



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



**Short Form
Return of Organization Exempt From Income Tax**

2009

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

Department of the Treasury
Internal Revenue Service

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 7/01, 2009, and ending 6/30, 2010

<p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Termination</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>Please use IRS label or print or type. See Specific Instructions</p>	<p>C FOSYTH COUNTY COMMUNITY CONNECTION, INC 133 SAMARITAN DRIVE CUMMING, GA 30040</p>	<p>D Employer identification number 58-2099754</p> <p>E Telephone number</p> <p>F Group Exemption Number</p>
---	---	--	--

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method Cash Accrual
Other (specify) ▶

I Website: ▶ WWW.CONNECTFORSYTH.ORG

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

J Tax-exempt status (check only one) — 501(c) (3) ◀ (insert no) 4947(a)(1) or 527

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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **61,475.**

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

	1 Contributions, gifts, grants, and similar amounts received		61,186.
	2 Program service revenue including government fees and contracts		
	3 Membership dues and assessments		
	4 Investment income		289.
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including reported on line 1) of contributions	6a	
	b Less direct expenses other than fundraising expenses	6b	
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8 Other revenue (describe ▶)	8	
	9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	61,475.
	10 Grants and similar amounts paid (attach schedule)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	63,949.
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	2,323.
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe ▶ <u>SEE STATEMENT 1</u>)	16	16,706.
	17 Total expenses. Add lines 10 through 16	17	82,978.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-21,503.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	37,245.
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21	15,742.

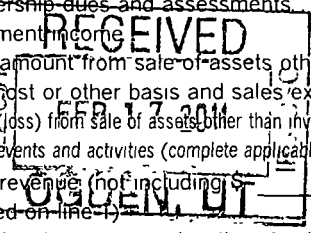
Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	37,058.	15,742.
23 Land and buildings		
24 Other assets (describe ▶ <u>SEE STATEMENT 2</u>)	187.	
25 Total assets	37,245.	15,742.
26 Total liabilities (describe ▶)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	37,245.	15,742.

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

SCANNED MAR 04 2011



12

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

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If 'Yes,' was the related organization a section 527 organization?	<input type="checkbox"/>	<input type="checkbox"/>

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

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 ▶ _____

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

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: Nicole P. McCaig Date: 12/14/11
 Type or print name and title: Nicole P. McCaig, Executive Director

Paid Preparer's Use Only
 Preparer's signature: JEFFREY A. STEPHENS, CPA Date: 1/24/2011
 Firm's name (or yours if self-employed), address, and ZIP + 4: LE ROY, COLE & STEPHENS, LLC
701 SAMARITAN DRIVE
CUMMING, GA 30040
 Check if self-employed:
 Preparer's Identifying Number (See instructions): [REDACTED]
 EIN: 58-1866606
 Phone no: (770) 889-1470

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

FOSYTH COUNTY COMMUNITY CONNECTION, INC

Employer identification number

58-2099754

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.)
- 3 A hospital or 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 carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III – Functionally integrated
 - d Type III – Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) a family member of a person described in (i) above?
 - (iii) a 35% controlled entity of a person described in (i) or (ii) above?

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

h Provide the following information about the supported organizations

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of Support
			Yes	No	Yes	No	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)

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 'unusual grants')	82,524.	122,219.	122,490.	88,989.	61,187.	477,409.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						0.
4 Total. Add lines 1-through 3	82,524.	122,219.	122,490.	88,989.	61,187.	477,409.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
6 Public support. Subtract line 5 from line 4						477,409.

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	82,524.	122,219.	122,490.	88,989.	61,187.	477,409.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	658.	1,196.	2,534.	1,369.	289.	6,046.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0.
11 Total support. Add lines 7 through 10						483,455.
12 Gross receipts from related activities, etc (see instructions)					12	0.
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	98.8 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	98.6 %
16a 33-1/3 support test – 2009. If the organization did not check the box on line 13, and the 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 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"/>		

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 yr 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 'unusual grants')						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 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 yr 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 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

FOSYTH COUNTY COMMUNITY CONNECTION, INC

58-2099754

**STATEMENT 1
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES**

ADVERTISING AND PROMOTION	\$	601.
BANK CHARGES		20.
COMMUNITY EDUCATION		432.
CONFERENCES, CONVENTIONS, AND MEETINGS		630.
DEPRECIATION		197.
DIRECT MATERIALS		5,035.
DUES AND SUBSCRIPTIONS		400.
INSURANCE		3,089.
OFFICE SUPPLIES		218.
PROFESSIONAL FEES		658.
REPAIRS AND MAINTENANCE		276.
TELEPHONE		4,731.
TRAVEL		419.
TOTAL	\$	<u>16,706.</u>

**STATEMENT 2
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS**

	<u>BEGINNING</u>	<u>ENDING</u>
MACHINERY AND EQUIPMENT	\$ 187.	\$ 0.
TOTAL	<u>\$ 187.</u>	<u>\$ 0.</u>

**STATEMENT 3
FORM 990-EZ, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

THE MISSION OF THE COMMUNITY CONNECTION IS TO IDENTIFY COMMUNITY STRENGTHS AND NEEDS; DEVELOP GOALS AND COMMUNITY STRATEGIES; PROVIDE STRUCTURE FOR PLANNING, EVALUATION, AND FINANCIAL RESPONSIBILITY IN ORDER TO IMPLEMENT A COMMUNITY AGENDA FOR CHILDREN, YOUTH AND FAMILIES.

THE VISION OF THE COMMUNITY CONNECTION IS FOR FORSYTH COUNTY TO BE A COMMUNITY WHERE ALL CHILDREN AND YOUTH ARE HEALTHY AND SAFE, SUPPORTED BY STRONG SELF-SUFFICIENT FAMILIES.

(SEE LIST OF PROGRAMS ATTACHED)

**STATEMENT 4
FORM 990-EZ, PART III, LINE 31
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>PROGRAM SERVICE EXPENSES</u>
RISING STARS		2,316.
INCLUDES FOREIGN GRANTS: NO		
TOTAL	\$ 0.	<u>\$ 2,316.</u>

FOSYTH COUNTY COMMUNITY CONNECTION, INC

58-2099754

STATEMENT 5
 FORM 990-EZ, PART IV
 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
KEVIN TALLANT 133 SAMARITAN DRIVE CUMMING, GA 30040	PAST PRESIDENT 2.00	\$ 0.	\$ 0.	\$ 0.
BRETT BERTO 133 SAMARITAN DRIVE CUMMING, GA 30040	PRESIDENT 2.00	0.	0.	0.
VIRGILLIO PEREZ PASCOE 133 SAMARITAN DRIVE CUMMING, GA 30040	PRESIDENT ELECT 2.00	0.	0.	0.
KENT DAYTON 133 SAMARITAN DRIVE CUMMING, GA 30040	DIRECTOR 2.00	0.	0.	0.
JOHN CLARK 133 SAMARITAN DRIVE CUMMING, GA 30040	DIRECTOR 2.00	0.	0.	0.
PAM BOLES 133 SAMARITAN DRIVE CUMMING, GA 30040	DIRECTOR 2.00	0.	0.	0.
KRISTIN MORRISSEY 133 SAMARITAN DRIVE CUMMING, GA 30040	DIRECTOR 2.00	0.	0.	0.
BUSTER EVANS 133 SAMARITAN DRIVE CUMMING, GA 30040	DIRECTOR 2.00	0.	0.	0.
KEITH MORRIS 133 SAMARITAN DRIVE CUMMING, GA 30040	DIRECTOR 2.00	0.	0.	0.
ANN-MARGARET JOHNSTON 133 SAMARITAN DRIVE CUMMING, GA 30040	DIRECTOR 2.00	0.	0.	0.
BRIAN DILL 133 SAMARITAN DRIVE CUMMING, GA 30040	TREASURER 2.00	0.	0.	0.
JUDY VANDENBERG 133 SAMARITAN DRIVE CUMMING, GA 30040	SECRETARY 2.00	0.	0.	0.

FOSYTH COUNTY COMMUNITY CONNECTION, INC

58-2099754

STATEMENT 5 (CONTINUED)
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
NANCY JOHNSON 133 SAMARITAN DRIVE CUMMING, GA 30040	DIRECTOR 2.00	\$ 0.	\$ 0.	\$ 0.
NICOLE MCCOY 133 SAMARITAN DRIVE CUMMING, GA 30040	EXECUTIVE DIREC 40.00	46,075.	0.	0.
BRIAN ADAMS 133 SAMARITAN DRIVE CUMMING, GA 30040	DIRECTOR 2.00	0.	0.	0.
	TOTAL	\$ 46,075.	\$ 0.	\$ 0.

STATEMENT 6
FORM 990-EZ, PART V
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? NO

Program Description for the Forsyth County Community Connection

Hands On Forsyth:

The Forsyth County Community Connection is home to Hands On Forsyth, a volunteer recruitment initiative. Across the nation, Hands On Network and its affiliates promote the power of service - how it weaves together communities, supports vital nonprofit organizations and transforms both those serving and those being served. Hands On Forsyth encourages people to do good things and also to reflect on the reasons why those good things need to be done. While volunteering empowers people in communities to improve the quality of life for all, it also develops more informed and inspired citizens.

Hands On Forsyth calls upon the citizens of our county to help tackle tough issues in our community through volunteer service and engaged citizenship. We need strong civic participation from our residents in order to make our schools work effectively, to keep our environment healthy, to nurture children whose family support has broken down, and to bring Georgia's citizens together across divisions of region, race, and economic lifestyle through the common platform of service.

Currently over 6,000 volunteers are registered to the Hands On Forsyth program.

Community Development:

The Forsyth County Community Connection is a private, non-profit organization associated with the Georgia Family Connection Partnership (www.gafcp.org). **FCCC, in line with GAFCP, works closely with community and state agencies in improving the lives of children and their families by:**

- Fostering local decision-making
- Collaborating with local agencies in developing cost-effective, family centered, outcome-oriented programs.
- Matching volunteers with programs.
- Celebrating community successes.

Through our community development work we are focused on the following through 2011.

(1) Graduation rate will be 88% and (2) absenteeism will be 5.6% in 2011

- a. Create strategic volunteer plans for key partner organizations to recruit mentors, peer support, CASAs, and other program volunteers
- b. Coordinate evaluation of the Kick It Up program (Mentor Me) with Forsyth County Schools and the Center for Community Studies to determine programmatic success and identify areas for growth. Work with other key

partners to identify individuals that could be served by multiple organizations, laying the ground work for strategy level evaluation.

c. Work with Forsyth County Schools Graduation Coaches/Counselors/Social Workers to identify students that are absent more than 15 days from school and refer those students/families to partner organizations

d. Identify best practices for partner programs related to strategy and work with partners to implement and develop.

e. Coordinate Kick It Up empowerment conference for students.

f. Write collaborative grants that would provide resources to develop and expand programming around this strategy.

(3) Increase Partner participation in collaborative activities

a. Provide regular invitations to partners for the Local Interagency Planning team.

b. Spotlight partners in Get CONNECTED monthly e-news letter.

(4) Strengthen framework or organizations and increase capacity

a. Identify best practices for partner programs related to strategy and work with partners to implement and develop.

b. Write collaborative grants that would provide resources to develop and expand programming around this strategy.

c. Explore developing AmeriCorps program for county that would target key partner organizations.

(5) Hold Monthly Network Meetings - a partnership with the Juvenile Court of Forsyth County

a. Maintain attendance at monthly meetings at 65 or greater

b. Recruit speakers on topics that are timely and related to strategies, providing professional growth opportunities for partners.

(6) Increase Results-Based Facilitation

a. Provide facilitation for key partners to work through strategic planning, problem solving, and/or board development.

(7) Develop resources for key strategies with state impact and (8) partner with community organizations for fundraising.

a. Identify areas that align with state areas for improvement to potentially fund through collaborative grant writing.

b. When most appropriate, host coordinated fundraising events (e.g. All Wheels Ride)

(9) Promote existing resources to enhance community awareness

- a. Attend community fairs/events to showcase Community Resource Directory, Hands On Forsyth, and partner organizations.
- b. Enhance website to make community information easily accessible
- c. Develop video promotional spots of key partners and programming featured on website and You-Tube.

(10) Use Hands On platform to strengthen partner organizations and grow volunteer database to 8,000 registered volunteers.

- a. Increase project opportunities listed on www.handsonforsyth.org
- b. Promote signature volunteer projects i.e. Hands On Forsyth Week, 9/11 Day of Service, Make a Difference Day, MLK Day of Service, Family Volunteering Day
- c. Target neighborhood associations, clubs, and businesses for promotion.

Emergency Clothing and Lice Treatment

The Forsyth County Community Connection is committed to filling gaps in services for families. Through the emergency clothing and lice treatment program we collect new personal garments and purchase special sizes to ensure families can maintain personal hygiene. Additionally, lice treatment is available to the school social workers for families they are working with.

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **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
- 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 <small>File by the due date for filing your return. See instructions.</small>	Name of Exempt Organization	Employer identification number
	FOSYTH COUNTY COMMUNITY CONNECTION, INC	58-2099754
	Number, street, and room or suite number. If a P.O. box, see instructions	
	133 SAMARITAN DRIVE	
City, town or post office, state, and ZIP code. For a foreign address, see instructions		
CUMMING, GA 30040		

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

<input 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 (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input checked="" 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

● The books are in the care of ▶ NICOLE MCCOY -----

Telephone No ▶ _____ 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 2/15, 20 11, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- ▶ calendar year 20__ or
- ▶ tax year beginning 7/01, 20 09, and ending 6/30, 20 10

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	\$	0.
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	\$	0.
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	\$	0.

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

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev 4-2009)