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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 black lung
benefit trust or private foundation)

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

OMB No 1545-0047

2009Open to Public
Inspection**A For the 2009 calendar year, or tax year beginning and ending****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

Please use IRS label or print or type
See Specific Instructions.**C Name of organization****UNITED WAY OF FORSYTH COUNTY, INC.**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite

P. O. BOX 1350

City or town, state or country, and ZIP + 4

CUMMING, GA 30028**F Name and address of principal officer RUTH M. GOODE
SAME AS C ABOVE****D Employer identification number****58-1925396****E Telephone number****770-781-4110****G Gross receipts \$ 1,591,089.****H(a) Is this a group return**for affiliates? ☐ Yes ☒ No**H(b) Are all affiliates included?** ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶**I Tax-exempt status:** ☒ 501(c) (3) (insert no) ☐ 4947(a)(1) or ☐ 527**J Website:** **WWW.UNITEDWAYFORSYTH.COM****K Form of organization:** ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L Year of formation:** **1990** **M State of legal domicile:** **GA****Part I Summary**

Activities & Governance		Revenue		Expenses		Net Assets or Fund Balances	
1	Briefly describe the organization's mission or most significant activities: THE ORGANIZATION'S PRIMARY EXEMPT PURPOSE IS TO ENRICH LIVES IN FORSYTH & DAWSON COUNTIES BY						
2	Check this box <input type="checkbox"/> 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					
4	Number of independent voting members of the governing body (Part VI, line 1b)	4					
5	Total number of employees (Part V, line 2a)	5					
6	Total number of volunteers (estimate if necessary)	6					
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a					
7b	Net unrelated business taxable income from Form 990-T, line 34	7b					
8	Contributions and grants (Part VIII, line 1h)		Prior Year		Current Year		
9	Program service revenue (Part VIII, line 2g)		1,580,568.		1,491,495.		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		65,141.		45,366.		
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		31,528.		30,653.		
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,677,237.		1,567,514.		
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,336,720.		1,281,232.		
14	Benefits paid to or for members (Part IX, column (A), line 4)						
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		208,450.		220,524.		
16a	Professional fundraising fees (Part IX, column (A), line 11e)						
16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 144,049.						
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		718,649.		228,067.		
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,263,819.		1,729,823.		
19	Revenue less expenses. Subtract line 18 from line 12		<586,582.>		<162,309.>		
20	Total assets (Part X, line 16)		Beginning of Current Year		End of Year		
21	Total liabilities (Part X, line 26)		3,097,204.		2,963,029.		
22	Net assets or fund balances. Subtract line 21 from line 20		258,966.		287,100.		
			2,838,238.		2,675,929.		

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

RUTH M. GOODE, EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer's Use Only

Preparer's signature

Date

Check if self-employed ☐

Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4

CARR, RIGGS & INGRAM, LLC
4360 CHAMBLEE DUNWOODY RD., SUITE 420
ATLANTA, GEORGIA 30341

EIN ▶

Phone no. ▶ **770-457-6606**

May the IRS discuss this return with the preparer shown above? (see instructions)

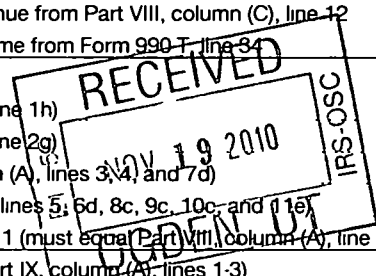
☒ Yes ☐ No

932001 02-04-10

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2009)**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**

SCANNED DEC 15 2010



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Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

THE MISSION OF UNITED WAY OF FORSYTH COUNTY IS TO IMPROVE LIVES IN FORSYTH AND DAWSON COUNTIES BY MOBILIZING THE CARING POWER AND SPIRIT OF OUR CITIZENS.

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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 1,407,732. including grants of \$ 1,281,232.) (Revenue \$)
STATEMENT ATTACHED

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

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

4d Other program services. (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► \$ 1,407,732.

Form 990 (2009)

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)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		
• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		
• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
• 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? If "Yes," complete Schedule D, Part X		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	X	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	Yes	No
		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X

Form 990 (2009)

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X
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? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Note. All Form 990 filers are required to complete Schedule OForm **990** (2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	0	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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	5	
b	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 this return (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," 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)?		X
b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
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?		X
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).		
a	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?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
b	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?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

Form 990 (2009)

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	1a	24
b Enter the number of voting members that are independent	1b	16
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X
13 Does the organization have a written whistleblower policy?	13	X
14 Does the organization have a written document retention and destruction policy?	14	X
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?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
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?	16a	X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **GA**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☒ Own website ☒ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **RUTH GOODE - 770-781-4110**
P. O. BOX 1350, CUMMING, GA 30028

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

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

☐ Check this box if the organization did not compensate any current officer, director, or trustee

[illegible]

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(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			
1b Total								60,500.	0.	0.

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

- 3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

- 1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a	1,466,910.				
	b Membership dues	1b					
	c Fundraising events	1c	11,400.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	13,185.				
	g Noncash contributions included in lines 1a-1f \$						
h Total. Add lines 1a-1f			1,491,495.				
Program Service Revenue	Business Code						
	2 a						
	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)			45,366.			45,366.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross Rents	(i) Real	(ii) Personal				
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ 11,400. of contributions reported on line 1c). See Part IV, line 18						
	b Less direct expenses						
	c Net income or (loss) from fundraising events			30,653.	30,653.		
	9 a Gross income from gaming activities See Part IV, line 19						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances							
b Less cost of goods sold							
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
11 a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions.			1,567,514.	30,653.	0.	45,366.	

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U.S. See Part IV, line 21	1,281,232.	1,281,232.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	60,500.	30,250.	15,125.	15,125.
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	145,177.	72,589.	36,294.	36,294.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	14,847.	7,423.	3,712.	3,712.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	17,603.		17,603.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	66,210.			66,210.
13 Office expenses	6,179.		4,634.	1,545.
14 Information technology				
15 Royalties				
16 Occupancy	19,704.		9,852.	9,852.
17 Travel	1,410.		1,410.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,786.		3,786.	
20 Interest				
21 Payments to affiliates	13,864.		13,864.	
22 Depreciation, depletion, and amortization	1,514.		757.	757.
23 Insurance	4,738.		4,738.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a BAD DEBT EXPENSE	55,439.		55,439.	
b OTHER PROGRAM SERVICES	16,238.	16,238.		
c PRINTING & PUBLICATIONS	5,823.			5,823.
d UTILITIES & TELEPHONE	5,714.		2,857.	2,857.
e REPAIRS & MAINTENANCE	2,692.		2,692.	
f All other expenses	7,153.		5,279.	1,874.
25 Total functional expenses. Add lines 1 through 24f	1,729,823.	1,407,732.	178,042.	144,049.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	1,809,262.	2	1,578,424.
	3 Pledges and grants receivable, net	1,281,717.	3	1,381,368.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,475.	9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 29,177.		
	b Less: accumulated depreciation	10b 25,940.	10c 4,750.	3,237.
	11 Investments - publicly traded securities		11	
	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		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,097,204.	16	2,963,029.	
Liabilities	17 Accounts payable and accrued expenses	6,083.	17	32.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	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. Complete Part X of Schedule D	252,883.	25	287,068.
	26 Total liabilities. Add lines 17 through 25	258,966.	26	287,100.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,488,218.	27	1,209,019.
	28 Temporarily restricted net assets	1,350,020.	28	1,466,910.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, 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	2,838,238.	33	2,675,929.
34 Total liabilities and net assets/fund balances	3,097,204.	34	2,963,029.	

Form 990 (2009)

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ 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?

b Were the organization's financial statements audited by an independent accountant?

c 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.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b 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

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2009)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2009

**Open to Public
Inspection**

UNITED WAY OF FORSYTH COUNTY, INC.

Employer identification number

58-1925396

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

- | | Yes | No |
|----------|-----|----|
| 11g(i) | | |
| 11g(ii) | | |
| 11g(iii) | | |

[illegible]

Schedule A (Form 990 or 990-EZ) 2009

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1774907.	2283709.	1751153.	1609214.	1350020.	8769003.
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	1774907.	2283709.	1751153.	1609214.	1350020.	8769003.
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)						718,312.
6 Public support. Subtract line 5 from line 4						8050691.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	1774907.	2283709.	1751153.	1609214.	1350020.	8769003.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,594.	29,266.	58,142.	65,141.	45,366.	206,509.
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 IV.)	28,953.	26,827.	17,663.	31,528.	78,812.	183,783.
11 Total support. Add lines 7 through 10						9159295.
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 type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	87.90 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	89.21 %
16a 33 1/3% support test - 2009. 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 - 2008. 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 type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2009. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2008. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input 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 type="checkbox"/>	

Schedule A (Form 990 or 990-EZ) 2009

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.)**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 IV.)						
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** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. 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 - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Schedule A (Form 990 or 990-EZ) 2009

Schedule D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009Open to Public
Inspection

Name of the organization

UNITED WAY OF FORSYTH COUNTY, INC.

Employer identification number

58-1925396

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

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 XIV.

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? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to 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? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ☐ _____ %
 b Permanent endowment ☐ _____ %
 c Term endowment ☐ _____ %

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

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

	Yes	No
3a(i)		
3a(ii)		
3b		

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

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		29,177.	25,940.	3,237.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				3,237.

Schedule D (Form 990) 2009

Part VII Investments - Other Securities. 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
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

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

Part IX Other Assets. 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. See Form 990, Part X, line 25

1. (a) Description of liability	(b) Amount
Federal income taxes	
ALLOCATIONS PAYABLE	287,068.
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	
	287,068.

2. FIN 48 Footnote. In Part XIV, 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.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,567,514.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,729,823.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	<162,309.>
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4 through 8	9	0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	<162,309.>

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

1	Total revenue, gains, and other support per audited financial statements	1	1,591,089.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	23,575.
e	Add lines 2a through 2d	2e	23,575.
3	Subtract line 2e from line 1	3	1,567,514.
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 XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,567,514.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	1,753,398.
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 XIV.)	2d	23,575.
e	Add lines 2a through 2d	2e	23,575.
3	Subtract line 2e from line 1	3	1,729,823.
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 XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,729,823.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4; Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT - DIRECT EXPENSES

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT - DIRECT EXPENSES

FIN 48 FOOTNOTE - MANAGEMENT DOES NOT BELIEVE THAT THE ASSOCIATION HAS ANY

Schedule D (Form 990) 2009

Part XIV Supplemental Information (continued)

MATERIAL UNCERTAIN TAX POSITIONS AT DECEMBER 31, 2009 AND 2008; HOWEVER,
THE ASSOCIATION'S FEDERAL AND STATE INCOME TAX RETURNS FOR THE YEARS
ENDING DECEMBER 31, 2008, 2007, AND 2006 ARE STILL SUBJECT TO EXAMINATION
BY THE RELEVANT TAXING AUTHORITIES.

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No. 1545-0047

2009

Open To Public Inspection

Name of the organization

UNITED WAY OF FORSYTH COUNTY, INC.

Employer identification number
58-1925396

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ No

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

[illegible]**Total**

- 3** List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		NORMAN'S LANDING GOLF (event type)	UPS GOLF TOURNAMENT (event type)	3 (total number)	
Revenue	1 Gross receipts	18,100.	23,295.	24,233.	65,628.
	2 Less: Charitable contributions			11,400.	11,400.
	3 Gross income (line 1 minus line 2)	18,100.	23,295.	12,833.	54,228.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	1,467.	1,741.	20,367.	23,575.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(23,575)
	11 Net income summary. Combine line 3, column (d), and line 10				30,653.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				
1 Gross revenue				
Direct Expenses				
	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
6 Volunteer labor				
7 Direct expense summary. Add lines 2 through 5 in column (d)				()
8 Net gaming income summary. Combine line 1, column (d), and line 7				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? _____

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____

b If "Yes," explain: _____

11 Does the organization operate gaming activities with nonmembers? _____

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? _____

	Yes	No
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in:

- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

15a

- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

17a

- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

UNITED WAY OF FORSYTH COUNTY, INC.

58-1925396

FORM 990

The Place of Forsyth County	\$ 217,100.00
Georgia Highlands	\$ 120,000.00
CLCP	\$ 74,375 00
Family Haven	\$ 65,000.00
NE Georgia, Boy Scouts of America	\$ 61,275.00
American Red Cross	\$ 57,450.00
Challenged Child & Friends	\$ 54,000 00
Forsyth County CASA	\$ 52,500.00
Ferst Foundation	\$ 51,520.12
Mentor Me	\$ 50,750 00
Bald Ridge Lodge	\$ 50,000.00
Childrens's Center for Hope & Healing	\$ 43,735 00
Jesse's House	\$ 42,000.00
No Longer Bound	\$ 38,425.00
Girl Scouts of Greater Atlanta	\$ 37,250 00
Child Advocacy Center	\$ 35,731.25
Forsyth County Board of Education	\$ 28,236 43
YMCA	\$ 27,875.00
St Vincent DePaul - F.C	\$ 25,000 00
NOA	\$ 15,462.50
Other United Ways	\$ 12,878 00
St. Vincent DePaul - D.C.	\$ 11,827.50
Forsyth County 4-H Council	\$ 10,750.00
Miscellaneous Program Initiatives	\$ 10,289 92
Dawson County Family Connection	\$ 9,725.00
Fixing Up Forsyth/Focus on Forsyth	\$ 9,312.26
Hall-Dawson CASA Program	\$ 9,200.00
United Way 2-1-1 Program	\$ 9,022 37
Forsyth County Community Connection	\$ 7,626.28
Forsyth County Public Schools-Special Ed	\$ 5,993 26
Dawson County Mentoring Program	\$ 5,850.00
R E.A.D.	\$ 5,262 50
Abba House	\$ 4,678.00
U.W Nonprofit Community Forums	\$ 4,500.98
Cumming Civitan Club	\$ 3,410 49
Rape Response, Inc.	\$ 2,937.50
Lanier Technical College	\$ 2,500 00
Specific Assitance for Families	\$ 1,572.03
Girl Scouts of Historic Georgia	\$ 1,287.50
Forsyth County Drug Court-DUI Court	\$ 1,283 08
Dawson County 4-H Council	\$ 1,237.50
Senior Expo	\$ 1,063 41
American Diabetes Association	\$ 424 00
Ceder Hill Enrichment Center	\$ 420.00
American School-CR	\$ 170 00
Alzheimers Association	\$ 120.00
Salvation Army	\$ 120 00
Multiple Sclerosis Association	\$ 60.00
Georgia School for the Deaf	\$ 25.00

\$ 1,281,231.88

Part IV Supplemental Information

ASKED TO MAKE A PRESENTATION BEFORE MEMBERS OF THE COMMITTEE OR MEMBERS OF THE COMMITTEE MAY WANT TO VISIT THE PROGRAM. RECOMMENDATIONS FOR FUNDING WILL THEN BE MADE TO THE UNITED WAY BOARD OF DIRECTORS. GRANTS AWARDS ARE ANNOUNCED ONCE THE CURRENT APPLICATION AND REVIEW PROCESSES ARE COMPLETE. A DISBURSEMENT SCHEDULE WILL BE DEVELOPED JOINTLY BY THE UNITED WAY AND GRANTEE. GENERALLY, FUNDS ARE PROVIDED ON A REIMBURSEMENT BASIS. THE ORGANIZATION MAINTAINS A LIST OF GRANT RECIPIENTS FOR THEIR RECORDS. ADDITIONALLY, A LIST OF THE GRANT RECIPIENTS FOR THE CURRENT YEAR IS MADE AVAILABLE TO THE PUBLIC ON THE ORGANIZATION'S WEBSITE.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

UNITED WAY OF FORSYTH COUNTY, INC.

Employer identification number
58-1925396

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

MOBILIZING THE CARING POWER & SPIRIT OF OUR CITIZENS.

FORM 990, PART VI, SECTION B, LINE 11: THE AUDIT COMMITTEE REVIEWS THE

FORM 990. THE BOARD MEMBERS REVIEW A COPY WITH THE AUDIT REPORT.

FORM 990, PART VI, SECTION B, LINE 12C: STAFF ARE ENCOURAGED TO REVIEW THE

POLICY AND BRING ISSUES TO MANAGEMENT'S ATTENTION.

FORM 990, PART VI, SECTION B, LINE 15: EXECUTIVE COMMITTEE MEMBERS

DETERMINE COMPENSATION FOR THE EXECUTIVE DIRECTOR. OTHER OFFICERS' OR KEY

EMPLOYEES' COMPENSATION IS DETERMINED BY THE EXECUTIVE COMMITTEE BY USING

VARIOUS MEANS OF COMPARISON AND INDEPENDENT INFORMATION INCLUDING UNITED

WAY SURVEYS.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS

AVAILABLE TO THE PUBLIC UPON REQUEST. THE FINANCIAL STATEMENTS ALSO APPEAR

IN THE ANNUAL REPORT.

PART XI, LINE 2C EXPLANATION:

THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

UNITED WAY OF FORSYTH COUNTY, INC. [21019]
Net Book Value - Depreciation

01/01/2009 - 12/31/2009

System No.	Asset Balances				Reductions				Net Book Value		
	Beginning Balance	Additions	Deletions	Ending Balance	Beg. Accum. Depreciation/ (Sec. 179)	Current Depreciation	Sec. 179/ Bonus/ (Cur. Yr. Only)	Other Reductions		Deletion Reductions	Total Reductions
COMPUTERS & SOFTWARE											
Subtotal:	14,443.02	0.00	0.00	14,443.02	13,145.22	519.13	0.00	0.00	0.00	13,664.35	778.67
COMPUTERS & SOFTWARE											
Less dispositions and exchanges:	0.00			0.00	0.00						
	14,443.02	0.00	0.00	14,443.02	13,145.22	519.13	0.00	0.00	0.00	13,664.35	778.67
Net for:											
COMPUTERS & SOFTWARE											
FURNITURE & FIXTURES											
Subtotal:	14,732.57	0.00	0.00	14,732.57	11,282.09	993.42	0.00	0.00	0.00	12,275.51	2,457.06
FURNITURE & FIXTURES											
Less dispositions and exchanges:	0.00			0.00	0.00						
	14,732.57	0.00	0.00	14,732.57	11,282.09	993.42	0.00	0.00	0.00	12,275.51	2,457.06
Net for:											
FURNITURE & FIXTURES											
Subtotal:	29,175.59	0.00	0.00	29,175.59	24,427.31	1,512.55	0.00	0.00	0.00	25,939.86	3,235.73
Less dispositions and exchanges:	0.00			0.00	0.00						
	29,175.59	0.00	0.00	29,175.59	24,427.31	1,512.55	0.00	0.00	0.00	25,939.86	3,235.73
Grand Totals:											
					3200	6200				3200	3200

United Way of Forsyth County 2009 – The Year in Review

Seeking solutions to human problems. Assessing the needs of our community. Expanding the services provided by health and human service programs in Forsyth and Dawson Counties. Promoting preventative activities. Developing as fully as possible the financial resources needed to meet the needs of the community in a consolidated and efficient manner. In short, the mission of United Way of Forsyth County is to improve lives in Forsyth and Dawson Counties by mobilizing the caring power and spirit of our citizens. Here at United Way, we believe that the building blocks for a good life begin with a quality education which will provide enough income to support individuals through retirement and good health. This American dream is slowly slipping away from many hard working people today. United Way of Forsyth County provides funding for programs that achieve the best results in helping people in the areas of Education, Income, Health and Basic Needs.

Organizational Highlights

Financially, UWFC finished out the year down 8.7% in collections from 2008. Combined with the deficit in collections over the previous year of 3.6%, the Board of Directors and Staff continue to be guarded with spending as in our community like most across the nation are suffering from a rise in human service needs and diminishing donations. Our conservative spending over the years and building of reserves will support our United Way programs through this tough time.

Community Investment and Community Impact Highlights

Our United Way held 4 nonprofit seminars averaging 35 different nonprofit entities represented at each seminar with an average of 42 participants. Our goal is to build the capacity of nonprofits in the community and encourage their success. Seminars were held in goal-setting, grantwriting, fundraising and stress relief for staff.

In 2009, United Way of Forsyth County invested \$1,257, 822 in over 50 health and human service agencies and programs. The dollars given reach all areas of our community. From the young to the old, the sick to the healthy, the employed to the unemployed, those with homes to those without, United Way dollars are making dreams come true. With the help of partners in the community, the organization is working hard to make a difference each day in our community!

Areas of focus are:

- Substance Abuse/Mental Health/Domestic Violence Services (10%)
- Promoting Self-Sufficiency/Strengthening Families and Seniors (27%)
- Therapeutic Services for At-Risk Children & Youth (19%)
- Promoting Community Health, Safety, Leadership, Information & Referral
Nonprofit Education (18%)
- Services for Citizens with Special Needs (5%)
- Strength-Based Support Services for Children & Youth (20%)

In the area of accountability, our United Way in Forsyth County continued with the additional panel review meetings to review agency requests.

Our United Way facilitated the transition of the Holiday Gifting Program from The Place to the YMCA. The blackout period for fundraising was eliminated for partner agencies as the increased need to find a more diverse stream of revenue was recognized. Several nonprofits ceased to operate during this difficult economy.

We coordinated 3 roundtable meetings and 2 lunches and learns with local dentists in an effort to encourage them to provide much needed dental services to school-aged children. Over 100

students received services from 6 participating dental practices in February. Several meetings and an inventory of Mental Health providers in the county was created. In the area of transportation, 7 meetings and a survey as well as a white paper was developed to substantiate the need for public transit in the county.

The FamilyWise prescription cards were introduced into both Forsyth and Dawson Counties with great success in 2008. In 2009, Forsyth County had 5,857 claims with a savings of \$100,141.47 and 13,544 claims were processed in Dawson County for a savings of \$191,780.37, the highest usage in any county in the state.

Referrals to 2-1-1 totaled 1,694. Utility assistance accounted for 17.6% of the calls, mortgage/rent payment assistance accounted for 12.2% and 11.6% of the calls were for food. The Community Helplist distribution increased dramatically with over 7,000 English Helplists distributed and 2,000 Spanish Helplists distributed. United Way and the Cumming Post Office teamed up for the Letter Carriers Food Drive in May. The Place, Cumming FUMC and Unseen Ministries receive approximately 2,000 cans/boxes of food...a good first year effort. United Way facilitated a collection of school supplies for distribution from The Place, Family Haven and Forsyth County Schools through businesses and Saturday collection sites. Over 3,000 items were collected and approximately 300 children and youth benefited from the effort.

Two roundtable discussions took place; October 29 on homelessness in the county, and 2. November 20 on transportation needs.

Resource Development/Image Committee Highlights

2009 Campaign results (raised in Fall of 2008 and distributed in 2009) - \$1,466,910 pledged on a goal of \$1,450,000 for Forsyth County. 1.2% over goal. UPS continues to be the largest campaign, followed closely by Publix SuperMarkets and Forsyth County Public Schools.

The 8th Annual Day of Caring event was held in conjunction with the campaign kick-off. Over 450 volunteers participated in 35 projects throughout the county. Our Small Business Blitz pledges totaled \$22,535, a 29% increase over last year's efforts.

On-line pledging capabilities were opened to all Forsyth County School employees and Control Southern. There were approximately 5,084 donors to the campaign in 2009; 76.7% in the Corporate sector, 19.3% in the Public & Private School sector, 1.5% from the Public Service sector, 1.6% in the Professionals/Individuals sector and .9% from the Small Business sector. Work is continuing on the development of the Women's Leadership Council.

The Community Image committee developed a mission statement for their group as well as goals and objectives. They also were instrumental in developing a plan for the implementation of the first Run United 5K. There were focused discussions on how to raise awareness and reach the residential community better through events.

TO ACCOMPLISH OUR MISSION, OUR OVERALL STRATEGIC OBJECTIVE FOR THE NEXT FIVE YEARS WILL BE TO:

**CONTINUE TO FULFILL OUR FIDUCIARY RESPONSIBILITIES WHILE
TRANSITIONING FROM A FUNDRAISING ORGANIZATION WHICH SUPPORTS
SPECIFIC AGENCIES TO A COMMUNITY-FOCUSED ORGANIZATION WHICH BRINGS
PEOPLE, BUSINESSES, AND ORGANIZATIONS TOGETHER TO EMBRACE A
SHARED COMMUNITY VISION.**

UNITED WAY OF FORSYTH COUNTY, INC.

58-1925396

FORM 990 - 12/31/09

<u>Name and Address</u>	<u>Amount</u>
Publix Supermarkets P.O. Box 407 Lakeland, FL 33802	\$ 116,400.00
UPS-Foundation 55 Glenlake Pkwy., NE Atlanta, GA 30328	\$ 71,954.75
Bill Norman Norman's Landing 365 Peachtree Pkwy. Cumming, GA 30041	\$ 18,100.38
Laurie & Lyle Johnson 2930 Spindletop Dr. Cumming, GA 30041	\$ 12,021.49
Chuck & Julie Weaver 6315 Holland Dr Cumming, GA 30041	\$ 10,402.74
Mr. David Abney 6615 Willows Way Cumming, GA 30040	\$ 10,229.25
Tommy Bagwell American Proteins, Inc 4990 Leland Dr Cumming, GA 30041	\$ 10,000.00
BJ & Paul Hallock 3850 Silver Brook Lane Gainesville, GA 30506	\$ 10,000 00
Nationwide Insurance One Nationwide Plaza 01-01-12 Columbus, OH 43215	\$ 7,117.69
Control Southern 3850 Lakefield Dr. Suwanee, GA 30024	\$ 6,996.00
Nordson Corporation 11475 Lakefield Dr. Duluth, GA 30097	\$ 6,774.00
GE Foundation	\$ 5,533 44
John Kearnes 6535 Olde Atlanta Pkwy. Suwanee, GA 30024	\$ 5,000.00
Bill & Patsy Wolff 7485 Heard Rd. Cumming, GA 30041	\$ 5,000 00

**UNITED WAY OF FORSYTH COUNTY
2009 BOARD OF DIRECTORS**

George Arguelles
Spanglish Bilingual Agency, Inc.
216-I Atlanta Rd.
Cumming, GA 30040
(770) 844-5774 (o)
georgearguelles@hotmail.com

Lisa Bennett
Forsyth County Schools
1120 Dahlonega Highway
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(770) 887-2461 x. 202321 (o)
lbennett@forsyth.k12.ga.us

Cris Burgum
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(678) 714-0226 (h)
crisburgum@cousinsproperties.com

Mary Chandler
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(770) 889-4314 (h)
Maryandclaud@bellsouth.net

Secretary

Linda Cole
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(404) 245-2305
Linda.cole@choa.org

(home)
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Cumming, GA 30028

Caroline Croft
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(678) 267-0201 (c)
ccroft@signaturebankga.com

Past President

ckcroft726@hotmail.com (home)

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(678) 947-1626
Mjayned59@aol.com

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Treasurer

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kjolly@forsyth.k12.ga.us

President

Shelley Johnson
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VP, Community Investment

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Norma Malone
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10/11/10

Laura McClure
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VP, Community Impact

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VP, Community Investment

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President Elect

(770) 844-3400 (Glenda)

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(770) 442-9188
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Ruth Goode
United Way of Forsyth County
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(770) 781-4110 (o)
(770) 781-4558 (fax)
ruth@unitedwayforsyth.com

Executive Director

10/11/10

UNITED WAY OF FORSYTH COUNTY, INC.

58-1925396

FORM 990 - 12/31/09

Part III

a)	The Place of Forsyth County The Place is a local social service agency that works compassionately with people to creatively and resourcefully meet their needs. The Place provides many innovative programs that meet a variety of needs, including extreme emergency and medical assistance, thrift store and food pantry, elderly assistance, youth enrichment, Hispanic outreach, and First Call for Help, a 24-hour hotline. Ensures basic needs are met for the indigent. 29,937 Forsyth County residents were served in 2009. (Grants and allocations \$217,100)	238,810
a)	Georgia Highlands Medical Services Provides comprehensive primary health care to residents of the community. Other services include obstetrical care, mammography, or prostate screenings regardless of the patient's ability to pay. They ensure health services are available to all residents. This also includes a pharmacy program that is stocked with samples to provide medication to patients unable to purchase it at cost. 10,605 Forsyth residents were served in 2009. (Grants and allocations \$120,000)	132,000
f)	Certified Literate Community Program Provides adult continuing education opportunities to the residents of Forsyth County. Will help residents obtain their GED as well as provide learning for ELL. Served 1,550 Forsyth residents in 2009. (Grants and allocations \$74,375)	81,813
e)	Family Haven Provides victims of violence and their families with a continuous & tireless availability of services including safe temporary and emergency shelter, emergency food and clothing, counseling services, assistance with Temporary Protective Order filings, support groups, and prevention education programs. Served approximately 2,000 Forsyth residents in 2009. (Grants and allocations \$65,000)	71,500
c)	Northeast Georgia Boy Scouts of America/Northeast Georgia Girl Scout Council As a result of activities associated with the Boy Scouts, youth learn citizenship, fitness and leadership values that enable them to make ethical choices over their lifetimes. Girl Scouting is committed to helping all girls from every background to develop confidence, determination, and skills needed to thrive in today's world. (Grants and allocations \$61,275)	67,403
d)	Northeast Georgia Chapter, American Red Cross Provides disaster relief, CPR & first aid training, blood services, aid to military families, and health & safety education. Ensures crisis/emergency help when needed. 8,219 Forsyth County residents and 1,714 Dawson County residents were served in 2009. (Grants and allocations \$57,450)	63,195
f)	Other Forsyth & Dawson County Agencies See schedule - Part II, Line 22 (Grants and allocations \$686,032)	753,012
		<hr/>
		\$1,281,232
		<u>1,407,732</u>

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).			
Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization		Employer identification number
	UNITED WAY OF FORSYTH COUNTY, INC.		58-1925396
	Number, street, and room or suite no. If a P.O. box, see instructions. P. O. BOX 1350		For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions. CUMMING, GA 30028		

Check type of return to be filed (File a separate application for each return):

☒ Form 990
 ☐ Form 990-EZ
 ☐ Form 990-T (sec. 401(a) or 408(a) trust)
 ☐ Form 1041-A
 ☐ Form 5227
 ☐ Form 8870
☐ Form 990-BL
☐ Form 990-PF
☐ Form 990-T (trust other than above)
☐ Form 4720
☐ Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

RUTH GOODE

• The books are in the care of **P. O. BOX 1350 - CUMMING, GA 30028**

Telephone No **770-781-4110**

FAX No. _____

• If the organization does not have an office or place of business in the United States, check this box ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2010.**

5 For calendar year **2009**, or other tax year beginning _____, and ending _____.

6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension _____

ADDITIONAL TIME IS REQUESTED TO RECEIVE MISSING INFORMATION WHICH IS NECESSARY FOR THE PREPARATION OF A COMPLETE AND ACCURATE FORM 990.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **Verle P. Braumler** Title **CPA**

Date **8/10/10**

Application for Extension of Time To File an
Exempt Organization Return

OMB No. 1545-1709

▶ File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ☒ X
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization	Employer identification number
	UNITED WAY OF FORSYTH COUNTY, INC.	58-1925396
	Number, street, and room or suite no. If a P.O. box, see instructions. P. O. BOX 1350	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CUMMING, GA 30028	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

RUTH GOODE

- The books are in the care of ▶ P. O. BOX 1350 - CUMMING, GA 30028

Telephone No ▶ 770-781-4110

FAX No. ▶

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ▶ ☒ calendar year 2009 or
- ▶ ☐ tax year beginning _____, and ending _____.

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c	Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)