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Short Form
Return of Organization Exempt From Income TaxUnder section 501(c) 527 or 4947(a)(1) of the Internal Revenue Code
(except: black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1 000 000 and total assets less than \$2 500 000 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

2008

Open to Public
Inspection

A For the 2008 calendar year or tax year beginning

2008 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 InstructionsC Name of organization
KENTUCKY ALLIANCE AGAINST RACIST OPPRESSION
Number and street (or P O box if mail is not delivered to street address) Room/suite
P O Box 1543D Employer identification number
61-1196342
E Telephone number
(502) 778 8130City or town state or country and ZIP + 4
LOUISVILLE, KY 40201-1543F 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 527H Check ► if the organization is not required to attach Schedule B (Form 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 \$1 000 000 or more file Form 990 instead of Form 990 EZ ► \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

| | | | |
|------------|--|--------------|--------------|
| Revenue | 1 Contributions gifts grants and similar amounts received | STATUTE UNIT | 1 37020 |
| | 2 Program service revenue including government fees and contracts | RECEIVED | 2 1920 |
| | 3 Membership dues and assessments | | 3 |
| | 4 Investment income | | 4 |
| | 5a Gross amount from sale of assets other than inventory | 5a | 5 |
| | b Less cost or other basis and sales expenses | 5b | 6 |
| | c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) | | 7 |
| | 6 Special events and activities (complete applicable parts of Schedule G) If any amounts from gaming, check here ► | 6a | 8 |
| | a Gross revenue (not including \$ 1000 000) AUG 27 2012 of contributions | 6b | 9 |
| Expenses | b Less direct expenses other than fundraising expenses | | 10 |
| | c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) | | 11 |
| | 7a Gross sales of inventory less returns and allowances | 7a | 12 |
| | b Less cost of goods sold | 7b | 13 24937 |
| | c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | | 14 |
| | 8 Other revenue (describe ►) | | 15 21919 |
| | 9 Total revenue Add lines 1 2 3 4 5c 6c 7c and 8 | | 16 2590 |
| | | | 17 49446 |
| | | | 18 < 10506 > |
| Net Assets | 10 Grants and similar amounts paid (attach schedule) | 10 | |
| | 11 Benefits paid to or for members | 11 | |
| | 12 Salaries other compensation and employee benefits | 12 | |
| | 13 Professional fees and other payments to independent contractors | 13 | |
| | 14 Occupancy rent utilities and maintenance | 14 | |
| | 15 Printing publications postage and shipping | 15 | |
| | 16 Other expenses (describe ►) | 16 | |
| | 17 Total expenses Add lines 10 through 16 | 17 | |
| | 18 Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | |
| | 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) | 19 | |
| | 20 Other changes in net assets or fund balances (attach explanation) | 20 | |
| | 21 Net assets or fund balances at end of year Combine lines 18 through 20 | 21 | 466 |

Part II Balance Sheets If Total assets on line 25 column (B) are \$2 500 000 or more file Form 990 instead of Form 990 EZ

(See the instructions for Part II)

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 |
|-----------------------|-----------------|
| 10 972 | 22 466 |
| | 23 |
| | 24 |
| 10 972 | 25 466 |
| - 0 - | 26 - 0 - |
| 10 972 | 27 466 |

Part VI Other Information (Note the statement requirements in the instructions for Part VI)

33 Did the organization engage in any activity not previously reported to the IRS? If Yes attach a detailed description of each activity 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 2-6a and 7a (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 section 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? 37a -0-

36 Was there a liquidation dissolution termination or substantial contraction during the year? If Yes complete applicable parts of Schedule N 37b

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? 38a

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? 38b

b If Yes complete Schedule L Part II and enter the total amount involved 39a 39b

39 Section 501(c)(7) organizations Enter

a Initiation fees and capital contributions included on line 9 40a -0-

b Gross receipts included on line 9 for public use of club facilities 40a -0- section 4912 ► -0- section 4955 ► -0-

b Section 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 complete Schedule L Part I 40b

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912 4955 and 4958 40b

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

e All organizations At any time during the tax year was the organization a party to a prohibited tax shelter transaction? If Yes complete Form 8886-T 40e

41 List the states with which a copy of this return is filed ►

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, Report of Foreign Bank and Financial Accounts

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 43

44 Did the organization maintain any donor advised funds? If Yes Form 990 must be completed instead of Form 990-EZ 44

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If Yes Form 990 must be completed instead of Form 990-EZ 45

Part VI

Section 501(c)(3) organizations only All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51

46 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 Yes No
46 **✓**

47 Did the organization engage in lobbying activities? If Yes complete Schedule C Part II Yes No
47 **✓**

48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If Yes complete Schedule E Yes No
48 **✓**

49a Did the organization make any transfers to an exempt non charitable related organization?
b If Yes was the related organization(s) a section 527 organization?
49a **✓**

49b Yes No
49b **✓**

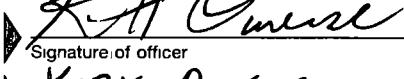
50 Complete this table for the five highest compensated employees (other than officers directors trustees and key employees) who each received more than \$100 000 of compensation from the organization If there is none enter None

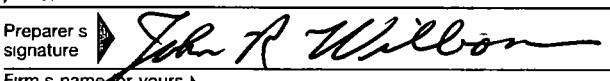
| (a) Name and address of each employee paid more than \$100 000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|--|--|------------------|---|--|
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total number of other employees paid over \$100 000 ► | — 0 — | | | |

51 Complete this table for the five highest compensated independent contractors who each received more than \$100 000 of compensation from the organization If there is none enter None

| (a) Name and address of each independent contractor paid more than \$100 000 | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| Total number of other independent contractors each receiving over \$100 000 ► | — 0 — | |

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  **Co-CHAIR** **8-31-12**
Date
Type or print name and title **KIRK OWENS**

Preparer's Use Only **Preparer's signature**  **Date** **8/21/12** **Check if self employed** **Preparer's Identifying Number (See instructions)** **P01350163**
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**

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts

OMB No 1545 0047

2008

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Employer identification number

Name of the organization

Name of the organization

Name of the organization

KELTICUS A

KENTUCKY ALLIANCE AGAINST RACIST & POLITICAL OPPRESSION 61-1196342

Reason for Public Charity Status (All organizations must complete this part) (see instructions)

The organization is not a private foundation because it is (Please check only one organization)

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)** (Attach Schedule H)

4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city and state

5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)** (Complete Part II)

6 A federal, state or local government or governmental unit described in **section 170(b)(1)(A)(v)**

7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees and gross receipts from activities related to its exempt functions—subject to certain exceptions and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)** (Complete Part III)

10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)** (see instructions)

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?

(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?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the organizations the organization supports

| | Yes | No |
|----------|-----|----|
| 11g(i) | | |
| 1.1g(ii) | | |
| 11g(iii) | | |

h Provide the following information about the organizations the organization supports

Total

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

| Calendar year (or fiscal year beginning in) ► | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|--------------|--------------|--------------|--------------|--------------|---------------|
| 1 Gifts, grants, contributions and membership fees received (Do not include any unusual grants) | 95176 | 88668 | 92847 | 86885 | 38940 | 402516 |
| 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 Total Add lines 1-3 | 95176 | 88668 | 92847 | 86885 | 38940 | 402516 |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support Subtract line 5 from line 4 | | | | | | 402516 |

Section B Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|--|----------|----------|----------|----------|----------|-------------------------------------|
| 7 Amounts from line 4 | 95176 | 88668 | 92847 | 86885 | 38940 | 402516 |
| 8 Gross income from interest, dividends, payments received on securities, loans, rents, royalties and income from similar sources | | | | | | |
| 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) | | | | | | |
| 11 Total support Add lines 7 through 10 | | | | | | 402516 |
| 12 Gross receipts from related activities etc (see instructions) | | | | | 12 | |
| 13 First five years If the Form 990 is for the organization's first, second, third, fourth or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input checked="" type="checkbox"/> |

Section C Computation of Public Support Percentage

| | | | |
|--|----|-----|-------------------------------------|
| 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) | 14 | 100 | % |
| 15 Public support percentage from 2007 Schedule A Part IV-A, line 26f | 15 | 99 | % |
| 16a 33 1/3% support test—2008 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 checked="" type="checkbox"/> |
| b 33 1/3% support test—2007 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 10%-facts and-circumstances test—2008 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 10% facts and circumstances test—2007 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 Private foundation 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"/> |