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JAN 31 2012

JB

CARSON CITY  
EXECUTIVE OFFICES

Carson City, a Consolidated Municipality

Application for

Community Support Services Funding  
Fiscal Year 2012-2013

Name of Organization: RON WOOD FAMILY RESOURCE CENTER

Amount Requested: \$16,500.00

Contact Person: JOYCE BUCKINGHAM

Mailing Address: 2621 NORTHGATE LANE #62

City: CARSON CITY State: NV Zip Code: 89706

Phone Number: (775) 884-2269 E-mail: executive\_director@carson-family.org

501(c)3 Taxpayer I.D. Number: 86-0865470

Date Submitted: \_\_\_\_\_

Please mail completed application and attachments to:  
Carson City Executive Offices  
201 N. Carson Street, Suite 2  
Carson City, NV 89701

Carson City Community Support Services  
**APPLICATION FOR GRANT FUNDS**  
Fiscal Year 2012-2013

**Organization Information**

1. What is the overall purpose or goal of your organization?

Our Mission Statement: Create a lasting community-wide effort between private sector and governmental agencies to promote healthy family relationships through education and support services. Ron Wood works diligently to identify the gaps in services in the community. Our extended mission is to supplement services in the community while avoiding duplicating services.

2. How long has your organization been in existence? 17 Years \_\_\_ Months

How long has your organization been in Carson City? 17 Years \_\_\_ Months

3. Describe in general the activities or services of your organization:

Ron Wood Family Resource Center provides information and referrals, parenting classes, infant and toddler classes, child car seat safety classes and car seats, child abuse and neglect intervention, youth anger management classes, truancy/attendance accountability for the Carson City School District, substance abuse prevention for youth, mental health and behavioral counseling for youth, childhood obesity prevention, nutritional education, individual case management, resource lending library, foster youth self-sufficiency programs, WIC supplemental food program, breastfeeding support and emergency food bank assistance. Currently Ron Wood has 19 programs that are grant-funded.

4. How many people do you intend to serve during this Fiscal Year 2012-2013?

# of Youth 15000                      # of Adults 14000                      # of Seniors 2500

5. How many people served this Fiscal Year 2012-2013 will be Carson City residents?

# of Youth 13500                      # of Adults 12600                      # of Seniors 2250

6. How many paid employees/volunteers does your organization employ?

# of full-time employees 11      # of part-time employees 5

7. Percentage of organizational funds to be utilized for administrative costs (i.e., salaries, travel, training, etc): 50% of CC Community Support Grant. Support also comes from cash donations, food donations, donated refrigeration units, donated space and utilities. In addition, 520 annual donated hours from the Food Bank Coordinator along with 12,000 volunteer hours donated in the food bank assists in balancing the need and budget for the food bank program.

8. Describe how your organization is managed and governed (i.e., Board of Directors).

Board of Directors

9. Please provide information on your Executive Board members or contact person:

<u>Name</u>	<u>Title</u>	<u>Phone</u>
Fred "Rick" Redican	Chairman	(775) 882-6911
Jack Wilson	Vice Chairman	(775) 882-7685
Gere' Clark	Secretary	(775) 246-3109
Ken Furlong	Treasurer	(775) 887-2020 x 41910

## Program/Proposal Information

10. Amount of funds requested? \$ 16,500.00
11. Purpose of Program/Proposal: Describe the program/proposal, target population, number to be served, what the grant will specifically fund. Explain your organization's qualifications to deal with the issue.

Program: Community Essentials Food Bank  
Offers emergency food to children/families in need.

### Proposal Objectives/Description:

1. To provide emergency food to Carson City families experiencing hardship as a disability is limited their income, are in need with our current economy and high unemployment rate.
2. To offer families the benefit of supplemental food while working with these families through ongoing case management, developing attainable household budgets, offering information and referrals for associated services; housing, utility assistance, reducing the ongoing need for services and supporting each family toward their path back to self-sufficiency.
3. Offset our personnel costs of our Food Bank Volunteer Coordinator (10 hours per week) to manage food bank activities, load and unload product, complete food baskets for families, coordinate volunteer recruitment, soliciting additional food drives in the community, pick-up food at retail outlets, scheduling and reconciling volunteer hours toward in-kind/match for grantee and grantors.
4. Offset Food Bank operating costs; supplies, gas for picking up food and delivering food to disabled and aged, utilities and insurance for food bank operations

### Targeted Population

Carson City residents: Very Low to Moderate Income Index (per HUD guidelines)  
Number to be Served: 28,350 - Carson City Residents ONLY  
(cost per participant < \$1.04)

### Organizations qualifications to deal with issue:

Ron Wood Family Resource Center has provided food for those in-need for the past 8 years. As a full service family resource center, Ron Wood provides emergency food assistance to individuals in the local area one time per month. (median)

12. Goals, Objectives & Measurable Outcomes: The events and/or services must assist the City to fulfill its vision statement and accomplish one or more of the City's Goals. Please indicate which goal(s) will be met. Clearly state measurable outcomes of the project. Tell how you propose to achieve the outcomes of the project in terms of specific activities, including a timetable (proposed starting date and duration of the project):

City Goals: A Safe and Secure Community  
A Healthy Community  
A Community Where Information is Available to All  
A Community Dedicated to Excellence in Education

Measurable Outcomes:

1. Ron Wood's Community Essential Emergency Food Bank will serve over 31500 individuals from July 1, 2012 to June 30, 2013.
  2. Ron Wood will insure that 100% of 28350 individuals receiving food are Carson City residents in the very low to moderate income level.
  3. Ron Wood will expand food donation program by holding 60 food donation drives
  4. Ron Wood will insure that 50% of food distributed will feed our in-need youth
  5. Ron Wood will expand the Food Bank of Northern Nevada's USDA Commodity Supplemental Food Program (homebound senior program) by 25% (total of 66) which delivers commodities to seniors that are unable to leave their homes.
  6. Ron Wood will coordinate with the community food bank coalition to insure that community members are utilizing the community food banks in an appropriate and non-abusive manner. Members of the coalition include FISH, Salvation Army and Food For Thought.
13. Indicate who will benefit from the use of these funds, and how they will benefit. If this is an ongoing event, please state how you intend to fund the program in future years.

Individuals that will benefit from these funds will be 100% Carson City residents and 100% of these residents will be in the very low to moderate income guideline as stated by HUD. These individuals are receiving 2-3 days of emergency food monthly (median)

Ron Wood Family Resource Center is working toward ongoing self-sufficiency in the following manner:

1. Amending upcoming grant requests to include a component to charge Food Bank costs to individual grants whenever the grant supports this expenditure.
  2. Conducting more food drives to supplement inventory for the Food Bank.
  3. Outreach to food retailers to donate surplus food.
  4. Increase fund raising efforts to compensate for food bank budget shortfall.
  5. Add fee-for-service programming by offering mental health services and substance abuse services to Medicaid recipients (pending state approval).
  6. Let's Move/WE CAN (Ways To Enhance Children's Activity and Nutrition) program has 6 community gardens that will donate produce to our food bank.
  7. Research and attainment of other grants as they become available; Olive Garden - pending, DHHS - Food Insecurity - pending, FBNN - ongoing partner that includes our food bank in grant proposals annually.
14. Are you aware of any other private sector/nonprofit/governmental/agencies in the area providing the same services as your program/proposal? If yes, please explain how your project will compliment other existing programs?

YES - Similar services

1. Food Bank of Northern Nevada is utilizing Ron Wood Family Resource Center as a "Food Bank Hub" by offering a mobile pantry unit that is in Carson City on a monthly basis. Produce furnished once per month.
2. F.I.S.H. (Friends In Service Helping) - FISH offers food assistance on a limited basis. Individuals in the community are given assistance

"once per lifetime".

Ron Wood and FISH collaborate and coordinate activities frequently. Ron Wood receives bulk meats, dairy and extra produce. Donations are made from RWFC to the FISH Dining Room to support the meals. Ron Wood has donated a variety of meats, milk, bread, salad and produce when the Food Bank is overstocked with perishables or receives bulk items that aren't appropriate for individuals or families.

3. Eagles' Wing Christian Fellowship has opened a Food Bank for distribution one day per week.
4. Food For Thought is a back pack program that sends food home with each child in-need for nourishment over the weekend.
5. Carson City food banks are currently working together to construct a database that will offer coordination limiting potential overuse of food bank services. Food banks working together include; RWFC, FISH, Salvation Army and Food For Thought.

15. Please include a detailed budget for this program/event, and detailed list of intended expenditures and revenues.

Food	12 months @ \$700.00 per month	7,600.00
Volunteer Coordinator	10 hours per week/52 weeks @ \$15.00	7,800.00
Gas – Food Pick Up	12 months @ \$50.00 per month	600.00
Workman's comp	12 months	50.00
Liability Insurance	12 months	200.00
Misc. Supplies	Bags, cleaning supplies, misc.	250.00

16. Has your organization been funded by Carson City previously?  Yes  No

If yes, please list:

<u>Year</u>	<u>Amount</u>	<u>Program/Event</u>
9-10	\$31,800.00	Community Essentials Emergency Food Bank
10-11	\$23,000.00	Community Essentials Emergency Food Bank
11-12	\$16,500.00	Community Essentials Emergency Food Bank

**Required Attachments:**

- X A copy of your 501(c)3 Designation Letter from the IRS. For branches of a larger organization (i.e., local troop of Boy Scouts of America), please provide the letter for your umbrella organization.
- X A copy of your most recent audited financial statement. For smaller organizations, or branches, a more simple budget showing income and expenses is acceptable. Also include an IRS form 990.
- X **Previous Grantees: If your organization received grant funding in Fiscal Year 2011-2012 you must complete and submit an Annual Report form detailing how those funds were spent. Applications for former grantees will not be considered if an Annual Report has not been included.**
- X Signed Guidelines for Grants (please keep a copy for your files).

## **Guidelines for Grants**

Fiscal Year 2012-2013

### **Vision**

A leader among cities as an inviting, prosperous community where people live, work and play!

### **Mission**

Preserve and enhance the quality of life and heritage of Carson City for present and future generations of residents, workers and visitors.

### **City's Goals**

A Safe and Secure Community

A Healthy Community

An Active and Engaged Community

A Clean and Healthy Environment

A Vibrant, Diverse and Sustainable Economy

A Community Rich in History, Culture and the Arts

A Community Dedicated to Excellence in Education

A Physically and Socially Connected Community

A Community Where Information is Available to All

1. The competitive grant review process seeks to identify and fund those projects and programs with the greatest potential for furthering the City's goals while benefitting the community.
2. Funding is provided on a year to year basis only. Funding is strictly limited by the availability of funds.
3. Upon approval by the Board of Supervisors of the request, the grant money will be included in the next succeeding year's budget and will be dispensed by the City Manager's Office without further hearing. However, the Board shall continue to retain the prerogative and authority to deny any payment, if in the opinion of the Board, the applicant is not making a "good faith" effort in meeting the obligations and commitments outlined by said applicant within the application process. All grants approved shall be subject to funding availability.
4. The Board of Supervisors may in any event decide by majority vote to conduct a subsequent hearing concerning the application and, if so, the applicant will be notified as to the date of the subsequent hearing.
5. The applicant will utilize the grant monies solely for the general benefit of Carson City and the purpose set forth in the grant application.
6. These guidelines shall not prevent the City from entering into a contract to provide grant money for a term of years.
7. These guidelines shall not control any grants of money provided by any other public or private entity.

8. Approval of each request for funds and/or other forms of consideration shall have a condition that the applicant must complete an Annual Report form detailing all funds utilized, measurable outcomes and benefit to the citizens of Carson City. The completed Annual Report must be submitted to the City Manager's Office no later than March 2, 2012.
9. Any and all individuals and/or entities desiring a grant from the City must complete and execute an "Application for Grant Funds" form and include the required attachments as listed in the application.
10. The **original and nine (9) copies** of the application packet must be submitted to the City Manager's Office no later than **5:00 p.m. on January 31, 2012**. An electronic pdf version may also be e-mailed to [cceo@carson.org](mailto:cceo@carson.org).

*I have read and understand the Guidelines for Grants. The information that is included within this application and its attachments are true to my knowledge.*

Food Community Essentials Emergency Food Bank

Name of Program

Project Director Signature

Date

Carson City Executive Offices  
201 N. Carson Street, Suite 2  
Carson City, NV 89701  
775-887-2100  
775-887-2286 (fax)  
[cceo@carson.org](mailto:cceo@carson.org)  
[www.carson.org](http://www.carson.org)



**Annual Report**  
**For Community Support Services Funding**  
**Fiscal Year 2011-2012**

Name of Organization: RON WOOD FAMILY RESOURCE CENTER

Program/Project: COMMUNITY ESSENTIALS EMERGENCY FOOD BANK

Amount of Funds Received \$16,500.00

Contact Person: JOYCE BUCKINGHAM

Mailing Address: 2621 NORTHGATE LANE

City: CARSON CITY State: NV Zip Code: 89706

Phone Number: (775) 884-2269 E-mail: executive\_director@carson-family.org

Date Submitted: \_\_\_\_\_

1. Please attach a final financial income and expense statement that specifically explains how grant funds were used, including a comparison between your budgeted and your actual incomes and expenses.
  
2. Evaluate your achievement of the measurable outcomes listed in your application:
  1. Ron Wood's Community Essentials Emergency Food Bank will serve over 31500 individuals from July 1, 2011 to June 30, 2012.  
Achievement: July 1, 2011 to December 31, 2011 = 18,616 or 118% (at 6 mo)
  2. Ron Wood will insure that 100% of 28350 individuals receiving food are Carson City residents in the very low to moderate income level.  
Achievement: July 1, 2011 to December 31, 2011 = 17, 054 or 120% (at 6 mo)
  3. Ron Wood will expand food donation program by holding 10 food donation drives  
Achievement: July 1, 2011 to December 31, 2011 = 35 food drives donating a total of 26,499 lbs or 350% (at 6 mo)
  4. Ron Wood will insure that 50% of food distributed will feed our in-need youth  
Achievement: July 1, 2011 to December 31, 2011 = 8,036 or 51% (at 6 mo)
  5. Ron Wood will expand the Food Bank of Northern Nevada's USDA Commodity Supplemental Food Program (homebound senior program) by 50% (total of 30) which delivers commodities to seniors that are unable to leave their homes.  
Achievement: July 1, 2011 - December 31, 2011 = 53 or 353% (at 6 mo)

3. Approximately how many people benefitted from your project? How many of those people were Carson City residents? What were some of the individual benefits?

94.2% of all individuals served were Carson City residents or 18,616. The additional food received from donations enable us to serve the additional 5.8% at NO cost to the CC Community Services grant funding. Family Advocates, Social Workers and Social Work Interns worked alongside the food bank when individuals came in for food. Surveys and needs assessments were conducted to assist individuals in becoming more self-reliant, providing budgeting assistance, energy assistance, SNAP benefits, Income Tax assistance, job/employment resources, long-term care options counseling, RX and health care resources & information.

4. What specific community benefit did your project provide Carson City?

Monthly emergency food was available to the unemployed, disabled, aged and underemployed of the Carson City area. Unemployment is over 12% and jobs are scarce. 2-3 days of food offered the nutrition to make it through insurmountable times. Families that are struggling were offered information, resources and referrals to avoid eviction, receive utility assistance, prescription assistance and budgeting options. Support groups and counseling was made available as well. All services were extended at NO COST.

5. Will this program/project be reoccurring? How do you anticipate funding the project in the future?

YES - The Ron Wood Community Essentials Emergency Food Bank has operated for 8 years. We have expanded our operation while becoming more self-sufficient. We have reduced our dependency on Carson City Support Services grant from \$31.8K to \$23K to \$16.5K over the last 3 years. Increasing food drives, holding more fund raisers and continuing to look for additional innovative methods and funding have assisted in our efforts to serve the low to moderate income individuals that are most in need.

6. Describe any challenges that impacted your program.

Repeated outages of food in the food bank made it difficult to service the community. The measurable outcomes were not adjusted for this grant even though the outcomes were based on operating the program on \$27.2K. High demand for food assistance is not decreasing while the funding was reduced 30% over last year.

**Ron Wood Family Resource Center**  
**Profit & Loss Budget vs. Actual**  
July through December 2011

	Food Bank		
	<u>Jul - Dec 11</u>	<u>Budget</u>	<u>% of Budget</u>
<b>Ordinary Income/Expense</b>			
<b>Income</b>			
<b>4 · Contributed support</b>			
4010 · Indiv/business contribution	1,402.19		
45400 · Local government grants	<u>16,510.00</u>	<u>16,500.00</u>	<u>100.06%</u>
<b>Total 4 · Contributed support</b>	<u>17,912.19</u>	<u>16,500.00</u>	<u>108.56%</u>
<b>Total Income</b>	<u>17,912.19</u>	<u>16,500.00</u>	<u>2.09</u>
<b>Expense</b>			
<b>7200 · Salaries &amp; related expenses</b>			
7220 · Salaries & wages	2,535.00	7,850.00	32.29%
7249 · Social Security	157.17		
7248 · Medicare	36.76		
7246 · Workman's Comp	25.04		
7251 · Contract Services	<u>1,800.00</u>		
<b>Total 7200 · Salaries &amp; related expenses</b>	<u>4,553.97</u>	<u>7,850.00</u>	<u>58.01%</u>
<b>8100 · Operating Expenses</b>			
8112 · Program Supplies	3,884.29	7,300.00	53.21%
8135 · General Liability Insurance	0.00	200.00	0.0%
8223 · Garbage	243.13	250.00	97.25%
8310 · Mileage	<u>431.08</u>	<u>900.00</u>	<u>47.9%</u>
<b>Total Expense</b>	<u>8,681.39</u>	<u>16,500.00</u>	<u>52.61%</u>
<b>Net Ordinary Income</b>	<u>9,230.80</u>		

INTERNAL REVENUE SERVICE  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date:

AUG 29 2001

RON WOOD FAMILY RESOURCE CENTER  
625 FAIRVIEW DR #113  
CARSON CITY, NV 89701

Employer Identification Number:  
86-0865470  
DLN:  
17053202737041  
Contact Person:  
STEPHANIE L JONES ID# 31395  
Contact Telephone Number:  
(877) 829-5500  
Our Letter Dated:  
May of 1997  
Addendum Applies:  
No

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

→ Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi).

→ Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

You are required to make your annual information return, Form 990 or Form 990-EZ, available for public inspection for three years after the later of the due date of the return or the date the return is filed. You are also required to make available for public inspection your exemption application, any supporting documents, and your exemption letter. Copies of these documents are also required to be provided to any individual upon written or in person request without charge other than reasonable fees for copying and postage. You may fulfill this requirement by placing these documents on the Internet. Penalties may be imposed for failure to comply with these requirements. Additional information is available in Publication 557, Tax-Exempt Status for Your Organization, or you may call our toll free number shown above.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Letter 1050 (DO/CG)



# RON WOOD FAMILY RESOURCE CENTER

~~~~~  
2621 Northgate Lane  
Suite 62  
Carson City, NV 89706  
(775) 884-2269 - Phone  
(775) 884-2730 - Fax  
www.carson-family.org  
~~~~~

January 30, 2012

## BOARD OFFICERS

Rick Redican  
*Chairman*

Jack Wilson  
*Vice Chair*

Gere' Clark  
*Secretary*

Ken Furlong  
*Treasurer*

To: Carson City Community Support Grant Committee

Fr: Joyce Buckingham, Executive Director

Re: Most recent audited financial statement attachment

Attached please find the most recent independent audit which is for the fiscal year 2007 - 2008.

## BOARD OF DIRECTORS

Ruth Aberasturi

Trina Dahlin

Marilyn Lewis

Paul Saucedo

John Simms

Valeri Wood

We are current engaged in completing the 2008-09 and 2009 - 10 with Jackie Royle CPA. These audits will be completed by 2-15-12.

We have changed fiscal management and are working diligently to complete these audits as well as the 2010 - 11 audit.

Sincerely,

  
Joyce Buckingham  
Executive Director

## EXECUTIVE DIRECTOR

Joyce Buckingham

~~~~~  
To Promote  
Healthy  
Family  
Relationships  
Through  
Education and Support  
Services  
~~~~~

*Mary C. Sanada, CPA*

*2832 Table Rock Dr.*

*Carson City, NV 89706*

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To the Board of Directors  
Ron Wood Family Resource Center

Independent Auditor's Report

I have audited the accompanying statement of financial position of the Ron Wood Family Resource Center, as of June 30, 2007, and the related statements of activities, cash flows and functional expenses for the year then ended. These financial statements are the responsibility of the Organization's management. My responsibility is to express an opinion on these financial statements based on my audit.

I conducted my audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that I plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. I believe that my audit provides a reasonable basis for my opinion.

In my opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Ron Wood Family Resource Center, as of June 30, 2007, and the changes in net assets and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

*Mary C Sanada*

Mary C. Sanada, CPA

April 22, 2010

**RON WOOD FAMILY RESOURCE CENTER  
FINANCIAL STATEMENTS  
JUNE 30, 2007**

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RON WOOD FAMILY RESOURCE CENTER  
STATEMENT OF FINANCIAL POSITION  
June 30, 2007

**ASSETS**

Current assets:

Cash	\$ 102,234
Grants receivable	114,598
	<u>216,832</u>
Total current assets	<u>216,832</u>

Fixed assets:

Property and equipment	9,612
Accumulated depreciation	<u>(3,627)</u>
Total fixed assets	<u>5,985</u>

Other assets:

Marketable securities	\$ 147,533
Deposits	<u>2,640</u>
Total other assets	<u>150,173</u>

<b>Total assets</b>	<b><u><u>\$ 372,990</u></u></b>
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**LIABILITIES AND NET ASSETS**

**Liabilities**

Current liabilities:

Accounts payable and accruals	\$ -
Current portion, loan	<u>2,135</u>
Total current liabilities	<u>2,135</u>

Long-term liabilities:

Accrued vacation	9,510
Capital lease obligation	3,997
Other liabilities	<u>          </u>
Total long-term liabilities	<u>13,507</u>

Total liabilities	<u>15,642</u>
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**Net assets**

Unrestricted	<u>357,348</u>
Total net assets	<u>357,348</u>

<b>Total liabilities and net assets</b>	<b><u><u>\$ 372,990</u></u></b>
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See accompanying notes to financial statements



RON WOODS FAMILY RESOURCE CENTER  
STATEMENT OF ACTIVITIES  
Year Ended June 30, 2007

**Changes in unrestricted net assets:**

Revenues:

Contributions	\$ 4,914
Grants	579,397
Service revenue	20,942
Investment income	2,624
Insurance de-mutualization	137,748
Unrealized gain on securities	9,785
Other income	3,395
Total unrestricted revenues	<u>758,805</u>

Expenses:

Program	543,393
General and administrative	62,622
Fundraising	6,905
Total expenses	<u>612,920</u>

Increase (decrease) in net assets	145,885
Net assets at beginning of year	<u>211,463</u>
<b>Net assets at end of year</b>	<u><u>\$ 357,348</u></u>

See accompanying notes to financial statements

RON WOOD FAMILY RESOURCE CENTER  
STATEMENT OF CASH FLOWS  
Year Ended June 30, 2007

**Cash flow from operating activities:**

Cash received from donors and others	\$ 29,251
Cash received from government grants	602,809
Cash received from investment earnings	2,624
Cash paid to suppliers	(976,400)
Cash paid to employees	311,836
Cash paid for payroll taxes	22,112
Net cash flow from operating activities	<u>(7,768)</u>

**Cash flow from investing activities:**

Purchase of fixed assets	(6,650)
Net cash flow from investing activities	<u>(6,650)</u>

**Cash flow from financing activities:**

Capital lease proceeds	6,650
Payments on capital lease	(518)
Net cash flow from financing activities	<u>6,132</u>

Net increase in cash	(8,286)
Cash and cash equivalents at the beginning of the year	<u>110,520</u>
Cash and cash equivalents at the end of the year	<u>\$ 102,234</u>

**Reconciliation of change in net assets  
to net cash flow from operating activities:**

Change in net assets	<u>\$ 145,885</u>
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Adjustment to reconcile net income to net cash:

Depreciation and amortization	2,096
Receipt of marketable securities	(137,748)
Unrealized gain on marketable securities	(9,785)
Decrease in grants receivable	23,412
Decrease in payroll liabilities	(6,241)
Increase in accrued vacation	1,376
Decrease in other liabilities	(26,763)
Total adjustments	<u>(153,653)</u>
Net cash flow from operating activities	<u>\$ (7,768)</u>

See accompanying notes to financial statements

RON WOODS FAMILY RESOURCE CENTER  
STATEMENT OF FUNCTIONAL EXPENSES  
For the Year Ended June 30, 2007

	Supporting Services			Total Supporting Services	Total
	Program Services	Management and General	Fund Raising		
Salary & related:					
Salaries	\$ 276,723	\$ 7,495	\$ 5,659	\$ 13,154	\$ 289,877
Payroll taxes	21,161	539	412	951	22,112
Employee benefits	21,094	470	395	865	21,959
Total salary & related	318,978	8,504	6,466	14,970	333,948
Advertising/marketing	1,076	2,303	-	2,303	3,379
Contract services	8,908	35,369	439	35,808	44,716
Grants	76,150	-	-	-	76,150
Insurance	5,387	471	-	471	5,858
Interest expense	-	79	-	79	79
Meetings/conferences	13,973	-	-	-	13,973
Miscellaneous	936	387	-	387	1,323
Occupancy	73,043	9,709	-	9,709	82,752
Postage and delivery	3,366	38	-	38	3,404
Printing/copying	1,725	-	-	-	1,725
Supplies	31,432	2,278	-	2,278	33,710
Telephone	4,243	365	-	365	4,608
Training/development	569	933	-	933	1,502
Travel	3,607	90	-	90	3,697
Depreciation	-	2,096	-	2,096	2,096
Total expenses	<u>\$ 543,393</u>	<u>\$ 62,622</u>	<u>\$ 6,905</u>	<u>\$ 69,527</u>	<u>\$ 612,920</u>

See accompanying notes to financial statements

RON WOOD FAMILY RESOURCE CENTER  
NOTES TO FINANCIAL STATEMENTS  
For the Year Ended June 30, 2007

**NOTE 1 - NATURE OF ACTIVITIES**

The Ron Wood Family Resource Center (Center), founded in 1997, is a nonprofit corporation organized under the laws of the State of Nevada.

Its mission is to create a lasting community-wide cooperative effort between the private sector and governmental agencies to promote healthy family relationships through education and support services.

The Center is supported primarily through grants from State and local governments. The Center qualifies as a not for profit organization under Section 501(c)(3) of the Internal Revenue Code.

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

Property – Purchased assets are recorded at cost and property and equipment donated to the Center are recorded at their estimated values at the date of receipt. Depreciation has been recorded on a straight-line basis with useful lives of 5-7 years.

Contributed Services - During the year ended June 30, 2007, the value of contributed services meeting the requirements for recognition in the financial statements was not material and has not been recorded. In addition, many individuals volunteer their time and perform a variety of tasks that assist the Center to maintain the trail fund facilities, but these services do not meet the criteria for recognition as contributed services.

Financial Statement Presentation - The Center has adopted Statement of Financial Accounting Standards (SFAS) No. 117, Financial Statements of Not-for-Profit Associations. Under SFAS No. 117, the Center 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. As permitted by the statement, the Center does not use fund accounting.

Contributions - The Center has also adopted SFAS No. 116, Accounting for Contributions Received and Contributions Made. Contributions received are recorded as unrestricted, temporarily restricted, or permanently restricted support depending on the existence or nature of any donor restrictions. Restricted contributions received and spent in the same year are considered unrestricted.

Investments - The Center has adopted SFAS No. 124, "Accounting for Certain Investments Held by Not-for-Profit Organizations." Under SFAS No. 124, investments in marketable securities with readily determinable fair values and all investments in debt securities are reported at their fair values in the statement of financial position. Unrealized gains and losses are included in the change in net assets. Investment income and gains restricted by a donor are reported as increases in unrestricted net assets if the restrictions are met (either by passage of time or by use) in the reporting period in which the income and gains are recognized.

Cash and Cash Equivalents - For purposes of the statements of cash flows, the Center considers all highly liquid investments available for current use with an initial maturity of three months or less to be cash equivalents.

RON WOOD FAMILY RESOURCE CENTER  
 NOTES TO FINANCIAL STATEMENTS  
 For the Year Ended June 30, 2007

Functional Expenses – Expenses relating to more than one function are allocated to program service, management and general and fundraising based on appropriate usage factors.

Income Taxes - As a nonprofit organization, Ron Wood Family Resource Center is exempt from income taxes under Internal Revenue Code Section 501(c)(3) for all program related activities. The Center does not have any income which is subject to tax on unrelated business activities.

Use of Estimates – The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Advertising – The Center expenses advertising costs as they are incurred.

**NOTE 3 – MARKETABLE SECURITIES**

In October 2006, the Center received shares in Employer’s Insurance Company when it de-mutualized and issued stock to its policy holders.

**NOTE 4 – INVESTMENT RETURN**

Investment income is generated by interest on cash held in a reserve account and dividends from its stock holdings. Total return is as follows:

Interest	\$	2,308
Dividends		316
Net gain on investments carried at market		9,785
Total investment return	\$	12,409

**NOTE 5 – CREDIT RISK**

The Center's cash is held in a commercial banks and credit union. All cash is insured by the Federal Deposit Insurance Corporation.

**NOTE 6 – LEASE OBLIGATIONS**

The Center is obligated under a lease for office space. The initial term of the lease was for 5 years, commencing June 15, 2004. The lease was amended in October 2004 to expand space. Minimum least payment is as follows:

Year Ended June 30	Amount
2008	\$ 45,816
2009	45,816
2010	19,090
Total	\$ 110,722

RON WOOD FAMILY RESOURCE CENTER  
NOTES TO FINANCIAL STATEMENTS  
For the Year Ended June 30, 2007

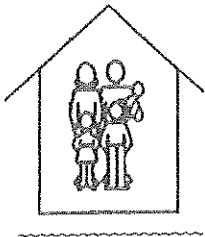
**NOTE 6 – LEASE OBLIGATIONS (CONT.)**

The Center is also obligated under a capital lease for a copier. Future minimum lease payments are as follows:

Year Ended June 30	Amount
2008	\$ 2,135
2009	2,242
2010	<u>1,755</u>
Total	<u>\$ 6,132</u>

**NOTE 7 – CONTINGENCIES**

The Center receives the majority of their revenue from federally funded programs. These programs are subject to special audit by the grantor agencies. Such audits could result in claims against the resources of the Center or in a reduction of future amounts of aid. At June 30, 2007, there were no such claims in existence, and no provision has been made for any liabilities that may arise from such audits since the amounts, if any, cannot be determined.



# RON WOOD FAMILY RESOURCE CENTER

April 22, 2010

Mary C. Sanada, CPA  
2832 Table Rock Dr.  
Carson City, NV 89706

212 East Winnie Lane  
Carson City, NV 89706  
(775) 884-2269 - Phone  
(775) 884-2730 - Fax  
www.carson-family.org

## OFFICERS

Paul R. Saucedo  
*Chairman*

Valeri Wood  
*Vice Chair*

Ruth Aberasturi  
*Secretary*

Rick Redican  
*Treasurer*

## BOARD OF DIRECTORS

Gere Clark

J. R. Clark

Trina Dahlin

Ken Furlong

John Sinms

Jack Wilson

## EXECUTIVE DIRECTOR

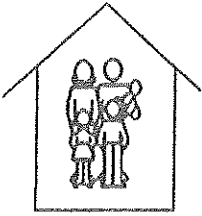
Joyce Buckingham

To Promote  
Healthy  
Family  
Relationships  
Through  
Education and Support  
Services

We are providing this letter in connection with your audit of the statements of financial position of the Ron Wood Family Resource Center as of June 30, 2007 and the related statements of activities, cash flows and functional expenses for the year then ended for the purpose of expressing an opinion as to whether the financial statements present fairly, in all material respects, the financial position, changes in net assets, and cash flows of the Ron Wood Family Resource Center in conformity with U.S. generally accepted accounting principles. We confirm that we are responsible for the fair presentation in the financial statements of financial position, changes in net assets, and cash flows in conformity with generally accepted accounting principles. We are also responsible for adopting sound accounting policies, establishing and maintaining internal control, and preventing and detecting fraud.

We confirm, to the best of our knowledge and belief, as of April 22, 2010, the following representations made to you during your audit.

1. The financial statements referred to above are fairly presented in conformity with U.S. generally accepted accounting principles and include all assets and liabilities under the organization's control.
2. We have made available to you all—
  - a. Financial records and related data.
  - b. Minutes of the meetings of the Board of Directors or summaries of actions of recent meetings for which minutes have not yet been prepared.
3. There have been no communications from regulatory agencies concerning noncompliance with, or deficiencies in, financial reporting practices.
4. There are no material transactions that have not been properly recorded in the accounting records underlying the financial statements.
5. We believe the effects of the uncorrected financial statement misstatements summarized in the attached schedule are immaterial, both individually and in the aggregate, to the financial statements taken as a whole.
6. We acknowledge our responsibility for the design and implementation of programs and controls to prevent and detect fraud.
7. We have no knowledge of any fraud or suspected fraud affecting the Organization involving—
  - a. Management,
  - b. Employees who have significant roles in internal control, or
  - c. Others where the fraud could have a material effect on the financial statements.
8. We have no knowledge of any allegations of fraud or suspected fraud affecting the Organization received in communications from employees, former employees, grantors, regulators, or others.

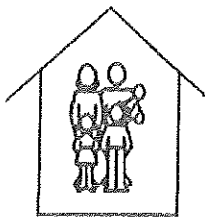


# RON WOOD FAMILY RESOURCE CENTER

Audit Letter  
Page 2 of 3

9. The Organization has no plans or intentions that may materially affect the carrying value or classification of assets, liabilities, or net asset balances.
10. The following, if any, have been properly recorded or disclosed in the financial statements:
  - a. Related party transactions, including revenues, expenses, loans, transfers, leasing arrangements, and guarantees, and amounts receivable from or payable to related parties.
  - b. Guarantees, whether written or oral, under which the Organization is contingently liable.
11. There are no estimates that may be subject to a material change in the near term that have not been properly disclosed in the financial statements. We understand that *near term* means the period within one year of the date of the financial statements. In addition, we have no knowledge of concentrations existing at the date of the financial statements that make the organization vulnerable to the risk of severe impact that have not been properly disclosed in the financial statements.
12. We are responsible for compliance with the laws, regulations, and provisions of contracts and grant agreements applicable to us; and we have identified and disclosed to you all laws, regulations and provisions of contracts and grant agreements that we believe have a direct and material effect on the determination of financial statement amounts.
13. Ron Wood Family Resource Center is an exempt organization under Section 501c (3) of the Internal Revenue Code. Any activities of which we are aware that would jeopardize the Organization's tax-exempt status, and all activities subject to tax on unrelated business income or excise or other tax, have been disclosed to you. All required filings with tax authorities are up-to-date.
14. There are no—
  - a. Violations or possible violations of laws and regulations and provisions of contracts and grant agreements whose effects should be considered for disclosure in the financial statements or as a basis for recording a loss contingency.
  - b. Unasserted claims or assessments that our lawyer has advised us are probable of assertion and must be disclosed in accordance with Statement of Financial Accounting Standards No. 5, *Accounting for Contingencies*.
  - c. Other liabilities or gain or loss contingencies that are required to be accrued or disclosed by Statement of Financial Accounting Standards No. 5.
  - d. Designations of net assets disclosed to you that were not properly authorized and approved, or reclassifications of net assets that have not been properly reflected in the financial statements.





# RON WOOD FAMILY RESOURCE CENTER

Audit Letter

Page 3 of 3

15. The Ron Wood Family Resource Center has satisfactory title to all owned assets, and there are no liens or encumbrances on such assets nor has any asset been pledged.
16. We have complied with all restrictions on resources (including donor restrictions) and all aspects of contractual and grant agreements that would have a material effect on the financial statements in the event of noncompliance. This includes complying with donor requirements to maintain a specific asset composition necessary to satisfy their restrictions.

No events have occurred subsequent to the statement of financial position date and through the date of this letter that would require adjustment to, or disclosure in, the financial statements.

Signed: \_\_\_\_\_

Title: Executive Director

**Return of Organization Exempt From Income Tax**

**2009**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

**A** For the 2009 calendar year, or tax year beginning 07/01, 2009, and ending 06/30, 20 10

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization Ron Wood Family Resource Center  
 Doing Business As \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
2621 Northgate Lane 62  
 City or town, state or country, and ZIP + 4  
Carson City, NV 89706

**D** Employer identification number  
86 : 0865470

**E** Telephone number  
( 775 ) 884-2269

**F** Name and address of principal officer: \_\_\_\_\_

**G** Gross receipts \$ \_\_\_\_\_

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

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

**J** Website: ▶ www.carson-family.org

**K** Form of organization:  Corporation  Trust  Association  Other ▶ \_\_\_\_\_

**L** Year of formation: \_\_\_\_\_

**M** State of legal domicile: \_\_\_\_\_

**Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>The mission of the Ron Wood Family Resource Center is to create a lasting community-wide cooperative effort between the private sector and governmental agencies to promote healthy relationships through education and support services</u>			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	12	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	12	
	5	Total number of employees (Part V, line 2a)	20	
	6	Total number of volunteers (estimate if necessary)	50	
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12		
	b Net unrelated business taxable income from Form 990-T, line 34			
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	693145.75	1001207.84
	9	Program service revenue (Part VIII, line 2g)	3900.15	5533.01
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	89082.75	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	30.69	-4841.87
12	Total revenue--add lines 8 through 11 (must equal Part VIII, column (A), line 12)	786159.34	1001898.98	
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	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)	537071.69	617935.57
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	290292.55	344152.42
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	827364.24	962087.99	
19	Revenue less expenses. Subtract line 18 from line 12	-41204.90	39810.99	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	-28612.05	43595.52
	21	Total liabilities (Part X, line 26)	28494.06	60890.64
22	Net assets or fund balances. Subtract line 21 from line 20	-57106.11	-17295.12	

**Part II Signature Block**

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

**Sign Here**

Signature of officer: [Signature] Date: 12/15/11

Type or print name and title: [Signature]

**Paid Preparer's Use Only**

Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check if self-employed  Preparer's identifying number (see instructions): \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4: \_\_\_\_\_ EIN: \_\_\_\_\_ Phone no.: \_\_\_\_\_

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

**Part III** Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:  
The mission of the Ron Wood Family Resource Center is to create a lasting community-wide cooperative effort between the private sector and governmental agencies to promote healthy relationships through education and support 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  No  
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ including grants of \$ 221031.00 ) (Revenue \$ )

Women Infants and Children - purpose of the program is to enhance nutritional fitness of children prenatal through 5 years of age and offer nutritional education to combat childhood obesity

4b (Code: ) (Expenses \$ including grants of \$ 80698.57 ) (Revenue \$ )

Differential Response - purpose of the program is child safety and child abuse prevention - Investigations into Priority 3 child abuse/neglect reports from child Protective Services to determine the safety and well-being of children.

4c (Code: ) (Expenses \$ including grants of \$ 62402.81 ) (Revenue \$ )

Office of Traffic Safety - purpose to educate the public by providing installation and inspection activities of child safety car seats

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

4e Total program service expenses ▶

**Part IV** Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	✓	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		✓
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		✓
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		✓
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		✓
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		✓
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		✓
	<ul style="list-style-type: none"> <li>• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.</li> <li>• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.</li> <li>• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.</li> <li>• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.</li> <li>• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.</li> <li>• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.</li> </ul>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.		✓
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.	Yes	No
			✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		✓
14a	Did the organization maintain an office, employees, or agents outside of the United States?		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		✓
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		✓

**Part IV** Checklist of Required Schedules (continued)

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

**Part VII** Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
1a	5		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1b	0		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		✓
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2a	20		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	✓	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		✓
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		✓
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		✓
4b	If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		✓
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		✓
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		✓
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		✓
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		✓
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		✓
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		✓
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		✓
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		✓
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		✓
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		✓
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
9a	Did the organization make any taxable distributions under section 4966?		✓
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		✓
10	<b>Section 501(c)(7) organizations.</b> Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	<b>Section 501(c)(12) organizations.</b> Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		

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

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that 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?		✓
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?		✓
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		✓
5	Did the organization become aware during the year of a material diversion of the organization's assets?		✓
6	Does the organization have members or stockholders?		✓
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		✓
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?		
8b	b Each committee with authority to act on behalf of the governing body?		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		✓

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

	Yes	No
10a		✓
10b		✓
11		✓
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	
12a		
12b		
12c		
13		✓
14	✓	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	
15a	✓	
15b		✓
16a		✓
16b		✓

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed ▶
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ Ron Wood Family Resource Center 2621 Northgate Lane #62 Carson City, NV 89706

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

Check if Schedule O contains a response to any question in this Part VII

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

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

- 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 (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) .....										
(2) .....										
(3) .....										
(4) .....										
(5) .....										
(6) .....										
(7) .....										
(8) .....										
(9) .....										
(10) .....										
(11) .....										
(12) .....										
(13) .....										
(14) .....										
(15) .....										
(16) .....										





**Part VIII** Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	980449.34			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	20758.50			
	g Noncash contributions included in lines 1a-1f: \$					
	<b>h Total. Add lines 1a-1f</b>		<b>1001207.84</b>			
Program Services Revenue	2a Program Services	Business Code	5533.01			
	b					
	c					
	d					
	e					
	f All other program service revenue					
	<b>g Total. Add lines 2a-2f</b>		<b>5533.01</b>			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		53.09			
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross Rents	(i) Real	(ii) Personal			
		b Less: rental expenses				
		c Rental income or (loss)				
		<b>d Net rental income or (loss)</b>				
	7a 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)				
		<b>d Net gain or (loss)</b>				
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
	<b>c Net income or (loss) from fundraising events</b>					
	9a Gross income from gaming activities. See Part IV, line 19	a				
b Less: direct expenses	b					
<b>c Net income or (loss) from gaming activities</b>						
10a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
<b>c Net income or (loss) from sales of inventory</b>						
Miscellaneous Revenue		Business Code				
11a Refund		-4894.96				
b						
c						
d All other revenue						
<b>e Total. Add lines 11a-11d</b>		<b>-4894.96</b>				
<b>12 Total revenue. See instructions.</b>		<b>1001898.98</b>				

**Part IX** Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	523627.27	493592.94	15318.33	14716.00
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	53524.20	51424.20	1050.00	1050.00
10 Payroll taxes	40784.10	38532.54	1125.78	1125.78
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	46400.00		46400.00	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	20425.00	20425.00		
12 Advertising and promotion	624.02	624.02		
13 Office expenses	45082.24	22531.12	22531.12	
14 Information technology				
15 Royalties				
16 Occupancy	92106.62	92106.62		
17 Travel	5212.40	5212.40		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2430.77		2430.77	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	3768.00		3768.00	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a Program Specific	114948.58	114948.58		
b Misc	8227.17		8227.17	
c Fundraising event	4947.62			4947.62
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f				
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	962087.99	839397.42	100851.17	21839.40

**Part X** Balance Sheet

		(A)		(B)	
		Beginning of year		End of year	
Assets	1	Cash--non-interest-bearing . . . . .	-39022.61	1	33166.47
	2	Savings and temporary cash investments . . . . .	10410.58	2	10429.05
	3	Pledges and grants receivable, net . . . . .		3	
	4	Accounts receivable, net . . . . .		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .		6	
	7	Notes and loans receivable, net . . . . .		7	
	8	Inventories for sale or use . . . . .		8	
	9	Prepaid expenses and deferred charges . . . . .		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b	Less: accumulated depreciation . . . . .	10b	10c	
	11	Investments--publicly traded securities . . . . .		11	
	12	Investments--other securities. See Part IV, line 11 . . . . .		12	
	13	Investments--program-related. See Part IV, line 11 . . . . .		13	
	14	Intangible assets . . . . .		14	
	15	Other assets. See Part IV, line 11 . . . . .		15	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	-28612.05	16	43595.52	
Liabilities	17	Accounts payable and accrued expenses . . . . .	28494.06	17	60890.64
	18	Grants payable . . . . .		18	
	19	Deferred revenue . . . . .		19	
	20	Tax-exempt bond liabilities . . . . .		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .		23	
	24	Unsecured notes and loans payable to unrelated third parties . . . . .		24	
	25	Other liabilities. Complete Part X of Schedule D . . . . .		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .	28494.06	26	60890.64
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets . . . . .		27	
	28	Temporarily restricted net assets . . . . .		28	
	29	Permanently restricted net assets . . . . .		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds . . . . .		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund . . . . .		31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .		32	
33	<b>Total net assets or fund balances</b> . . . . .		33		
34	<b>Total liabilities and net assets/fund balances</b> . . . . .	-57106.11	34	-17295.12	

**Part X** Financial Statements and Reporting

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

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

**2009**

**Open to Public Inspection**

Name of the organization <b>Ron Wood Family Resource Center</b>	Employer identification number <b>88 0865470</b>
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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.)
- 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)(vii). (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 that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III—Functionally integrated      d  Type III—Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	11g(i)	11g(i)
(ii) A family member of a person described in (i) above? .....	11g(ii)	11g(ii)
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	11g(iii)	11g(iii)
- h 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 or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**Part II** Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	140915	491919	427063.14	697076.59	1001207.84	2758181.57
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
4 <b>Total.</b> Add lines 1 through 3 . . . . .	140915	491919	427063.14	697076.59	1001207.84	2758181.57
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 1, column (f) . . . . .						
6 <b>Public support.</b> Subtract line 5 from line 4.						2758181.57

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4 . . . . .	140915	491919	427063.14	697076.59	1001207.84	2758181.57
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	1197	1615	2220.54	89082.75	53.09	94168.38
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .					638.05	638.05
11 <b>Total support.</b> Add lines 7 through 10 . . . . .						2852988.00
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	2852988.00
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14 . . . . .	15	%
16a <b>33 1/3% support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
b <b>33 1/3% support test—2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
17a <b>10%-facts-and-circumstances test—2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
b <b>10%-facts-and-circumstances test—2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

**Part III** Support Schedule for Organizations Described in Section 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
6 Total. Add lines 1 through 5 . . . . .						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
c Add lines 7a and 7b . . . . .						
8 Public support (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6 . . . . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
c Add lines 10a and 10b . . . . .						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . . . . .						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

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

**Section D. Computation of Investment Income Percentage**

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

- 19a 33 1/3 % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ►
- b 33 1/3 % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ►
- 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►



**Part IV**

**Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

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

Department of the Treasury  
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Name of the organization

Ron Wood Family Resource Center

Employer identification number

86 : 0865470

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization 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), and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to 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 of \$5,000 or more during the year . . . . . ▶ \$ .....

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 line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization: Ron Wood Family Resource Center  
 Employer identification number: 86 : 0865470

**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	State of Nevada - Family Resource Center	\$ 40797.75	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	State of Nevada - Family to Family	\$ 54327.44	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	State of Nevada - Title IV-B	\$ 11847.00	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	State of Nevada - Women Infants and Children	\$ 221031.00	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	State of Nevada - Breast Feeding and Peer Counseling	\$ 24652.00	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	State of Nevada - Office of Traffic Safety	\$ 62402.81	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization: Ron Wood Family Resource Center  
 Employer identification number: 86 : 0865470

**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	City of Caron - Mentor Center - impact	\$ 4623.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	City of Carson - CDBG	\$ 42893.36	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	State of Nevada - Title XX	\$ 87576.75	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	State of Nevada - Fund for a Healthy Nevada	\$ 60633.64	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	State of Nevada - Substance Abuse Preventention Treatment	\$ 34183.00	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	State of Nevada - Chaffee	\$ 62074.86	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization  
Ron Wood Family Resource Center

Employer identification number  
86 : 086547

**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	State of Nevada - Differential Response	\$ 80698.57	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	State of Nevada - Faffy	\$ 19481.00	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	Carson City School District	\$ 25000.00	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	City of Carson - Food Bank	\$ 31800.00	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	Partnership Carson City - Carson City School District Truancy Program	\$ 70399.19	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	City of Carson - Partnership Carson City	\$ 21472.00	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

**Part II** Noncash Property (see instructions)

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



Name of the organization

Employer identification number