

Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 Do not enter social security numbers on this form as it may be made public
 Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: THE UNITED WAY OF LEE COUNTY INC
 Doing business as:
 Number and street (or P O box if mail is not delivered to street address) Room/suite: 7273 CONCOURSE DRIVE
 City or town, state or province, country, and ZIP or foreign postal code: FORT MYERS, FL 33908

D Employer identification number: 59-1005169
E Telephone number: (239) 433-2000
G Gross receipts \$ 9,458,052

F Name and address of principal officer: CLIFF SMITH, 7273 CONCOURSE DRIVE, FORT MYERS, FL 33908

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527

J Website: WWW UNITEDWAYLEE ORG

K Form of organization: Corporation Trust Association Other ▶
L Year of formation: 1957
M State of legal domicile: FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
 WE ARE THE UNITED WAY AGENCY FOR LEE, HENDRY, GLADES, AND OKEECHOBEE COUNTIES

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	3	64
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	64
5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	37
6 Total number of volunteers (estimate if necessary)	6	3,600
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	8,504,500	8,681,339
9 Program service revenue (Part VIII, line 2g)	0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	279,723	80,956
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-199,512	-223,752
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,584,711	8,538,543
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,264,680	6,320,239
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,499,774	1,707,147
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 586,624		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	386,187	463,242
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	8,150,641	8,490,628
19 Revenue less expenses Subtract line 18 from line 12	434,070	47,915

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	10,418,111	10,315,072
21 Total liabilities (Part X, line 26)	326,898	309,874
22 Net assets or fund balances Subtract line 21 from line 20	10,091,213	10,005,198

Part II Signature Block

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

Sign Here
 Signature of officer: *****
 Date: 2016-08-26
 Type or print name and title: CLIFF SMITH PRESIDENT

Paid Preparer Use Only
 Print/Type preparer's name: MARTIN REDOVAN CPA
 Preparer's signature: MARTIN REDOVAN CPA
 Date: 2016-08-26
 Check if self-employed
 PTIN: P01281045
 Firm's name: CLIFTONLARSONALLEN LLP
 Firm's EIN: 41-0746749
 Firm's address: 6810 INTERNATIONAL CENTER BLVD
 Phone no: (239) 226-9900
 FORT MYERS, FL 33912

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

THE UNITED WAY OF LEE, HENDRY, GLADES, AND OKEECHOBEE IS A VOLUNTEER ORGANIZATION DEDICATED TO IMPROVING THE QUALITY OF LIFE FOR ALL PEOPLE IN OUR COMMUNITY OUR UNITED WAY SUPPORTS AND HELPS COORDINATE THE HUMAN SERVICE NETWORK IN OUR COMMUNITY SO THAT THE NETWORK CAN PROVIDE HIGH QUALITY SOCIAL SERVICE PROGRAMS THAT MAKE A DIFFERENCE IN PEOPLE'S LIVES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 6,370,706 including grants of \$ 6,141,712) (Revenue \$)

COMMUNITY IMPACT FUND THE UNITED WAY SUPPORTS 82 LOCAL HUMAN SERVICE AGENCIES AND OVER 200 PROGRAMS AND INITIATIVES IN OUR COMMUNITY THE UNITED WAY COMMUNITY IMPACT FUND TARGETS AND ADDRESSES THE UNDERLYING CAUSES OF PROBLEMS IN FOUR KEY IMPACT AREAS 1) STRENGTHENING FAMILIES - BY MOVING FAMILIES AND INDIVIDUALS BEYOND POVERTY, FACILITATING SUPPORT GROUPS TO EMPOWER VICTIMS TO REGAIN CONTROL OF THEIR LIVES, AND PROVIDING ASSISTANCE TO ABUSED WOMEN AND THEIR CHILDREN 2) NURTURING CHILDREN AND YOUTH - BY ENSURING A QUALITY EARLY CHILDHOOD EDUCATION OPPORTUNITY FOR ALL CHILDREN, PROVIDING MENTORING PROGRAMS FOR YOUTH, AND PROVIDING AT-RISK YOUTH WITH PROGRAMS TO BUILD AND STRENGTHEN THEIR CHARACTER 3) MEETING CRITICAL NEEDS - BY HELPING THE ELDERLY AND PEOPLE WITH DISABILITIES LIVE INDEPENDENTLY, WITH DIGNITY AND RESPECT, RESPONDING TO PEOPLE IN CRISIS, AND CONNECTING PEOPLE IN NEED OF HELP THROUGH UNITED WAY 211 INFORMATION AND REFERRAL LINE, 4) EMPOWERING COMMUNITIES - BY ORGANIZING AND MOBILIZING COMMUNITIES, BRINGING HEALTH AND HUMAN SERVICES TO NEIGHBORHOODS, AND CONNECTING PROVIDERS AND RESIDENTS THROUGH PARTNERSHIPS

4b (Code) (Expenses \$ 761,342 including grants of \$ 178,528) (Revenue \$)

UNITED WAY 211 EVERY HOUR OF EVERY DAY, SOMEONE IN OUR COMMUNITY NEEDS HUMAN SERVICES, FROM FINDING AN AFTER-SCHOOL PROGRAM, TO COUNSELING FOR A TEEN, TO SECURING ADEQUATE CARE FOR AN AGING PARENT PEOPLE OFTEN DON'T KNOW WHERE TO TURN, AND AS A RESULT, END UP GOING WITHOUT NECESSARY SERVICES UNITED WAY 211 EXISTS TO HELP PEOPLE NAVIGATE THEIR WAY THROUGH THE MAZE OF HEALTH AND SOCIAL SERVICE AGENCIES BY PROVIDING THE MOST ADEQUATE, UP-TO-DATE RESOURCES FOR THE CLIENT'S SITUATION LAST YEAR, UNITED WAY 211 HAD A TOTAL CALL VOLUME OF OVER 48,000 DURING TIMES OF NATURAL DISASTERS SUCH AS HURRICANES, UNITED WAY 211 BECOMES THE INFORMATION HOTLINE FOR LEE, HENDRY, AND GLADES COUNTIES OFFERING INFORMATION ON SHELTERS, EVACUATION ROUTES, AND RECOVERY SERVICES UNITED WAY 211 IS AVAILABLE 24 HOURS A DAY, 7 DAYS A WEEK BY DIALING 211 OR 239-433-3900

4c (Code) (Expenses \$ 505,932 including grants of \$) (Revenue \$)

UNITED WAY HOUSES UNITED WAY OF LEE, HENDRY, GLADES, AND OKEECHOBEE COUNTIES, IN COLLABORATION WITH OUR HUMAN SERVICE PARTNERS, BRING NEEDED SERVICES INTO COMMUNITIES THROUGH NEIGHBORHOOD RESOURCE CENTERS THESE "ONE STOP" CENTERS PROVIDE SPACE FOR AGENCIES TO REACH CLIENTS WHO MAY NOT BE ABLE TO ACCESS SERVICES OUTSIDE THEIR NEIGHBORHOOD THERE ARE NOW 17 UNITED WAY HOUSES IN OPERATION THE NEIGHBORHOOD HOUSES ARE A PERFECT EXAMPLE OF HOW COLLABORATION INCREASES ACCESS TO SERVICES AND IMPROVES LOCAL NEIGHBORHOODS THE VISION IS HELPING PEOPLE IN NEED WITH MORE THAN A SHORT TERM SOLUTION BY OFFERING THEM COORDINATED SERVICES THAT MAY HELP THEM PREVENT THE PROBLEM FROM REOCCURRING

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **7,637,980**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
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? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
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? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	Yes	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		No
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI Governance, Management, and Disclosure

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

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

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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
	64		
1b	Enter the number of voting members included in line 1a, above, who are independent		
	64		
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?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
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?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
	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?		No
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the States with which a copy of this Form 990 is required to be filed
-
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
 THE ORGANIZATION 7273 CONCOURSE DRIVE FORT MYERS, FL 33908 (239) 433-2000

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a	8,229,628				
	b	Membership dues 1b					
	c	Fundraising events 1c					
	d	Related organizations 1d					
	e	Government grants (contributions) 1e	451,711				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f					
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		8,681,339			
Program Service Revenue	2a	Business Code					
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	68,584			68,584	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real	40,894			
			(ii) Personal				
			b Less rental expenses	264,646			
			c Rental income or (loss)	-223,752			
	d	Net rental income or (loss)		-223,752		-223,752	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	667,235			
			(ii) Other				
			b Less cost or other basis and sales expenses	654,863			
			c Gain or (loss)	12,372			
	d	Net gain or (loss)		12,372		12,372	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18					
	a						
b	Less direct expenses b						
c	Net income or (loss) from fundraising events						
9a	Gross income from gaming activities See Part IV, line 19						
a							
b	Less direct expenses b						
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances	a					
		b Less cost of goods sold b					
		c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See Instructions		8,538,543	0	0	-142,796	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	6,141,712	6,141,712		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	178,527	178,527		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	172,379	103,428	25,856	43,095
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,212,072	774,686	121,545	315,841
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	50,288	33,485	3,868	12,935
9	Other employee benefits	162,273	104,384	14,572	43,317
10	Payroll taxes	110,135	70,947	10,196	28,992
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	57,519	23,581	21,914	12,024
12	Advertising and promotion				
13	Office expenses	144,321	52,590	14,107	77,624
14	Information technology				
15	Royalties				
16	Occupancy	29,487	22,747	6,740	
17	Travel	24,265	14,453	728	9,084
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	11,521	8,867	1,875	779
20	Interest				
21	Payments to affiliates	102,492	102,492		
22	Depreciation, depletion, and amortization	41,535		41,535	
23	Insurance	2,838	276	2,562	
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	OTHER	43,662	1,629	121	41,912
b	TRAINING	3,022	2,051	0	971
c	DUES AND SUBSCRIPTIONS	2,580	2,125	405	50
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	8,490,628	7,637,980	266,024	586,624
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	1,513,146	1	1,247,905
	2 Savings and temporary cash investments	466,011	2	578,851
	3 Pledges and grants receivable, net	4,322,358	3	4,589,367
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	94,525	7	149,175
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	28,946	9	44,731
	10a Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a 2,594,977		
	b Less accumulated depreciation	10b 1,043,965	1,649,759	10c 1,551,012
	11 Investments—publicly traded securities	2,196,584	11	2,035,530
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	146,782	15	118,501
16 Total assets. Add lines 1 through 15 (must equal line 34)	10,418,111	16	10,315,072	
Liabilities	17 Accounts payable and accrued expenses	133,656	17	150,178
	18 Grants payable		18	
	19 Deferred revenue		19	19,424
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	193,242	25	140,272
	26 Total liabilities. Add lines 17 through 25	326,898	26	309,874
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	3,476,693	27	3,657,720
	28 Temporarily restricted net assets	6,614,520	28	6,347,478
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	10,091,213	33	10,005,198	
34 Total liabilities and net assets/fund balances	10,418,111	34	10,315,072	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,538,543
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,490,628
3	Revenue less expenses Subtract line 2 from line 1	3	47,915
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,091,213
5	Net unrealized gains (losses) on investments	5	-133,930
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	10,005,198

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 59-1005169

Name: THE UNITED WAY OF LEE COUNTY INC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PATRICIA BELL BOARD MEMBER	1 00	X						0	0	0
LEE BELLAMY BOARD MEMBER	1 00	X						0	0	0
BONNIE BOLTON BOARD MEMBER	1 00	X						0	0	0
MAE CLAIRE BRANTON BOARD MEMBER	1 00	X						0	0	0
MARY BETH CARROLL BOARD MEMBER	1 00	X						0	0	0
RYAN CARTER BOARD MEMBER	1 00	X						0	0	0
JOE CATTI BOARD MEMBER	1 00	X						0	0	0
CHARLES CHAPMAN BOARD MEMBER	1 00	X						0	0	0
MICHAEL CLARK BOARD MEMBER	1 00	X						0	0	0
JOHN CLINGER BOARD MEMBER	1 00	X						0	0	0
JOE COLEMAN BOARD MEMBER	1 00	X						0	0	0
GLO CUIFFI BOARD MEMBER	1 00	X						0	0	0
COLLEEN DEPASQUALE BOARD MEMBER	1 00	X						0	0	0
ROGER DESJARLAIS BOARD MEMBER	1 00	X						0	0	0
LINDA DOGGETT BOARD MEMBER	1 00	X						0	0	0
KATE ENGLISH BOARD MEMBER	1 00	X						0	0	0
DEAN FJELSTUL BOARD MEMBER	1 00	X						0	0	0
CRAIG FOLK BOARD MEMBER	1 00	X						0	0	0
AMY FONTAINE BOARD MEMBER	1 00	X						0	0	0
DOUG FORSTER BOARD MEMBER	1 00	X						0	0	0
DAVID FRY BOARD MEMBER	1 00	X						0	0	0
CHAUNCEY GOSS BOARD MEMBER	1 00	X						0	0	0
GARY GRIFFIN BOARD MEMBER	1 00	X						0	0	0
BARBARA HAGEN BOARD MEMBER	1 00	X						0	0	0
BRIAN HAMMAN BOARD MEMBER	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LARRY HART BOARD MEMBER	1 00	X						0	0	0
BARBARA HARTMAN BOARD MEMBER	1 00	X						0	0	0
CYNTHIA HAWKINS BOARD MEMBER	1 00	X						0	0	0
PATRICIA HEATH BOARD MEMBER	1 00	X						0	0	0
ELIZABETH HERNANDEZ BOARD MEMBER	1 00	X						0	0	0
MARCIA HOBE BOARD MEMBER	1 00	X						0	0	0
JADIRA HOPTRY BOARD MEMBER	1 00	X						0	0	0
MICHELLE HUDSON BOARD MEMBER	1 00	X						0	0	0
SALLY JACKSON BOARD MEMBER	1 00	X						0	0	0
SAEED KAZEMI BOARD MEMBER	1 00	X						0	0	0
CARY KLEINFELD BOARD MEMBER	1 00	X						0	0	0
BUDDY KUBESH BOARD MEMBER	1 00	X						0	0	0
JENNIFER LAFFERTY BOARD MEMBER	1 00	X						0	0	0
TONY LAPI BOARD MEMBER	1 00	X						0	0	0
KEVIN LEWIS BOARD MEMBER	1 00	X						0	0	0
DAVID LUCAS BOARD MEMBER	1 00	X						0	0	0
PAUL MAKURAT BOARD MEMBER	1 00	X						0	0	0
CHARLOTTE MILLER BOARD MEMBER	1 00	X						0	0	0
DICK MILLER BOARD MEMBER	1 00	X						0	0	0
MARK MORRIS BOARD MEMBER	1 00	X						0	0	0
STAN NELSON BOARD MEMBER	1 00	X						0	0	0
JAMES NOLTE BOARD MEMBER	1 00	X						0	0	0
PATRICIA O'DONNELL BOARD MEMBER	1 00	X						0	0	0
TOMMY PERRY BOARD MEMBER	1 00	X						0	0	0
JOHN POLLOCK BOARD MEMBER	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STEVE PONTIUS BOARD MEMBER	1 00	X						0	0	0
AMANDA REED BOARD MEMBER	1 00	X						0	0	0
KAREN RYAN BOARD MEMBER	1 00	X						0	0	0
DEAN SCHREINER BOARD MEMBER	1 00	X						0	0	0
ROBERT SHEARMAN BOARD MEMBER	1 00	X						0	0	0
MARY VLASAK SNELL BOARD MEMBER	1 00	X						0	0	0
TULIO SUAREZ BOARD MEMBER	1 00	X						0	0	0
JORDI TEJERO BOARD MEMBER	1 00	X						0	0	0
BRETT TESSIER BOARD MEMBER	1 00	X						0	0	0
TOM UHLER BOARD MEMBER	1 00	X						0	0	0
BILL VALENTI BOARD MEMBER	1 00	X						0	0	0
KENNETH WALKER BOARD MEMBER	1 00	X						0	0	0
MARK WEBB BOARD MEMBER	1 00	X						0	0	0
SCOTT WHITE BOARD MEMBER	1 00	X						0	0	0
ROBERT WILSON BOARD MEMBER	1 00	X						0	0	0
DENIS WRIGHT BOARD MEMBER	1 00	X						0	0	0
JUDITH ZIMOMRA BOARD MEMBER	1 00	X						0	0	0
CLIFF SMITH PRESIDENT	50 00			X				153,643	0	18,736

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2015

Open to Public Inspection

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
THE UNITED WAY OF LEE COUNTY INC

Employer identification number
59-1005169

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants.)	7,882,023	9,092,952	8,004,639	8,504,500	8,681,339	42,165,453
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	7,882,023	9,092,952	8,004,639	8,504,500	8,681,339	42,165,453
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)						7,359,966
6 Public support. Subtract line 5 from line 4						34,805,487

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4	7,882,023	9,092,952	8,004,639	8,504,500	8,681,339	42,165,453
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	138,992	111,036	123,549	129,900	109,478	612,955
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						42,778,408
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input checked="" type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	81.360%
15 Public support percentage for 2014 Schedule A, Part II, line 14	15	81.130%
16a 33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test—2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
17a 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input checked="" type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).		
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Part IV Supporting Organizations (continued)**Section B. Type I Supporting Organizations**

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

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).*
- 3** By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.*

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)
- a** The organization satisfied the Activities Test. Complete **line 2** below
- b** The organization is the parent of each of its supported organizations. Complete **line 3** below
- c** The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)

2 Activities Test **Answer (a) and (b) below.**

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*

3 Parent of Supported Organizations **Answer (a) and (b) below.**

- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

	Yes	No
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income

- | | (A) Prior Year | (B) Current Year (optional) |
|---|----------------|-----------------------------|
| 1 Net short-term capital gain | 1 | |
| 2 Recoveries of prior-year distributions | 2 | |
| 3 Other gross income (see instructions) | 3 | |
| 4 Add lines 1 through 3 | 4 | |
| 5 Depreciation and depletion | 5 | |
| 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 Other expenses (see instructions) | 7 | |
| 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | |

Section B - Minimum Asset Amount

- | | (A) Prior Year | (B) Current Year (optional) |
|---|----------------|-----------------------------|
| 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) | 1 | |
| a Average monthly value of securities | 1a | |
| b Average monthly cash balances | 1b | |
| c Fair market value of other non-exempt-use assets | 1c | |
| d Total (add lines 1a, 1b, and 1c) | 1d | |
| e Discount claimed for blockage or other factors (explain in detail in Part VI) _____ | | |
| 2 Acquisition indebtedness applicable to non-exempt use assets | 2 | |
| 3 Subtract line 2 from line 1d | 3 | |
| 4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 Multiply line 5 by .035 | 6 | |
| 7 Recoveries of prior-year distributions | 7 | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | |

Section C - Distributable Amount

- | | | Current Year |
|---|----------|--------------|
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 Enter 85% of line 1 | 2 | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 Enter greater of line 2 or line 3 | 4 | |
| 5 Income tax imposed in prior year | 5 | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |
| 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) <input type="checkbox"/> | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$ _____			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2015

Open to Public Inspection

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization THE UNITED WAY OF LEE COUNTY INC

Employer identification number 59-1005169

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, aggregate value of grants, and aggregate value at end of year. Includes questions 5 and 6 regarding donor informed consent.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form for Part II Conservation Easements. Includes questions 1-9 regarding purpose of easements, acreage, monitoring, and expenses. Includes a table for 'Held at the End of the Year' with rows 2a, 2b, 2c, 2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a, 1b, 2, and 3 regarding reporting requirements for art and historical treasures.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table

Table with 2 columns: Description (1c-1f) and Amount. Rows include Beginning balance, Additions during the year, Distributions during the year, and Ending balance.

- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (b) (c) Two years back, (d) Three years back, (e) Four years back. Rows include Beginning of year balance, Contributions, Net investment earnings, gains, and losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, and End of year balance.

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

- a Board designated or quasi-endowment
b Permanent endowment
c Temporarily restricted endowment
The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations
(ii) related organizations

Small table for 3a(i) and 3a(ii) with Yes/No columns.

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include Land, Buildings, Leasehold improvements, Equipment, Other, and Total.

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	▶	

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	▶	

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	▶

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
Federal income taxes	
DONOR DESIGNATIONS PAYABLE	140,272
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	▶ 140,272

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements		1	8,306,153
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a	-133,930	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	264,646	
e	Add lines 2a through 2d			2e 130,716
3	Subtract line 2e from line 1			3 8,175,437
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	363,106	
c	Add lines 4a and 4b			4c 363,106
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)			5 8,538,543

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

1	Total expenses and losses per audited financial statements		1	8,392,168
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d	264,646	
e	Add lines 2a through 2d			2e 264,646
3	Subtract line 2e from line 1			3 8,127,522
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	363,106	
c	Add lines 4a and 4b			4c 363,106
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)			5 8,490,628

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
PART V, LINE 4	THE UNRESTRICTED BOARD DESIGNATED ENDOWMENT IS BEING HELD TO SUPPORT THE MISSION OF THE ORGANIZATION
PART X, LINE 2	THE ORGANIZATION IS DESIGNATED AS A 501(C)(3) CHARITABLE ORGANIZATION BY THE INTERNAL REVENUE SERVICE AND IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES THE ORGANIZATION FOLLOWS THE INCOME TAX STANDARD FOR UNCERTAIN TAX POSITIONS THE ORGANIZATION HAS EVALUATED ITS TAX POSITIONS AND DETERMINED IT HAS NO UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2015 AND 2014
PART XI, LINE 2D - OTHER ADJUSTMENTS	RENTAL EXPENSES ON FORM 990 PART VIII LINE 6(B) 264,646
PART XI, LINE 4B - OTHER ADJUSTMENTS	DONOR DESIGNATIONS TO AGENCIES 363,106
PART XII, LINE 2D - OTHER ADJUSTMENTS	RENTAL EXPENSES ON FORM 990 PART VIII LINE 6(B) 264,646
PART XII, LINE 4B - OTHER ADJUSTMENTS	DONOR DESIGNATIONS TO AGENCIES 363,106

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) DIRECT CASH ASSISTANCE GIVEN TO THE INDIVIDUAL'S CREDITOR	461	178,527			

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	EXTENSIVE APPLICATION AND REVIEW PROCESS FOR AMOUNTS AND PROGRAMS SUBMITTED EACH IS REVIEWED BY ALLOCATIONS DEPARTMENT AND INDEPENDENT VOLUNTEER ALLOCATION TEAM AND BOARD APPROVED

Additional Data

Software ID:
Software Version:
EIN: 59-1005169
Name: THE UNITED WAY OF LEE COUNTY INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
211 PALM BEACH TREASURE COAST PO BOX 3588 LANTANA, FL 33465	23-7153017	501(C)3	3,500				ANNUAL ALLOCATION FOR GENERAL SUPPORT
ABUSE COUNSELING & TREATMENT CENTER 407-11 CENTER ROAD FORT MYERS, FL 33906	59-1864735	501(C)3	318,200				ANNUAL ALLOCATION FOR GENERAL SUPPORT
AFCAAM CATHOLIC CENTER PO BOX 50044 FORT MYERS, FL 33994	35-2159438	501(C)3	45,000				ANNUAL ALLOCATION FOR GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AGAPE HOME 3 AVENUE J MOORE HAVEN, FL 33471	65-0721743	501(C)3	12,000				ANNUAL ALLOCATION FOR GENERAL SUPPORT
AIDS HEALTHCARE FOUNDATION (FORMERLY ICAN) 2231 MCGREGOR BLVD FORT MYERS, FL 33901	65-1479557	501(C)3	84,000				ANNUAL ALLOCATION FOR GENERAL SUPPORT
ALVIN A DUBIN ALZHEIMER'S RESOURCE CENTER 12468 BRANTLEY COMMONS CT FORT MYERS, FL 33907	65-0580633	501(C)3	104,750				ANNUAL ALLOCATION FOR GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS-FLORIDA'S SOUTHERN GULF 7501 CYPRESS TERRACE SUITE 110 FORT MYERS, FL 33907	59-0808350	501(C)3	154,700				ANNUAL ALLOCATION FOR GENERAL SUPPORT
AMIGOS CENTER ZION LUTHERAN CHURCH 7401 WINKLER ROAD FORT MYERS, FL 33919	59-3646095	501(C)3	37,000				ANNUAL ALLOCATION FOR GENERAL SUPPORT
AMIKIDS SOUTHWEST FLORIDA 1190 MAIL STREET FORT MYERS BEACH, FL 33931	59-3052865	501(C)3	73,000				ANNUAL ALLOCATION FOR GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BEACON OF HOPE 5465 PINE ISLAND ROAD BOKEELIA, FL 33922	03-0551791	501(C)3	28,000				ANNUAL ALLOCATION FOR GENERAL SUPPORT
BIG BROTHERS BIG SISTERS 102 WEST VENICE AVENUE UNIT 34 VENICE, FL 34286	59-2479002	501(C)4	75,500				ANNUAL ALLOCATION FOR GENERAL SUPPORT
BLESSINGS IN A BACKPACK LEE COUNTY PO BOX 614012 FORT MYERS, FL 33906	26-1964620	501(C)3	16,000				ANNUAL ALLOCATION FOR GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BONITA SPRINGS ASSISTANCE OFFICE 25300 BERNWOOD DR SUITE 6 BONITA SPRINGS, FL 34135	59-2337909	501(C)3	70,360				ANNUAL ALLOCATION FOR GENERAL SUPPORT
BONITA SPRINGS LIONS EYE CLINIC 10322 PENNSYLVANIA AVE BONITA SPRINGS, FL 34135	45-0560906	501(C)3	12,500				ANNUAL ALLOCATION FOR GENERAL SUPPORT
BOY SCOUTS OF AMERICA SWF COUNCIL 1801 BOY SCOUT DRIVE FORT MYERS, FL 33907	59-1150488	501(C)3	172,500				ANNUAL ALLOCATION FOR GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS AND GIRLS CLUB OF LEE COUNTY 7275 CONCOURSE DR 200 FORT MYERS, FL 33908	59-2013870	501(C)3	222,910				ANNUAL ALLOCATION FOR GENERAL SUPPORT
CAFE OF LIFE 10540 CHILDERS ST BONITA SPRINGS, FL 34135	65-0832961	501(C)3	17,500				ANNUAL ALLOCATION FOR GENERAL SUPPORT
CATHOLIC CHARITIES 4235 MICHIGAN LINKS AVENUE FORT MYERS, FL 33916	59-2473176	501(C)3	121,000				ANNUAL ALLOCATION FOR GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILD CARE OF SOUTHWEST FLORIDA 6831 PALLISADES PARK CT SUITE 6 FORT MYERS, FL 33912	59-6198583	501(C)3	95,850				ANNUAL ALLOCATION FOR GENERAL SUPPORT
CHILDREN'S ADVOCACY CENTER OF SWFL 3830 EVANS AVE FORT MYERS, FL 33901	65-0007620	501(C)3	336,800				ANNUAL ALLOCATION FOR GENERAL SUPPORT
CHILDREN'S HOME SOCIETY OF FLORIDA 1940 MARAVILLA AVENUE FORT MYERS, FL 33901	59-0192430	501(C)3	231,386				ANNUAL ALLOCATION FOR GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S NETWORK OF SWFL 2232 ALTAMONT AVENUE FORT MYERS, FL 33901	31-1659302	501(C)3	27,000				ANNUAL ALLOCATION FOR GENERAL SUPPORT
COMMUNITY COOPERATIVE MINISTRIES 3429 MARTIN LUTHER KING BLVD FORT MYERS, FL 33901	59-2602772	501(C)3	286,346				ANNUAL ALLOCATION FOR GENERAL SUPPORT
DR PIPER CENTER FOR SOCIAL SERVICES 2607 DR ELLA PIPER WAY FORT MYERS, FL 33916	65-0788551	501(C)3	51,000				ANNUAL ALLOCATION FOR GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EARLY LEARNING COALITION OF SWFL 2675 WINKLER AVE SUITE 300 FORT MYERS, FL 33901	65-1144775	501(C)3	80,000				ANNUAL ALLOCATION FOR GENERAL SUPPORT
EPILEPSY SERVICE OF SOUTHWEST FLORIDA 1900 MAIN STREET STE 212 SARASOTA, FL 34236	59-3281492	501(C)3	15,000				ANNUAL ALLOCATION FOR GENERAL SUPPORT
FISH OF SANIBEL 1630 PERIWINKLE WAY STE B SANIBEL, FL 33957	20-8892375	501(C)3	39,035				ANNUAL ALLOCATION FOR GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDSHIP CENTERS 1888 BROTHER GEENEN WAY SARASOTA, FL 34236	59-1522614	501(C)3	86,500				ANNUAL ALLOCATION FOR GENERAL SUPPORT
GIRL SCOUTS OF GULF COAST FLORIDA 4780 CATTLEMEN RD SARASOTA, FL 34233	59-0760212	501(C)3	37,000				ANNUAL ALLOCATION FOR GENERAL SUPPORT
GLADIOLUS LEARNING & DEVELOPMENT CENTER 10320 GLADIOLUS DR FORT MYERS, FL 33908	23-7378076	501(C)3	27,500				ANNUAL ALLOCATION FOR GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOOD WHEELS 10075 BAVARIA ROAD SE FORT MYERS, FL 33913	65-0192740	501(C)3	98,000				ANNUAL ALLOCATION FOR GENERAL SUPPORT
GOODWILL INDUSTRIES OF SWFL 4940 BAYLINE DRIVE NORT FORT MYERS, FL 33917	59-6196141	501(C)3	128,300				ANNUAL ALLOCATION FOR GENERAL SUPPORT
GUARDIAN AD LITEM FOUNDATION PO BOX 10198 JACKSONVILLE, FL 32247	59-3044475	501(C)3	16,386				ANNUAL ALLOCATION FOR GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARRY CHAPIN FOOD BANK OF SWFL 3760 FOWLER ST FORT MYERS, FL 33901	59-2332120	501(C)3	148,095				ANNUAL ALLOCATION FOR GENERAL SUPPORT
HEALTHY FAMILIES HENDRY & GLADES COUNTIES 1140 PRATT BLVD LABELLE, FL 33975	59-3502843	501(C)3	13,000				ANNUAL ALLOCATION FOR GENERAL SUPPORT
HEALTHY START COALITION OF SWFL 1921 JEFFERSON AVENUE FORT MYERS, FL 33901	65-0378720	501(C)3	155,292				ANNUAL ALLOCATION FOR GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HENDRY GLADES BEHAVIORAL HEALTH CENTER 601 WALVERDEZ AVE CLEWISTON, FL 33440	59-1558636	501(C)3	3,000				ANNUAL ALLOCATION FOR GENERAL SUPPORT
HIBISCUS CHILDREN'S CENTER 2400 NE DIXIE HIGHWAY JENSEN BEACH, FL 34957	59-2632361	501(C)3	10,000				ANNUAL ALLOCATION FOR GENERAL SUPPORT
HOPE CLUBHOUSE 3602 BROADWAY FORT MYERS, FL 33901	30-0437443	501(C)3	18,000				ANNUAL ALLOCATION FOR GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOPE HEALTHCARE SERVICES 9470 HEALTHPARK CIRCLE FORT MYERS, FL 33908	59-2128697	501(C)3	68,000				ANNUAL ALLOCATION FOR GENERAL SUPPORT
HOSPICE OF OKEECHOBEE PO BOX 1548 OKEECHOBEE, FL 34973	59-2831397	501(C)3	12,500				ANNUAL ALLOCATION FOR GENERAL SUPPORT
HUMAN TRAFFICKING AWARENESS PARTNERSHIPS 7275 CONCOURSE DRIVE UNIT 400 FORT MYERS, FL 33908	30-0370679	501(C)3	8,364				ANNUAL ALLOCATION FOR GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IMPACT FOR DEVELOPMENTAL EDUCATION 1650 MEDICAL LN FORT MYERS, FL 33907	59-1035415	501(C)3	129,000				ANNUAL ALLOCATION FOR GENERAL SUPPORT
INTERFAITH CHARITIES OF SOUTH LEE 17592 ROCKEFELLER CIRCLE FORT MYERS, FL 33937	65-0362463	501(C)3	68,600				ANNUAL ALLOCATION FOR GENERAL SUPPORT
LARC 2570 HANSON STREET FORT MYERS, FL 33901	59-0968911	501(C)3	243,500				ANNUAL ALLOCATION FOR GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEE COUNTY LEGAL AID SOCIETY 2211 WIDMAN WAY SUITE 600 FORT MYERS, FL 33901	59-1163686	501(C)3	90,000				ANNUAL ALLOCATION FOR GENERAL SUPPORT
LEHIGH COMMUNITY SERVICES 201 PLAZA DR 3 LEHIGH ACRES, FL 33936	59-1773738	501(C)3	102,600				ANNUAL ALLOCATION FOR GENERAL SUPPORT
LIFELINE FAMILY CENTER 907 SE 5TH AVENUE CAPE CORAL, FL 33990	65-0529641	501(C)3	18,000				ANNUAL ALLOCATION FOR GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIGHTHOUSE OF SWFL 35 WEST MARIANA AVE N FORT MYERS, FL 33903	59-1665257	501(C)3	66,000				ANNUAL ALLOCATION FOR GENERAL SUPPORT
LITERACY COUNCIL GULF COAST 26820 OLD 41 BONITA SPRINGS, FL 34135	65-0153890	501(C)3	170,500				ANNUAL ALLOCATION FOR GENERAL SUPPORT
LUTHERAN SERVICES 3615 CENTRAL AVENUE 4 FORT MYERS, FL 33901	59-2198911	501(C)3	25,000				ANNUAL ALLOCATION FOR GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARTHA'S HOUSE PO BOX 727 OKEECHOBEE, FL 34973	65-0094350	501(C)3	15,000				ANNUAL ALLOCATION FOR GENERAL SUPPORT
MY AUNT'S HOUSE 202 NE SECOND STREET SUITE 8 OKEECHOBEE, FL 34974	11-3687864	501(C)3	9,100				ANNUAL ALLOCATION FOR GENERAL SUPPORT
NAMI LEE 6831 PALISADES PARK CT SUITE FORT MYERS, FL 33912	65-0122844	501(C)3	56,076				ANNUAL ALLOCATION FOR GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OKEECHOBEE EDUCATIONAL FOUNDATION 700 SW 2ND AVE OKEECHOBEE, FL 34974	65-0219235	501(C)3	2,000				ANNUAL ALLOCATION FOR GENERAL SUPPORT
OTHER UNITED WAYS & NON-UNITED WAY AGENCIES 7273 CONCOURSE DRIVE FORT MYERS, FL 33908	99-9999999	501(C)3	309,935				ANNUAL ALLOCATION FOR GENERAL SUPPORT
OUR MOTHER'S HOME OF SOUTHWEST FLORIDA 18011 SOUTH TAMiami TRAIL 16-106 FORT MYERS, FL 33908	65-0510103	501(C)3	12,000				ANNUAL ALLOCATION FOR GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PACE CENTER FOR GIRLS OF LEE COUNTY 3760 SCHOOL HOUSE DRIVE W FORT MYERS, FL 33916	59-2414492	501(C)3	42,250				ANNUAL ALLOCATION FOR GENERAL SUPPORT
PARTNERS FOR BREAST CANCER CARE 9470 HEALTHPARK CIRCLE FORT MYERS, FL 33908	65-0290568	501(C)3	32,000				ANNUAL ALLOCATION FOR GENERAL SUPPORT
PUBLIC SCHOOLS ENRICHMENT PARTNERSHIP FGCU 10501 FGCU BLVD SOUTH FORT MYERS, FL 33965	65-4063969	501(C)3	20,000				ANNUAL ALLOCATION FOR GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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QUALITY LIFE CENTER OF SOUTHWEST FLORIDA 3210 MARTIN LUTHER KING BLVD FORT MYERS, FL 33901	65-0321309	501(C)3	48,500				ANNUAL ALLOCATION FOR GENERAL SUPPORT
REAL LIFE CHILDREN'S RANCH 7777 US HWY 441 SE OKEECHOBEE, FL 34974	59-6173061	501(C)3	10,000				ANNUAL ALLOCATION FOR GENERAL SUPPORT
REDLANDS CHRISTIAN MIGRANT ASSOCIATION (RCMA) 402 W MAIN ST IMMOKALEE, FL 34142	59-1221966	501(C)3	5,000				ANNUAL ALLOCATION FOR GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALUSCARE 3763 EVANS AVE FORT MYERS, FL 33901	59-1287693	501(C)3	379,892				ANNUAL ALLOCATION FOR GENERAL SUPPORT
SHARED SERVICES NETWORK OF OKEECHOBEE COUNTY 700 SW SECOND AVENUE OKEECHOBEE, FL 34974	65-0219235	501(C)3	6,400				ANNUAL ALLOCATION FOR GENERAL SUPPORT
SOCIAL NORMING PROJECT THE SCHOOL DISTRICT OF LEE COUNTY 2266 SECOND AVENUE FORT MYERS, FL 33901	59-2637849	501(C)3	12,500				ANNUAL ALLOCATION FOR GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHWEST FLORIDA REGIONAL HUMAN TRAFFICKING COALITION PO BOX 60401 FORT MYERS, FL 33906	46-4238736	501(C)3	2,400				ANNUAL ALLOCATION FOR GENERAL SUPPORT
SPECIAL EQUESTRIANS 5121 STALEY ROAD FORT MYERS, FL 33906	65-0250071	501(C)3	35,600				ANNUAL ALLOCATION FOR GENERAL SUPPORT
THE SALVATION ARMY OF LEE HENDRY & GLADES 10291 MCGREGOR BLVD FORT MYERS, FL 33919	58-0660607	501(C)3	442,500				ANNUAL ALLOCATION FOR GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE HEIGHTS CENTER 15570 HAGIE DRIVE FORT MYERS, FL 33908	45-5595206	501(C)3	17,500				ANNUAL ALLOCATION FOR GENERAL SUPPORT
TREASURE COAST FOOD BANK 3051 INDUSTRIAL 25TH STREET FORT PIERCE, FL 34946	65-0123281	501(C)3	7,000				ANNUAL ALLOCATION FOR GENERAL SUPPORT
TRIAGE CENTER 3763 EVANS AVENUE FORT MYERS, FL 33901	59-1287693	501(C)3	20,000				ANNUAL ALLOCATION FOR GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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BIG BROTHERS BIG SISTERS 403 N US HWY 1 FORT PIERCE, FL 34950	59-2455513	501(C)3	3,500				ANNUAL ALLOCATION FOR GENERAL SUPPORT
CASTLE 3525 W MIDWAY ROAD FORT PIERCE, FL 34981	59-2094472	501(C)3	4,000				ANNUAL ALLOCATION FOR GENERAL SUPPORT
DISABLED VETERANS INSURANCE CAREERS 1275 KASAMADA DRIVE FORT MYERS, FL 33919	27-4645661	501(C)3	4,985				ANNUAL ALLOCATION FOR GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DRESS FOR SUCCESS SWFL 12995 S CLEVELAND AVE 153 FORT MYERS, FL 33907	27-2177347	501(C)3	5,000				ANNUAL ALLOCATION FOR GENERAL SUPPORT
NEW HORIZONS OF SWFL PO BOX 111833 NAPLES, FL 34108	11-3678086	501(C)3	10,000				ANNUAL ALLOCATION FOR GENERAL SUPPORT
THE SKY FAMILY YMCA 701 CENTER ROAD VENICE, FL 94285	59-1629660	501(C)3	152,000				ANNUAL ALLOCATION FOR GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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EARLY LEARNING COALITION OF SWFL 10 SE CENTRAL PKWY STE 200 STUART, FL 34994	65-1035652	501(C)3	2,600				ANNUAL ALLOCATION FOR GENERAL SUPPORT

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
THE UNITED WAY OF LEE COUNTY INC

Employer identification number

59-1005169

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

- b** If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?

- 3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.
- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

- 4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:
- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

- 5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
- a** The organization?
- b** Any related organization?
- If "Yes," on line 5a or 5b, describe in Part III.
- 6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
- a** The organization?
- b** Any related organization?
- If "Yes," on line 6a or 6b, describe in Part III.
- 7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.
- 8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.
- 9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2	Yes	
4a		No
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CLIFF SMITHPRESIDENT	(i) 153,643 ----- 0	(ii) 0 ----- 0	(iii) 0 ----- 0	10,981 ----- 0	7,755 ----- 0	172,379 ----- 0	0 ----- 0

Part III Supplemental Information

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

Ret urn Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
THE UNITED WAY OF LEE COUNTY INC

Employer identification number

59-1005169

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	THE EXECUTIVE COMMITTEE IS MADE UP OF THE OFFICERS OF THE BOARD AS WELL AS OTHER DIRECTORS THE CHAIRPERSON DEEMS NECESSARY THE COMMITTEE SHALL HAVE AND EXERCISE THE AUTHORITY OF THE BOARD BETWEEN MEETINGS BUT CANNOT MAKE CHANGES TO THE ORGANIZATIONAL DOCUMENTS OR MAKE DECISIONS REGARDING MERGING OR DISOLVING THE CORPORATION ANY FUNDS DISBURSED IN ABSENCE OF EMERGENCY MUST BE WITHIN APPROVED BUDGETED GUIDELINES AND ARE SUBMITTED TO THE BOARD FOR REVIEW AT THE NEXT MEETING
FORM 990, PART VI, SECTION B, LINE 11	A DRAFT OF THE RETURN IS REVIEWED BY THE ORGANIZATION'S PRESIDENT, TREASURER, AND FINANCE COMMITTEE A FINALIZED FORM 990 IS PRESENTED TO THE BOARD BEFORE THE RETURN IS FILED, FOR THEIR APPROVAL THE BOARD MEMBERS REVIEW THE FORM 990 AND VOTE TO ACCEPT THE RETURN
FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION ANNUALLY HAS THE BOARD MEMBERS AND EMPLOYEES COMPLETE A CONFLICT OF INTEREST POLICY QUESTIONNAIRE BOARD MEMBERS AND STAFF ARE COVERED UNDER THE POLICY ANY BOARD MEMBERS WITH A CONFLICT ARE UNABLE TO VOTE ON THE ISSUE IN QUESTION
FORM 990, PART VI, SECTION B, LINE 15	PRESIDENT'S COMPENSATION APPROVED AND DETERMINED BY THE BOARD ON AN ANNUAL BASIS THE MOST RECENT YEAR IN WHICH THE REVIEW PROCESS INCLUDED REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA, AND CONTEMPOROUS DOCUMENTATION OF THE DELIBERATION WAS 2014 THE PRESIDENT OF THE ORGANIZATION APPROVES THE COMPENSATION OF ANY OTHER KEY EMPLOYEES AND OFFICERS
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST