

2015 Exempt Org. Return

prepared for:

Forsyth County Family Haven, Inc.

Le Roy, Cole & Stephens, LLC

101 Samaritan Drive

Cumming, GA 30040

LE ROY, COLE & STEPHENS, LLC
CERTIFIED PUBLIC ACCOUNTANTS

101 SAMARITAN DRIVE
CUMMING, GEORGIA 30040

Telephone: 770-889-1470
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JOHN E. LE ROY, C.P.A.
CHARLES W. COLE, C.P.A.
JEFFREY A. STEPHENS, C.P.A.

February 12, 2017

Forsyth County Family Haven, Inc.
PO Box 1160
Cumming, GA 30028

Dear Shandra:

Your 2015 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-EO - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Mail the copy of Form 990 to the State of Georgia in the envelope provided to:

Georgia Department of Revenue

Income Tax Division

P. O. Box 49432

Atlanta, Georgia 30359

We recommend that you send your returns by "Certified Mail - Return Receipt Requested" as proof of timely filing the return.

If you have any questions concerning the above returns, please call our office. We appreciate this opportunity to be of service to you.

Sincerely,

LE ROY, COLE & STEPHENS, LLC

Jeffrey A. Stephens, CPA

Enclosures

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

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2015 calendar year, or tax year beginning 10/01, 2015, and ending 9/30, 2016

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

C FORSYTH COUNTY FAMILY HAVEN, INC.
 PO BOX 1160
 CUMMING, GA 30028

D Employer identification number 58-1821180

E Telephone number 770-889-6384

G Gross receipts \$ 873,073.

F Name and address of principal officer:
SAME AS C ABOVE

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If 'No,' attach a list. (see instructions)

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

J Website: **G** WWW.FORSYTHCOUNTYFAMILYHAVEN.INFO **H(c)** Group exemption number **G**

K Form of organization: Corporation Trust Association Other **G** **L** Year of formation: 1989 **M** State of legal domicile: GA

Part I Summary				
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>TO PROVIDE AN ALTERNATIVE TO ADULTS AND CHILDREN WHO ARE EXPERIENCING VIOLENCE IN THEIR HOMES BY PROVIDING TEMPORARY, EMERGENCY SHELTER AND SUPPORTIVE SERVICES.</u>		
	2	Check this box <input type="checkbox"/> G 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	14
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	40
	6	Total number of volunteers (estimate if necessary)	6	45
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	610,033.	710,711.
	9	Program service revenue (Part VIII, line 2g)	170,562.	122,456.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	224.	107.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	28,474.	17,298.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	809,293.	850,572.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	35,666.	140,671.
	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)	487,251.	467,774.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	16b	Total fundraising expenses (Part IX, column (D), line 25) G <u>45,708.</u>		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	310,497.	311,056.	
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	833,414.	919,501.	
19	Revenue less expenses. Subtract line 18 from line 12	-24,121.	-68,929.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1,543,306.	1,483,494.
	21	Total liabilities (Part X, line 26)	18,576.	27,693.
	22	Net assets or fund balances. Subtract line 21 from line 20	1,524,730.	1,455,801.

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

A _____
Signature of officer

_____ Date

A SHANDRA DAWKINS
Type or print name and title.

EXECUTIVE DIR.

Paid Preparer Use Only

Print/Type preparer's name: JEFFREY A. STEPHENS, CPA Preparer's signature: _____ Date: _____

Check if self-employed PTIN: P01258721

Firm's name **G** LE ROY, COLE & STEPHENS, LLC Firm's EIN **G** 58-1866606

Firm's address **G** 101 SAMARI TAN DRIVE Phone no. (770) 889-1470

CUMMING, GA 30040

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO PROVIDE AN ALTERNATIVE TO ADULTS AND CHILDREN WHO ARE EXPERIENCING VIOLENCE IN THEIR HOMES BY PROVIDING TEMPORARY, EMERGENCY SHELTER AND SUPPORTIVE SERVICES.

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 [X] No

If 'Yes,' describe these new services on Schedule O.

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

If 'Yes,' describe these changes on Schedule O.

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

4 a (Code:) (Expenses \$ 807,108. including grants of \$) (Revenue \$)

IN 2016 FAMILY HAVEN PROVIDED 4,336 UNDUPLICATED VICTIMS OF DOMESTIC VIOLENCE AND THEIR CHILDREN WITH SAFE SHELTER, 24/7 CRISIS LINE, FOOD, CLOTHING, BILINGUAL CASE MANAGEMENT, LEGAL ADVOCACY SUPPORT, CHILD ADVOCACY, MEDICAL ADVOCACY, INFORMATION AND REFERRALS, AND OTHER SUPPORTIVE SERVICES.

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

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

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

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

4 e Total program service expenses G 807,108.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H.</i>		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>	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? <i>If 'Yes,' complete Schedule J.</i>		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? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.</i>		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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i>		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? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If 'Yes,' complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>		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? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>		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? <i>If 'Yes,' complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		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? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

BAA

Form 990 (2015)

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. <input type="text" value="5"/>		
1 b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. <input type="text" value="0"/>		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? <input type="text" value=""/>		X
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. <input type="text" value="40"/>		
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 (see instructions)	X	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O.		
4 a	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: G See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR)		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	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?		
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. <input type="text" value=""/>		
e	Did the organization 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring 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. <input type="text" value=""/>		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <input type="text" value=""/>		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders <input type="text" value=""/>		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) <input type="text" value=""/>		
12 a	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. <input type="text" value=""/>		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans <input type="text" value=""/>		
c	Enter the amount of reserves on hand <input type="text" value=""/>		
14 a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.		

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

Section A. Governing Body and Management

		Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1 b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7 a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7 b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8 a	The governing body?	X	
8 b	Each committee with authority to act on behalf of the governing body?	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? <i>If 'Yes,' provide the names and addresses in Schedule O.</i>		X

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

		Yes	No
10 a	Did the organization have local chapters, branches, or affiliates?		X
10 b	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12 a	Did the organization have a written conflict of interest policy? <i>If 'No,' go to line 13.</i>	X	
12 b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12 c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If 'Yes,' describe in Schedule O how this was done.</i> SEE SCHEDULE O	X	
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?	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?		
15 a	The organization's CEO, Executive Director, or top management official	X	
15 b	Other officers or key employees of the organization <i>If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).</i>		X
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16 b	If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed G GA
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: G
 SUSAN HART P. O. BOX 1160 CUMMING GA 30028 770-889-6384

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

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

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

1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

? List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

? List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'

? List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

? List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

? List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JEFF PERKINS VICE PRESIDENT	5 0	X		X				0.	0.	0.
(2) JIM BADGER DIRECTOR	2 0	X						0.	0.	0.
(3) DAN JAGOE DIRECTOR	2 0	X						0.	0.	0.
(4) CARLA BOWRON DIRECTOR	2 0	X						0.	0.	0.
(5) BRIDGET CHRISTIAN DIRECTOR	2 0	X						0.	0.	0.
(6) CATHERINE AMOS DIRECTOR	2 0	X						0.	0.	0.
(7) JIM KENNEDY DIRECTOR	2 0	X						0.	0.	0.
(8) ALETHA BARRETT DIRECTOR	2 0	X						0.	0.	0.
(9) KRISTIN MCAFEE DIRECTOR	2 0	X						0.	0.	0.
(10) BECKY BROWN TREASURER	5 0	X		X				0.	0.	0.
(11) KIMBERLY KELLEY DIRECTOR	2 0	X		X				0.	0.	0.
(12) MARIE DINSMORE PRESIDENT	5 0	X						0.	0.	0.
(13) MELISSA BOOZIKEE DIRECTOR	2 0	X						0.	0.	0.
(14) ANDREW WHITLOW DIRECTOR	2 0	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15) SUSAN ZEREINI DI RECTOR	2 0	X					0.	0.	0.
(16) CHARLES MEAGHER SECRETARY	5 0	X		X			0.	0.	0.
(17) SHANDRA DAWKINS EXECUTI VE DI RECTOR	40 0				X		71,476.	0.	0.
(18) -----	-----								
(19) -----	-----								
(20) -----	-----								
(21) -----	-----								
(22) -----	-----								
(23) -----	-----								
(24) -----	-----								
(25) -----	-----								
1 b Sub-total						G	71,476.	0.	0.
c Total from continuation sheets to Part VII, Section A						G	0.	0.	0.
d Total (add lines 1b and 1c)						G	71,476.	0.	0.

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual</i>	3	X
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? <i>If 'Yes' complete Schedule J for such individual</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person</i>	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. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns.....	1 a 76,300.				
	b Membership dues.....	1 b				
	c Fundraising events.....	1 c 45,860.				
	d Related organizations.....	1 d				
	e Government grants (contributions)....	1 e 382,532.				
	f All other contributions, gifts, grants, and similar amounts not included above....	1 f 206,019.				
	g Noncash contributions included in lines 1a-1f: \$	24,930.				
	h Total. Add lines 1a-1f.....	G 710,711.				
Program Service Revenue	2 a <u>THIRFT STORE SALES</u>	Business Code	122,456.	122,456.		
	b -----					
	c -----					
	d -----					
	e -----					
	f All other program service revenue....					
	g Total. Add lines 2a-2f.....	G 122,456.				
Other Revenue	3 Investment income (including dividends, interest and other similar amounts).....	G 107.			107.	
	4 Income from investment of tax-exempt bond proceeds..	G				
	5 Royalties.....	G				
	6 a Gross rents.....	(i) Real				
		(ii) Personal				
		b Less: rental expenses.....				
		c Rental income or (loss)....				
	d Net rental income or (loss).....	G				
	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).....	G				
	8 a Gross income from fundraising events (not including \$ <u>45,860.</u> of contributions reported on line 1c). See Part IV, line 18.....	a 39,532.				
b Less: direct expenses.....	b 22,501.					
c Net income or (loss) from fundraising events.....	G 17,031.			17,031.		
9 a Gross income from gaming activities. See Part IV, line 19.....	a					
b Less: direct expenses.....	b					
c Net income or (loss) from gaming activities.....	G					
10 a Gross sales of inventory, less returns and allowances.....	a					
b Less: cost of goods sold.....	b					
c Net income or (loss) from sales of inventory.....	G					
Miscellaneous Revenue		Business Code				
11 a <u>OTHER INCOME</u>		267.	267.			
b -----						
c -----						
d All other revenue.....						
e Total. Add lines 11a-11d.....	G 267.					
12 Total revenue. See instructions.....	G 850,572.	122,723.	0.	17,138.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	140,671.	140,671.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	71,476.	42,886.	14,295.	14,295.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7 Other salaries and wages.	354,649.	326,405.	14,122.	14,122.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	785.	550.	188.	47.
9 Other employee benefits.				
10 Payroll taxes.	40,864.	36,366.	2,249.	2,249.
11 Fees for services (non-employees):				
a Management.				
b Legal.				
c Accounting.				
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion.	3,705.	596.	15.	3,094.
13 Office expenses.				
14 Information technology.				
15 Royalties.				
16 Occupancy.				
17 Travel.	3,022.	2,504.	259.	259.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	46,345.	35,080.	9,012.	2,253.
23 Insurance.	56,701.	37,084.	15,694.	3,923.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a RENT	48,876.	48,516.	288.	72.
b UTILITIES	42,556.	40,926.	815.	815.
c REPAIRS AND MAINTENANCE	31,145.	31,068.	62.	15.
d PROFESSIONAL FEES	25,448.	20,376.	5,072.	
e All other expenses.	53,258.	44,080.	4,614.	4,564.
25 Total functional expenses. Add lines 1 through 24e.	919,501.	807,108.	66,685.	45,708.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here G <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year		
Assets	1	Cash - non-interest-bearing		1		
	2	Savings and temporary cash investments	123,473.	2	71,932.	
	3	Pledges and grants receivable, net	89,964.	3	94,111.	
	4	Accounts receivable, net		4		
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use	68,025.	8	68,221.	
	9	Prepaid expenses and deferred charges	3,778.	9	505.	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	1,520,758.		
		b Less: accumulated depreciation	10b	272,233.		
				1,258,066.	10c	1,248,525.
	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	200.		
16	Total assets. Add lines 1 through 15 (must equal line 34).	1,543,306.	16	1,483,494.		
Liabilities	17	Accounts payable and accrued expenses	18,576.	17	27,693.	
	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	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23	Secured mortgages and notes payable to unrelated third parties		23		
	24	Unsecured notes and loans payable to unrelated third parties		24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25		
	26	Total liabilities. Add lines 17 through 25	18,576.	26	27,693.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here G <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets	1,411,877.	27	1,344,354.	
	28	Temporarily restricted net assets	112,853.	28	111,447.	
	29	Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here G <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	1,524,730.	33	1,455,801.		
34	Total liabilities and net assets/fund balances	1,543,306.	34	1,483,494.		

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	850,572.
2	Total expenses (must equal Part IX, column (A), line 25)	2	919,501.
3	Revenue less expenses. Subtract line 2 from line 1	3	-68,929.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,524,730.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,455,801.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2 b	Were the organization's financial statements audited by an independent accountant?	X	
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2 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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3 a	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?		X
3 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.		

BAA

Form 990 (2015)

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization FORSYTH COUNTY FAMILY HAVEN, INC.	Employer identification number 58-1821180
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) G	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	647,912.	555,377.	602,976.	654,907.	710,711.	3,171,883.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
4 Total. Add lines 1 through 3.	647,912.	555,377.	602,976.	654,907.	710,711.	3,171,883.
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).						195,543.
6 Public support. Subtract line 5 from line 4.						2,976,340.

Section B. Total Support

Calendar year (or fiscal year beginning in) G	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4.	647,912.	555,377.	602,976.	654,907.	710,711.	3,171,883.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.		350.	287.	224.	107.	968.
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 VI.)						0.
11 Total support. Add lines 7 through 10.						3,172,851.
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.						G <input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)).	14	93.81 %
15 Public support percentage from 2014 Schedule A, Part II, line 14.	15	96.08 %
16a 33-1/3% support test ' 2015. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.	G <input checked="" type="checkbox"/>	
b 33-1/3% support test ' 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.	G <input type="checkbox"/>	
17a 10%-facts-and-circumstances test ' 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	G <input type="checkbox"/>	
b 10%-facts-and-circumstances test ' 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	G <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.	G <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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) G	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6.....						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.....						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975...						
c Add lines 10a and 10b.....						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.....						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).....						
13 Total support. (Add lines 9, 10c, 11, and 12.).....						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. G

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?.....	11a	
b A family member of a person described in (a) above?.....	11b	
c A 35% controlled entity of a person described in (a) or (b) above? <i>If 'Yes' to a, b, or c, provide detail in Part VI.</i>	11c	

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):

a The organization satisfied the Activities Test. Complete line 2 below.

b The organization is the parent of each of its supported organizations. Complete line 3 below.

c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

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

	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	2a	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b	

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

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*.....

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If 'Yes,' describe in Part VI the role played by the organization in this regard.*.....

	Yes	No
a	3a	
b	3b	

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

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

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

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

Section C ' Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A).....	1	
2	Enter 85% of line 1.....	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A).....	3	
4	Enter greater of line 2 or line 3.....	4	
5	Income tax imposed in prior year.....	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).....	6	

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

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

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

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

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

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

G Attach to Form 990, Form 990-EZ, or Form 990-PF.
G Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Name of the organization
FORSYTH COUNTY FAMILY HAVEN, INC.

Employer identification number
58-1821180

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year G \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization

Employer identification number

FORSYTH COUNTY FAMILY HAVEN, INC.

58-1821180

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	AUTOMATI ON DI RECT 3505 HUTCHINSON ROAD CUMMI NG, GA 30040	\$ 79,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	WATERFALL FOUNDATI ON, INC. P. O. BOX 422223 ATLANTA, GA 30342	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	SCI ENTIFI C GAMES INC. 6455 SHILOH ROAD ALPHARETTA, GA 30004	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

FORSYTH COUNTY FAMILY HAVEN, INC.

58-1821180

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
---	N/A ----- ----- -----		
---	----- ----- -----	\$-----	-----
---	----- ----- -----	\$-----	-----
---	----- ----- -----	\$-----	-----
---	----- ----- -----	\$-----	-----
---	----- ----- -----	\$-----	-----

Name of organization: FORSYTH COUNTY FAMILY HAVEN, INC. Employer identification number: 58-1821180

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) G \$ _____ N/A
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

FORSYTH COUNTY FAMILY HAVEN, INC.

Employer identification number

58-1821180

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, aggregate value of grants, and questions about donor informed status.

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

Form for Part II with multiple sections: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d, 3 Number of conservation easements modified, 4 Number of states, 5-7 Monitoring and enforcement details, 8-9 Reporting requirements.

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

Form for Part III with questions 1a-1b and 2 regarding reporting of art, historical treasures, and other similar assets.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1 a 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 XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1 c |
| d Additions during the year | 1 d |
| e Distributions during the year | 1 e |
| f Ending balance | 1 f |
- 2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a 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 current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment G _____ %
 - b Permanent endowment G _____ %
 - c Temporarily restricted endowment G _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land		286,189.		286,189.
b Buildings		1,064,623.	188,527.	876,096.
c Leasehold improvements				
d Equipment		71,975.	33,804.	38,171.
e Other		97,971.	49,902.	48,069.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				G 1,248,525.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) . . . G		

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . . . G		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.) G	

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) G	

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

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

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

1	Total revenue, gains, and other support per audited financial statements.....		1	898,003.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments.....	2 a		
	b Donated services and use of facilities.....	2 b	24,930.	
	c Recoveries of prior year grants.....	2 c		
	d Other (Describe in Part XIII.) SEE PART XIII.....	2 d	22,501.	
	e Add lines 2a through 2d.....	2 e		47,431.
3	Subtract line 2e from line 1.....		3	850,572.
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.....	4 a		
	b Other (Describe in Part XIII.).....	4 b		
	c Add lines 4a and 4b.....	4 c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).....		5	850,572.

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

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

1	Total expenses and losses per audited financial statements.....		1	966,932.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities.....	2 a	24,930.	
	b Prior year adjustments.....	2 b		
	c Other losses.....	2 c		
	d Other (Describe in Part XIII.) SEE PART XIII.....	2 d	22,501.	
	e Add lines 2a through 2d.....	2 e		47,431.
3	Subtract line 2e from line 1.....		3	919,501.
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.....	4 a		
	b Other (Describe in Part XIII.).....	4 b		
	c Add lines 4a and 4b.....	4 c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).....		5	919,501.

Part XIII Supplemental Information.

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

SCHEDULE D, PART XI, LINE 2D
OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990

SPECIAL EVENT EXP INCL IN FUNDRAISING..... \$ 22,501.
TOTAL \$ 22,501.

SCHEDULE D, PART XII, LINE 2D
OTHER EXPENSES AND LOSSES PER AUDITED F/S

SPECIAL EVENT EXP INCL IN FUNDRAISING..... \$ 22,501.
TOTAL \$ 22,501.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

G Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

FORSYTH COUNTY FAMILY HAVEN, INC.

Employer identification number

58-1821180

Part I

Fundraising Activities. Complete if the organization answered 'Yes' on 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

2a 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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				G		0.

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

GA

Part II Fundraising Events. Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		BACK TO WOODST (event type)	PURPLE PURPOSE (event type)	NONE (total number)	(add column (a) through column (c))
R E V E N U E	1	Gross receipts.....	50,337.	35,055.	85,392.
	2	Less: Contributions.....	25,390.	20,470.	45,860.
	3	Gross income (line 1 minus line 2).....	24,947.	14,585.	39,532.
D I R E C T E X P E N S E S	4	Cash prizes.....			
	5	Noncash prizes.....			
	6	Rent/facility costs.....			
	7	Food and beverages.....			
	8	Entertainment.....			
	9	Other direct expenses.....	14,341.	8,160.	22,501.
	10	Direct expense summary. Add lines 4 through 9 in column (d).....			G 22,501.
	11	Net income summary. Subtract line 10 from line 3, column (d).....			G 17,031.

Part III Gaming. Complete if the organization answered 'Yes' on 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 column (a) through column (c))
		1	Gross revenue.....		
D I R E C T E X P E N S E S	2	Cash prizes.....			
	3	Noncash prizes.....			
	4	Rent/facility costs.....			
	5	Other direct expenses.....			
	6	Volunteer labor.....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d).....				G
8	Net gaming income summary. Subtract line 7 from line 1, column (d).....				G

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

a Is the organization licensed to conduct gaming activities in each of these states?..... Yes No

b If 'No,' explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?..... Yes No

b If 'Yes,' explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 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

13 Indicate the percentage of gaming activity conducted in:

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

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

Name G _____

Address G _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If 'Yes,' enter the amount of gaming revenue received by the organization G \$ _____ and the amount of gaming revenue retained by the third party G \$ _____.
- c If 'Yes,' enter name and address of the third party:

Name G _____

Address G _____

16 Gaming manager information:

Name G _____

Gaming manager compensation G \$ _____.

Description of services provided G _____

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? Yes No
- 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 G \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22.
G Attach to Form 990.

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

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

FORSYTH COUNTY FAMILY HAVEN, INC.

Employer identification number

58-1821180

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ----- -----							
(2) ----- -----							
(3) ----- -----							
(4) ----- -----							
(5) ----- -----							
(6) ----- -----							
(7) ----- -----							
(8) ----- -----							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table G 0

3 Enter total number of other organizations listed in the line 1 table G 0

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 ASSISTANCE WITH BASIC NEEDS (SHELTER, FOOD, CLOTHING, ETC.)	4,336	69,874.	70,797.	THRIFT STORE VALUE	HOUSEHOLD NECESSITIES
2					
3					
4					
5					
6					
7					

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

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2015

Open To Public Inspection

G Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
G Attach to Form 990 or Form 990-EZ.
G Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization: **FORSYTH COUNTY FAMILY HAVEN, INC.**
Employer identification number: **58-1821180**

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).
Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 **G\$** _____
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization **G\$** _____

Part II Loans to and/or From Interested Persons.
Complete if the organization answered 'Yes' on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

1	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
				(1)									
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
Total							G\$						

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

1	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SOMA PROPERTIES LLC	OWNER IS BOARD MEMBER				
(2)		40,200.	RENT OF RETAIL SPACE		X
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2015

Open to Public
Inspection

Employer identification number

FORSYTH COUNTY FAMILY HAVEN, INC.

58-1821180

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

FORM 990 IS REVIEWED AND APPROVED BY THE EXECUTIVE DIRECTOR, PRESIDENT & TREASURER.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

BOARD MEMBERS REPRESENT ANNUALLY WHETHER OR NOT CONFLICTS EXIST.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

FORM 990 AND AUDITED FINANCIAL STATEMENTS ARE POSTED ON THE ORGANIZATION'S WEBSITE.

OTHER DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.

Prepared by_____

Forsyth County Family Haven, Inc.
Adjusting Journal Entries

21180

Page 1

Reviewed by_____

Reference	Type	Date Account Number	Description	Debit	Credit	Net Income Effect	Workpaper
1	Adjusting	09/30/16					
		17380	Depreciation	2,685.00			
		2300	Accumulated depreciation		2,685.00		
			TO ADJ DEPRECIATION EXP			(2,685.00)	
2	Adjusting	09/30/16					
		207760	Rent	1,000.00			
		16055	Contributions-in-kind		1,000.00		
			TO REC DONATED THRIFT STORE RENT (2 MOS AT 500 DISCOUNT)			0.00	
3	Adjusting	09/30/16					
		207720	Client and community services	13,330.00			
		16055	Contributions-in-kind		13,330.00		
			TO RECORD NEW LEAF COUNSELING DONATED FEES			0.00	
4	Adjusting	09/30/16					
		16240	Grants-Other	223.00			
		1200	Grants receivable		223.00		
			TO ADJUST ESG RECEIVABLE TO CONFIRMATION			(223.00)	
5	Adjusting	09/30/16					
		207680	Miscellaneous	51.00			
		3215	Wells Fargo Visa		51.00		
			TO ADJ CC PAYABLE PER CLIENT FOR RECEIPT RECEIVED LATE			(51.00)	
6	Adjusting	09/30/16					
		3700	Accrued expenses	2,574.80			
		17580	Insurance		1,287.40		
		207580	Insurance		1,287.40		
			TO ADJ EMPLOYEE INS PAYABLE TO ACTUAL PER SUSAN			2,574.80	

Prepared by_____

Forsyth County Family Haven, Inc. Adjusting Journal Entries

21180

Page 2

Reviewed by_____

Reference	Type	Date Account Number	Description	Debit	Credit	Net Income Effect	Workpaper
7	Adjusting	09/30/16					
		207650	Professional fees	10,600.00			
		16055	Contributions-in-kind		10,600.00		
						0.00	
			TO REC PRO BONO ATTORNEYS				
8	Adjusting	09/30/16					
		2300	Accumulated depreciation	1,197.00			
		2170	Company vehicles		1,330.00		
		207380	Depreciation	133.00			
		2300	Accumulated depreciation	6,679.00			
		2110	Furniture, fixtures and improvemen		6,679.00		
		2300	Accumulated depreciation	24,876.00			
		2110	Furniture, fixtures and improvemen		25,501.00		
		207380	Depreciation	625.00			
						(758.00)	
			TO W/OFF JUNKED ASSETS				
9	Adjusting	09/30/16					
		2500	Restricted cash	17,336.38			
		2501	Restricted receivables	94,111.00			
		1200	Grants receivable		94,111.00		
		1050	Community business bank-mm		17,336.38		
						0.00	
			TO R/C RESTRICTED ASSETS				

**Forsyth County Family Haven, Inc.
Adjusting Journal Entries**

Reference	Type	Date Account Number	Description	Debit	Credit	Net Income Effect	Workpaper
10	Adjusting	09/30/16					
		207110	Salaries and wages	85,250.60			
		997110	Salaries and wages	28,416.87			
		17110	Salaries and wages		113,667.47		
		997230	Advertising	3.80			
		17230	Advertising		3.80		
		207250	Company vehicles	52.00			
		17250	Company vehicles		52.00		
		997300	Bank charges	56.36			
		17300	Bank charges		56.36		
		207350	Staff training and development	404.91			
		17350	Staff training		404.91		
		997380	Depreciation	2,253.12			
		17380	Depreciation		2,253.12		
		997440	Dues and subscriptions	553.00			
		17440	Dues and subscriptions		553.00		
		997580	Insurance	3,923.48			
		17580	Insurance		3,923.48		
		207650	Professional fees	20,288.38			
		17650	Professional fees		20,288.38		
		997680	Miscellaneous	94.30			
		17680	Miscellaneous		94.30		
		207700	Office supplies	3,177.04			
		997700	Office supplies	1,059.02			
		17700	Office supplies		4,236.06		
		997730	Fundraising	8,159.52			
		17730	Fundraising		8,159.52		
		997740	Postage	1,189.22			
		17740	Postage		1,189.22		
		997760	Rent	71.97			
		17760	Rent		71.97		
		997780	Repairs and maintenance	15.40			
		17780	Repairs and maintenance		15.40		
		997790	Retirement plan expense	46.93			
		17790	Retirement plan contributions		46.93		
		207870	Payroll taxes	6,747.19			
		997870	Payroll taxes	2,249.06			
		17870	Payroll taxes		8,996.25		
		207900	Telephone	1,330.82			
		997900	Telephone	443.61			
		17900	Telephone		1,774.43		
		207920	Travel	778.30			
		997920	Travel	259.44			
		17920	Travel		1,037.74		
		207950	Utilities	2,445.82			
		997950	Utilities	815.27			
		17950	Utilities		3,261.09		
						0.00	
			TO R/C FUNCTIONAL EXPENSES				
11	Adjusting	09/30/16					
		997820	Supplies	22,500.96			
		997730	Fundraising		22,500.96		
						0.00	
			TO R/C FOR PRESENTATION				

Prepared by_____

Forsyth County Family Haven, Inc.
Adjusting Journal Entries

21180

Page 4

Reviewed by_____

<u>Reference</u>	<u>Type</u>	<u>Date Account Number</u>	<u>Description</u>	<u>Debit</u>	<u>Credit</u>	<u>Net Income Effect</u>	<u>Workpaper</u>
		TOTAL		<u>368,007.57</u>	<u>368,007.57</u>	<u>(1,142.20)</u>	

FORSYTH COUNTY FAMILY HAVEN, INC.

FINANCIAL STATEMENTS

Years ended September 30, 2016 and 2015

with Independent Auditor's Report

FORSYTH COUNTY FAMILY HAVEN, INC.

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FINANCIAL STATEMENTS

For the years ended September 30, 2016 and 2015

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LE ROY, COLE & STEPHENS, LLC
CERTIFIED PUBLIC ACCOUNTANTS

101 SAMARITAN DRIVE
CUMMING, GEORGIA 30040

JOHN E. LE ROY, C.P.A.
CHARLES W. COLE, C.P.A.
JEFFREY A. STEPHENS, C.P.A.

TELEPHONE: (770) 889-1470
FACSIMILE: (770) 889-6735

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors
Forsyth County Family Haven, Inc.
Cumming, Georgia

We have audited the accompanying financial statements of Forsyth County Family Haven, Inc. (a nonprofit organization), which comprise the statements of financial position as of September 30, 2016 and 2015 and the related statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Forsyth County Family Haven, Inc. as of September 30, 2016 and 2015, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matter

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The Schedule of State Awards Expended on page 13 is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Cumming, Georgia
February 10, 2017

FORSYTH COUNTY FAMILY HAVEN, INC.
STATEMENTS OF FINANCIAL POSITION
SEPTEMBER 30, 2016 AND 2015

	2016	2015
ASSETS		
CURRENT ASSETS		
Cash and cash equivalents	\$ 54,596	\$ 100,584
Inventory	68,221	68,025
Prepays	505	3,778
Total Current Assets	123,322	172,387
FIXED ASSETS, at cost		
Land	286,189	286,189
Buildings	1,064,623	1,064,623
Furniture, fixtures and improvements	125,370	120,745
Company vehicles	44,576	45,906
	1,520,758	1,517,463
Less: Accumulated depreciation	(272,233)	(259,397)
Net Fixed Assets	1,248,525	1,258,066
OTHER ASSETS		
Restricted cash	17,336	22,889
Restricted receivables	94,111	89,964
Deposits	200	-
Total Other Assets	111,647	112,853
TOTAL ASSETS	\$ 1,483,494	\$ 1,543,306
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Accounts payable, accrued expenses and other liabilities	27,693	18,576
Total Current Liabilities	27,693	18,576
NET ASSETS		
Unrestricted:		
Unrestricted, designated for:		
Emergency operating reserve	15,000	15,000
Building maintenance and insurance reserve	52,169	40,169
Unrestricted, undesignated	1,277,185	1,356,708
Total unrestricted	1,344,354	1,411,877
Temporarily restricted	111,447	112,853
Permanently restricted	-	-
Total Net Assets	1,455,801	1,524,730
TOTAL LIABILITIES AND NET ASSETS	\$ 1,483,494	\$ 1,543,306

The accompanying notes are an integral part of these financial statements.

FORSYTH COUNTY FAMILY HAVEN, INC.
STATEMENTS OF ACTIVITIES
FOR THE YEARS ENDED SEPTEMBER 30, 2016 AND 2015

	<u>2016</u>	<u>2015</u>
UNRESTRICTED NET ASSETS		
Unrestricted Support and Revenue:		
Grants	\$ 386,545	\$ 360,321
Contributions	277,181	204,101
Thrift store sales	122,456	170,562
Other income	374	1,813
Reclassifications due to time lapses, net	<u>112,853</u>	<u>100,179</u>
Total Unrestricted Support and Revenue	<u>899,409</u>	<u>836,976</u>
Expenses		
Program services	832,038	724,268
Supporting services	<u>134,894</u>	<u>149,503</u>
Total Expenses	<u>966,932</u>	<u>873,771</u>
INCREASE(DECREASE) IN UNRESTRICTED NET ASSETS	<u>(67,523)</u>	<u>(36,795)</u>
TEMPORARILY RESTRICTED NET ASSETS		
Contributions restricted for programs	111,447	112,853
Reclassifications due to time lapses	<u>(112,853)</u>	<u>(100,179)</u>
INCREASE(DECREASE) IN TEMPORARILY RESTRICTED NET ASSETS	<u>(1,406)</u>	<u>12,674</u>
PERMANENTLY RESTRICTED NET ASSETS	<u>-</u>	<u>-</u>
INCREASE(DECREASE) IN PERMANENTLY RESTRICTED NET ASSETS	<u>-</u>	<u>-</u>
INCREASE(DECREASE) IN NET ASSETS	(68,929)	(24,121)
NET ASSETS AT BEGINNING OF YEAR	<u>1,524,730</u>	<u>1,548,851</u>
NET ASSETS AT END OF YEAR	<u>\$ 1,455,801</u>	<u>\$ 1,524,730</u>

The accompanying notes are an integral part of these financial statements.

**FORSYTH COUNTY FAMILY HAVEN, INC.
STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED SEPTEMBER 30, 2016**

	<u>Program Services</u>	<u>Supporting Services</u>		<u>Total</u>
	<u>Programs</u>	<u>Management and General</u>	<u>Fundraising</u>	
Salaries and wages	\$ 369,291	\$ 28,417	\$ 28,417	\$ 426,125
Advertising	596	15	3,094	3,705
Company vehicles	1,291	-	-	1,291
Bank charges	3,505	225	56	3,786
Staff training	2,966	-	-	2,966
Depreciation	35,080	9,012	2,253	46,345
Dues and subscriptions	-	2,212	1,022	3,234
Insurance	37,084	15,694	3,923	56,701
Professional fees	44,306	5,072	-	49,378
Miscellaneous	3,883	377	94	4,354
Office supplies	6,241	1,059	1,059	8,359
Client and community services	69,874	-	-	69,874
Client services in-kind	70,797	-	-	70,797
Postage	-	297	1,889	2,186
Rent	49,516	288	72	49,876
Repairs and maintenance	31,068	62	15	31,145
Retirement plan contributions	550	188	47	785
Supplies	13,027	-	22,501	35,528
Taxes and licenses	111	-	-	111
Payroll taxes	36,366	2,249	2,249	40,864
Telephone	13,056	444	444	13,944
Travel	2,504	259	259	3,022
Utilities	40,926	815	815	42,556
TOTAL FUNCTIONAL EXPENSES	\$ 832,038	\$ 66,685	\$ 68,209	\$ 966,932

The accompanying notes are an integral part of these financial statements.

**FORSYTH COUNTY FAMILY HAVEN, INC.
STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED SEPTEMBER 30, 2015**

	<u>Program Services</u>	<u>Supporting Services</u>		<u>Total</u>
	<u>Programs</u>	<u>Management and General</u>	<u>Fundraising</u>	
Salaries and wages	\$ 402,096	\$ 23,524	\$ 23,524	\$ 449,144
Advertising	267	15	769	1,051
Company vehicles	1,206	-	-	1,206
Bank charges	3,115	111	28	3,254
Staff training	1,464	200	-	1,664
Depreciation	35,370	7,074	1,768	44,212
Dues and subscriptions	-	2,023	935	2,958
Insurance	32,700	7,736	1,934	42,370
Professional fees	24,490	13,443	3,361	41,294
Miscellaneous	2,053	1,736	434	4,223
Office supplies	3,796	3,098	774	7,668
Client and community services	31,629	-	-	31,629
Client services in-kind	20,437	-	-	20,437
Postage	-	1,494	533	2,027
Rent	39,600	769	192	40,561
Repairs and maintenance	32,039	1,479	370	33,888
Retirement plan contributions	1,406	345	86	1,837
Supplies	5,978	-	23,957	29,935
Taxes and licenses	95	52	13	160
Payroll taxes	32,436	1,917	1,917	36,270
Telephone	11,954	426	1,703	14,083
Travel	2,036	13,735	3,434	19,205
Utilities	40,101	3,675	919	44,695
TOTAL FUNCTIONAL EXPENSES	\$ 724,268	\$ 82,852	\$ 66,651	\$ 873,771

The accompanying notes are an integral part of these financial statements.

FORSYTH COUNTY FAMILY HAVEN, INC.
STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED SEPTEMBER 30, 2016 AND 2015

	2016	2015
Cash flows from operating activities		
(Decrease)/Increase in net assets	\$ (68,929)	\$ (24,121)
Adjustments to reconcile increase in net assets to net cash provided by (used in) operating activities:		
Depreciation and amortization	46,345	44,212
(Gain)/Loss on disposition of assets	-	1,208
Changes in operating assets and liabilities:		
Receivables	(4,147)	(602)
Inventory	(196)	(13,055)
Prepaid expenses	3,273	3,941
Other assets	(200)	-
Accounts payable, accrued expenses and other liabilities	9,117	(2,862)
Net cash provided by (used in) operating activities	(14,737)	8,721
Cash flows from investing activities		
Capital expenditures	(36,804)	(39,806)
Net cash provided by (used in) investing activities	(36,804)	(39,806)
Cash flows from financing activities		
Net cash provided by (used in) financing activities	-	-
Increase (decrease) in cash and cash equivalents	(51,541)	(31,085)
Cash and cash equivalents, beginning of year	123,473	154,558
Cash and cash equivalents, end of year	\$ 71,932	\$ 123,473
Shown as:		
Cash and cash equivalents	\$ 54,596	\$ 100,584
Restricted cash	17,336	22,889
	\$ 71,932	\$ 123,473
Supplemental schedule of non-cash investing activities:		
Furniture and equipment disposals	\$ 33,510	\$ -
Accumulated depreciation on furniture and equipment disposals	\$ 33,510	\$ -

The accompanying notes are an integral part of these financial statements.

FORSYTH COUNTY FAMILY HAVEN, INC.
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2016

1. Summary of Significant Accounting Policies

This summary of significant accounting policies of Forsyth County Family Haven, Inc. (the Organization) is presented to assist in understanding the Organization's financial statements. The financial statements and notes are representations of the Organization's management, who is responsible for their integrity and objectivity. These accounting policies conform to generally accepted accounting principles and have been consistently applied in the preparation of the financial statements.

Nature of Activities

The Organization is a nonprofit corporation exempt from income tax under IRC Section 501(c)(3). The IRS does not consider the organization to be a private foundation. The Organization is a "Voluntary Health and Welfare Organization" that operates a shelter and provides programs, resources and referrals for victims of domestic violence.

Promises to Give/Grants Receivable

Contributions are recognized when the donor makes a promise to give to the Organizations that is, in substance, unconditional. Contributions that are restricted by the donor are reported as increases in unrestricted net assets if the restrictions expire in the fiscal year in which the contributions are recognized. All other donor-restricted contributions are reported as increases in temporarily or permanently restricted net assets depending on the nature of the restrictions. When a restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets. All promises to give/grants receivable at September 30, 2016 and 2015 are due in less than one year.

The Organization uses the allowance method to determine uncollectible unconditional promises to give. The allowance is based on prior years' experience and management's analysis of specific promises made. The Organization did not record an allowance for promises to give or grants receivable as of September 30, 2016 or 2015 because management deemed an allowance unnecessary.

Contributed Services

The Organization did not record the value of contributed services received for the years ended September 30, 2016 and 2015 because it was not material. In addition, many individuals volunteer their time and perform a variety of tasks that assist the organization. It is impractical to determine the fair value of services received but not recorded because there is no objective basis available to measure the value of such services.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual amounts could differ from those estimates.

Fixed Assets and Depreciation

Fixed assets are carried at cost if purchased and fair value on the date of donation if contributed. Major additions (exceeding \$1,000) are charged to the fixed asset accounts, while replacements, maintenance and repairs, which do not improve or extend the life of the respective assets are expensed currently. When assets are disposed of, the related cost and accumulated depreciation are removed from the accounts and any gain or loss is reflected in income. Fixed assets are depreciated utilizing the straight-line method over the estimated useful lives of the respective assets.

FORSYTH COUNTY FAMILY HAVEN, INC.
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2016

1. Summary of Significant Accounting Policies, continued

Financial Statement Presentation

The Organization has adopted FASB ASC Topic 958, Not-for-Profit Entities. Under FASB ASC Topic 958, the Organization is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets. In addition, the Organization is required to present a statement of cash flows.

Reclassifications

Certain accounts in the prior-year financial statements have been reclassified for comparative purposes to conform with the presentation in the current-year financial statements.

Functional Allocation of Expenses

The costs of providing the programs and other activities have been summarized on a functional basis in the statement of activities. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

Contributions

Contributions received are recorded as unrestricted, temporarily restricted, or permanently restricted support depending on the existence or nature of any donor restrictions.

Advertising Costs

The Organization uses advertising to promote its programs among the audiences it serves. The production costs of advertising are expensed the first time the advertising takes place. Advertising expense was \$3,705 and \$1,051 for the years ended September 30, 2016 and 2015, respectively.

Cash and Cash Equivalents

The Company considers all highly liquid investments with an original maturity of three months or less to be cash equivalents.

Fair Value of Financial Instruments

The Organization's financial instruments, none of which are held for trading purposes, include cash and cash equivalents, investments and unconditional promises to give. The Organization estimates that the fair value of all financial instruments at September 30, 2016 and 2015 does not differ materially from the aggregate carrying values of its financial instruments recorded in the accompanying statement of financial position. The estimated fair value amounts have been determined using available market information and appropriate methodologies. Considerable judgment is necessarily required in interpreting market data to develop the estimates of fair value, and, accordingly, the estimates are not necessarily indicative of the amounts that the organization could realize in a current market exchange. The carrying amounts of cash and cash equivalents, grants receivable, accounts payable and accrued expenses reported in the statement of financial position approximate fair values because of the short maturities of those instruments. The Company does not own any financial instruments that meet the definition of a derivative.

Inventory

Inventory consists of donated goods held for sale in the thrift store which are recorded at retail (fair market value) and donated program supplies for use in the shelter or for other program needs recorded at fair value.

FORSYTH COUNTY FAMILY HAVEN, INC.
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2016

1. Summary of Significant Accounting Policies, continued

Restricted Assets

Restricted assets consists primarily of funds contributed to the Organization by donors that specified the funds be used for a particular purpose. Specifically, the funds held at September 30, 2016 and 2015 are restricted for programs.

2. Inventory

Inventory consists of the following at September 30, 2016 and 2015:

	2016	2015
Thrift store	\$ 33,828	\$ 45,482
Programs	34,393	22,543
	\$ 68,221	\$ 68,025

3. Operating Leases

As of September 30, 2016, the Organization is under obligation for leases related to certain retail space for its thrift store and a copy machine. In addition, the Organization executed a lease effective October 1, 2015 for an outreach office. The leases call for monthly rent and expire at varying times through 2017. Rental expense consisted of \$48,174 and \$39,265 for the years ended September 30, 2016 and 2015, respectively. Future minimum payments under non-cancelable operating leases as of September 30, 2016 are:

2017	\$	40,820
2018		1,320
2019		1,320
2020		1,320
2021		770
	\$	45,550

4. Concentrations of Credit Risk Arising from Cash Deposits in Excess of Insured Limits

The Organization maintains its cash balances in two financial institutions located in Cumming, Georgia. The balances are insured by the Federal Deposit Insurance Corporation up to \$250,000. The Organization typically does not require collateral or other security to support financial instruments subject to credit risk. At September 30, 2016 and 2015, the Organization's uninsured cash balances total \$0 and \$0, respectively.

5. Economic Dependence

The Organization receives a substantial amount of support from the state of Georgia under grant agreements that fund the Shelter operations and certain other programs. The Organization is required to apply for the grants annually.

6. Forsyth County Grant

The Organizations received a Forsyth County Social Services Grant in the amount of \$31,000 for the year ended September 30, 2016 payable in quarterly installments. Of that amount \$31,000 was actually received during the year. The funds were spent as follows: 42% for outreach, 29% for counseling and therapy and 29% for client support.

FORSYTH COUNTY FAMILY HAVEN, INC.
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2016

7. Fair Value Measurements

In determining fair value, the Organization uses various valuation approaches within the fair value measurement framework. Fair value measurements are determined based on the assumption that market participants would use in pricing an asset or liability.

Accounting guidance establishes a hierarchy for inputs used in measuring fair value that maximizes the use of observable inputs and minimizes the use of unobservable inputs by requiring that the most observable inputs be used when available. Observable inputs are inputs that market participants would use in pricing the asset or liability developed based on market data obtained from sources independent of the Organization. Unobservable inputs are inputs that reflect the Organization's assumptions about the assumptions market participants would use in pricing the asset or liability, developed based on the best information available in the circumstances. Accounting guidance defines levels within the hierarchy based on the reliability of inputs as follows:

Level 1 - Valuations based on unadjusted quoted prices for identical assets or liabilities in active markets;

Level 2 - Valuations based on quoted prices for similar assets or liabilities or identical assets or liabilities in less active markets, such as dealer or broker markets; and

Level 3 - Valuations derived from valuation techniques in which one or more significant inputs or significant value drivers are unobservable, such as pricing models, discounted cash flow models, and similar techniques not based on market, exchange, dealer or broker-traded transactions.

8. Tax-deferred Annuity Plan

The Organization offers a tax-deferred annuity plan qualified under Section 403(b) of the Internal Revenue Code to all eligible employees. The plan covers all regular employees of the Organization. The Organization matches employee contributions dollar for dollar up to a maximum of 1% of compensation. Employees may make contributions to the plan up to the maximum amount allowed by the Internal Revenue Code if they wish. Employer contributions are vested at 50% after two years and are fully vested after three years of employment. Plan expenses were \$785 and \$1,837 for the years ended December 31, September 30, 2016 and September 30, 2015, respectively.

9. Subsequent Events

Management has evaluated subsequent events through February 10, 2017, the date on which the financial statements were available to be issued.

**FORSYTH COUNTY FAMILY HAVEN, INC.
SCHEDULE OF STATE AWARDS EXPENDED
SEPTEMBER 30, 2016**

<u>State Grantor/ Program Title</u>	<u>Grant/ Contract Number</u>	<u>Program or Award Amount</u>	<u>Current year Expenditures</u>	<u>Cumulative Expenditures</u>	<u>Funds Due From State Note – 2</u>
<u>GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS</u>					
Office of Homeless and Special Needs Housing	HTF EO 16C057	\$ 48,864	\$ 8,542	\$ 8,542	\$ 8,542
<u>OFFICE OF THE GOVERNOR</u>					
Criminal Justice Coordinating Council	V15-8-015	38,474	28,369	38,474	
Criminal Justice Coordinating Council	V16-8-15	38,474	10,141	10,141	2,960
Criminal Justice Coordinating Council	C15-8-041	116,414	116,414	116,414	
Criminal Justice Coordinating Council	X17-8-015	202,575	48,367	48,367	16,233
Criminal Justice Coordinating Council	X16-8-037	195,403	138,344	195,403	45,642
Criminal Justice Coordinating Council (4)	E11-8-001	<u>29,886</u>	<u>1,335</u>	<u>22,473</u>	
		<u>\$ 670,090</u>	<u>\$ 351,512</u>	<u>\$ 439,814</u>	<u>\$ 73,377</u>

NOTES TO SCHEDULE OF STATE AWARDS EXPENDED

1. This schedule is prepared on the modified accrual basis of accounting.
2. Funds due from state represent expenditures incurred by contractor prior to September 30, 2016 but the related grant funds were received after September 30, 2016, and therefore they are recorded as receivables on the September 30, 2016 balance sheet.
3. The program or award amount and current year expenditures columns exclude required local matching contributions.
4. This is a multi-year/multi-agency grant and the total award amount allocated to Family Haven was amended to reflect a total award of \$29,886.