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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 black lung benefit trust or private foundation)
 Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
 The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150
2009
Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07-01-2009, and ending 06-30-2010

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization: COLLIER COUNTY BAR ASSOCIATION INC
 Number and street (or P O box, if mail is not delivered to street address) Room/suite: 3301 E TAMiami TRAIL No BLDG L
 City or town, state or country, and ZIP + 4: NAPLES, FL 34112

D Employer identification number: 59-1539262
E Telephone number: (239) 252-8711
F Group Exemption Number:

G Accounting method: Cash Accrual
 Other (specify) MODIFIED CASH

I Website: WWW.COLLIERCOUNTYBAR.ORG
J Tax-Exempt status (check only one) — 501(c)(6) (insert no) 4947(a)(1) or 527

H Check if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally **not** more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 353,781

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	10	Grants and similar amounts paid (attach schedule)	18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	11	Benefits paid to or for members	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)
3	Membership dues and assessments	12	Salaries, other compensation, and employee benefits	20	Other changes in net assets or fund balances (attach explanation)
4	Investment income	13	Professional fees and other payments to independent contractors	21	Net assets or fund balances at end of year. Combine lines 18 through 20
5a	Gross amount from sale of assets other than inventory	14	Occupancy, rent, utilities, and maintenance		
5b	Less cost or other basis and sales expenses	15	Printing, publications, postage, and shipping		
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	16	Other expenses (describe <input type="checkbox"/>)		
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>	17	Total expenses. Add lines 10 through 16		
6a	Gross revenue (not including \$ of contributions reported on line 1)				
6b	Less direct expenses other than fundraising expenses				
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)				
7a	Gross sales of inventory, less returns and allowances				
7b	Less cost of goods sold				
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)				
8	Other revenue (describe <input type="checkbox"/>)				
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8				

Part II Balance Sheets—If total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	253,426	22 273,379
23 Land and buildings		23
24 Other assets (describe <input type="checkbox"/>)	865	24 1,272
25 Total assets	254,291	25 274,651
26 Total liabilities (describe <input type="checkbox"/>)	60,091	26 54,704
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	194,200	27 219,947

Part III Statement of Program Service Accomplishments (See the instructions for Part III)	Expenses	
What is the organization's primary exempt purpose? EDUCATION AND PUBLIC RELATIONS	(Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title		
28 LAWYERS REFERRAL SERVICE- THIS PROGRAM PROVIDES A REFERRAL SERVICE TO THE COMMUNITY AND FOR THOSE MEMBERS OF THE COLLIER COUNTY BAR ASSOCIATION (CCBA) WHO PAY DUES TO BE MEMBERS OF THIS PROGRAM THE REFERRED CLIENT PAYS THE CCBA A FLAT FEE OF \$50 FOR EACH REFERRAL THE ATTORNEY IS ALSO REQUIRED TO PAY 10% OF THE TOTAL FEE GENERATED FROM THE REFERRAL APPROXIMATELY 700CLIENTS WERE PLACED IN THE CURRENT YEAR REVENUE TO THE PROGRAM WAS GENERATED AS FOLLOWS DUES \$ 3,400 FEES \$10,250 COMMISSIONS \$14,534 TOTAL REVENUES \$28,184 (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	0
29 PRACTICE SECTIONS- FAMILY LAW, REAL ESTATE, TRUST AND ESTATES, TRIAL AND YOUNG LAWYERS THIS PROGRAM PROVIDES CONTINUING LEGAL EDUCATION TO THE MEMBERS OF THE CCBA AND FOSTERS GOOD COMMUNITY RELATIONS SEMINARS SPONSORED BY THE GROUP BENEFITED OVER SEVEN HUNDRED MEMBERS (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	29a	0
30 NEWSLETTER- THE NEWSLETTER PROVIDES MEMBERS OF THE CCBA WITH CURRENT INFORMATION ABOUT THE CCBA, COURT SCHEDULES, NEW FILING REQUIREMENTS, EDUCATIONAL ARTICLES, ETC THE NEWSLETTER IS PUBLISHED TEN TIMES EACH YEAR WITH EIGHT HUNDRED FIFTY COPIES DISTRIBUTED EACH ISSUE REVENUE IN THE AMOUNT OF \$28,095 WAS GENERATED FROM THE SALE OF ADVERTISING IN THE NEWSLETTER (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	30a	0
31 Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

Part V Other Information (Note the statement requirements in the instructions for Part V.)

		Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		No
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		No
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements?	35a	Yes	
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	Yes	
36 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		No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> 37a _____ 0			
b Did the organization file Form 1120-POL for this year?	37b		
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 period covered by this return?	38a		No
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b		
39 <i>Section 501(c)(7) organizations.</i> Enter			
a Initiation fees and capital contributions included on line 9	39a		
b Gross receipts, included on line 9, for public use of club facilities	39b		
40a <i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____			
b <i>Section 501(c)(3) and 501(c)(4) organizations.</i> Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b		
c <i>Section 501(c)(3) and 501(c)(4) organizations</i> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . <input type="checkbox"/> _____			
d <i>Section 501(c)(3) and 501(c)(4) organizations</i> Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/> _____			
e <i>All organizations.</i> 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		No
41 List the states with which a copy of this return is filed <input type="checkbox"/> FL _____			
42a The organization's books are in care of <input type="checkbox"/> LISA MEAD _____ Telephone no <input type="checkbox"/> (239) 252-8711 3301 E TAMiami TRAIL BLDG L Located at <input type="checkbox"/> NAPLES, FL _____ ZIP + 4 <input type="checkbox"/> 34112			
b 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 <input type="checkbox"/> _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	Yes	No
c At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country <input type="checkbox"/> _____	42c		No
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 43 _____			
44 Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.	45		No

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 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		
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a Did the organization make any transfers to an exempt non-charitable related organization?		
49b If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

50(f) Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

51(d) Total number of other independent contractors each receiving over \$100,000

Please Sign Here

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

Signature of officer: ***** Date: 2010-09-20

JEANNE SEEWALD TREASURER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: Penelope Briant CPA Date: _____ Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: LarsonAllen LLP, 4099 Tamiami Trail N Ste 300, Naples, FL 34103

Preparer's identifying number (See instructions): _____

EIN: _____

Phone no: (239) 262-8686

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Additional Data**Software ID:****Software Version:****EIN:** 59-1539262**Name:** COLLIER COUNTY BAR ASSOCIATION INC**Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
JON SCUDERI 3301 E TAMIAMI TRAIL NAPLES, FL 34112	PRESIDENT 2 00	0	0	0
MARGARET MCMORROW 3301 E TAMIAMI TRAIL NAPLES, FL 34112	PRESIDENT-ELECT 2 00	0	0	0
JEANNE SEEWALD 3301 E TAMIAMI TRAIL NAPLES, FL 34112	TREASURER 2 00	0	0	0
TAMARA NICOLA 3301 E TAMIAMI TRAIL NAPLES, FL 34112	SECRETARY 2 00	0	0	0
PIETER VAN DIEN 3301 E TAMIAMI TRAIL NAPLES, FL 34112	IMMEDIATE PAST PRESIDENT 2 00	0	0	0
JOHN CARDILLO 3301 E TAMIAMI TRAIL NAPLES, FL 34112	DIRECTOR 2 00	0	0	0
TARA DANE 3301 E TAMIAMI TRAIL NAPLES, FL 34112	DIRECTOR 2 00	0	0	0
SONIA DIAZ 3301 E TAMIAMI TRAIL NAPLES, FL 34112	DIRECTOR 2 00	0	0	0
SHARON HANLON 3301 E TAMIAMI TRAIL NAPLES, FL 34112	DIRECTOR 2 00	0	0	0
STARLING HENDRIKS 3301 E TAMIAMI TRAIL NAPLES, FL 34112	DIRECTOR 2 00	0	0	0
MARC HULING 3301 E TAMIAMI TRAIL NAPLES, FL 34112	DIRECTOR 2 00	0	0	0
CARLO ZAMPOGNA 3301 E TAMIAMI TRAIL NAPLES, FL 34112	DIRECTOR 2 00	0	0	0
LISA MEAD 3301 E TAMIAMI TRAIL NAPLES, FL 34112	EXECUTIVE DIRECTOR 50 00	62,037	3,027	0

TY 2009 Other Assets Schedule

Name: COLLIER COUNTY BAR ASSOCIATION INC

EIN: 59-1539262

Description	Beginning of Year Amount	End of Year Amount
PREPAID EXPENSES	807	1,272
ACCOUNTS RECEIVABLE	58	0

TY 2009 Other Expenses Schedule

Name: COLLIER COUNTY BAR ASSOCIATION INC

EIN: 59-1539262

Description	Amount
Payroll Taxes	8,282
Postage and Shipping	4,619
Travel	601
Meetings	79,293
Public Relations	505
Bank CHARGES	3,469
Video Tapes	5,056
Law and Judicial Expenses	33,353
Website	4,699
General Liability Insurance	2,526
Supplies	13,898
Dues	30,950
DIRECTORY EXPENSE	20

TY 2009 Other Liabilities Schedule

Name: COLLIER COUNTY BAR ASSOCIATION INC

EIN: 59-1539262

Description	Beginning of Year Amount	End of Year Amount
SPONSORSHIP DEPOSIT	6,051	9,848
ACCRUED EXPENSES	3,710	2,306
DEFERRED REVENUE	50,330	42,550

**TY 2009 Transfers Personal Benefits
Contracts Declaration**

Name: COLLIER COUNTY BAR ASSOCIATION INC

EIN: 59-1539262

Declaration: The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract. The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.