amount involved	Method of determining amo	unt in	volved			

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross)

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512- 514)	org	(e) all partners section 501(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	,	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	_	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
												1	

Additional Data Return to Form

Software ID: Software Version:

EIN: 59-1157084

Name: THE CONSERVANCY OF SOUTHWEST FLORIDA

Schedule R (Form 990) 2012

Page **5**

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)								
Identifier	Return Reference	Explanation						