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AMENDED

0712

(12)

Form **990-EZ****Short Form
Return of Organization Exempt From Income Tax**

OMB No 1545 1150

2007**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)

► 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.

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) ►

I Website ►

J Organization type (check only one) — ☒ 501(c) (3) (insert no) ☐ 4947(a)(1) or ☐ 527

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

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21					
Revenue	1	Contributions, gifts, grants, and similar amounts received														89 437																	
	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																															
	5b	Less: cost or other basis and sales expenses																															
	5c	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 <input type="checkbox"/>																															
	6a	Gross revenue (not including \$ of contributions reported on line 1)																															
	6b	Less: direct expenses other than fundraising expenses																															
6c	Net income or (loss) from special events and activities. Subtract line 6b from line 6a																																
7a	Gross sales of inventory less returns and allowances																																
7b	Less: cost of goods sold																																
7c	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														92 407																		
Expenses	10	Grants and similar amounts paid (attach schedule)																															
	11	Benefits paid to or for members																															
	12	Salaries, other compensation, and employee benefits														12 992																	
	13	Professional fees and other payments to independent contractors														500																	
	14	Occupancy, rent, utilities, and maintenance														1 700																	
	15	Printing, publications, postage, and shipping														11 124																	
	16	Other expenses (describe ►)														60 569																	
	17	Total expenses. Add lines 10 through 16														86 885																	
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 9														5 522																	
	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)														5 450																	
	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														10 972																	

Part II 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)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	5 450	10 972
23	Land and buildings		
24	Other assets (describe ►)		
25	Total assets	5 450	10 972
26	Total liabilities (describe ►)	-0-	-0-
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	5 450	10 972

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

Cat No 106421

Form 990-EZ (2007)

68
4

NO STATUTE IS ON

97-010

SCANNED SEP 17 2012

Part III Statement of Program Service Accomplishments (See page 60 of the instructions)

What is the organization's primary exempt purpose? EDUCATION & COMMUNITY ACTIVISM
 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.

Expenses
 (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts optional for others)

28 COMMUNITY ACTIVISM AIMED AT IDENTIFYING & ADDRESSING RACIAL, ECONOMIC AND SOCIAL ABUSES, PARTICULARLY INVOLVING DISADVANTAGED INDIVIDUALS

(Grants \$) If this amount includes foreign grants, check here ☐

28a

81435

29

(Grants \$) If this amount includes foreign grants, check here ☐

29a**30**

(Grants \$) If this amount includes foreign grants, check here ☐

30a**31** Other program services (attach schedule)

(Grants \$) If this amount includes foreign grants, check here ☐

31a**32** Total program service expenses. Add lines 28a through 31a**32**

81435

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)

Yes No

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**a** Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice reporting and proxy tax requirements?**35a**

✓

b If Yes, has it filed a tax return on Form 990-T for this year?**35b****36** Was there a liquidation, dissolution, termination, or substantial contraction during the year? If Yes, attach a statement**36**

✓

37a Enter amount of political expenditures, direct or indirect, as described in the instructions **37a** -0-**b** Did the organization file Form 1120-POL for this year?**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**

Form 990-EZ (2007)

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

	Yes	No
40b		✓
40c		
40d		
40e		✓

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?

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

42a The books are in care of WALTER DEEDFORD 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)?

	Yes	No
42b		✓
42c		✓

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

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

Signature of officer

Date

KIRK OWENS CO-CHAIR

Type or print name and title

Preparer's
Use Only

Preparer's
signature

Date

Check if
self
employed ☐

Preparer's SSN or PTIN (See Gen. Inst. X)

Firm's name (or yours
if self-employed)
address and ZIP + 4

EIN

Phone no ()

SCHEDULE A
(Form 990 or 990 EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(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)

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

OMB No 1545 0047

2007

Name of the organization

KENTUCKY ALLIANCE AGAINST RACIST & POLITICAL OPPRESSION

Employer identification number

61-1196342

Part I

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 III

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 III **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 Y

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 Y

b Lending of money or other extension of credit?

2b Y

c Furnishing of goods services or facilities?

2c Y

d Payment of compensation (or payment or reimbursement of expenses if more than \$1 000)?

2d Y

e Transfer of any part of its income or assets?

2e Y

- 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 Y

b Did the organization have a section 403(b) annuity plan for its employees?

3b Y

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 Y

d Did the organization provide credit counseling debt management credit repair or debt negotiation services?

3d Y

- 4a** Did the organization maintain any donor advised funds? If Yes complete lines 4b through 4g If No complete lines 4f and 4g

4a Y

b Did the organization make any taxable distributions under section 4966?

4b Y

c Did the organization make a distribution to a donor donor advisor or related person?

4c Y

d Enter the total number of donor advised funds owned at the end of the tax year ▶

-0-

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶

-0-

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 ▶

-0-

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶

-0-

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%** 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)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total ▶					

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

Part IVA 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% 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	
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.