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AMENDED

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990-EZ

Department of the Treasury
Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

- Sponsoring organizations and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100 000 and total assets less than \$250 000 at the end of the year may use this form
- The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545 1150

2007

Open to Public
Inspection**A For the 2007 calendar year or tax year beginning****2007 and ending****20**

B Check if applicable

- Address change
- Name change
- Initial return
- Termination
- Amended return
- Application pending

Please use IRS label or print or type
See Specific Instructions

C Name of organization
KENTUCKY ALLIANCE AGAINST POLITICAL OPP
Number and street (or P O box if mail is not delivered to street address) Room/suite
P O Box 1543

City or town state or country and ZIP + 4
LOUISVILLE, KY 40201-1543

D Employer identification number
61-1196342
E Telephone number
(502) 778 8130

F Group Exemption Number ►

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

G Accounting method Cash Accrual
Other (specify) ►

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

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

L Add lines 5b, 6b and 7b to line 9 to determine gross receipts if \$100 000 or more file Form 990 instead of Form 990 EZ ► \$

Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 55 of the instructions)

Revenue 1 Contributions gifts grants and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory Subtract line 5b from line 5a (attach schedule) 6 Special events and activities (attach schedule) If any amount is from gaming, check here ► a Gross revenue (not including \$ _____ of contributions reported on line 1) b Less direct expenses other than fundraising expenses c Net income or (loss) from special events and activities Subtract line 6b from line 6a 7a Gross sales of inventory less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory Subtract line 7b from line 7a 8 Other revenue (describe ►) 9 Total revenue Add lines 1 2 3 4 5c 6c 7c and 8	STATUTE UNIT RECEIVED	TPK BRANCH OGDEN	AUG 30 2012	1 89437 2 3 2970 4 5c 6c 7c 8 9 92407
	601	RECEIVED	AUG 27 2012	
	IRSC-OSC	OGDEN, UT	IRSC-OSC	
	10	12 992	13 500	
	11	14 1700	15 11 124	
	12	16 60 569	17 86 885	
	13	18 5 522	19 5 450	
	14	20	21 10 972	
	15	22	23	
Expenses 10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 12 Salaries other compensation and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy rent utilities and maintenance 15 Printing publications postage and shipping 16 Other expenses (describe ►) 17 Total expenses Add lines 10 through 16	24	25	26	
	18	27	-0-	
	19	28	-0-	
	20	29	-0-	
	21	30	-0-	
Net Assets 18 Excess or (deficit) for the year Subtract line 17 from line 9 19 Net assets or fund balances at beginning of year (from line 27 column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year Combine lines 18 through 20	31	32	33	
	34	35	36	
	37	38	39	
	40	41	42	
	43	44	45	

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

(See page 60 of the instructions) 22 Cash savings and investments 23 Land and buildings 24 Other assets (describe ►) 25 Total assets 26 Total liabilities (describe ►) 27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	(A) Beginning of year	(B) End of year
	5 450	22 10 972
	23	24
	25 450	25 10 972
	-0-	26 -0-
For Privacy Act and Paperwork Reduction Act Notice see the separate instructions	5 450	27 10 972
	48	4

Part III Statement of Program Service Accomplishments (See page 60 of the instructions)				Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts optional for others)
What is the organization's primary exempt purpose? <u>EDUCATION & COMMUNITY ACTIVISM</u>				
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner describe the services provided the number of persons benefited or other relevant information for each program title				
28	<u>COMMUNITY ACTIVISM AIMED AT IDENTIFYING & ADDRESSING RACIAL, ECONOMIC AND SOCIAL ABUSES, PARTICULARLY INVOLVING DISADVANTAGED INDIVIDUALS</u>			
	(Grants \$)	If this amount includes foreign grants, check here	► <input type="checkbox"/>	28a <u>81435</u>
29				
	(Grants \$)	If this amount includes foreign grants, check here	► <input type="checkbox"/>	29a
30				
	(Grants \$)	If this amount includes foreign grants, check here	► <input type="checkbox"/>	30a
31	Other program services (attach schedule)			
	(Grants \$)	If this amount includes foreign grants, check here	► <input type="checkbox"/>	31a
32	Total program service expenses Add lines 28a through 31a			
			► <input type="checkbox"/>	32 <u>81435</u>
Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated See page 61 of the instructions)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid enter 0)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
KIRK OWENS	Co-CHAIRMAN	-0-	-0-	-0-
DAVID LOTT	Co-CHAIRMAN	-0-	-0-	-0-
KATHLEEN PARKS	Co-CHAIRMAN	-0-	-0-	-0-
WALTER BEDFORD Jr	TREASURER	-0-	-0-	-0-
Part V Other Information (Note the statement requirement in General Instruction V)				
33	Did the organization make a change in its activities or methods of conducting activities? If Yes attach a detailed statement of each change			
33				✓
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If Yes attach a conformed copy of the changes			
34				✓
35	If the organization had income from business activities such as those reported on lines 2, 6 and 7 (among others) but not reported on Form 990-T attach a statement explaining your reason for not reporting the income on Form 990-T			
35a				
35b				
a	Did the organization have unrelated business gross income of \$1 000 or more or 6033(e) notice reporting and proxy tax requirements?			
36				
b	If Yes has it filed a tax return on Form 990-T for this year?			
36				✓
36	Was there a liquidation dissolution termination or substantial contraction during the year? If Yes attach a statement			
37a	Enter amount of political expenditures direct or indirect as described in the instructions ► 37a -0-			
37b				✓
38a	Did the organization borrow from or make any loans to any officer director trustee or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?			
38a				✓
b	If Yes attach the schedule specified in the line 38 instructions and enter the amount involved			
38b				
39	501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9			
39a				
b	Gross receipts included on line 9 for public use of club facilities			
39b				

THE ADDRESS FOR NAMES LISTED IN PART IV IS.

CARL BRADEN MEMORIAL CENTER
3208 W BROADWAY
LOUISVILLE KY 40211-4314

Part V Other Information (Note the statement requirement in General Instruction V) (Continued)

40a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► -0- section 4912 ► -0- section 4955 ► -0-

b 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If Yes attach an explanation

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912 4955 and 4958 ►

d Enter amount of tax on line 40c reimbursed by the organization ►

e All organizations At any time during the tax year was the organization a party to a prohibited tax shelter transaction?

	Yes	No
40b		✓
40e		✓

41 List the states with which a copy of this return is filed ► NONE

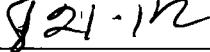
42a The books are in care of ► WALTER BEDFORD JR Telephone no ► (502) 778 8130
Located at ► 3209 W BROADWAY LOUISVILLE, KY ZIP + 4 ► 40211-4314

b 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)?
If Yes enter the name of the foreign country ►
See the instructions for exceptions and filing requirements for **Form TD F 90-22 1**

c At any time during the calendar year did the organization maintain an office outside of the U S ?
If Yes enter the name of the foreign country ►

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 EZ in lieu of **Form 1041**—Check here and enter the amount of tax exempt interest received or accrued during the tax year ► 43 □

	Yes	No
42b		✓
42c		✓

Please Sign Here	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		
			Date <u>8/21/12</u>
	Signature of officer		
	► <u>KIRK OWENS Co-CHAIR</u>		
	Type or print name and title		
Preparer's Use Only	Preparer's signature 	Date <u>8/21/12</u>	Check if self employed <input type="checkbox"/>
	Firm's name (or yours if self-employed) address and ZIP + 4	EIN ►	Preparer's SSN or PTIN (See Gen Inst X) <u>P01350163</u>
		Phone no ► ()	

SCHEDULE A
(Form 990 or 990 EZ)**Organization Exempt Under Section 501(c)(3)**

OMB No 1545 0047

Department of the Treasury
Internal Revenue Service

(Except Private Foundation and Section 501(e) 501(f) 501(k) 501(n)

or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions)

2007

► MUST be completed by the above organizations and attached to their Form 990 or 990 EZ

Name of the organization

KENTUCKY ALLIANCE AGAINST RACIST & POLITICAL OPPRESSION

Employer identification number

61-1196342**Part II Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**
(See page 1 of the instructions List each one If there are none enter None)

(a) Name and address of each employee paid more than \$50 000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

Total number of other employees paid over \$50 000 ►

- 0 -**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions List each one (whether individuals or firms) If there are none enter None)

(a) Name and address of each independent contractor paid more than \$50 000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50 000 for professional services ►

- 0 -**Part II Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms If there are none enter None See page 2 of the instructions)

(a) Name and address of each independent contractor paid more than \$50 000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over \$50 000 for other services ►

- 0 -

Part VI Statements About Activities (See page 2 of the instructions)		Yes	No
1	During the year has the organization attempted to influence national state or local legislation including any attempt to influence public opinion on a legislative matter or referendum? If Yes enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38 Part VI-A or line 1 of Part VI B)	1	✓
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI A. Other organizations checking Yes must complete Part VI B AND attach a statement giving a detailed description of the lobbying activities			
2	During the year has the organization either directly or indirectly engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is Yes attach a detailed statement explaining the transactions)		
a	Sale, exchange or leasing of property?	2a	✓
b	Lending of money or other extension of credit?	2b	✓
c	Furnishing of goods, services or facilities?	2c	✓
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1 000)?	2d	✓
e	Transfer of any part of its income or assets?	2e	✓
3a	Did the organization make grants for scholarships, fellowships, student loans, etc? (If Yes attach an explanation of how the organization determines that recipients qualify to receive payments)	3a	✓
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	✓
c	Did the organization receive or hold an easement for conservation purposes including easements to preserve open space, the environment, historic land areas or historic structures? If Yes attach a detailed statement	3c	✓
d	Did the organization provide credit counseling, debt management, credit repair or debt negotiation services?	3d	✓
4a	Did the organization maintain any donor advised funds? If Yes complete lines 4b through 4g. If No complete lines 4f and 4g	4a	✓
b	Did the organization make any taxable distributions under section 4966?	4b	✓
c	Did the organization make a distribution to a donor, donor advisor or related person?	4c	✓
d	Enter the total number of donor advised funds owned at the end of the tax year ► <u>—0—</u>		
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ► <u>—0—</u>		
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ► <u>—0—</u>		
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ► <u>—0—</u>		

Part IV **Reason for Non Private Foundation Status** (See pages 4 through 8 of the instructions)

I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box)

5 A church convention of churches or association of churches Section 170(b)(1)(A)(i)

6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)

7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)

8 A federal state or local government or governmental unit Section 170(b)(1)(A)(v)

9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital s name , city and state ►**

10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV A)

11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV A)

11b A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV A)

12 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 charitable etc 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) (Also complete the **Support Schedule** in Part IV A)

13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization

Type I Type II Type III Functionally Integrated Type III Other

Provide the following information about the supported organizations (See page 8 of the instructions)

14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 8 of the instructions)

Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting					
Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting					
Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2005	(c) 2004	(d) 2003	
				(e) Total	
15 Gifts, grants and contributions received (Do not include unusual grants. See line 28.)	89317	83583	89721	86055	348676
16 Membership fees received	3530	5085	5455	4415	18485
17 Gross receipts from admissions, merchandise sold or services performed or furnishing of facilities in any activity that is related to the organization's charitable etc purpose					
18 Gross income from interest, dividends, amounts received from payments on securities, loans (section 512(a)(5)), rents, royalties, income from similar sources and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	92847	88668	95176	90470	367161
24 Line 23 minus line 17	92847	88668	95176	90470	367161
25 Enter 1/6 of line 23	928	887	952	905	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e) line 24 ►				26a 7343
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return Enter the total of all these excess amounts ►					26b 2766
c Total support for section 509(a)(1) test. Enter line 24 column (e) ►					26c 367161
d Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b 2766					26d 2766
e Public support (line 26c minus line 26d total)					26e 364395
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 99%
27 Organizations described on line 12	a For amounts included in lines 15, 16 and 17 that were received from a disqualified person, prepare a list for your records to show the name of and total amounts received in each year from each disqualified person. Do not file this list with your return Enter the sum of such amounts for each year				
(2006)	(2005)	(2004)	(2003)		
b For any amount included in line 17 that was received from each person (other than disqualified persons), prepare a list for your records to show the name of and amount received for each year that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year					
(2006)	(2005)	(2004)	(2003)		
c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c
d Add Line 27a total _____ and line 27b total _____					27d
e Public support (line 27c total minus line 27d total)					27e
f Total support for section 509(a)(2) test. Enter amount from line 23 column (e) ► 27f					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g /
h Investment income percentage (line 18 column (e) (numerator) divided by line 27f (denominator))					27h %
28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show for each year the name of the contributor, the date and amount of the grant and a brief description of the nature of the grant. Do not file this list with your return Do not include these grants in line 15					