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DLN: 93492272004051

OMB No 1545-1150

Open to Public Inspection

990-EZ

Department of the Treasury

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)

Short Form

Figure Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$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

Internal Revenue Service A For the 2010 calendar year, or tax year beginning 04-01-2010 and ending 03-31-2011 Check if applicable C Name of organization D Employer identification number AMERICAN CIVIL LIBERTIES UNION OF KENTUCKY INC Address change 61-0597514 Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number 315 GUTHRIE STREET NO 300 Initial return (502) 581-9746 Terminated City or town, state or country, and ZIP + 4 LOUISVILLE, KY 402023820 F Group Exemption Amended return Number 🕨 Application pending I Website: ► WWWACLU-KY ORG 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 \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts, If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ 66,651

Pa	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instruction Check if the organization used Schedule O to respond to any question in this Part I	tions for	Part I)
	1	Contributions, gifts, grants, and similar amounts received	1	66,593
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	58
	5a	Gross amount from sale of assets other than inventory		
<u>a</u>	ь	Less cost or other basis and sales expenses 5b	7	
Revenu	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
ě	6	Gaming and fundraising events		
	а	Gross income from gaming (attach Schedule G if greater than \$15,000)		
	b	Gross income from fundraising events (not including \$ _of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000)		
	С	Less direct expenses from gaming and fundraising events 6c		
	d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances		
	ь	Less cost of goods sold		
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	66,651
	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	48,584
φ.	13	Professional fees and other payments to independent contractors	13	1,991
Expenses	14	Occupancy, rent, utilities, and maintenance	14	3,485
÷	15	Printing, publications, postage, and shipping	15	2,774
_	16	Other expenses (describe in Schedule O)	16	6,529
	17	Total expenses. Add lines 10 through 16	17	63,363
<u></u>	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	3,288
Net.Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with		
कें		end-of-year figure reported on prior year's return)	19	53,378
Ž	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	56,666

Part II Balance Sheets						
Check if the organization use	d Schedule O to respond to	any question in t	hıs Part	II		<u></u> ▽
(See the instruc	tions for Part II)		(A) R	eginning of year	Ι	(B) End of year
	ctions for rate II ,		(A) D	51,576	22	52,967
22 Cash, savings, and investments .				51,576	23	52,967
23 Land and buildings				2 2 7 7	\vdash	
24 Other assets (describe in Schedule O)	•		3,377	24	5,749
25 Total assets				54,953	-	58,716
26 Total liabilities (describe in Schedule	•			1,575	-	2,050
27 Net assets or fund balances (line 27 o	<u> </u>	<u>*</u>		53,378	27	56,666
Check if the organization use What is the organization's primary exempt THE ACLU OF KENTUCKY WORKS IN TH INDIVIDUAL RIGHTS AND LIBERTIES OF UNITED STATES AND THE COMMONWED Describe what was achieved in carrying ordescribe the services provided, the number	d Schedule O to respond to purpose? E COURTS, LEGISLATURE GUARANTEED TO ALL PECEALTH OF KENTUCKY ut the organization's exempt	any question in the state of th	NITIES NSTITU	TO DEFEND THE TION OF THE concise manner,	(c) org 49 opt	Expenses equired for section 501 (3) and 501(c)(4) anizations and section 47(a)(1) trusts, cional for others)
29 LITIGATION OF CASES INVOLVING OTHER CONSTITUTIONAL RIGHTS	G RIGHTS, LESBIAN, GAY CY RIGHTS AND LAW ENFo is amount includes foreign o	, BISEXUAL ANI ORCEMENT grants, check hei VACY, REPRODL	O TRANS	GGENDER . ► □ FREEDOM AND	28a 29a	30,104
30	<u> </u>	,		,	234	3,323
(Grants \$) If th	ıs amount ıncludes foreıgn (grants, check hei	re	. ▶ ┌	30a	
31 O ther program services (describe in So (Grants \$) If th	hedule O)	 grants, check hei	 re	· • -	31a	
32 Total program service expenses (add lin	nes 28a through 31a) 🔒 .			▶	32	33,433
Part IV List of Officers, Directors, Tro					truction	
Check if the organization use (a) Name and address	d Schedule O to respond to (b) Title and average hours per week devoted to position	(c) Compensa (If not paid enter -0)	ition d, e	IV (d) Contributions mployee benefit p	lans 8	
See Additional Data Table						

Ра	rt v	Other Information (Note the statement requirements in the instr	· -			
		Check if the organization used Schedule O to respond to any question in this	Part V		Yes	N _a
33		e organization engage in any activity not previously reported to the IRS? If "Y otion of each activity in Schedule O		33	res	No No
34	Were a	ny significant changes made to the organizing or governing documents? If "Yoamended documents if they reflect a change to the organization's name. Other ule O (see instructions)	es," attach a conformed copy wise, explain the change on	34		No
35	others	organization had income from business activities, such as those reported on li), but not reported on Form 990-T, explain in Schedule O why the organization 90-T	n did not report the income on			
а		e organization have unrelated business gross income of \$1,000 or more or wa or 501(c)(6) organization subject to section 6033(e) notice, reporting, and p		35a		No
b	If "Yes	," has it filed a tax return on Form 990-T for this year? (see instructions) .		35b		
36		e organization undergo a liquidation, dissolution, termination, or significant dis ar? If "Yes," complete applicable parts of Schedule N	=	36		No
37a	Enter an	nount of political expenditures, direct or indirect, as described in the instructions 🕨	37a 0			
b	Did the	e organization file Form 1120-POL for this year?		37b		
38a	Did the	e organization borrow from, or make any loans to, any officer, director, trustee,	or key employee or were			
	any su	ch loans made in a prior year and still outstanding at the end of the tax year c	overed by this return?	38a		No
ь	If "Yes	," complete Schedule L, Part II and enter the total amount involved .	38ь			
39		501(c)(7) organizations. Enter		1		
а		on fees and capital contributions included on line 9	39a			
		receipts, included on line 9, for public use of club facilities	39b			
		ع <i>501(c)(3) organizations .</i> Enter amount of tax imposed on the organization durii	ng the vear under			
		4911 ▶, section 4912 ▶, section 4955 ▶				
	transa reporte	to 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any sect ction during the year or did it engage in an excess benefit transaction in a priced on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Pa	or year that has not been art I	40b		No
	dısqua	n 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on org lified persons during the year under sections 4912, 4955, and 4958	▶ 0			
	organiz	n 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c rein zation	▶ 0			
e	transa	anizations. At any time during the tax year, was the organization a party to a pr ction? If "Yes," complete Form 8886-T -		40e		No
41		states with which a copy of this return is filed 🕨 KY		.		
42a	The o	rganization's books are in care of ► <u>COMPANY</u>	Telephone no	(50	12) 581	-9/46
	Locate	315 GUTHRIE ST SUITE 300 ed at ► LOUISVILLE, KY	ZIP + 4	4	0202	
ь	Atanv	time during the calendar year, did the organization have an interest in or a sig	anature or other authority			Τ
_		financial account in a foreign country (such as a bank account, securities acc			Yes	No
	accour			42b	<u> </u>	No
	See th	," enter the name of the foreign country <u></u> e instructions for exceptions and filing requirements for Form TD F 90-22.1, Re ial Accounts.				
c		time during the calendar year, did the organization maintain an office outside	of the U S ?	42c		Νο
	If "Yes	," enter the name of the foreign country 🕒				
43		a 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1 er the amount of tax-exempt interest received or accrued during the tax year			· ·	▶ Γ
44a	Did the	e organization maintain any donor advised funds? <i>If "Yes", Form 990 must be c</i> o	ompleted instead of		Yes	No
	Form 9	90-EZ.		44a		Νο
b		e organization operate one or more hospital facilities during the year? If 'Yes,'. I of Form990-EZ	Form 990 must be completed	44b		No
c	Did the	e organization receive any payments for indoor tanning services during the year	ar?			
d	If'Yes ın Sche	' to line 44c, has the organization filed a Form 720 to report these payments?	If 'No,' provide an explanation	44c		No

-orm 990-	EZ (2010)							Page 4
							Yes	No
	ny related organization a controlle 'Form 990 and Schedule R must be		_	of section 5	12(b)(13)? <i>If</i>	45		No
	the organization receive any payn ning of section 512(b)(13)? <i>If 'Ye</i>		•		•	45-		N
46 Did t	the organization engage, directly of idates for public office? If "Yes,"	or indirectly, in political	campa <u>ig</u> n activities on			45a		No
Part VI				navamnt	charitable tr	46	nlv	No
Pait VI	All section 501(c)(3) organ 47-49b and 52.			-			-	stions
	Check if the organization used	Schedule O to respond	to any question in this	Part VI .				
							Yes	No
17 Did t	he organization engage in lobbyir	ng activities? If "Yes," c	omplete Schedule C, Pa	art II		47		
18 Is th	e organization a school described	d ın section 170(b)(1)(A)(II)? If "Yes," complete	Schedule E		48		
l9a Did t	he organization make any transfe	ers to an exempt non-cha	arıtable related organıza	ation?		49a		
b If"Y	es," was the related organization	a section 527 organizat	ion?			49b		
	plete this table for the organization	-						
	oyees) who each received more t	(b) Title and average	ensation from the organi		ere is none, enter		e " e) Expe	ns e
	e and address of each employee aid more than \$100,000	hours per week devoted to position	(c) Compensation	employee	benefit plans & compensation	a	count a rallowa	and
		devoted to position		deletted	compensation	Othe	i allowe	inces
50(f) Tak								
50(f) Tot	tal number of other employees pa	ıd over \$100,000 .				•		
51 Com	plete this table for the organization	on's five highest compen	•	· · · ·	•	•	an \$10	0,000
51 Com of co	plete this table for the organization	on's five highest compen n Ifthere is none, enter	"None "		each received n		an \$10	<i>,</i>
61 Com of co	plete this table for the organization	on's five highest compen n Ifthere is none, enter	"None "					
1 Com	plete this table for the organization	on's five highest compen n Ifthere is none, enter	"None "					
61 Com of co	plete this table for the organization	on's five highest compen n Ifthere is none, enter	"None "					
61 Com of co	plete this table for the organization	on's five highest compen n Ifthere is none, enter	"None "					
51 Com of co	plete this table for the organization	on's five highest compen n Ifthere is none, enter	"None "					
1 Com	plete this table for the organization	on's five highest compen n Ifthere is none, enter	"None "					
51 Com of co	plete this table for the organization	on's five highest compen n Ifthere is none, enter	"None "					
of com of co (a) N	plete this table for the organization	on's five highest compen If there is none, enter ndent contractor paid mo	"None " pre than \$100,000					
51 Com of co (a) N	plete this table for the organization impensation from the organization ame and address of each independent cal number of other independent conditions of the organization complete Sche	on's five highest compen If there is none, enter indent contractor paid mo ontractors each receivir idule A? NOTE: All Section	"None " pre than \$100,000 ing over \$100,000 .	(b) ⊤y₁	pe of service	(c) C	ompen	sation
51 Com of co (a) N	plete this table for the organization impensation from the organization ame and address of each independent cal number of other independent c	on's five highest compen If there is none, enter indent contractor paid mo ontractors each receivir idule A? NOTE: All Section	"None " pre than \$100,000 ing over \$100,000 .	(b) ⊤y₁	pe of service	(c) C	ompen	sation
of Composition (a) Notes (b) Total (c) Total (d) Total (plete this table for the organization impensation from the organization ame and address of each independent of the organization complete Scheust attach a completed Schedule lities of perjury, I declare that I have and belief, it is true, correct, and completed, and completed schedule	on's five highest compendent of there is none, enterndent contractor paid modern on the contractors each receiving the contractors each receiving the contractors of the contractors each receiving the contractors each	"None" ore than \$100,000 ong over \$100,000 on 501(c)(3) organizati	(b) Tyl	pe of service	npt cha	aritable res of my	trusts No
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51 Composition of composition (a) No. 51(d) Total composition of	plete this table for the organization impensation from the organization ame and address of each independent and the organization complete Scheust attach a completed Schedule lities of perjury, I declare that I have and belief, it is true, correct, and complete is the organization complete Schedule lities of perjury, I declare that I have and belief, it is true, correct, and complete Schedule lities of perjury is true, correct, and complete Schedule lities of perjury.	on's five highest compendent of the second modern contractor paid modern contractor paid modern contractors each receiving dule A? NOTE: All Section A	"None " ore than \$100,000 on 501(c)(3) organizati	ons and 494	47 (a)(1) nonexents, and to all information of	npt cha	aritable (es	trusts No r has ar
51 Composition of composition (a) No. 51(d) Total formulation of the composition of composition	plete this table for the organization impensation from the organization ame and address of each independent of the organization complete. Scheust attach a completed Schedule. Ities of perjury, I declare that I have and belief, it is true, correct, and contains the second of the organization complete of the ust attach a completed Schedule. Ities of perjury, I declare that I have and belief, it is true, correct, and contains the second of the contains the second of the contains the second of the contains the	on's five highest compendent of the second modern contractor paid modern contractor paid modern contractors each receiving dule A? NOTE: All Section A	"None " ore than \$100,000 on 501(c)(3) organizati cluding accompanying scleparer (other than officer oate oate cluding accompanying scleparer (other than officer	(b) Type (control of the control of	to all information of the preparer's taxpay	npt cha	aritable (es	trusts No r has an
51 Composition of composition (a) N 51(d) Total formula of the composition of composition (b) Total formula of the composition of composition (c) Total formula of the composition of composition of composition (c) Total formula of composition of composition (c) Total formula of composition	plete this table for the organization impensation from the organization ame and address of each independent of the organization complete. Scheust attach a completed Schedule. Ities of perjury, I declare that I have and belief, it is true, correct, and complete is the correct of the organization complete. Type or print name and title. Preparer's signature BARBARA A LASKY Firm's name (or yours in Schedule).	on's five highest compendent of the second modern contractor paid modern contractor paid modern contractors each receiving dule A? NOTE: All Section A	"None " ore than \$100,000 on 501(c)(3) organizati cluding accompanying scleparer (other than officer oate oate cluding accompanying scleparer (other than officer	(b) Type (control of the control of	pe of service 47 (a)(1) nonexen statements, and to all information of 2011-09-29 Date Preparer's taxpay (See instructions)	npt chapt ch	aritable fes st of my prepare	trusts No r has an

Software ID: Software Version:

EIN: 61-0597514

Name: AMERICAN CIVIL LIBERTIES UNION OF KENTUCKY INC

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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
MICHAEL ALDRIDGE 315 GUTHRIE ST LOUISVILLE,KY 40202	EXECUTIVE DIRECTOR 40 00	6,438	220	0
ANN T ALLEN 315 GUTHRIE ST LOUISVILLE,KY 40202	BOARD MEMBER 1 00	0	0	0
ISELA ARRAS 315 GUTHRIE ST LOUISVILLE,KY 40202	SECRETARY 2 00	0	0	0
AMY CUBBAGE 315 GUTHRIE ST LOUISVILLE,KY 40202	BOARD MEMBER 1 00	0	0	0
CHERIE DAWSON-EDWARDS 315 GUTHRIE ST LOUISVILLE,KY 40202	CHAIR 2 00	0	0	0
STAFFORD EASTERLING 315 GUTHRIE ST LOUISVILLE,KY 40202	BOARD MEMBER 1 00	0	0	0
LELLA GARANER 315 GUTHRIE ST LOUISVILLE,KY 40202	BOARD MEMBER 1 00	0	0	0
CLINTON HEWAN 315 GUTHRIE ST LOUISVILLE,KY 40202	BOARD MEMBER 1 00	0	0	0
CASEY HOLLAND 315 GUTHRIE ST LOUISVILLE,KY 40202	BOARD MEMBER 2 00	0	0	0
PHOENIX LINSEY-HALL 315 GUTHRIE ST LOUISVILLE,KY 40202	BOARD MEMBER 1 00	0	0	0
MICHAEL KENNEDY 315 GUTHRIE ST LOUISVILLE,KY 40202	BOARD MEMBER 1 00	0	0	0
KEITH LOOK 315 GUTHRIE ST LOUISVILLE,KY 40202	TREASURER 2 00	0	0	0

DLN: 93492272004051

OMB No 1545-0047

Open to Public Inspection

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities For Organizations Exempt From Income Tax Under section 501(c) and section 527

> ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities),

◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B

. Se	e organization answered "Ye ection 501(c)(4), (5), or (6) organi me of the organization	es," to Form 990, Part IV, Line 5 exations Complete Part III	(Proxy Tax) or For	1	ti(Proxy Tax), then
	ERICAN CIVIL LIBERTIES UNION OF KE	NTUCKY INC			icinoacion nambor
Dar	t I-A Complete if the or	ganization is exempt und	ler section 501/	61-0597514 (c) or is a section 527	organization
	-				organization.
1		ganization's direct and indirect p	olitical campaign ac	tivities in Part IV	
2	Political expenditures			•	\$
3	Volunteer hours				
Par	t I-B Complete if the or	ganization is exempt und	ler section 501(c)(3).	
1	Enter the amount of any excis	e tax incurred by the organization	under section 495!	5 ▶	\$
2	Enter the amount of any excis	e tax incurred by organization ma	inagers under sectio	n 4955 🕨	\$
3	If the organization incurred a s	section 4955 tax, did it file Form	4720 for this year?		┌ Yes ┌ No
4a	Was a correction made?				┌ Yes ┌ No
ь	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	ganization is exempt und	er section 501(c) except section 50:	1(c)(3).
1	Enter the amount directly expe	ended by the filing organization fo	r section 527 exem	pt function activities 🕨	\$
2	Enter the amount of the filing of exempt funtion activities	organization's funds contributed t	o other organization	s for section 527	\$
3	Total exempt function expend	itures Add lines 1 and 2 Enter h	ere and on Form 112	20-POL, line 17b	\$
4	Did the filing organization file I	Form 1120-POL for this year?			↑ —
5	organization made payments amount of political contributio	nd employer identification numbe For each organization listed, ente ns received that were promptly a political action committee (PAC	er the amount paid fr and directly delivered	om the filing organization's I to a separate political orga	funds Also enter the Inization, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

section 4911 tax for this year?

┌ Yes ┌ No

P	art II-A Complete if the organization under section 501(h)).	n is exempt under section 501(c)(3)	and filed For	m 5768	(election
A .	Check I if the filing organization belongs to	5 ,			
В	Check I if the filing organization checked bo Limits on Lobbying I (The term "expenditures" means a		Organ	Filing lization's otals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public	opinion (grass roots lobbying)			
b	Total lobbying expenditures to influence a legis	latıve body (dırect lobbyıng)		4,818	
c	Total lobbying expenditures (add lines 1a and 1	b)		4,818	
d	Other exempt purpose expenditures			58,545	
е	Total exempt purpose expenditures (add lines 1	c and 1d)		63,363	
f	Lobbying nontaxable amount Enter the amount columns	from the following table in both		12,673	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:			
	Not over \$500,000	20% of the amount on line 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000			
	Over \$17,000,000	\$1,000,000			
g	Grassroots nontaxable amount (enter 25% of li	ne 1f)		3,168	
h	Subtract line 1g from line 1a If zero or less, en	ter -0-		0	
i	Subtract line 1ffrom line 1c If zero or less, ent	er - 0 -		0	

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

	Lobbying Expenditures During 4-Year Averaging Period					
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a	Lobbying non-taxable amount				12,673	12,673
b	Lobbying ceiling amount (150% of line 2a, column(e))					19,010
c	Total lobbying expenditures				4,818	4,818
d	Grassroots non-taxable amount				3,168	3,168
е 	Grassroots ceiling amount (150% of line 2d, column (e))					4,752
f	Grassroots lobbying expenditures					

cne	edule C (Form 990 or 990-E2) 2010				Pa	ge 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has N (election under section 501(h)).	NOT fi	iled Fo	rm	5768	
	, , , , , , , , , , , , , , , , , , , ,	(;	a)		(b)	
		Yes	No	A	mount	:
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	V olunteers?					
ь	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities? If "Yes," describe in Part IV					
j	Total lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Pai	rt III-A Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6).	5 01 (c)(5), o	rse	ction	1
			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		
Pai	rt III-B Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part II answered "Yes".				ection	1
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
b	Carryover from last year	2b				
c	Total	2c				
3	Aggregate amount reported in section $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier Return Reference Explanation

efile GRAPHIC print - DO NOT PROCESS

AMERICAN CIVIL LIBERTIES UNION OF KENTUCKY INC

As Filed Data -

DLN: 93492272004051

Employer identification number

OMB No 1545-0047

2010

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or to provide any additional information.

► Attach to Form 990 or 990-EZ.

61-0597514

ldentifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	INTEREST 58

ldentifier	Return Reference	Explanation
OTHER EXPENSES		DESCRIPTION TELEPHONE AMOUNT 694 DESCRIPTION INSURANCE AMOUNT 187 DESCRIPTION EQUIPMENT RENTAL AMOUNT 704 DESCRIPTION TRAVEL/CONFERENCE AMOUNT 335 DESCRIPTION DUES AND SUBSCRIPTIONS AMOUNT 1,968 DESCRIPTION PROGRAM EXPENSE AMOUNT 2,574 DESCRIPTION MISCELLANEOUS AMOUNT 67 TOTAL TO FORM 990-EZ, LINE 16 6,529

Identifier	Return Reference	Explanation
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION OTHER RECEIVABLES BEG OF YEAR AMOUNT 3,377 END OF YEAR AMOUNT 5,749

Identifier	Return Reference	Explanation
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	DESCRIPTION DUE TO ACLU FOUNDATION BEG OF YEAR AMOUNT 1,575 END OF YEAR AMOUNT 1,043 DESCRIPTION ACCOUNTS PAYABLE BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 1,007

TY 2010 Transfers Personal Benefits Contracts Declaration

Name: AMERICAN CIVIL LIBERTIES UNION OF KENTUCKY INC

EIN: 61-0597514

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY

FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY,

ON A PERSONAL BENEFIT CONTRACT.