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SCANNED NOV

Form **990**

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)

2011

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Α	For the	2011 calen	dar year, or tax year beginning , 2011, and ending						
В	Check if a	pplicable	D Employer Identification Number						
	Addre	ess change	United Way of Collier County, Inc.	59-	59-1026096				
	Name	e change	848 First Avenue North #240	E Telepho	one number				
	\vdash	l return	Naples, FL 34102	239	-261-7112				
	\vdash	inated		<u> </u>	301 /112				
	\vdash	nded return		G Gross re	eceipts \$ 2,752,447				
	\vdash	cation pending	F Name and address of principal officer H(a) is	this a group return					
	L Vhbii	cation pending	, , , , , , , , , , , , , , , , , , ,	e all affiliates incl	— — ··· <u>— ··· </u>				
_	T-11 -11-		Dame As C Above		(see instructions)				
÷		mpt status			_				
7	Websi			oup exemption nu					
K		organization	Corporation Trust Association Other ► L Year of Formation	Ms	tate of legal domicile				
120		Summar	y						
	l B	rietly descri	be the organization's mission or most significant activities To_improve_1	<u>ives by </u>	<u>mobilizing_the</u>				
Activities & Governance	عـ ا	<u>aring p</u>	ower of our Collier County community to advance th	e common]_good				
Ē									
Ą];		x If the organization discontinued its operations or disposed of more that						
ဗိ			ting members of the governing body (Part VI, line 1a)	11 25% 01 115	3 3				
- ಇರ			dependent voting members of the governing body (Part VI, line 1b)		4 3				
ě			of individuals employed in calendar year 2011 (Part V, line 2a)	· i	5				
ξ			of volunteers (estimate if necessary)		6 17				
¥	7a To	tal unrelate	a business revenue from Fart VIII, column (C), line 12	Į	7a 0				
	b Ne	et urrelated	busmess taxable income from Form 990-T, line 34		7b 0				
			SO	Prior Year	Current Year				
	8 Co	ontri ble (d ons	கு முக்கு இது இது இது இது இது இது இது இது இது இத	2,002,5	34. 2,087,291				
ğ	9 Pr	ogra mīše rv	ice revenue (Part VIII, lifte/2g)						
Revenue	10 Inv	vestmen(ın	come (Eart-VIII, column (2) lines 3, 4, and 7d)	170,8	6344,189				
Œ	11 Ot	her revenue	(A), lines 5, 6d, 8c, 9c, 10c, and 11e)						
	12 10	tal revenue	add-lines-8-through 11 (must equal Part VIII, column (A), line 12)	2,173,3					
			milar amounts paid (Part IX, column (A), lines 1-3)	1,467,3	09. 1,488,432				
		enefits paid							
, a	15 Sa	laries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)	383,1	40. 392,670				
136	16a Pr	ofessional f	undraising fees (Part IX, column (A), line 11e)						
Expenses	b To	tal fundrais	ing expenses (Part IX, column (D), line 25) ► 274, 765.						
Ð	17 Ot	her expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)	176,2	16. 225,587				
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,026,6					
		•	expenses Subtract line 18 from line 12	146,7					
8.8				nning of Curren					
a i	20 To	tal assets (Part X, line 16).	4,429,2					
t Assets or id Balances			s (Part X, line 26)	60,5					
ž.	22 Ne	t assets or	fund balances. Subtract line 21 from line 20	4,368,6	94. 4,305,107.				
		Signature			· · · · · · · · · · · · · · · · · · ·				
				of my knowledge	and belief, it is true, correct, and				
com	plete Decla	ration of prepa	clare that I have examined this return, including accompanying schedules and statements, and to the best rer (other than officer) is based on all information of which preparer has any knowledge						
Sig	n	Signatur	e of officer	Date	10/10/12				
He	re	Stev	e Sanderson August Salvan Pre	esident_	· /				
		Type or (onnt name and title						
		Print/Type pr	eparer's name Preparer Signature Date	Check	II PTIN				
Pai	d	Ronald W	. Gustason, CPA Ronald W. Gustason, CPA	self-employe	ed P00103345				
	parer	Firm's name							
	Only	Firm's addres	► Rogers Wood Hill Starman & Gustason, P.A Starman & Sustason, P.A Control of the starman in	Firm's EIN	▶ 59-1362099				
Naples, FL 34103-4438 Phone no (239)									
May	the IRS	discuss the	s return with the preparer shown above? (see instructions)		X Yes No				
<u></u>		2.00000 011	duction Act Natice can the separate instructions TEE00113	00/10/11	Form 990 (2011				

1	the state of the s	39-1	0200	,0		Page 2
Ba	Statement of Program Service Accomplishments					
	Check if Schedule O contains a response to any question in this Part III					X
1	Briefly describe the organization's mission:					
	To improve lives by mobilizing the caring power of our Collier	County	COMMI	nity	, to	
	advance the common good	20000	20000			
	advance the common good.					
2	Did the organization undertake any significant program services during the year which were not listed	on the price	or			
	Form 990 or 990-EZ?			Yes	X	No
	If 'Yes,' describe these new services on Schedule O					
3	Did the organization cease conducting, or make significant changes in how it conducts, any program s	enuce?	П	Yes	X	No
•	If 'Yes,' describe these changes on Schedule O.	CIVICES: .	ليا	163		NO
4						
•	Describe the organization's program service accomplishments for each of its three largest program se Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the others, the total expenses, and revenue, if any, for each program service reported.	rvices, as amount of	measure grants a	ed by e and all	expen: ocatio	ses ins to
42	(Code:) (Expenses \$1,594,203. including grants of \$)	(Revenue	Ś			
	See Schedule O					
•						
4b	(Code:) (Expenses \$ including grants of \$)	(Revenue	\$)
				- -		
4c	(Code:) (Expenses \$ including grants of \$)	Revenue	\$)
. •	A CONTRACTOR OF THE PROPERTY O		·			<u> </u>
				. .		
•						
•						
•						
•						
د ۾	Other program services (Describe in Schedule O.)			_		
	Other program services (Describe in Schedule O.)	1			,	
	(Expenses \$ including grants of \$) (Revenue \$	·				
4e	Total program service expenses ► 1,594,203.					

			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	x	
2	! Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
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		Х
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		X
5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		х
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		Х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		<u> x</u>
9	Did the organization report an amount in Part X, line 21, 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		Х
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		Χ_
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>	11 a	Х	
	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	11 b	Х	
•	c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
	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	11 d		X
•	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.	11 e	X	
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	111		<u>X</u>
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a	Х	
	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, XII, and XIII is optional	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		<u>X</u>
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
ı	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		<u> </u>
	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? If 'Yes,' complete Schedule F, Parts II and IV	15		_X_
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		x
	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		<u>x</u> _
	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		X
	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		<u>X</u> _
	aDid the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		<u>X</u>
ŧ	olf 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Form 990 (2011) United Way of Collier County, Inc.

Particle Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	Х	
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		Х
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		Х
24	a 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, and that was issued after December 31, 2002 fi 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25.	24a		х
i	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		
25	a 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		_X_
	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		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		X
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
,	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.	28a		<u> </u>
l	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV. Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M.	28c		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		_X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.	34		<u>x</u>
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u>
ŧ	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		<u>x</u>
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		<u>x</u>
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		<u>x</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38		х
BAA		Form	990 (2011)

	COLUMN TIME AND THE SECOND OF	100500	_		
101	m 990 (2011) United Way of Collier County, Inc.	59-102609	6	F	age
	Statements Regarding Other IRS Filings and Tax Compliance				
	Check if Schedule O contains a response to any question in this Part V.				
				Yes	No
1	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 2			
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1ь 0			
	c Did the organization comply with backup withholding rules for reportable payments to vendo (gambling) winnings to prize winners?	ors and reportable gaming	1 c	X X	
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return				
		2a 5			
	b If at least one is reported on line 2a, did the organization file all required federal employments.		2b	X	****
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see i		and the same of		tion of
3	a Did the organization have unrelated business gross income of \$1,000 or more during the ye		3a		X
	b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule C		3ь		<u> </u>
	a At any time during the calendar year, did the organization have an interest in, or a signature financial account in a foreign country (such as a bank account, securities account, or other	e or other authority over, a financial account)?	4a		Х
	b 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			
5	a Was the organization a party to a prohibited tax shelter transaction at any time during the ta	ax year?	5a		X
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shell	ter transaction?	5 b		X
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5c		
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible?	and did the organization	6a		Х
	b If 'Yes,' did the organization include with every solicitation an express statement that such of	l			
7	not tax deductible? Organizations that may receive deductible contributions under section 170(c).		6b		
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and i	partly for goods and			
	services provided to the payor?	· · · · · · · · · · · · · · · · · · ·	7a		Х
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	·	7 b		
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for w	which it was required to file			
	Form 82827		7c		<u> X</u>
	d If 'Yes,' indicate the number of Forms 8282 filed during the year	7d			
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal	· ·	7 e		<u> X</u>
1	${f f}$ Did the organization, during the year, pay premiums, directly or indirectly, on a personal ber	nefit contract? .	7 f		_X
•	g If the organization received a contribution of qualified intellectual property, did the organizat as required?	ion file Form 8899	7 g		
I	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?	e organization file a	7 h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, or a donor advised fund maintained by a sponsoring organization, h	ing organizations. Did the			
	holdings at any time during the year?		8		<u>X</u>
9	Sponsoring organizations maintaining donor advised funds.				
	a Did the organization make any taxable distributions under section 4966?		9a	l	<u>X</u>
ı	b Did the organization make a distribution to a donor, donor advisor, or related person?		9b		X
10	Section 501(c)(7) organizations. Enter:				
1	Initiation fees and capital contributions included on Part VIII, line 12	10a	***	- 2	
ı	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10Ь			
11	Section 501(c)(12) organizations. Enter.				
	Gross income from members or shareholders	11a	翼		
1	Gross income from other sources (Do not net amounts due or paid to other sources				
	against amounts due or received from them.)	116			
12 a	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu o		12 a	CARCO -	-
t	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
ä	a is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedu	le O.			
t	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	13ъ			
	Enter the amount of reserves on hand	13c			

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O

14a 14b

BAA

59-1026096 Particular Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI [X] Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year lf 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 Х 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? Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? 6 X 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7 a Х **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? 7h Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8a Х **b** Each committee with authority to act on behalf of the governing body?. 8b X Is there any officer, director or 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 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a 10a Did the organization have local chapters, branches, or affiliates? Х b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a Х **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12a X b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise X 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 120 Х Schedule O how this is done See Schedule O Х 13 13 Did the organization have a written whistleblower policy? Х 14 14 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? a The organization's CEO, Executive Director, or top management official 15 a Х **b** Other officers of key employees of the organization 15 b If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Another's website Own website Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to 19 See Schedule O 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 ► James Warnken 848 First Avenue North #240 Naples FL 34102 239-261-7112 Form 990 (2011) TEEA0106L 01/23/12

	United Way of Collier County, Inc.	59-1026096 Page 7					
Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors							
•	k if Schedule O contains a response to any question in this Part VII						

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee										
		(C)								
(A) Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)			box, cer	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other compensation		
	(describe hours for related organiza- tions in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W 2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) Allan Crockett										
Chairman Elect	5							0.	0.	0.
(2) Jerri Kautsky										
Treasurer	5		Ш					0.	0.	0.
(3) Clark Hill										
Chairman	5							<u>0.</u>	0.	0.
_(4) Michael Dillon President	0							0.	0.	0.
(5) Julie Boudreau	 ×						_			
Director	1 0							0.	0.	0.
(6) Brandon Boxq	 									
Director	1 0		ļ					0.	0.	0.
(7) Robert Breitbard										
Director	1 0		}					0.	0.	0.
(8) John Brucato										
Director	0							0.	0.	0.
(9) Kathy Connelly										
Director	0							0.	0.	0.
(10) Mike Gentzle]									
Director	0		L					0.	0.	0.
(11) Tate Haire										
Director	0				Щ			0.	0.	0.
(12) M Travis Hayes]		ŀ							
Director	0		<u> </u>		L			0.	0.	0.
(13) Bob Hubbard	4							_	_	-
Director	0	<u> </u>	<u> </u>		$oxed{oxed}$		╙	0.	0.	<u> </u>
(14) Ronald Kaplan							1			•
<u>Director</u>	0		<u> </u>	L.		L	<u>L</u>	0.	0.	0.

describition of the control of the c	mty,		IC .						59-102609	b Page 8
Section A. Officers, Directors, Trust	tees, I	Key	En	plo	ye	es,	and	Highest Con	pensated Emp	oyees (cont)
(A) Name and title	(B) Average hours per week (describ e hours for related organizations in Sch O)	offic	unle er an	Pos heck ss pe	rson hrecto	that Highest compensated	h an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(15) Justin Land Director	0							0.	0.	0.
(16) Nancy Limb Director	0							0.	0.	0.
(17) West McCann Director	0							0.	0.	0.
(18) Patrick Neale Director	0							0.	0.	0.
(19) Nancy Pelotte Director	0							0.	0.	0.
(20) Maria Ramsey Director	0							0.	0.	0.
(21) Mike Sheffield Director	0							0.	0.	0.
(22) Greg Smith Director	0							0.	0.	0.
(23) Skip Soper Director	0							0.	0.	0.
(24) Meg Stepanian Director	0							0.	0.	0.
(25) Renee Thigpen Director	0							0.	0.	0.
1 b Sub-total c Total from continuation sheets to Part VII, Section	A						>	98,795.	0. 0.	0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited from the group strong and the property of the property	d to the	se li	sted	abo	ove)	who	o rec	98,795. ceived more than		0. able compensation
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in										Yes No
from the organization ► 0 3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in 4 For any individual listed on line 1a, is the sum of re										

the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person

	Yes	No
3		X
		a i
4		X
100	100	
5		X

Section	В.	Inde	pende	nt C	ontra	ctors
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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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 0



	IY Y	IIII Statement of Re	venue				· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
					The state of the s	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
20	1	a Federated campaigns		1a	2,053,596				
A F		b Membership dues		16	· · · · · ·				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	Ι,	c Fundraising events		1c	2,300				40000000000000000000000000000000000000
	Ι.	d Related organizations.		1 d					
ਰੂ≦		e Government grants (contribute		1 e		The state of the s			
SS	[]	- ,	•	 '' 					
55	1	 All other contributions, gifts, q similar amounts not included 	grants, and	1f	21 205				
E 6	Ι.				31,395	-			
SS	1 :	g Noncash contributions include	d in ins 1a-	1f. \$_		2.087.291			
	├-'	h Total. Add lines 1a-1f			Business Code	2,087,291.			
2	١.,	_		⊢	Business Code		国际经验		
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A SE	۱ '	"		}		 		<u>'</u>	<u> </u>
Æ	! ا				·	 	ļ		
PROGRAM SERVICE REVENUE	יו	All other program service	ce revenu	ie. L		-			
		Total. Add lines 2a-2f							
	3	Investment income (incother similar amounts)	luding div	/idends	s, interest and	-80,150.			-80,150.
	ا ا	•		vomnt	bond proceeds	00,130.	 		00,130.
	4	Income from investmen	it of tax-e	xempi	bona proceeds	1			
	5	Royalties	(ı) R		(ii) Personal			TANK CAMPANIAN MOTOR STATE	
		Conne conte	() (Çai	(ii) Personal				
	-	Gross rents							
		Less. rental expenses			 				
		Rental income or (loss)			1		The second secon	AND THE PROPERTY OF THE PARTY.	
		l Net rental income or (id	(i) Sect	witne .	(ii) Other				
	7 a	Gross amount from sales of		, 306.					
		assets other than inventory.	745	, 300.	' 				
	t	Less: cost or other basis	700	215					
		and sales expenses		,345. ,961.					
		Gain or (loss).		, 901.	.1	35,961.	35 061		
	C	Net gain or (loss)			<u> </u>	33,901.	35,961.		
JE NE	8 a	Gross income from fund (not including \$	draising e	vents		13			
REVENUE		of contributions reported	d on line	1c).	ł				
		See Part IV, line 18		-	ď				
ОТНЕВ	b	Less direct expenses		t	,				
6	С	: Net income or (loss) fro	m fundra	ısıng e	vents .	•			
	9 a	Gross income from gam See Part IV, line 19.	ning activ	ities.					
		Less direct expenses		. 6					
		: Net income or (loss) fro	m oamın	a activi	ities	<u> </u>			
		• •	_	-					
	iua	Gross sales of inventory and allowances	, iess rei	urns	,	Springer Commen		Day and the Market of the Control of	
		Less cost of goods sold							
		: Net income or (loss) fro		of invei	ntory .	-			
ļ		Miscellaneous Revenu		T	Business Code				
Ì	11 a					7	1		
	b								
	c	 :					I.		
	d	All other revenue]		
		Total. Add lines 11a-11c	1	_	ı	>			
Ì	_	Total revenue. See insti				2,043,102.	35,961.	0.	-80,150.
									

Section 501(c)(3) and 501(c)(4) organizations must complete all columns
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not Include amounts reported on lines Total expenses Total expenses Program service Management and general expenses Program service Progra		Check if Schedule O contains a r			,, and (D).	
Total expenses Program service Program se				7	(C)	(D)
and organizations in the United States. See Part IV, line 22 in the United States. See Part IV, line 22 in the United States. See Part IV, line 22 in the United States. See Part IV, line 22 in the United States. See Part IV, line 23 and 16 depends on the assistance to governments, organizations, and individuals outside the United States. See Part IV, line 13 and 16 depends on the IV, line 13 depends on the IV, line 14 depends on the IV, line 15 depends on the IV, line 17 depends on the IV, line 18 depends	Dо 6Ь,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and	Fundraising
Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to operaments, United States. See Part IV, lines 15 and 16 Benetis pad to or for members Compensation of current officers, directors, trustees, and to or for members Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of trusted above, to desqualified persons (as defined under the described on the section 4016) and section 4036(c) 3(g) 500 section 4016 (and several described in section 4958(c) 3(g) 500 section 4016 (and section 4016) and section 4016 (and section 4016	1	Grants and other assistance to governments				
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3 Grants and other assistance to governments organizations, and individuals outside the 1 titled States See Part IV, lines 15 and 16 Benetits paid to or for members 5 Companisation of current officers, directors, 5 Companisation of uncluded above, to disqualified persons (as defined under section 4988(c)(1) and persons described in section 4988(c)(1) and person section 4988(c)(1) and section 408(b) and section 4	2	Grants and other assistance to individuals in the United States. See Part IV. line 22	·			
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4 Benefits paid to or for members Compensation of current officers, directors, fursitees, and key employees Compensation of current officers, directors, fursitees, and key employees Compensation of current officers, directors, fursitees, and key employees Compensation of current officers of control of sequence of control of sequence of control of sequence of section 498(c)(3)(9)(9) 7 Other salaries and wages Penson plan accruals and contributions (include section 40)(b) and section 403(b) employer contributions) (in Payroll taxes 10 Payroll taxes 11 Payroll taxes 11 Payroll taxes 12 Other employees) 13 Office expenses 14 (Lobbying employees) 14 (Lobbying employees) 15 Royaltes 16 Occupancy 17 Tavel 18 Payments of travel or entertainment growth officials 19 Conferences, conventions, and meetings. 11 Information technology 19 Payroness of travel or entertainment growth officials 19 Conferences, conventions, and meetings. 10 Interest of travel or entertainment growth officials 19 Conferences, conventions, and meetings. 10 Interest of travel or entertainment growth officials 10 Interest of travel or entertainment growth officials 10 Interest of travel or entertainment growth officials 11 Payroness of travel or entertainment growth officials 12 Payrents of travel or entertainment growth officials 13 Office expenses 14 (Lobbying employees) 14 (25 (Lobbying employees) 15 (Lobbying employees) 16 (Lobbying employees) 17 (Lobbying employees) 18 (Lobbying employees) 18 (Lobbying employees) 19 (Lobbying employees) 10 (Lobbying employees) 10 (Lobbying employees) 10 (Lobbying employees) 10 (Lobbying employees) 11 (Lobbying employees) 12 (Lobbying employees) 13 (Lobbying employees) 14 (Lobbying employees) 15 (Lobbying employees) 16 (Lobbying employees) 17 (Lobby		organizations, and individuals outside the				
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Trustees, and key employees 98,795 59,277 0 39,518	5	·				
disqualified persons (as defined under section 4958(c)(3)(6))	•	trustees, and key employees	98,795.	59,277.	0.	39,518.
Section 4958(f)(1) and persons described in section 4958(c)(3)(8) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	6	Compensation not included above, to			ĺ	
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21 Payments to affiliates	19	Conferences, conventions, and meetings.	426.		426.	
Depreciation, depletion, and amortization Insurance Other expenses litemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a Campaign & volunteerism promot b Printing and Publications c Miscellaneous d Computer supplies & maintenanc e All other expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) 3,484. 3,484. 3,484. 3,484. 3,484. 3,484. 3,484. 3,484. 3,484. 3,484. 3,484. 3,484. 3,484. 3,484. 3,484. 3,484. 2,803. 2,803. 28,005. 28,005. 28,005. 20,715. 20,715. 20,715. 7,925. 21,828. 21,828. 21,828. 21,828. 21,828. 21,828. 21,828. 22,706,689. 1,594,203. 237,721. 274,765.	20	Interest				
23 Insurance 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a Campaign & volunteerism promot b Printing and Publications c Miscellaneous c Miscellaneous d Computer supplies & maintenanc e All other expenses 7,925. Total functional expenses. Add lines 1 through 24e 2,106,689. 2,803. 2,805. 28,005. 28,005. 28,005. 29,715. 20,715. 20,715. 20,715. 20,715. 21,828. 2	21	•				25,888.
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a Campaign & volunteerism promot 28,005. b Printing and Publications 21,828. c Miscellaneous 20,715. d Computer supplies & maintenanc 7,925. e All other expenses 9,159. 7,925. 25 Total functional expenses. Add lines 1 through 24e 2,106,689. 1,594,203. 237,721. 274,765. 274,765. Check here □ If following SOP 98-2 (ASC 958-720)	22	Depreciation, depletion, and amortization				
covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a Campaign & volunteerism promot b Printing and Publications c Miscellaneous d Computer supplies & maintenanc e All other expenses 20,715. 20,715. d Computer supplies & maintenanc e All other expenses 7,925. 7,925. 21,828. 22,715. 20,715. 20,715. 20,715. 20,715. 21,828. 21,828. 21,828. 21,828. 21,828. 21,828. 21,828. 21,828. 21,828. 21,725. 20,715. 20,715. 21,828.			2,803.		2,803.	
in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a Campaign & volunteerism promot b Printing and Publications c Miscellaneous d Computer supplies & maintenanc e All other expenses Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)	24	covered above (List miscellaneous expenses				
expenses on Schedule O) a Campaign & volunteerism promot		in line 24e. If line 24e amount exceeds 10%				
a Campaign & volunteerism promot 28,005. b Printing and Publications 21,828. c Miscellaneous 20,715. 20,715. d Computer supplies & maintenanc 7,925. 7,925. e All other expenses 9,159. 7,563. 1,596. 25 Total functional expenses. Add lines 1 through 24e 2,106,689. 1,594,203. 237,721. 274,765. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here □ if following SOP 98-2 (ASC 958-720)		expenses on Schedule O)				
c Miscellaneous d Computer supplies & maintenanc e All other expenses Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here □ if following SOP 98-2 (ASC 958-720)	а	The state of the s				28,005.
d Computer supplies & maintenanc 7,925. 7,925. e All other expenses 9,159. 7,563. 1,596. 25 Total functional expenses. Add lines 1 through 24e 2,106,689. 1,594,203. 237,721. 274,765. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here □ if following SOP 98-2 (ASC 958-720)	b	Printing and Publications				21,828.
e All other expenses 9,159. 7,563. 1,596. 25 Total functional expenses. Add lines 1 through 24e 2,106,689. 1,594,203. 237,721. 274,765. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)						
Total functional expenses. Add lines 1 through 24e 2, 106, 689. 1, 594, 203. 237, 721. 274, 765. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)						
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here if following SOP 98-2 (ASC 958-720)		· · · · · · · · · · · · · · · · · · ·		1 504 003		
the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here		•	2,106,689.	1,594,203.	231,121.	214,165.
SOP 98-2 (ASC 958-720)	26	the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
		· <u> </u>				
Form 990 (2011)		SOP 98-2 (ASC 958-720)			<u> </u>	

			(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing	76,921.	1	140,350
	2	Savings and temporary cash investments .	1,081,437.	2	931,200
	3	Pledges and grants receivable, net	694,496.	3	718,883
	4	Accounts receivable, net		4	,
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		5 5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
A S E T S	7	Notes and loans receivable, net		7	
E	8	Inventories for sale or use.		8	
T 5	9	Prepaid expenses and deferred charges	15,683.	9	10,178
	10 a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 36, 916.			
	b	Less: accumulated depreciation 10b 22,479.	9,562.	10 c	14,437
	11	Investments – publicly traded securities	1,548,211.	11	1,646,439
	12	Investments – other securities See Part IV, line 11	933,147.	12	831,873
	13	Investments – program-related See Part IV, line 11		13	
1	14	Intangible assets		14	· · · · · · · · · · · · · · · · · · ·
ı	15	Other assets. See Part IV, line 11	69,792.	15	16,444
	16	Total assets. Add lines 1 through 15 (must equal line 34)	4,429,249.	16	4,309,804
╗	17	Accounts payable and accrued expenses	6,899.	17	4,695
ı	18	Grants payable		18	-7,000
1	19	Deferred revenue		19	
.	20	Tax-exempt bond liabilities		20	
١	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.		22 22	
	23	Secured mortgages and notes payable to unrelated third parties .		23	
1	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	53,656.	25	2
	26	Total liabilities. Add lines 17 through 25	60,555.	26	4,697
		Organizations that follow SFAS 117, check here ► X and complete lines			
		27 through 29 and lines 33 and 34.			
	27	Unrestricted net assets	3,138,171.	27	3,020,846
	28	Temporarily restricted net assets	1,230,523.	28	1,284,261
	29	Permanently restricted net assets		29	
2		Organizations that do not follow SFAS 117, check here ▶ and complete		黝雕	
		lines 30 through 34.		116	
1		Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds	· · · · · · · · · · · · · · · · · · ·	32	
	33	Total net assets or fund balances	4,368,694.	33	4,305,107.
: 1		Total liabilities and net assets/fund balances	4,429,249.	34	4,309,804.

FOIR	1990 (2011) United way of Collier County, Inc.	23-1070030	,	Pa	ige 12
Pa	Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	<u> </u>	<u> </u>		\Box
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1	2,04	 -	
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,10		
3	Revenue less expenses Subtract line 2 from line 1	3			87.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .	4	4,36	<u> 8,6</u>	
5	Other changes in net assets or fund balances (explain in Schedule O).	5			<u>0.</u>
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	4,30)5, <u>1</u>	.07.
Par	家順 Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				\Box
1	Accounting method used to prepare the Form 990. Cash X Accrual Other			Yes	No
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
þ	Were the organization's financial statements audited by an independent accountant?		2b	Х	
С	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight review, or compilation of its financial statements and selection of an independent accountant?	nt of the audit,	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule \boldsymbol{O}				
d	If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were separate basis, consolidated basis, or both	e issued on a			
	X Separate basis Consolidated basis Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Audit Act and OMB Circular A-133?	n the Single	3a		Х
b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits	e required audit	3 b		
BAA			Form	990 (2011)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

2011

OMB No 1545-0047

Name of the organization Employer identification number United Way of Collier County, Inc 59-1026096 Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is. (For lines 1 through 11, check only one box) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 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 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 5 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) X 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts 9 from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h. 11 **b** Type II c | Type III - Functionally integrated d Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11 g (i) A family member of a person described in (i) above? 11 g (ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the supported organization(s) h (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (v) Did you notify the organization in (I) Name of supported (b) EIN (iv) is the (vi) is the (vii) Amount of support e organization column (i) of your support? organization in column (i) organized in the US? organization in column (i) listed in your governing document? No Yes Yes No Yes No (A) (C) (D) <u>(E)</u>

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

Schedule A (Form 990 or 990-EZ) 2011

Schedule A (Form 990 or 990-EZ) 2011 United Way of Collier County, Inc. 59-1026096

Paralla 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)

Se	ction A. Public Support						···
Cal- beg	endar year (or fiscal year jinning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants')	2,177,611.	2,190,834.	2,593,134.	2,002,534.	2,087,291.	11,051,404.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3.	2,177,611.	2,190,834.	2,593,134.	2,002,534.	2,087,291.	11,051,404.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
6	Public support. Subtract line 5 from line 4	S. S.					11,051,404.
Sec	tion B. Total Support						
Cale begi	endar year (or fiscal year inning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4 .	2,177,611.	2,190,834.	2,593,134.	2,002,534.	2,087,291.	11,051,404.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	119,522.	101,695.	68,580.	57,947.	80,177.	427,921.
9						30,2111	0.
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.).						0.
11	Total support. Add lines 7 through 10						11,479,325.
12	Gross receipts from related activ	rities, etc (see ins	tructions)			12	0.
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, o	r fifth tax year as	a section 501(c)((3)
	tion C. Computation of Pul			. 11 (0)		1 24	06 27 %
	Public support percentage for 20 Public support percentage from 2			ie i i, column (i))		14	96.27 % 95.99 %
	.,	·	•		 		
10 8	33-1/3% support test — 2011. If to and stop here. The organization	qualifies as a pub	olicly supported o	rganization	id the line 14 is 3	3-1/3% of more, (Eneck this box
t	33-1/3% support test — 2010. If t and stop here. The organization	the organization d qualifies as a pub	lid not check a bo blicly supported or	x on line 13 or 16 rganization	5a, and line 15 is	33-1/3% or more,	check this box
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	ind-circumstance:	s' test, check this	box and stop her	re. Explain in Part	IV how
	• 10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances' t	and-circumstances test. The organiza	s' test, check this ation qualifies as a	box and stop he i a publicly support	e. Explain in Part ed organization	t IV how the ►
	Private foundation. If the organiz	zation did not che	ck a box on line	13, 16a, 16b, 17a			
BAA					Sc	hedule A (Form 9	90 or 990-EZ) 2011

(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)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal yr beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants.')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or						
	facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Armounts included on lines 1, 2, and 3 received from disqualified persons						
Ł	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	: Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)						
	tion B. Total Support						
Calen	dar year (or fiscal yr beginning in)►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).						
	Total support. (Add ins 9, 10c, 11, and 12.)			L	<u> </u>		
	First five years. If the Form 990 organization, check this box and	stop nere		nd, third, fourth, o	or fifth tax year as	a section 501(c)(3)
	tion C. Computation of Pul			20 12 politima (6)		16	0_
	Public support percentage for 20			ie 15, column (f);	•	15	90
	Public support percentage from 2					1 10	<u> </u>
	tion D. Computation of Inv Investment income percentage for				ıma (fl)	17	96
					IIIII (1))	18	96
10 -	Investment income percentage fi 33-1/3% support tests — 2011. If	the graphistics	did not chack the	i. Libov on line 1/1 :	and line 15 is mor		
	is not more than 33-1/3%, check	this box and sto j	p here . The orgar	nization qualities	as a publicly supp	orted organization	, - 📙
25	33-1/3% support tests — 2010. If line 18 is not more than 33-1/3%	, check this box a	and stop here. Th	e organization qu	ialifies as a public	ly supported orga	nization
20	Private foundation. If the organiz	zation did not che	ck a box on line				90 or 990-F7) 2011

Schedule A	(Form 990	or 990-EZ)	2011	Unite	ed Way	of,	Coll	ier (County	, Inc.		59-	102609	6	Pag	ge 4
Schedule A	Supplem Part II, Iir (See insti	ental Inf ne 17a o ructions)	ormat r 17b;	ion. Cor and Pa	mplete rt III, li	this ine 1	part to 2. Also	prov com	ide the plete tl	explan	ations for any	required addition	by Part nal infor	II, line mation.	10;	
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions. 2011

Employer identification number

Un	nited Way of Collier County, In	nc.		59-1026096
Ρŧ	では Organizations Maintaining Dono	r Advised Funds or Other Simi	lar Funds or Acco	ounts. Complete if
	the organization answered 'Yes'	o Form 990, Part IV, line 6.		
		(a) Donor advised funds	(b) Fu	inds 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 do funds are the organization's property, subject	nor advisors in writing that the assets he to the organization's exclusive legal co	neld in donor advised ontrol?	Yes No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private bene	the benefit of the donor or donor advis	or, or for any other	— — — No
Pa	能 I Conservation Easements . Comp		d 'Yes' to Form 90	
1	_			o, Fait IV, line 7.
•	Preservation of land for public use (e.g., r	_		lly important land area
	Protection of natural habitat	· H	ervation of a certified h	
	Preservation of open space		a contined in	istoric structure
2	Complete lines 2a through 2d if the organization last day of the tax year	on held a qualified conservation contril	bution in the form of a	conservation easement on the
			He He	eld at the End of the Tax Year
	a Total number of conservation easements		2a	
	b Total acreage restricted by conservation ease		2 b	
-	c Number of conservation easements on a certi	fied historic structure included in (a)	2c	
1	d Number of conservation easements included i structure listed in the National Register	n (c) acquired after 8/17/06, and not or	n a historic 2d	
3	Number of conservation easements modified, tax year ▶	transferred, released, extinguished, or	terminated by the org	anization during the
4	Number of states where property subject to co	inservation easement is located 🟲 🔙		
5	and enforcement of the conservation easemer			
6	Staff and volunteer hours devoted to monitorin			-
7	Amount of expenses incurred in monitoring, in \$	specting, and enforcing conservation e	easements during the	year
8	Does each conservation easement reported or 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIV, describe how the organization reports include, if applicable, the text of the footnote to conservation easements	conservation easements in its revenue a o the organization's financial statemen	nd expense statement, and the control of the contro	and balance sheet, and organization's accounting for
Pā	Organizations Maintaining Colle Complete if the organization answ	ctions of Art, Historical Treasu wered 'Yes' to Form 990, Part I'	res, or Other Sim	ilar Assets.
1 a	If the organization elected, as permitted under art, historical treasures, or other similar assets in Part XIV, the text of the footnote to its finar	SFAS 116 (ASC 958), not to report in sheld for public exhibition, education,	its revenue statement or research in furthera	t and balance sheet works of nce of public service, provide,
t	of the organization elected, as permitted under historical treasures, or other similar assets hel following amounts relating to these items	SFAS 116 (ASC 958), to report in its d for public exhibition, education, or re	revenue statement and esearch in furtherance	d balance sheet works of art, of public service, provide the
	(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 a amounts required to be reported under SFAS		assets for financial ga	nin, provide the following
a	Revenues included in Form 990, Part VIII, line	1		▶\$
L	Accets included in Form 990 Part Y			_

Schedule D (Form 990) 2011 Unit							<u>59-102</u>	<u>6096</u>		Page 2
Partill Organizations Mainta	aining Colle	ctions	of Art, Hist	torica	l Treasures, c	or Other Sin	ilar Ass	ets (c	ontını	леd)
3 Using the organization's acquisitiems (check all that apply):	tion, accession	n, and ot	her records, c	heck a	ny of the followin	ig that are a si	gnificant u	se of its	s collec	ction
a Public exhibition			d Loan	orex	change programs					
b Scholarly research			e 🗌 Othe	r			_			
c Preservation for future gene	rations									
4 Provide a description of the organization Part XIV								e in		
5 During the year, did the organiza assets to be sold to raise funds	ation solicit or rather than to	receive be main	donations of a tained as part	art, hist of the	torical treasures, organization's co	or other simila ollection?	r [Yes		No
Rankly Escrow and Custodia line 9, or reported an	al Arrangem amount on	rents. (Form !	Complete if 990, Part X	the c	organization ai 21.	nswered 'Ye	s' to For	m 990), Par	t i∨,
1 a Is the organization an agent, truincluded on Form 990, Part X?	stee, custodiai	n, or oth	er intermediar	y for c	ontributions or of	her assets not				
							[Yes	L	No
b If 'Yes,' explain the arrangement	t in Part XIV a	ind comp	olete the follow	ving ta	ble	r				
								Amount	<u> </u>	
c Beginning balance		•	•			1c				
d Additions during the year .					•	. 1d				
e Distributions during the year						1e				
f Ending balance				_		11				
2a Did the organization include an a		m 990, I	Part X, line 21	7			Į	Yes	Į	No
b If 'Yes,' explain the arrangement					10/ 11 5	000 5		••		
Endowment Funds. Co	1									
	(a) Current	year	(b) Prior ye	ar	(c) Two years bad	k (d) Three	years back	(e)	Four year	s back
1 a Beginning of year balance										
b Contributions	<u> </u>									
c Net investment earnings, gains, and losses										
d Grants or scholarships					·		· · · · · · · · · · · · · · · · · · ·			
e Other expenditures for facilities and programs						_			W.	
f Administrative expenses	ļ									
g End of year balance	L				 					
Provide the estimated percentage		nt year e	nd balance (li	ne 1g,	column (a)) held	as				
a Board designated or quasi-endov	vment ►		⁸							
b Permanent endowment •	*									
c Temporarily restricted endowmer			_ [%]							
The percentages in lines 2a, 2b,	and 2c should	d equal 1	00%							
3a Are there endowment funds not a organization by:	in the possess	ion of th	ie organizatior	n that a	are held and adm	inistered for th	ne	Г	Yes	No
(i) unrelated organizations								3a(i)		
(ii) related organizations								3a(ii)		
b If 'Yes' to 3a(ii), are the related of	organizations I	isted as	required on S	chedul	le R?			3b		
4 Describe in Part XIV the intended	d uses of the o	organiza	tion's endowm	ent fui	nds					
PartVI Land, Buildings, and I	Equipment.	See F	orm 990, P	art X,	line 10.					
Description of property		(a) Cost	or other basis estment)	(b)	Cost or other pasis (other)	(c) Accumi deprecia	tion	(d) E	Book va	alue
1a Land .										
b Buildings	Г									
c Leasehold improvements .	Г					L				
d Equipment	Г									
e Other					36,916.	22	,479.		14	,437.
Total. Add lines 1a through 1e (Column	nn (d) must eq	ual Forn	n 990, Part X,	colum	n (B), line 10(c))	>		14	,437.
BAA							Schedu	ule D (F	orm 99	90) 2011

Schedule D (Form 990) 2011 United way of Coli	Lier County, II	ic.	59-102	5096 Page 3
Investments - Other Securities. See	Form 990, Part X,	line 12.		
(a) Description of security or category	(b) Book value		(c) Method of valuat	lion.
(including name of security) (1) Financial derivatives		Cost	or end-of-year marl	ket value
(2) Closely-held equity interests		 		
(3) Other Cash Equivalents	140 023	End of Year	Market Value	
(A) Certificates of Deposits		End of Year		
(B) Accrued Dividends	11,121.		Market value	
(C)	11,121.	0032		
(D)	·		 _	
(E)				
(F)				
(G)				
(H)		 		
(1)				
Total. (Column (b) must equal Form 990 Part X, column (B) line 12) .	831,873.			
Rank VIII Investments - Program Related. See	Form 990, Part X,	line 13. N/	A	
(a) Description of investment type	(b) Book value	. (c) Method of valuat	ion
		Cost	or end-of-year mark	ket value
(1)				
(2)				
(3)				
(4) (E)				
(5) (6)				
(7)				
(8)		-		
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, column (B) line 13)				
PacilX Other Assets. See Form 990, Part X, II	ne 15. N/A			
Partix: Other Assets. See Form 990, Part X, II	ne 15. N/A cription			(b) Book value
Partix: Other Assets. See Form 990, Part X, II				(b) Book value
(a) Des (2)			_	(b) Book value
(a) Des (2) (3)				(b) Book value
(a) Des (1) (2) (3) (4)				(b) Book value
(a) Des (1) (2) (3) (4) (5)				(b) Book value
(a) Des (1) (2) (3) (4) (5) (6)				(b) Book value
(a) Des (1) (2) (3) (4) (5) (6) (7)				(b) Book value
(a) Des (1) (2) (3) (4) (5) (6) (7) (8)				(b) Book value
(a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9)				(b) Book value
(a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	cription			(b) Book value
(a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E)	cription			(b) Book value
(a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E)	3), line 15) (, line 25.			(b) Book value
(a) Description of liability Other Assets. See Form 990, Part X, In (a) Description of liability	cription		•	(b) Book value
(a) Description of liability (b) Capacit X. Description of liability (c) Capacit X. Description of liability (d) Description of liability (e) Description of liability (f) Federal income taxes	3), line 15) (, line 25.			(b) Book value
(a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Pair X Other Liabilities. See Form 990, Part X (a) Description of liability (1) Federal income taxes (2) Rounding	3), line 15) (, line 25.	2.		(b) Book value
(a) Des (b) (c) (c) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	3), line 15) (, line 25.			(b) Book value
(a) Des (b) (a) Des (c) (a) Des (d) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	3), line 15) (, line 25.			(b) Book value
(a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. See Form 990, Part X (a) Description of liability (1) Federal income taxes (2) Rounding (3) (4) (5)	3), line 15) (, line 25.			(b) Book value
(a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Patrix Other Liabilities. See Form 990, Part X (a) Description of liability (1) Federal income taxes (2) Rounding (3) (4) (5) (6)	3), line 15) (, line 25.			(b) Book value
(a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. See Form 990, Part X (a) Description of liability (1) Federal income taxes (2) Rounding (3) (4) (5)	3), line 15) (, line 25.			(b) Book value
(a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Patrix Other Liabilities. See Form 990, Part X (a) Description of liability (1) Federal income taxes (2) Rounding (3) (4) (5) (6) (7) (8)	3), line 15) (, line 25.			(b) Book value
(a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) (a) Description of liability (1) Federal income taxes (2) Rounding (3) (4) (5) (6) (7)	3), line 15) (, line 25.			(b) Book value
(a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. See Form 990, Part X (a) Description of liability (1) Federal income taxes (2) Rounding (3) (4) (5) (6) (7) (8) (9)	3), line 15) (, line 25.			(b) Book value
(a) Des (b) (c) (a) Des (c) (a) Des (c)	3), line 15) (, line 25.			(b) Book value

	educe b (Form 990) 2011 United Way of Collier County, Inc.	59-1026096	Page 4
Pā	Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	2,043,	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2,106,	
3	Excess or (deficit) for the year Subtract line 2 from line 1	-63,	587.
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV.)		
9	Total adjustments (net) Add lines 4 through 8		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		587.
Pa	Reconciliation of Revenue per Audited Financial Statements With Revenue per		
1	Total revenue, gains, and other support per audited financial statements	1 1,989,	364.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
	a Net unrealized gains on investments 2a		
ı	Donated services and use of facilities		
	Recoveries of prior year grants 2c		
	d Other (Describe in Part XIV)		
•	e Add lines 2a through 2d	2 e	
	Subtract line 2e from line 1	3 1,989,	364.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
ŀ	Other (Describe in Part XIV) See Part XIV		
•	Add lines 4a and 4b.		<u>738.</u>
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5 2,043,	102.
	Reconciliation of Expenses per Audited Financial Statements With Expenses		
1	Total expenses and losses per audited financial statements	1 2,106,	<u>689.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
	Donated services and use of facilities 2a		
	Prior year adjustments		
	Other losses 2c		
	Other (Describe in Part XIV.)		
	Add lines 2a through 2d	2e 0 100	500
3	Subtract line 2e from line 1	. 3 2,106,	<u>689.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV)		
	: Add lines 4a and 4b . Total expenses Add lines 3 and 4c . <i>(This must equal Form 990, Part I, line 18)</i>	4c 2,106,	689
<u>ာ</u>	Supplemental Information	. 3 2,100,	505.
Com Part	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part V, line 4, Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also comadditional information.	rt IV, lines 1b and 2b, plete this part to provide	

TEEA3304L 05/25/11

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Schedule **D** (Form 990) 2011

Schedule D (Form 990) 2011 United Way of Collier County, Inc. Example Supplemental Information (continued)	59-1026096 Page 5
限認成級W線 Supplemental Information (continued)	
BAA TEEA3305L 05/25/11	Schedule D (Form 990) 2011

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SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

United Way of 限amm General

Grants and Other Assistance to Organizations,

OMB No 1545-0047 7777

X Yes

	GOVERNITIENTS, AND INDIVIDUALS IN THE UNITED STATES	
partment of the Treasury ernal Revenue Service	Complete if the organization answered 'Yes' to Form 990, Part IV, lines 21 or 22. Attatch to Form 990.	
me of the organization		Employer identification number
nited Way of	nited Way of Collier County, Inc.	59-1026096
and General In	बुक्तामा General Information on Grants and Assistance	
1 Does the organize the selection crite	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	nd X Yes N

Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000.

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States See Part IV

[Part of Banks and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to

_ _	(h) Purpose of grant or assistance					:			30	0
	(g) Description of non-cash assistance								 •	•
	(f) Method of valuation (book, FMV, appraisal, other)									
	(•) Amount of non-cash assistance	0								
	(d) Amount of cash grant	1,445,418.							n the line 1 table	
ıs needed	(c) IRC section if applicable								rganizations listed II	1 table
additional space	(b) EIN) and government o	ons listed in the line
Part II can be duplicated if additional space	1 (a) Name and address of organization or government	(1) See Attachment See Attachment Naples, FL 34102	(a)	(g)	(4)	-	 ω	(8)	2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	3 Enter total number of other organizations listed in the line

Page 2 Schedule I (Form 990) (2011) Schedule I (Form 990) (2011) United Way of Collier County, Inc.

Ranilla Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed. (f) Description of non-cash assistance Ractival Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) additionally meet with the agency at least once a year for a detailed interview _ monitoring agencies, including required audited flancial statements. They United Way of Collier County, Inc. has a specific committee dedicated to (d) Amount of non-cash assistance Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S. (c) Amount of cash grant process in order to continue agency status. (b) Number of recipients (a) Type of grant or assistance BAA က 4 ß 9

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545 0047

Department of the Treasury Internal Revenue Service Name of the organization

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

► Attach to Form 990 or 990-EZ.

Employer identification number

United Way of Collier County, Inc.	59-1026096
Form 990, Part III, Line 4a - Program Service Accomplishments	~
For over 50 years, United Way of Collier County (UWCC) has	been mobilizing the
community, advancing the common good, and creating opportun	ities for a better life
for all. UWCC engages people and organizations who bring th	e passion, expertise, and
resources needed to get things done. LIVE UNITED® is a call	to action for local
Collier_County_community_members_to_become_a_part_of_our_ne	xt 50 years.
Our Vision	
United Way envisions the Collier County community as a plac	e where all individuals
and families achieve their human potential.	
Our Goals	
Community Care: To shape our Collier community by funding	and collaborating with 30
partner agencies providing hundreds of programs and service	s serving Collier County.
Strong Family Values: To maintain efficient distribution o	f finances to assist our
agencies in their pledges to the children, families, and el	derly of Collier County.
Providing for Children and Youth in Need: To support the n	eeds of our local youth
with safe housing environments, development programs, and n	utrition. To build life
skills and character while preparing for our community's fu	<u>ture</u>
Assisting in Times of Crisis: To provide stability with em	ergency_assistance_in
<u>times of disaster. To assist families in crisis when faced</u>	with harmful living
conditions	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

Schedule 0 (Form 990 or 990-EZ) 2011	Page 2
Name of the organization United Way of Collier County, Inc.	Employer identification number 59-1026096
Form 990, Part VI, Line 11b - Form 990 Review Process	
The Form 990 is furnished to the Treasurer and Executive Vice F	
review process. Once the Treasurer and Executive Vice President	review the return
they e-mail a copy to all board members and give them an opport	unity to make
comments or ask questions. After that review is completed the F	Form 990 is approved
for submission.	·
Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Cor	nflicts
Upon or before election, hiring or appointment, it is required	that individuals read
and sign a conflicts of interest and ethics policy. This policy	v includes the
disclosure of all conflicts of interest, or possible conflict of	of interested parties.
It is a requisite that the policy also be updated as needed. The	nese disclosures are
all noted and the individuals with a conflict or potential conf	lict of interest are
not permitted to vote on any issue relating to the parties of c	conflict.
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available	·
Non-confidential documents that contain no donor, board member	or employee private
information are available to the public at our corporate office	during normal
business hours.	
	· • • • • • • • • • • • • • • • • • • •
	

SCHEDULES OF GRANTS PAID SCHEDULE I ATTACHMENT For Year Ended 12/31/11

Agency Names	Agency Address	Agency EIN	IRC Code	Amount Pd	⁹ Purpose of Allocation
4H Club Foundation	14700 Immokalee Rd, Naples FL	59-1882892	501/2/(7)	\$ 30,000	Haln Rund On anation
American Red Cross	2610 Northbrooke Plaza Dr, Naples FL	59-1420958	501(c)(3) 501(c)(3)	50,000	Help Fund Operations Help Fund Operations
Boy Scouts of America	1801 Boy Scout Drive, Ft Myers FL	59-1150488	501(c)(3)	60,000	Help Fund Operations
Cancer Alliance of Naples	900 First St Ave S Suite 200, Naples FL	22-3879709	501(c)(3)	15,000	Help Fund Operations
Care Club of Collier County	1800 Santa Barbara Blvd., Naples FL	65-0253054	501(c)(3)	15,000	Help Fund Operations
Catholic Social Services	2210 Santa Barbara Blvd., Naples FL	59-2473176	501(c)(3)	130,000	Help Fund Operations
Children's Advocacy Center	1036 6th Ave, Naples FL	65-0049492	501(c)(3)	95,000	•
Children's Home Society	1940 Maravilla Ave, Ft Myers FL	59-0192430	501(c)(3)	17,000	Help Fund Operations
Collier Child Care Resources	269 Airport Rd , Naples FL	59-6198583	501(c)(3)	40,000	Help Fund Operations Help Fund Operations
Fun Time Nursery	102 12th St, Naples FL	59-1039978	501(c)(3)	90,000	Help Fund Operations
Grace Place	4300 21st Ave, Naples FL	65-1229558	501(c)(3)	40,000	Help Fund Operations
Guadalupe Center	509 Hope Circle, Immokalee, Florida	59-2617151	501(c)(3)	20,000	•
Gulf Coast Girl Scout Council	12651 Girl Scout Lane, Ft Myers FL	59-0760212	501(c)(3)	42,500	Help Fund Operations Help Fund Operations
Harry Chapin Food Bank	3760 Fowler St, Ft Myers FL	59-2332120	501(c)(3)	44,000	Help Fund Operations
Hunger & Homeless Coalition	1044 6th Ave, Naples FL	04-3610154	501(c)(3)	39,000	•
Immokalee Child Care Center	3775 Airport Rd N, Naples FL	59-1209842	. , , ,	75,000	Help Fund Operations
	• • •	65-0807648	501(c)(3)	50,000	Help Fund Operations
Legal Aid Society	4125 E. Tamıamı Trail, Naples FL 660 9th St. Naples FL	59-2770492	501(c)(3)	•	Help Fund Operations
Naples Alliance for Children	,		501(c)(3)	15,000	Help Fund Operations
Naples Equestrian Center National Alliance for the Mentally III	206 Ridge Dr, Naples FL	65-0793008 65-0047747	501(c)(3)	35,418 70,000	Help Fund Operations
	5020 Tamiami Trail, Naples FL	59-3546884	501(c)(3)	•	Help Fund Operations
Neighborhood Health Clinic Parkinson's Association	120 Goodlette Rd, Naples FL	59-340004	501(c)(3)	70,000	Help Fund Operations
	1048 Goodlette-Frank Rd, Naples FL		501(c)(3)	10,000	Help Fund Operations
Redlands Christian Migrant Assoc	402 West Main St, Immokalee FL	59-1221966	501(c)(3)	60,000	Help Fund Operations
Shelter for Abused Women	PO Box 10102, Naples FL	59-2752895	501(c)(3)	110,000	Help Fund Operations
Sunrise of Collier County	3984 Arnold Ave, Naples FL	59-1564538	501(c)(3)	82,500	Help Fund Operations
Voices for Kids	13180 N Cleveland Ave, Ft Myers FL	59-2296529	501(c)(3)	30,000	Help Fund Operations
Y.M.C.A. of Marco Island	P.O Box 2529, Marco Island FL	59-2498619	501(c)(3)	60,000	Help Fund Operations
Youth Haven	5867 Whitaker Road, Naples FL	23-7065187	501(c)(3)	50,000	Help Fund Operations
	Total Allocations Paid to Agence	es of \$5,000 or	More	\$ 1,445,418	!

UNITED WAY OF COLLIER CNTY ENDW 20 Schedule D Detail of Short-term Capital Gains and Losses

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	Description	Date Acquired	Date Sold	Gross Sales Price	Cost or Other	Short-term Gain/Loss
		12/10/2010	01/04/2011	701 50	683 30	18 20
	2.675 ROYCE SPECIAL EQUITY			·l	?	·I
	FUND OPEN-END FUND	12/09/2010	01/04/2011	55.75	55.32	0.43
	424.403 ROYCE SPECIAL EQUITY					·l
		10/08/2010	01/04/2011	8,844.55	8,000.00	844.55
	46.98 WELLS FARGO ADV SMALL			i 1	ŀ	
	CAP GROWTH OPEN-END FUND A	12/13/	01/04/2011	ω	643.62	4.23
	. EOG RESOURCES INC	/04/	/90/1	937.93	920.90	17.03
	5. EXXON MOBIL CORP COM	/04/201	$\overline{}$	ω		1.00
	10. AVON PRODS INC COM	/26/	01/13/2011	ഹ	303.90	-10.40
	30. AVON PRODS INC COM	01/04/2011	01/13/2011		٠.	-23.41
	10. AIR PRODUCTS & CHEMICALS					
	INC COM	01/04/2011	01/20/2011	872.68	892.40	-19.72
	10. COVANCE INC COM	01/04/2011	02/03/2011		510.10	14.18
	30. XILINX INC COM	01/04/2011	02/03/2011	6	883.50	95.88
	130. XILINX INC COM	02/08/2010	/60/	,243.	l d	1,175.99
	20. CUMMINS INC COM	01/04/2011	02/10/2011	5.3	١,	3.78
	40. CISCO SYS INC COM	01/04/2011	02/11/2011	754.12	823.60	-69.48
	10. VMWARE INC COM CL A	01/04/2011	/11/	897.49	•	-34.41
	30. VMWARE INC COM CL A	05/14/2010	02/11/2011	,692.	1,841.40	•
	50. GENERAL ELEC CO COM	/04/2	/17/	1,075.76		
	. FEDEX CORP	•	\sim		٠,	4
	PETE CORP	1/04/	\sim	ω,	1,443.	69.42
	OCCIDENTAL PETE	5/06/20	107	,539.	3,697.	841.54
	. ZIONS BANCORP	1/04/	4/07/	,091.	1,116.	-24.48
	30. ZIONS BANCORP COM	\sim	04/07/2011	727.68	7	3.04
	ANCORP COM	2/02/	04/07/2011	,910.	2,528.	382.34
	O HEWLETT	1/04/201	04/28/2011	္ပါ	13	93.
	O	1/04/	8	,278.3	. 4	230.84
	10. HEWLETT PACKARD CO.COM	05/06/2011	05/19/2011	360.79	411.30	-50.51
	INTEL	05/06/2011	06/03/2011	435.79	468.40	-32.61
	45. INTEL CORP COM	01/04/2011	06/03/2011	980.53	- 4	25.18
	10. EATON CORP COM	05/06/2011	06/09/2011	469.00	526.00	-57.00
	EATON CORP COM	104/	/60/	٥١	- 4	-138.61
	15. URBAN OUTFITTERS INC COM	01/04/2011	06/30/2011	423.00	540.60	-117.60
Totals						

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UNITED W. ____F COLLIER CNTY ENDW 20 Schedule D Detail of Short-term Capital Gains and Losses

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	Acquired	Sold	Gross Sales Price	Cost or Other Basis	Short-term Gain/Loss
VI GROTE TI TERS	5/06/2	06/30/2011	141.00	1.0	-18 2E
VI CROUP PLC FGN	5/06/2	6/30/2	•		ין פ טוס
EXPERTINGE TYPE TO COM	1/04/201	6/30/20	•	0.90	ďα
EAFEDITORS INTL WASH	/04/201	/28/20	721.06	820.6	-99 59
MEDITIONS IN	5/06/201	8/201		6.8	56
MEDITACINITO INC.	5/06/2	2	- 4	9.2	66.
TINC	1/04/201	7/28/2		0	22.
ABB LID SPONS	/06/201	8/22/201		5.4	
ABB LID SPONS A	/09/201	8/22/20	7	8.7	54
- AMAZON COM L	1/04/201	8/22/201	1,790.07	٣.	9
. APACHE CORP	2/06/	8/22/2	483.19	627.0	43
APACHE	1/04/201	8/22/201	966.	,218.6	52.
DANK OF NEW YORK MET	01/04/2011	08/22/2011	3,576.53	3,310.10	266.4
CODD CON	1,00/.				
F CPT CPMP COM	70.7/2	122/2	4	8.2	-285.78
OTTO TO	7/90/5	8/22/2	ᅇ	299.55	N
MAT TO THEY OF	7/04/5	8/22/2	တ	ö	47.
MALL DISNET CO	5/06/201	8/22/20	321.69	•	-112.51
THE DISNET CO	1/04/	8/22/20	m	ω.	3
DIRECTV COM	2/06/	8/22/20		7.	-68.06
CLV COM CL	2	8/22/2	• • •		۱ ۰
THUC CORP	5/19/	8/22/20	•		-612.87
SOR SOR	2/06/	8/22/20	··		-99.00
THE STREET COM	(11/2	8/22/20	7,455.49		2.
TO NEIWORKS INC	1/04/201	8/22/20	1	,335.	-640.01
NETWORKS	5/06/2	8/22/2	34	508.55	۱ ۰
10. FLUOR CORP COM	/09/201	8/22/2	٠,	.779.	
TINC COM CI	2/11/2	8/22/20	,492.	,096.	١,
GOOGLE INC COM CL	2/05/2	8/22/2	,492.		37
4 GOOGLE INC	5/06/2	2/2	7	,157.	-163.44
	4/07/	8/22/2	,171.	14,253.46	٠.
HESS CORP	4/07/	08/22/2011	54.27	84.34	ן '
. HESS CORP COM	05/06/2011	08/22/2011	271.35	2	_
a,			H		
LNC COM	107/04/2011	1 02/22/80 1	10 7 001	L C C L	E t

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	Date	Date	Gross Sales	Cost or Other	Short-term
Description	Acquired	Sold	Price	Basis	Gain/Loss
τn					200
INC COM	05/06/2011	08/22/2011	533.19	577.70	-44 51
5. JUNIPER NETWORKS INC	05/06/2011	/22/2	98.9	89.3	C
	12/22/2010	08/22/2011	1.		1 2
. JUNIPER NETWORKS INC	01/04/2011	08/22/2011	494	928.7	-434
. KBR	05/06/2011	/22/	1	371.60	10
KBR INC (\sim	/22/			
	05/06/2011	2	368.		-51 47
	02/03/2011	/22/	7,365.88	l ₁	٠l.
ORACLE CORP COM	05/06/2011	08/22/2011	۲.	878.25	J.
. PEABODY ENERGY CORP	05/06/2011	108/22/2011	ω.	ď	-213.41
. PEABODY	01/04/2011	\sim	7.3	4	18
SASK					
N INC FGN COM	05/06/2011	08/22/2011	515.59	540.30	-24.71
165. POTASH CORP OF SASKATCHEWA					
GN COM	01/20/2011	08/22/2011	8,507.25	8,788,19	-280.94
. PRICELINE.COM INC C	09/10/2010	8/22/	,036.8	476.	
WE PRICE EMER			l		
MKTS STK OPEN-END FUND	01/04/2011	08/22/2011	7,000.00	8.280.28	-1.280.28
. HENRY SCHEIN	05/06/2011	08/22/2011	5.2	365.4	-60.2
INC CO	01/04/2011	08/22/2011	915.59	935.10	5.5
. SUNCOR ENERGY INC FGN	05/06/2011	08/22/2011	-	١.	٦
SUNCOR	_	08/22/2011	2.	١,	5.5
. SUNCOR ENERGY INC FGN	01/06/2011	08/22/2011	,917.	5	,774.9
PHARMA(
LID SPONS ADR -	01/04/2011	08/22/2011	966.74	1,317.50	-350.76
10. TEVA PHARMACEUTICAL INDS					
LTD SPONS ADR	05/06/2011	08/22/2011	386.69	477.40	-90.71
10. THERMO FISHER SCIENTIFIC					
INC COM	05/06/2011	08/22/2011	503,09	607.00	-103.91
25. THERMO FISHER SCIENTIFIC					d .
INC COM	01/04/2011	08/22/2011	1,257.73	1,415.50	-157.77
. ABB LTD SPONS	(09	11/16/2011	3	,363.	-964.63
. ABB LTD SPONS	/04/	11/16/2011	2.4	1,119.50	-197.01
570. ABB LTD SPONS ADR	12/16/2010	11/16/2011	10,516,35	12,308,35	-1,792.00
Totals				ľ	

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UNITED W. F COLLIER CNTY ENDW 20 Schedule D Detail of Short-term Capital Gains and Losses

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Description	Date	Date	Gross Sales	Cost or Other	Short-torm
16.1	Acquired	Plos	Price	Basis	Gain/Loss
CORP COM	04/07/2011	11/16/2011	- 1		
			2,256.31	8,340.97	-2,808.06
11000	/	11/16/2011	201 20	0880	·
BANK OF NOVA SCOTIA	7907	11/16/2011		•	20,0
BANK OF MOVA SCOTIA	(04/	11/16/2011	1,253.22	412	16.701-
COLGATE DATACTIVE CO	105/	1/16/			-168 33
COLGATE DATMOLITYE	777	1/16/		,711.6	200
COLGATE PALMOLIVE	05/06/2011	/16/201	447.49	426.6	.l .
HILLIPS COM		197/7	894.		97.59
. CUMMINS INC COM	777	1/16/2		9	111.28
ORP (7/97/		590.65	89.
. FREEPORT-MC	J	11/16/2011	228.04	190.30	37.74
	11/04/10/10	1/1/	- 1		
10. FREEPORT-MCMORAN COPPER &		11/2/91/11	777.39	1,178.80	-401.41
GOLD COM	05/06/2011	11/16/2011			. !
10. MCCORMICK & CO INC COM	28	1/16/0		•1	-1
. MICROSOFT CORP COM		7 2 7 7		1779	27
ENERGY INC	/90/	1/16/	77 080	1,446.60	٠ļ،
. NEXTERA ENERGY INC C	/22/	1/16/	.1	ᆊᄋ	4
OCCIDENTAL PETE CORP D	/90/	191/	1	270.30	, ,
SERVICE ENTER			7 7 7	?]	-34.26
	8/22/201	11/16/2011	992.68	960 46	32 22
837 T DOME DOTCE BYEN	05/19/2011	11/16/2011	1 1		۱۳
MKTE STR ODEN - DIM					
	7702/50/70	11/16/2011	40,008.38	47,719.72	-7,711.34
MKTS STK OPEN-END	05/06/2011	11/16/2011	19	- 1	- 1
ĺΣ	200		•1	•1	انہ
. SMUCKER J M CO CO		10	754.79	·i	-77.61
. SMUCKER	25	10	86.775	بار	- }:
O. SPECTRA ENER	08/22/2011	1	858	72.018-25	m) (
10. TARGET CORP COM		1/16/	• •	-d -	13/.78
Totals					1

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	Date	Date	Gross Sales	Cost or Other	Short-term
5. UNITED PARCEL SERVICE INC	Acquired	Sold	Price	Basis	Gain/Loss
COM CL B	08/22/2011		349.49	311 05	38 44
15. XL GROUP PLC FGN COM		11/16/2011	306.89	283.20	23.69
			•		
**					
			·		
Totals			238,363.00	271,846.00	-33,483.00

UNITED Ware COLLIER CNTY ENDW 20 Schedule D Detail of Long-term Capital Gains and Losses

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	Description	Date	Date	Gross Sales	Cost or Other	Long-term
6			Dig.	rnce	Basis	Gain/Loss
156 KATE CAP	CAPITAL GAINS (LOSSES)					
24	.484 INVESCO INTERNATIONAL	١,	,			
1138	588 TNVESCO INTERNATI	777	04/201	679.	600.82	79.10
620	.845 DODGE &	6007//7/77	01/04/2011	31,618.58	27,917.11	3,701.47
	EN-ENI	8006/60/10	11/04/2011	9,00	L	
2	.011 ROYCE SPECIAL EOU	2027/22/2	7707/20/40	00.066,22	77. 795. 24	-5,457.24
	FUND OPEN-END FUNI	12/09/2009	01/04/2011	41 91	20 00	100
2					? #	7 - 83
-	FUND OPEN-END FUNI	07/21/2009	01/04/2011	57.79	42.87	14 92
1.10	.569 WELLS FARGO ADV SMA				٠l	H
	- 1	07/22/	01/04/2011	2,352.15	1,637.19	714 96
72	EUG KESOURCE	6/15/	/90,	2,344.83	4.2	
200	DYNON MOBIL	80		4,134.29	,065.	68.
20		(15)	01/06/2011	1,503.38	448.6	54 78
07	SCHLUMBERGER	4/30/	01/06/2011	5	,007.8	1 .
350	. AVON PRODS INC COM	10/08/2009	01/13/2011	10,272.39	2.2	
10	AI					
		05/04/2006	01/20/2011	872.68	685 90	186 78
15	. AI			1		•1
	١	08/29/2006	01/20/2011	1.309.02	986 70 ·	222 22
30	AI					7
	INC COM	07/13/2006	01/20/2011	2.618.04	1 891 80	726 24
25	. AI					٠l
	INC COM	03/13/2009	01/20/2011	2,181.70	1,290.75	890 95
20	. AIR PI			į .		
	INC COM	12/05/2008	01/20/2011	1,745,36	945 00	800 36
135	COVANCE INC	03/13/2009	2/03/	.077	d (•1
70	XILINX INC	9/2	2/03/	١,	٠ ١	476
25	XILINX INC	04/30/2009	02/03/2011	816.	518	297.26
75	XITTINX .	03/13/2009	02/03/2011	!.	1.	• •
35	. XILINX I	114/	02/03/2011	,142.6	552.	590
4.5	CUMMINS INC CO	792/0	2/10/	- 4	,192.	2,814.18
Totals	. CISCO SYS INC COM	06/21/2004	02/11/2011	2,733.68	3	11
Intais						

Long-term	Gain/Loss	-53 13)		557.01	996.08	2,593.93	-35	0	۳,	6	2,304.76	210.14	414.98	993.84	-26.83	20.78	448.56	243.96	289.62	11.80	53.49	ω	555.72	1,159.23	2,411.15	4,614.22	-585.45	-60.19	134.32	826.72	-430.62	-136.24	-264.68	7	1
Cost or Other	533 50	ין טרי	17		,742.2	2,661.52	,872.8	,359.	,405.	9.6	592.	,791.2	9.1	811.8	9.2	928.8			,199.2	6,356.20	ای	1.2	7	860.6		,278.8	3,827.70	,097.4		414.50	1,817.16	1,518.30	8	œι	05.	
Gross Sales Price	7.	12	L.	,131.1	, 299.	57.	١ ٧	0.000'	,096.	2,283.57	,141.	6	,439.	,226.7		01.		,658.	1	,645.	•		3,268.44	١ ١	2,344.98	,689.		,512.	4,	548.82	2,643.88	1,087.68	62.5	725.12	.5	
Date	02/11/2011	2/11/2	02/11/2011	02/11/2011	02/11/2011	02/17/2011	02/17/2011	02/22/2011	03/04/2011	04/07/2011	04/07/2011	04/07/2011	04/28/2011	04/28/2011	04/28/2011	05/19/2011	05/19/2011	5/19/	5/19/	06/03/2011	/60/9	06/03/2011	/80/9	/03/	06/09/2011	6/09/2	/09/2	/30/2	06/30/2011	06/30/2011	07/28/2011	07/28/2011	/28/	07/28/2011	07/28/2011	
Date	08/29/2006	4/30/200	06/02/2005	01/14/2009		02/08/2010	2/09/	0/11/200	2/18/	01/14/2009	03/13/2009	/80/	04/30/2009	02/08/2010	03/27/2007	/30/	/14/	12/05/2008	3/13/	11/08/2006	/26/	9/21/	3/13/		01/14/2009	4/30/	2/0	/60/	2/08/	02/08/2010	02/08/2010	06/06/2006	4/200	11/08/2006	01/30/2008	
Description	CISC		. CISCO	CISCO	. CISCO SYS INC CO	GENERAL ELEC C	. GENERAL ELEC CO COM	. CISCO SYSTEMS	. FEDEX CORP COM	. EOG RESOURCES INC C	EOG RESOURCES	. ZIONS BANCORP COM		ORACLE	ORP COM	HEWLETT PACKARD CO	HEWLETT PACKARD CO-	HEWLETT PACKARD	TT PACKARD CO	. INTEL CO	C CORP	INTEL	. INTEL CORP	. INTEL CORP	. EATON CORP	. EATON CORP	EATON CORP COM	. URBAN OUTFITTERS INC	URBAN OUTFITTERS I	IC FGN C	- 1	MEDIRONIC INC	O. MEDTRONIC INC	. MEDIRONIC INC	45. MEDTRONIC INC COM	Totals

UNITED W. JF COLLIER CNTY ENDW 20 Schedule D Detail of Long-term Capital Gains and Losses

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52-7091604

Description	Date	Date	Gross Sales	Cost or Other	Long-term
25. MEDIRONIC INC COM	200c/80	5010		asis	Gain/Loss
55. MEDTRONIC INC COM	700/0	7/97/10	906.4	1,151.25	-244 85
MEDTRONIC INC	7/80/	07/28/2	994.	308.8	4 4
NT	751750	01/28/	,263.0	,561.	01
AMAZON COM TNC	02/08/	08/22/201	,790.0	170.	619.08
MOD GOOD ADJUGA	03/13/	08/22/201	,580.1	,381.	l &
ADACAG.	756/	08/22/201	7	,107.	-207
מסטקטה הסטק	2/08/	08/22/201	,247.8	,321.	-73.92
AFACHE CORP	5/27/	08/22/20	,899.1	,728.	
APPLE INC	0.4	08/22/201	3,576.53	1,545.80	030
	3/13/	08/22/	,941.3	412.	100
CELGENE CORP	(12/	08/22/20	,388.2	410.	-22
ЭI .	0/2	08/22/20	,162.2	, 793.	368.87
POC DESCRIPCION TWO	07/23/	08/22/20	,014.7	,923.	.060,
EVENTACES IN	M 03/13/	08/22/20	,644.4	850.6	, 793.
DE NIEWISCHES INTL	H TNC 02/08/	08/22/2	,915.4	9.9	١,
COOCT IN THIS CON	02/18/	08/22/2	7,994.68	,297.1	,697
TAMEDOCAMETAMES		08/22/2011	76.9	4,494.24	482
TALLE	ANGE	\dashv			
TINC CO	2/08/	10 08/22/2011	8,531.03	7.799.56	737 47
KBK INC	0/08/	08/2	,688.0	,455,5	32
THE THE	9/04/	08/22/2		۳.	1
THE THICK	2/26/	08/22/2	•	104.9	24.
· KBK INC	6/15/	08/2	,193.	3,778.00	ľ
KBK INC COM	02/08/201	08/22/201	1,298.48	884.4	414.
ODACTE CORP	3/27/	08/22/201	,758.	4	4
ΣΙ.	02/12/	08/22/201	,381.	<u>س</u>	8
DEABODI ENERGY	COM 04/3	08/22/201	٠,	956.49	8
DEADOD! ENERG!	COM 03/13/	08/22/2	٠I	۳,	-
PEABODY ENERGY	COM 01/14/	08/22/2	837.39	46	376.99
· FEABOUY ENERGY CO	COM 12/05/20	08/22/2	,186.	,821.	ار
HENRY SCHEIN INC	08/12/2	/80 0	,525.	1,350.75	175.
SCHEIN INC	04/3	9 08/2	,136.	451.	84
25. HENRY SCHEIN INC	03/13/2	780 6	. 4	940.	5.9
125. HENRY SCHEIN INC C	1/14/20	09 08/22/2011	,629.8	78.7	51.
Totale					
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UNITED WAY COLLIER CNTY ENDW 20 Schedule D Detail of Long-term Capital Gains and Losses

52-7091604

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Description	Date Acquired	Date Sold	Gross Sales Price	Cost or Other Basis	Long-term Gain/Loss
45. IEVA PHARMACEUTICAL INDS					Cant LOSS
50 THVA PHARMACRITHICAL TAME	10/09/2007	08/22/2011	1,740.13	1,989.00	-248.87
LTD SPONS ADR	0000/00/10	- 100/00/00		}	
PHARMAC	6007/00/20	1102/22/80	1,933.47	2,197.00	-263.53
LTD SPONS ADR	01/14/2009	08/22/2011	2 126 02	27.6	
160. TEVA PHARMACEUTICAL INDS		77/27/27/20	120.	2,330.95	-210.13
LTD SPONS ADR	04/09/2007	08/22/2011	6.187.11	6 031 74	158 27
160. THERMO FISHER SCIENTIFIC				777	기
INC COM	06/15/2009	08/22/2011	8.049.46	6 459 20	1 500 26
				·l	1377
INC COM	01/14/2009	08/22/2011	2,515.46	1.838.00	677 46
65. THERMO FISHER SCIENTIFIC					£ - / / /
NC COM	03/13/2009	08/22/2011	3.270.09	2 258 75	1 011 34
LS FARGO ADV SMP				7.00	1777
CAP GROWTH OPEN-EN	07/22/2009	08/22/2011	7.789.87	6.834 59	955 28
BANK OF NOVA SCOTIA F	/80/	/16/201	751.	674.	•
COLGATE PALMOLIVE CO	300	/16/	,684.9		443 18
COLGATE PALA	3/13/	11/16/2011	7,607.38	846	٠,
S. CUMMINS INC COM	10/26/2009	11/16/2011	1,502.82	730.9	771
COX INTERNAT					
STOC F OPEN-END FUI	01/09/2008	11/16/2011	9,436.95	14.013.02	-4 576 07
50000. DU PONT E I DE NEMOURS &					
CO NOTE	02/12/2007	11/16/2011	51,800,00	48.451.00	3 349 00
160. FREEPORT-MCMORAN COPPER &					
GOLD COM	10/26/2009	11/16/2011	6,219.09	6,404.00	-184.91
GOLD COM		7	1,943.47	1,739.99	203.48
10. SCHLUMBERGER LID COM	04/30/2009	11/16/2011	764.78	503.93	(- 1
THE COLUMN TWENTY OF LEAST					
IOIAL 15% KAIE CAPITAL GAINS (LOSSES)			501,360.00	431,916.00	69,444.00
Totale					
IVIGIS			501,360.00	431,916,00	69.444 00

20-102520610440 02/09/2012 JSA C 29 L701

Form 990

Continuation Sheet for Form 990

OMB No 1545-0047

2011

Department of the Treasury Internal Revenue Service

Name of the Organization

Employler Identification number

United Way of Collier County, Inc. 59-1026096

Particular Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Employees									•	
(A)	(B)	(C					(D)	(E)	(F)	
Name and Title	Average hours per week	Individual trustee or director	Institutional trustee	(chec Officer	a Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W 2/1099-MISC)	Reportable compensation from related organizations (W 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
muscless musless			· 6		_	ع	_			
Tucker Tyler Director								0.	0.	0.
Christopher Wright				-				Ŭ.		
Chairman					_	L		0.	0.	0.
Ernie Bretzmann	40				l ,			00.705	.]	0
Executive Director	40				X			98,795.	0.	0.
							<u></u>			
					L					
									-	
					<u> </u>					
					H					
			\dashv		_					
			\dashv							
										Form 990 Cont 2011

Schedule D, Part XIV - Supplemental Information 2011 Page 6 59-1026096 United Way of Collier County, Inc. Schedule D, Part XII, Line 4b Other Revenue Included On Form 990 But Not Included In F/S Decrease in temporarily restricted asset <u>\$</u> Total <u>\$</u>

(Rev January 2012)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury

OMB No 1545-1709

Internal Revenue	e Service	File a se	parate appl	ication for each return.			
		Automatic 3-Month Extension, co				► X	
If you ar	e filing for an .	Additional (Not Automatic) 3-Mon	th Extensio	n, complete only Part II (on page 2 of th	s form).		
Do not com	plete Part II ur	iless you have already been grant	ed an auton	natic 3-month extension on a previously	iled Form 8868.		
request an e	required to file extension of tir With Certain Pi	Form 990-1), or an additional (no ne to file any of the forms listed in	ot automatic n Part I or P nust be sent	ed a 3-month automatic extension of time) 3-month extension of time. You can eleart II with the exception of Form 8870, Ir to the IRS in paper format (see instruct or Charittes & Nonprofits.	ctronically file Form	8868 to	
Partile A	utomatic 3-	Month Extension of Time.	Only subn	nit original (no copies needed).	· ··-·	 -	
				i-month extension — check this box and	complete Part I only	▶	
	porations (incl			and trusts must use Form 7004 to reques	t an extension of tin	ne to file	
	Name of exempt	organization or other filer, see instructions		Enter filer's identif	ying number, see in		
Type or	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	organization of dates men, see mendedicate			Linployer identification in	umber (Elly) or	
print	United W	ay of Collier County,	Tnc		X 59-102609	6	
File by the due date for	Number, street, a	and room or suite number if a PO box, see i	nstructions		Social security num		
filing your return See	848 Firs	t Avenue North #240					
instructions		office, state, and ZIP code. For a foreign add	dress, see instru	ictions	'tad		
	Naples,	FL 34102					
Enter the Re	turn code for t	he return that this application is fo	or (file a se	parate application for each return).		01	
Application Is For	s For Code Is For						
Form 990				Form 990-T (corporation)		07	
Form 990-BL		****	Form 1041-A		08		
Form 990-EZ	-		01	Form 4720		09	
	Form 990-PF 04 Form 5227						
	Form 990-T (section 401(a) or 408(a) trust) 05 Form 6069						
Form 990-1 (trust other tha	in above)	06	Form 8870	····	12	
Telephone If the org If this is f check this the exten I I request until The ext X If the tall the tal	anization does for a Group Re s box sion is for st an automati 8/15 ension is for t calendar year tax year begin	Into have an office or place of butturn, enter the organization's four of the group, of the organization's return for 20 11 organization's return for group, and the group of the group organization's return for group organization's four forms or group organization's four production or group organization's four production or group organization's four production or group or g	digit Group check this b ation require ganization re	e United States, check this box Exemption Number (GEN) If ox If and attach a list with the nated to file Form 990-T) extension of time eturn for the organization named above.			
3a If this a	pplication is fo		720, or 6069	3, enter the tentative tax, less any	3a\$	0.	
paymen	its made Inclu	ide any prior year overpayment al	llowed as a		3ь\$	0.	
EFTPS	(Electronic Fe	deral Tax Payment System) See	instructions		3c \$	0.	
Caution. If yo payment instr	ou are going to ructions	make an electronic fund withdra	wal with this	s Form 8868, see Form 8453-EO and For	m 8879-EO for		

Form 886	8 (Rev 1-2012)					Page 2	
If you	are filing for an Additional (Not Automatic) 3-Mont	h Extensio	n, complete only Part II and check	this box		► X	
	y complete Part II if you have already been granted			sly filed Fo	rm 8868	_	
	are filing for an Automatic 3-Month Extension, con						
Ralacija	Additional (Not Automatic) 3-Month Exte	ension of					
	Name of everal evenue as alter files are not unber		Enter filer's		number, see i		
	Name of exempt organization or other filer, see instructions			Employer idei	ntification number (EIN) or	
Type or print	United Way of Collier County, I			X 59-1			
File by the	Number, street, and room or suite number. If a PO box, see inst			Social security	y number (SSN)		
extended due date for filing the return See	Rogers Wood Hill Starman & Gust 2375 Tamiami Trail North Suite	110					
instructions	City, town or post office, state, and ZIP code. For a foreign address	ss, see instructi	ions				
	Naples, FL 34103-4438						
Enter the	Return code for the return that this application is fo	ır (file a sej	parate application for each return)			01	
Application Is For	on	Return Code	Application Is For			Return Code	
Form 990		01					
Form 990-	BL	02	Form 1041-A			08	
Form 990-	EZ	01	Form 4720			09	
Form 990-	PF	04	Form 5227			10	
	T (section 401(a) or 408(a) trust)	Form 6069			11		
Form 990-T (trust other than above) 06 Form 8870							
If the o If this i whole grou	oks are in care of James Warnken one No 239-261-7112 organization does not have an office or place of but is for a Group Return, enter the organization's four up, check this box If it is for part of the grather extension is for.	siness in th digit Group	e United States, check this box			s for the	
4 requ 5 For c 6 If the	uest an additional 3-month extension of time until alendar year 2011, or other tax year beginning tax year entered in line 5 is for less than 12 mont change in accounting period in detail why you need the extension Additional der to prepare a complete and actifile the return as soon as possi	hs, check rotional curate ible.	,20 , and ending eason. Initial return information from third income tax return. Al	partie	s_is_need	led_in	
nonre	8a if this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.						
pay	s application is for Form 990-PF, 990-T, 4720, or 6 lents made. Include any prior year overpayment all Form 8868	069, enter a lowed as a	any refundable credits and estimate credit and any amount paid previou	ed tax usly 8b			
c Balar EFTP	nce due. Subtract line 8b from line 8a. Include you S (Electronic Federal Tax Payment System). See	r payment v instructions	with this form, if required, by using	8c	\$		
	Signature and Verifica	ation mus	st be completed for Part II o	nly.			
Under penaltie correct, and co	is of perjury, I declare that I have examined this form, including accomplete, and that I am authorized to prepare this form	ompanying sch	edules and statements, and to the best of my ki	nowledge and b	elief, it is true,		
Signature >	Title -	Preside	ent	D	ate ►		
BAA FIFZ0502L 07/29/11 Form 8							