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

## Public Charity Status and Public Support

KUSITI

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 Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer Identification number

Frankfort Resource Office for Social Ministries, Inc. 61-1001965 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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% 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 331/1/16 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 disgualified 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) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and No (iii) below, the governing body of the supported organization? . . . . . . . . . . 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (N) is the organization (v) Did you notify (vi) Is the (Vii) Amount of organization (described on lines 1-9 in col. (i) listed in your ne organization in organization in col. support governing document? col. (I) of your above or IRC section (I) organized in the support? US? (see instructions)) Yes No Yes No Yes. (A) (B) (C) (D) (E)

Total

Schedule A (Form 990 or 990-EZ) 2010

instructions

61-1001965

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total Calendar year (or fiscal year beginning in) Gifts, grants, contributions, membership fees received (Do not \$225,301 \$225,375 \$209,307 \$166,900 \$174,246 \$1,001,129 include any "unusual grants") revenues levied for the organization's benefit and either paid 0 0 0 ٥ O 0 to or expended on its behalf The value of services or facilities furnished by a governmental unit to the 0 0 0 0 organization without charge. Total, Add lines 1 through 3. . . . \$225,301 \$225,375 \$209,307 \$1,001,129 The portion of total contributions by each person (other governmental unit or 0 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . Public support. Subtract line 5 from line 4. \$1,001,129 Section B. Total Support (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total Calendar year (or fiscal year beginning in) Amounts from line 4 . . . . . . \$225,301 \$225,375 \$209,307 \$166,900 \$174,246 \$1,001,129 Gross income from interest, dividends, payments received on securities loans, \$74 \$74 \$16 \$15 \$12 \$191 rents, royalties and income from similar sources . . . . . . . . . . . . Net income from unrelated business activities, whether or not the business 0 0 n is regularly carried on Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part IV.) . Total support. Add lines 7 through 10 11 12 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) Section C. Computation of Public Support Percentage Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) . . . 99.98 % 15 Public support percentage from 2009 Schedule A, Part II, line 14 16a 331/2/8 support test - 2010. If the organization did not check the box on line 13, and line 14 is 331/2/8 or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . . . . . . . . . . . . . . 7 b 331/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more. check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test-2010. 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 b 10%-facts-and-circumstances test-2009. 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 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2010

61-1001965 Page 3

Part III Suppor	t Schedule for	Organizations	Described in	Section	509(a)(2
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(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II

`	If the organization fails to qualify	under the te	Sts listed Deli	ow, please co	omplete Part	1.)	
Secti	on A. Public Support				(6.5.5.5.	1.55.4	
Calen	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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		İ				
	furnished in any activity that is related to the						
_	organization's tax-exempt purpose		<del> </del>		}		
3	Gross receipts from activities that are not an				1		
	unrelated trade or business under section 513					· · · · · · · · · · · · · · · · · · ·	
4	Tax revenues levied for the						
	organization's benefit and either paid			ŀ			ĺ
	to or expended on its behalf		,				İ
5	The value of services or facilities						
_	furnished by a governmental unit to the			}	Ì		
	organization without charge			•			
_	•		<del> </del>				
6	Total. Add lines 1 through 5			<del> </del>	<del></del>		<del></del>
/a	Amounts included on lines 1, 2, and 3			ĺ	(		
	received from disqualified persons .			<del></del>	1		
b	Amounts included on lines 2 and 3						
	received from other than disqualified			İ			
	persons that exceed the greater of \$5,000			Ì			
	or 1% of the amount on line 13 for the year		ĺ	i			
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from	ALCOHOL: SEE	1194124444	LANGUAGE CONTRACTOR	W. Sales Street	<b>建筑设置</b>	
	line 6.)					4.4	_
Coati	on B. Total Support	A STATE A STATE OF THE STATE OF	Statistics and the last	INVESTOR SICELLY IN	A TAMBER A R. C. B. ANT A CO. CO.	ANTICONO STANSFORM CONTRACTOR	
		(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	dar year (or fiscal year beginning in)	(a) 2000	(6) 2007	(0, 2000	(0, 2000	(0) 20.0	(1) 10 (4.
9	Amounts from line 6			<del>                                     </del>	ļ	<del></del>	<del> </del>
10a	Gross income from interest, dividends,	1					}
	payments received on securities loans, rents,						
	royalties and income from similar sources .				<u> </u>	<b></b>	<u> </u>
b	Unrelated business taxable income (less				1		
	section 511 taxes) from businesses						•
	acquired after June 30, 1975						
C	Add lines 10a and-10b			<u> </u>			
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			1	<del> </del>	<del> </del>	$\overline{}$
٠.	loss from the sale of capital assets				1		
	(Explain in Part IV)	}	1	1	1	}	}
40			-	ļ		<del> </del>	<del>                                     </del>
13	Total support. (Add lines 9, 10c, 11, and 12)						
	and 12.)	L	<u> </u>	1	<u> </u>	1	504(1/5)
14	First five years. If the Form 990 is for t						
	organization, check this box and stop he	re	· · · ·	· · · · ·		<u> </u>	. , ▶ 📙
Secti	on C. Computation of Public Suppo	rt Percentag	je		. =		
15	Public support percentage for 2010 (line	8, column (f) c	livided by line	13, column (f))		15	%
16	Public support percentage from 2009 Sc	hedule A. Part	III, line 15			16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2010			ov line 13 colu	ımn (fi)	17	%
	Investment income percentage from 200					18	<del></del>
18	33½% support tests—2010. If the organ						
19a							
	17 is not more than 331/3%, check this box						
þ	331/a% support tests—2009. If the organi						
	line 18 is not more than 331/3%, check this	•	-	-		_	
20	Private foundation If the organization of	id not chack a	boy on line 1/	1 10a or 10h	check this how	ntoni cao inetr	actions 🕨 🗀

SCHEDULE 0 (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

2010

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

Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service

Attach to Form 990 or 990-EZ.

Name of the organization

S on 2010
Open to Public Inspection
Employer identification number

Frankfort Resource Office for Social Ministries, Inc.	61-1001965
Part III, 4d Other Program Services	
Coordinated efforts of other agencies and churches in meeting the needs of 31 people for 14 air condi	tioners for clients with diagnosed
breathing problems: purchase of firewood for one client, assisted with funeral expenses for death of i	mmediate family member for 2 clients;
home owners insurance for one client, certified copy of birth certificate for one client, and; GED fee for	r one client.
***************************************	***************************************
Part VI, Sections B & C, 11b Review of 990	1517
Once the Form 990 is completed, it is posted on the GoodGiving.net web page for our organization. The control of the control o	nis web site also has an updated list
of our Board of Directors and other financial information.	
Part XI, 5	
The other changes in net assets were the emergency payments made by this organization for the bene	fit of our clients, such as rental
assistance, utility payments, medical related payments, etc.	
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2012-06-18 13:30

0425876265 June 05, 2012 LTR 2694C 0 R 61-1001965 201106 67 00024360

FRANKFORT RESOURCE OFFICE FOR SOCIAL MINISTRIES INC PO BOX 302 FRANKFORT KY 40602



## DECLARATION

050456

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Signature of officer or trustee

0/8//2 Date

7 - 40 - 50

Title