Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form, as it may be made public.

Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

A	For t	he 2023 calendar year, or tax year beginning 6/01 , 2023, and ending 5/31	,	2024					
В	Check	if applicable: C	Employer ide	entification number					
	Addres	s change Audubon of Southwest Florida, Inc.	23-7282218						
Н		IP O Box 610/1	Telephone number						
	Initial r	Fort Myers FI. 33906-1041	239 93	86-6982					
H		Im/terminated -							
H			Group Exe Number	emption					
G		plication pending Number counting Method: X Cash Accrual Other (specify): H Check X if the organization is not							
	Webs	site: www.audubonswfl.org required to	attach S						
J	Tax-ex	rempt status (check only one) $ \times$ 501(c)(3) \longrightarrow 501(c) () (insert no.) \longrightarrow 4947(a)(1) or \longrightarrow 527 (Form 990)).						
		Form of organization: X Corporation Trust Association Other:							
L	Add I	ines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if totals (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ	al \$	16,994.					
Pa		Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruc							
		Check if the organization used Schedule O to respond to any question in this Part I.		X					
	1	Contributions, gifts, grants, and similar amounts received	1	12,351.					
	2	Program service revenue including government fees and contracts	2						
	3	Membership dues and assessments	3						
	4	Investment income.	4	4,643.					
		Gross amount from sale of assets other than inventory							
		Less: cost or other basis and sales expenses							
	С	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a).	5c						
	6	Gaming and fundraising events:							
ne		Gross income from gaming (attach Schedule G if greater than \$15,000)							
Revenue	b	Gross income from fundraising events (not including \$ 1,560. of contributions							
		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)							
		Less: direct expenses from gaming and fundraising events							
			•						
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	-1,445.					
	7a	Gross sales of inventory, less returns and allowances							
	b	Less: cost of goods sold							
	c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c						
	8	Other revenue (describe in Schedule O)	8						
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		15,549.					
	10	Grants and similar amounts paid (list in Schedule O).		2,025.					
Expenses	11	Benefits paid to or for members	11						
	12	Salaries, other compensation, and employee benefits							
	13	Professional fees and other payments to independent contractors	13	1,543.					
	14	Occupancy, rent, utilities, and maintenance	14	477.					
	15	Printing, publications, postage, and shipping.	15	1,354.					
	16	Other expenses (describe in Schedule O). See Schedule O	16	9,196.					
	17	Total expenses. Add lines 10 through 16	18	14,595.					
Ø	18			954.					
Se	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	104,474.					
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O). See Schedule O	20	1,363.					
S	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	106,791.					
BA		r Paperwork Reduction Act Notice, see the separate instructions.	1	Form 990-EZ (2023)					

Check if the organization used Schedule O to respond to any question in this Part II. (A) Beginning of year (B) End of year 22 Cash, savings, and investments (B) End of year 23 104, 474, 42 23 105, 08 24 104, 474, 42 25 105, 08 24 106, 79 25 Total assets (describe in Schedule O) (D)
22
23
25 Total assets. 104, 474 25 106, 79
25 Total abserts
26 Total liabilities (describe in Schedule O)
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 104, 474 27 106, 79
Expenses Check if the organization service Accomplishments (see the instructions for Part III) Check if the organization set Schedule O to respond to any question in this Part III.
Check if the organization used Schedule O to respond to any question in this Part III. (Grants \$) If this amount includes foreign grants, check here. 29a 1, 52. Carants \$) If this amount includes foreign grants, check here. 29a 1, 52.
What is the organization's primary exempt purpose? See Schedulle 0 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. 28 See Schedule 0 Grants \$) If this amount includes foreign grants, check here. 29 See Schedule 0 Grants \$) If this amount includes foreign grants, check here. 29 See Schedule 0 Grants \$) If this amount includes foreign grants, check here. 30 See Schedule 0 Grants \$) If this amount includes foreign grants, check here. 30 See Schedule 0 Grants \$) If this amount includes foreign grants, check here. 30 See Schedule 0 Grants \$) If this amount includes foreign grants, check here. 31 Other program services (describe in Schedule 0). See Schedule 0. Grants \$) If this amount includes foreign grants, check here. 31 Other program service expenses (add lines 28a through 31a). 32 Total program service expenses (add lines 28a through 31a). 32 Total program service expenses (add lines 28a through 31a). 32 Total program service expenses (add lines 28a through 31a). 32 Total program service expenses (add lines 28a through 31a). 32 Total program service expenses (add lines 28a through 31a). 32 Total program service expenses (add lines 28a through 31a). 32 Total program service expenses (add lines 28a through 31a). 30 One (Grants \$) If this amount includes foreign grants, check here. 31 Other program service expenses (add lines 28a through 31a). 32 Total program service expenses (add lines 28a through 31a). 32 Total program service expenses (add lines 28a through 31a). 32 Total program service expenses (add lines 28a through 31a). 33 Other program service expenses (add lines 28a through 31a). 34 Other program service expenses (add lines 28a through 31a). 35 Other program service expenses (add lines 28a through 31a). 36 Othe
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise mainrer, describe the services provided, the number of persons benefited, and other relevant information for each program title. 28 See Schedule 0 (Grants \$) If this amount includes foreign grants, check here
See Schedule 0 Grants \$
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29 See Schedule 0
29 See Schedule 0
Grants \$ Other program services (describe in Schedule O) See Schedule O See Schedul
Grants \$ Other program services (describe in Schedule O) See Schedule O See Schedul
Grants \$ If this amount includes foreign grants, check here 30a 183
Grants \$ If this amount includes foreign grants, check here 30a 183
Grants \$ If this amount includes foreign grants, check here 30a 183
Grants \$) If this amount includes foreign grants, check here 30a 188
31 Other program services (describe in Schedule O) See Schedule O (Grants \$) If this amount includes foreign grants, check here 31a 1. 32 Total program service expenses (add lines 28a through 31a) 32 5, 12. Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated – see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV. (a) Name and title (b) Average hours per week devoted to position (Forms W-2/1099-MIS) (if not paid, enter -0-) Dan VanNorman Vice President 10 0. 0. 0. Jim Rodenfels 10 0. 0. Treasurer 30 0. 0. 0. Brad Cornell 10 0. 0. Brad Cornell 11 0. 0. 0. Brad Cornell 11 0. 0. 0. Brad Cornell 12 0. 0. 0. Brad Cornell 13 0. 0. 0. Pete Quasius 15 0. 0. 0. Robin Serne 16 0. 0. 0. Julie Motkowicz 16 0. 0. 0.
31 Other program services (describe in Schedule O) See Schedule O (Grants \$) If this amount includes foreign grants, check here 31a 1. 32 Total program service expenses (add lines 28a through 31a) 32 5, 12. Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV. (a) Name and title (b) Average hours per week devoted to position (Forms W-2/1099-MISO) (if not paid, enter -0-) (if not paid, enter -0-) (o) Health benefits, contributions to employee benefit plans, and deferred compensation of the compensation of
31 Other program services (describe in Schedule O) See Schedule O (Grants \$) If this amount includes foreign grants, check here 31a 1. 32 Total program service expenses (add lines 28a through 31a) 32 5, 12. Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated – see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV. (a) Name and title (b) Average hours per week devoted to position (Forms W-2/1099-MIS) (if not paid, enter -0-) Dan VanNorman Vice President 10 0. 0. 0. Jim Rodenfels 10 0. 0. Treasurer 30 0. 0. 0. Brad Cornell 10 0. 0. Brad Cornell 11 0. 0. 0. Brad Cornell 11 0. 0. 0. Brad Cornell 12 0. 0. 0. Brad Cornell 13 0. 0. 0. Pete Quasius 15 0. 0. 0. Robin Serne 16 0. 0. 0. Julie Motkowicz 16 0. 0. 0.
Grants \$ If this amount includes foreign grants, check here 31a 32 Total program service expenses (add lines 28a through 31a). 32 5,122
Treasurer 30 0. Cerri Reaves President 30 0. Cerri Reaves Area Cornell 30 0. Cerri Reaves Area Cornel Series Area Corne Series Area
Check if the organization used Schedule O to respond to any question in this Part IV.
Check if the organization used Schedule O to respond to any question in this Part IV. (a) Name and title (b) Average hours per week devoted to position (c) Reportable compensation (Forms W-2/1099-MIS/ (1099-MIS/ (1099-MIS))) (1099-MIS/ (1099-MIS)) (1099-MIS/ (1099-MIS/ (1099-MIS)) (1099-MIS/ (1099-MIS/ (1099-MIS)) (1099-MIS/ (1099-MIS/ (1099-MIS)) (1099-MIS/ (1099-MIS/ (1099-MIS/ (1099-MIS)) (1099-MIS/
(a) Name and title (b) Average hours per week devoted to position (Forms W-2/1099-MIS/ 1099-MIS/ 1099-MIS/ 1099-MIS/ (if not paid, enter -0-) (contributions to employee benefit plans, and deferred compensation of other c
Vice President 10 0. 0. Jim Rodenfels 30 0. 0. Treasurer 30 0. 0. Gerri Reaves 30 0. 0. President 30 0. 0. Brad Cornell 30 0. 0. Director 15 0. 0. Pete Quasius 2 0. 0. Director 2 0. 0. Robin Serne 20 0. 0. Julie Motkowicz 20 0. 0.
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Jim Rodenfels 30 0. 0. Treasurer 30 0. 0. Gerri Reaves 30 0. 0. President 30 0. 0. Brad Cornell 30 0. 0. Director 15 0. 0. Pete Quasius 2 0. 0. Director 2 0. 0. Robin Serne 20 0. 0. Secretary 20 0. 0. Julie Motkowicz 0. 0. 0.
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Director 2 0. 0. Robin_Serne
Robin Serne 20 0. 0. Julie Motkowicz
Secretary 20 0. 0. Julie Motkowicz
Julie Motkowicz

Form 990-EZ (2023) Audubon of Southwest Florida, Inc.

Page 2

23-7282218

Par	tV Other Information (Note the Schedule A and personal benefit contract statement requirements in Street the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V	iee S		
	the mediadente for the try		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		Х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule 0. See instructionsSee Schedule 0.	34	Х	
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		Х
Ŀ	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
C	: Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.	35c		Х
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		Х
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. Output Did the organization file Form 1120-POL for this year?	37b		Х
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Х
	If "Yes," complete Schedule L, Part II, and enter the total amount involved			
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
40a	section 4911: 0 ; section 4912: 0 ; section 4955:			
Ŀ	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been			
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
•	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e		X
41	List the states with which a copy of this return is filed: FL			
	The organization's books are in care of: Located at: P.O. Box 61041 Fort Myers FL At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:			No X
(See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country:	42c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		Yes	N/A N/A
	a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.	44a		Х
ı	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed	AAL		v
	instead of Form 990-EZ	44b 44c		X
	d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments?	7.70		A
	If "No," provide an explanation in Schedule O	44d		
	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	1000	X
-	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	4-1		.,
	Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions.	45b		X

Form 990-l	EZ (2023) Audubon of Southwes	t Florida, In	c.	23-72	82218	P	Page 4
						Yes	No
46 Did to	he organization engage, directly or indirectidates for public office? If "Yes," complete	ctly, in political campa e Schedule C. Part I.	aign activities on behalf o	of or in opposition to	46		X
Part VI					1.0		1 21
1 41 7 7	All section 501(c)(3) organizatio	ns must answer	questions 47-49b an	d 52, and complete	e the table	es	
	for lines 50 and 51.						
	Check if the organization used S	Schedule O to res	pond to any questio	n in this Part VI			
47 Did +h	ne organization engage in lobbying activities	or have a section 501/h	h) election in effect during	the tax year? If "Vec "		Yes	No
	blete Schedule C, Part II				47		Х
	e organization a school as described in se			edule E	48		X
49a Did tl	he organization make any transfers to an	exempt non-charitable	le related organization?		49a		Х
b If "Ye	es," was the related organization a section	527 organization?			49b		
	plete this table for the organization's five high				key		
empio	oyees) who each received more than \$100,00	or compensation from	 	T	1		
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimate other com		
None							
110116							
f Total	number of other employees paid over \$1	00 000					
	plete this table for the organization's five high		pendent contractors who ea	- ach received more than :	\$100,000 of		
comp	pensation from the organization. If there is	s none, enter "None."					
	(a) Name and business address of each independent co	ontractor	(b) Type	of service	(c) Comp	ensatio	'n
None							
	<u> </u>						
			_				
			-				
						A CONTRACTOR OF STREET	
			-				
d Total	number of other independent contractors	each receiving over	\$100,000				
	he organization complete Schedule A? No		(3) organizations must a	ittach a	V.,	Г	٦
	bleted Schedule A				X Yes	<u> </u>	No
Under penaltie true, correct, a	es of perjury, I declare that I have examined this return, and complete. Declaration of preparer (other than office	r) is based on all information	edules and statements, and to the of which preparer has any know	e best of my knowledge and be ledge.	ellet, it is		
	Jim Kodertalo			07/01	1/2024		
Sign	Signature of officer	Date	,				
Here	Jim Rodenfels		Treasurer				
	Type or print name and title Print/Type preparer's name	Preparer's signature	Date	स्मि	PTIN		
		Games Hod	entels and	Check A if		Е	
Paid	James Rodenfels	James Rodenfe	1S 01 01	12029 self-employed	P0105904	5	15.00
Preparer Use Only	Firm's name James E Rodenfe: 1320 Kingswood (Firm's EIN			
Use Only	Fort Myers, FL 33919 Phone no. 239-						
May the IR	S discuss this return with the preparer sh		ructions		X Yes		No
BAA	a allowed the lottern man the property of	000 1130			Form 99	لسا	1

SCHEDULE A (Form 990)

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.

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name (JI (110	organization	., +				22 7202216	}
		on of Southwest Flo				to this	23-7282218	
Par	ţ I	Reason for Public Chanization is not a private found	rity Status. (All o	rganizations must	comple	ete triis	box)	uons.
	rga							
1	Ц	A church, convention of churche				יאראלייאלי)-	
2	Ш	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)						
3	Ц	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) . Enter the hospital's						
4	Ш	name, city, and state:						
5		An organization operated for section 170(b)(1)(A)(iv). (Con	the benefit of a colle mplete Part II.)	ge or university owned	or opera	ated by	a governmental unit de	scribed in
6	П	A federal, state, or local gove	ernment or governme	ental unit described in s	ection 1	70(b)(1)	(A)(v).	
7		An organization that normally roin section 170(b)(1)(A)(vi). (0	eceives a substantial p Complete Part II.)	part of its support from a	governme	ental uni	t or from the general pub	lic described
8		A community trust described		A)(vi). (Complete Part I	1.)			
9	П	An agricultural research organia				onjunctio	on with a land-grant colle	ge
	Ш	or university or a non-land-gran	nt college of agriculture	e (see instructions). Enter	the nam	e, city, a	and state of the college o	r
10	X			 nan 33-1/3% of its sunn	ort from	contrib	utions, membership fee	es, and gross receipts
	[21]	An organization that normally from activities related to its e investment income and unrel June 30, 1975. See section 5	exempt functions, substant attended business taxable (609(a)(2). (Complete forms)	pject to certain exception income (less section Part III.)	ns; and 511 tax)	(2) no n from bu	nore than 33-1/3% of it usinesses acquired by t	s support from gross he organization after
11	П	An organization organized ar			ety. See	section	509(a)(4).	
12		An organization organized ar or more publicly supported or lines 12a through 12d that de	rganizations describe	d in section 509(a)(1) d	or section	n 509(a)	(2). See section 509(a)	t the purposes of one (3). Check the box on
а	П	Type I A supporting organization	on approved supervise	d or controlled by its sur	ported o	rganizati	on(s) typically by giving	the supported
a	Ш	organization(s) the power to recomplete Part IV, Sections A	gularly appoint or elect and B.	t a majority of the directo	rs or trus	tees of t	he supporting organization	n. You must
b		Type II. A supporting organiz management of the supporting must complete Part IV, Section 11.	organization vested in ons A and C.	the same persons that c	ontrol or	manage	the supported organizati	on(s). You
С	organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.					supported		
d	d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.					that is not requirement (see		
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.					e III functionally			
	Er	integrated, or Type III non-tu	nctionally integrated	supporting organization	1.			
'		ovide the following information						
9		me of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is	ion listed	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				above (see instructions))	in your g docun	nent?		
					Yes	No		
(A)								
(B)								
(C)			- Lander production of the second					
(D)								
(E)								
Tele					A PROPERTY OF THE PARTY OF THE			

Schedule A (Form 990) 2023

Audubon of Southwest Florida, Inc. 23-7282218

Part III

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

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

Sec	tion A. Public Support					-				
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8,798.	7,356.	11,974.	10,566.	12,352.	51,046.			
2	2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose									
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						0.			
	Tax revenues levied for the organization's benefit and either paid to or expended on ts behalf						0.			
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.			
	Total. Add lines 1 through 5 Amounts included on lines 1,	8,798.	7,356.	11,974.	10,566.	12,352.	51,046.			
	2, and 3 received from disqualified persons	425.	390.	365.	310.	365.	1,855.			
b	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	0.	0.	0.	0.	0.	0. 1,855.			
c Add lines 7a and 7b										
	7c from line 6.)									
-	alendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total									
				11,974.		12,352.	51,046.			
	Amounts from line 6	8,798.	7,356.	11,974.	10,566.	12,352.	31,040.			
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						18,359.			
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		0.455	0.000	4 040	4 642	0.			
11	Add lines 10a and 10b	3,339.	3,455.	2,882.	4,040.	4,643.	18,359.			
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.			
	Total support. (Add lines 9, 10c, 11, and 12.)	12,137.	10,811.	14,856.	14,606.	16,995.	69,405.			
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here .										
Section C. Computation of Public Support Percentage										
15	Public support percentage for 20	23 (line 8, columi	n (f), divided by li				70.88 %			
16	Public support percentage from	2022 Schedule A,	Part III, line 15			16	71.05 %			
Sec	tion D. Computation of Inv	estment Incor	ne Percentage	9						
17	Investment income percentage f	or 2023 (line 10c,	column (f), divide	ed by line 13, col			26.45 %			
18	Investment income percentage f	rom 2022 Schedu	le A, Part III, line	17		18	25.82 %			
	33-1/3% support tests—2023. If is not more than 33-1/3%, check	this box and sto	p here. The organ	nization qualifies a	as a publicly supp	orted organization	X			
	b 33-1/3% support tests—2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization									
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions									

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

2023

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Au

Employer identification number

udubon of Southwest Florida, Inc.	23-7282218
Form 990-EZ, Part I, Line 16 Other Expenses	
Bird Window Collision Conferences, Conventions, and Meetings FPL Plants for Birds Project Information Technology Insurance LCEC - Purple Martin Project Office Expenses Shorebird - Steward Shorebird - Supplies	280. 2,500. 160. 672. 1,705. 289. 3,300. 102.
Shorepita Suppites	Total \$ 9,196.
Form 990-EZ, Part I, Line 20 Other Changes In Net Assets Or Fund Balances Net Unrealized Gains and Losses on Investments Rounding Adjustment	\$ 1,362.
Form 990-EZ, Part II, Line 24 Other Assets	
	Beginning Ending
Accounts Receivable	

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

The mission of Audubon of Southwest Florida is to protect plants, animals, and their habitats, and to provide environmental education and a greater community involvement with the natural world.

Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

SHOREBIRD PARTNERSHIP - in cooperation with the Florida Shorebird Alliance, ASWF continued monitoring Black Skimmer's, Least Tern's, and Wilson Plover's feeding and nesting sites with the goal of protecting these species through public outreach and education involving hundreds in this citizen science effort. activity was one of the few only marginally affected by Huricane Ian and the lingering COVID Pandemic.

Name of the organization

Audubon of Southwest Florida, Inc.

Employer identification number 23-7282218

Form 990-EZ, Part III, Line 29 - Statement of Program Service Accomplishments

DONATIONS - ASWF sponsored or co-sponsored the following eco-minded activities - Everglades Coalition, AWRA Florida Water Resource Conference, Calusa Waterkeepers, and funding for an evironmental scholarship at FGCU.

Form 990-EZ, Part III, Line 30 - Statement of Program Service Accomplishments

BIRD WINDOW COLLISION - We continue to educate and advocate the City of Fort Myers and Lee County officials about the glass-bird collision issue. Surveys of 5 downtown Fort Myers buildings continue. The goal for all locations is remediation to prevent bird fatalities and injuries and convincing the city and county to take bird-safe building principles into account when constructing, renovating, or retrofitting buildings.

Form 990-EZ, Part III, Line 31 Statement of Program Service Accomplishments

Description	Grants	Service Expenses				
OTHER - Programs and hospitality, including our annual meeting - all free and open to the public - were sharply curtailed due to the COVID Pandemic. We were, however, able to offer a variety of field trips and educational programs - all at no cost and open to the public. Includes Foreign Grants: No		10.				
Total §	0.	\$ 10.				
Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts						
(a) Did the organization, during the year, receive any funds, directly or						
indirectly, to pay premiums on a personal benefit contract? No						
(b) Did the organization, during the year, pay premiums, dir	ectly or					
indirectly, on a personal benefit contract?		No				
Form 990-EZ, Part V, Line 34 - Changes to Organizing or Governing Documents						
Bylaws revised 06/01/2024 primarily to comply with covid rela	ated meeting					
requirements						

Program