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AMENDED

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Form **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 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
Instruc-
tions**C** 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 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 ▶**H** Check ☒ if the organization is **not**
required to attach Schedule B (Form 990
990-EZ or 990-PF)**J** Organization type (check only one) — ☒ 501(c) (3) (insert no) ☐ 4947(a)(1) or ☐ 527**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)

		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														37 020															
	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 (complete applicable parts of Schedule G). If any amounts from gaming, check here ▶																													
	a	Gross revenue (not including \$ 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														38 940																
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														24 937															
	14	Occupancy, rent, utilities, and maintenance																													
	15	Printing, publications, postage, and shipping														21 919															
	16	Other expenses (describe ▶)														2 590															
17	Total expenses Add lines 10 through 16														49 446																
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)														< 10 506 >															
	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)														10 972															
	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														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.)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	10 972	466
23	Land and buildings		
24	Other assets (describe ▶)		
25	Total assets	10 972	466
26	Total liabilities (describe ▶)	- 0 -	- 0 -
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	10 972	466

For Privacy Act and Paperwork Reduction Act Notice, see the instruction for Form 990

Cat No 106421

Form **990-EZ** (2008)NO STATUTE ISSUE
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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

	Yes	No
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		✓
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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

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

35a		✓
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b If Yes has it filed a tax return on Form 990-T for this year?

35b		
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36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If Yes complete applicable parts of Schedule N

36		✓
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37a Enter amount of political expenditures, direct or indirect, as described in the instructions **▶** **37a** -0-

37b		✓
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b Did the organization file Form 1120-POL for this year?

38a		✓
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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?

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

38b

39 Section 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

40a Section 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 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		✓
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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? If Yes complete Form 8886-T

40e		✓
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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 **▶** 3208 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		✓

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.?

42c		✓
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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**

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

	Yes	No
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		✓
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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
- 47** Did the organization engage in lobbying activities? If "Yes" complete Schedule C Part II
- 48** Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes" complete Schedule E
- 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?
- 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".

	Yes	No
46		<input checked="" type="checkbox"/>
47		<input checked="" type="checkbox"/>
48		<input checked="" type="checkbox"/>
49a		<input checked="" type="checkbox"/>
49b		

(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: *Kirk Owens* Date: *8-21-12*

Type or print name and title: **KIRK OWENS CO-CHAIR**

Preparer's Use Only Preparer's signature: *John R. Wilborn* 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

Part I **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 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"/>		