



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

# 2008

**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 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.

<b>A</b> For the 2008 calendar year, or tax year beginning <u>9/1/2008</u> , and ending <u>8/31/2009</u>	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.
<b>C</b> Name of organization <b>KENTUCKY COUNCIL ON CRIME AND DELINQUENCY, INC.</b>	
<b>D</b> Employer identification number <u>31-0919130</u>	
<b>E</b> Telephone number <u>502-863-3594</u>	
<b>F</b> Group Exemption Number <input type="checkbox"/>	
<b>G</b> Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶	
<b>H</b> Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	
<b>I</b> Website: ▶ <u>N/A</u>	
<b>J</b> Organization type (check only one)— <input checked="" type="checkbox"/> 501(c) ( <u>6</u> ) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
<b>K</b> Check <input type="checkbox"/> 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.	
<b>L</b> 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 ▶ \$ <u>54,691</u>	

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

Revenue	<b>1</b>	Contributions, gifts, grants, and similar amounts received	<b>1</b>	7,130
	<b>2</b>	Program service revenue including government fees and contracts	<b>2</b>	
	<b>3</b>	Membership dues and assessments	<b>3</b>	
	<b>4</b>	Investment income	<b>4</b>	283
	<b>5a</b>	Gross amount from sale of assets other than inventory	<b>5a</b>	0
	<b>5b</b>	Less: cost or other basis and sales expenses	<b>5b</b>	0
	<b>5c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	<b>5c</b>	0
	<b>6</b>	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	<b>6a</b>	Gross revenue (not including \$ <u>0</u> of contributions reported on line 1)	<b>6a</b>	46,743
<b>6b</b>	Less: direct expenses other than fundraising expenses	<b>6b</b>	36,383	
<b>6c</b>	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	<b>6c</b>	10,360	
<b>7a</b>	Gross sales of inventory, less returns and allowances	<b>7a</b>		
<b>7b</b>	Less: cost of goods sold	<b>7b</b>		
<b>7c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>	0	
<b>8</b>	Other revenue (describe ▶ <u>MISCELLANEOUS</u> )	<b>8</b>	535	
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	<b>9</b>	18,308	
Expenses	<b>10</b>	Grants and similar amounts paid (attach schedule)	<b>10</b>	5,650
	<b>11</b>	Benefits paid to or for members	<b>11</b>	
	<b>12</b>	Salaries, other compensation, and employee benefits	<b>12</b>	
	<b>13</b>	Professional fees and other payments to independent contractors	<b>13</b>	225
	<b>14</b>	Occupancy, rent, utilities, and maintenance	<b>14</b>	
	<b>15</b>	Printing, publications, postage, and shipping	<b>15</b>	341
	<b>16</b>	Other expenses (describe ▶ <u>See attached statement</u> )	<b>16</b>	14,615
	<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16	<b>17</b>	20,831
Net Assets	<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	-2,523
	<b>19</b>	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)	<b>19</b>	68,720
	<b>20</b>	Other changes in net assets or fund balances (attach explanation)	<b>20</b>	0
	<b>21</b>	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	<b>21</b>	66,197

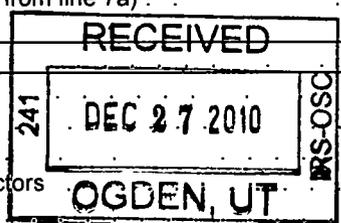
**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

		(A) Beginning of year	(B) End of year
<b>22</b>	Cash, savings, and investments	68,720	66,197
<b>23</b>	Land and buildings		
<b>24</b>	Other assets (describe ▶ _____)	0	0
<b>25</b>	<b>Total assets</b>	68,720	66,197
<b>26</b>	<b>Total liabilities</b> (describe ▶ _____)	0	0
<b>27</b>	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	68,720	66,197

For Privacy Act and Paperwork Reduction Act Notice, see the instruction for Form 990.  
(HTA)

Form **990-EZ** (2008)

SCANNED JAN 11 2011





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

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
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		X
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.		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37 a	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? N/A		
38 a	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?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved. 38b 0		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9. N/A		
b	Gross receipts, included on line 9, for public use of club facilities. N/A		
40 a	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. N/A		
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶ 0		
d	Enter amount of tax on line 40c reimbursed by the organization. ▶ 0		
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		X
41	List the states with which a copy of this return is filed. ▶		
42 a	The books are in care of ▶ Name MARY FRANCES COOPER Telephone no. ▶ 502-863-3594 Located at ▶ 301 KENTUCKY AVE City GEORGETOWN ST KY ZIP + 4 ▶ 40324		
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.	Yes	No
			X
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. ▶		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here. ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X
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.		X

**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
  - 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.  Yes  No
  - 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.  Yes  No
  - 49 a Did the organization make any transfers to an exempt non-charitable related organization?  Yes  No
  - b If "Yes," was the related organization(s) a section 527 organization? N/A
- 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
Name None City ST ZIP	Title Hr/WK .00	0	0	0
Name City ST ZIP	Title Hr/WK .00	0	0	0
Name City ST ZIP	Title Hr/WK .00	0	0	0
Name City ST ZIP	Title Hr/WK .00	0	0	0
Name City ST ZIP	Title Hr/WK .00	0	0	0
Total number of other employees paid over \$100,000 ▶		0	0	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
Name None City ST ZIP		0
Name City ST ZIP		0
Name City ST ZIP		0
Name City ST ZIP		0
Name City ST ZIP		0
Total number of other independent contractors each receiving over \$100,000 . . . ▶		0

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.

**Sign Here**  
 Signature of officer: James B. Sweat II Date: 12-21-10  
 Type or print name and title: JAMES B. SWEAT II, TREASURER

**Paid Preparer's Use Only**  
 Preparer's signature: Melinda L. Lynch Date: 11/11/2010 Check if self-employed:   
 Firm's name (or yours if self-employed), address, and ZIP +4: LYNCH & LYNCH CPAs, PLLC EIN: 27-2477938  
110 B POCAHONTAS TRAIL, GEORGETOWN, KY 40324 Phone no.: (502) 863-1893

May the IRS discuss this return with the preparer shown above? See instructions.  Yes  No



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events		
		SILENT AUCTION (event type)	PISTOL MATCH (event type)	2 (total number)	(Add col (a) through col (c))		
Revenue	1	Gross receipts . . . . .	10,273	1,025	35,445	46,743	
	2	Less: Charitable contributions . . . . .	0	0	0	0	
	3	Gross revenue (line 1 minus line 2) . . . . .	10,273	1,025	35,445	46,743	
Direct Expenses	4	Cash prizes . . . . .	0	0	0	0	
	5	Non-cash prizes . . . . .	0	0	0	0	
	6	Rent/facility costs . . . . .	0	0	0	0	
	7	Other direct expenses . . . . .	375	2,918	33,090	36,383	
	8	Direct expense summary. Add lines 4 through 7 in column (d) . . . . . ▶					( 36,383)
	9	Net income summary. Combine lines 3 and 8 in column (d) . . . . . ▶					10,360

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))		
		1	Gross revenue . . . . .				0
Direct Expenses	2	Cash prizes . . . . .				0	
	3	Non-cash prizes . . . . .				0	
	4	Rent/facility costs . . . . .				0	
	5	Other direct expenses . . . . .				0	
	6	Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
	7	Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶					( 0)
	8	Net gaming income summary. Combine lines 1 and 7 in column (d) . . . . . ▶					0

9	Enter the state(s) in which the organization operates gaming activities. _____	Yes	No
a	Is the organization licensed to operate gaming activities in each of these states? . . . . .	9a	
b	If "No," Explain: _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .	10a	
b	If "Yes," Explain: _____		
11	Does the organization operate gaming activities with nonmembers? . . . . .	11	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .	12	

		Yes	No
<b>13</b> Indicate the percentage of gaming activity operated in:	<b>a</b> The organization's facility . . . . .		
	<b>b</b> An outside facility . . . . .		
<b>14</b> Provide the name and address of the person who prepares the organization's gaming/special events books and records:			
Name ▶ .....			
Address ▶ .....			
<b>15a</b> Does the organization have a contract with a third party from whom the organization receives gaming revenue?		<b>15a</b>	
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ ..... and the amount of gaming revenue retained by the third party ▶ \$ .....			
<b>c</b> If "Yes," enter name and address.			
Name ▶ .....			
Address ▶ .....			
<b>16</b> Gaming manager information:			
Name ▶ .....			
Gaming manager compensation ▶ \$ .....0			
Description of services provided ▶ .....			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
<b>17</b> Mandatory distributions:			
<b>a</b> Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		<b>17a</b>	
<b>b</b> Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$			

**Part I, Line 1 (990-EZ) - Contributions, Gifts, Grants and Similar Amounts Received**

1	Contributions . . . . .	1	3,000
2	NonCash contributions . . . . .	2	
3	Membership dues and assessments (contributions from the public) . . . . .	3	4,130
4	Government contributions (grants) . . . . .	4	
5	Commercial co-venture . . . . .	5	
6	Special events contributions (Line 6 - Special Events) . . . . .	6	0
7	Associated organization contributions . . . . .	7	
8		8	
9		9	
10		10	
11	Total . . . . .	11	7,130

**Part I, Line 4 (990-EZ) - Investment Income**

1	Interest on savings and temporary cash investments . . . . .	1	283
2	Dividends and interest from securities . . . . .	2	
3	Gross rents . . . . .	3	
4	Other investment income . . . . .	4	
5	Total . . . . .	5	283

**Part I, Line 8 (990-EZ) - Other Revenue**

535

Description		Amount
1	MISCELLANEOUS	535
2		
3		
4		
5		
6		
7		
8		
9		
10		

**Part 1, Line 16 (990-EZ) - Other Expenses**

14,615

1	Travel, Meals and Entertainment		
	a Travel	1a	
	b Total meals and entertainment	1b	
2	Fundraising	2	
3	From Form 4562 - Amortization	3	
4	Conferences, conventions, and meetings	4	
5	Depreciation, depletion, etc.	5	
6	Equipment rental and maintenance	6	
7	Interest	7	
8	Supplies	8	
9	Telephone	9	
10	Unrelated business income taxes	10	0
11	BOARD EXPENSE	11	2,942
12	INSURANCE	12	269
13	DUES	13	2,013
14	MISC	14	6,363
15	NEW CHAPTER EXPENSES	15	1,000
16	RECEPTION EXPENSES	16	1,951
17	WEB SITE	17	77
18		18	
19		19	
20		20	
21		21	
22		22	
23		23	
24		24	
25		25	
26		26	

**Part II (Sch G (990/990EZ)) - Events**

	Line 1	Line 2	Line 3	Line 4	Line 5	Line 6	Line 7
	Gross Receipts	Less (Charitable contributions)	Gross Revenue (line 1 minus line 2)	Cash Prizes	Non-cash Prizes	Rent/Facility costs	Other direct expenses
1	10,273		10,273				375
2	1,025		1,025				2,918
3	11,125		11,125				8,446
4	24,320		24,320				24,644
5			0				
6			0				
7			0				
8			0				
9			0				
10			0				
11			0				
12			0				
13			0				
14			0				
15			0				
16			0				
17			0				
18			0				
19			0				
20			0				

46,743 0 46,743 0 0 0 0 36,383

**Kentucky Council on Crime & Delinquency  
Board of Directors (2008 – 2009)**

President	Tammy Lou Haynes 275 E Main St. PO Box 2400 Frankfort, KY 40601 (502) 564-5061
President-Elect	Beth Moore 380 Coffee Tree Road Frankfort, KY 40602 (502) 564-2120
Immediate Past President	LaDonna Thompson 813 Fiddler Lane Taylorsville, KY 40071 (502) 231-0557
Secretary	DeEdra Hart 312 W Columbia Street Oakland City, IN 47660 (270) 625-0627
Treasurer	Mary Frances Cooper 301 Kentucky Avenue Georgetown, KY 40324 (502) 863-3594
Director	Sharon Caudill PO Box 479 Burgin, KY 40310 (859) 239-7012
Director	Cookie Crews 3000 Ash Avenue Pewee Valley, KY 40056 (502) 241-8454

Director	Gary Prestigiacom 3001 West Hwy 146 LaGrange, KY 40032 (502) 222-9441
Director	Vickie Henley 200 Road to Justice West Liberty, KY 41472 (606) 743-2800
Director	Tom Mugavin 9808 Springbark Drive Louisville, KY 40241 (502) 423-7104
Director	Tim Settles PO Box 479 Burgin, KY 40310 (859) 239-7012
Bluegrass Chapter President	Bill Briscoe 952 Pilcher Road Frankfort, KY 40601 (502) 829-0201
Capitol Chapter President	Allison Clifton 223 Birchwood Avenue Frankfort, KY 40601 (502) 320-6688
Cave Run Chapter President	Fred Henley 200 Road to Justice West Liberty, KY 41472 (606) 743-2800
Eastern Kentucky University Chapter President	Shondra New 521 Lancaster Avenue Stratton 105 Richmond, KY 42633 (606) 278-1430

Four Rivers Chapter President Skyla Grief  
1506 Lake Barkley Drive  
Kuttawa, KY 42055  
(270) 388-5071

Green River Chapter President Rick Williams  
1200 River Road  
Central City, KY 42330  
(270) 754-5415

Herrington Lake Chapter  
President Rita Douglas  
PO Box 479  
Burgin, KY 40310  
(859) 239-7012

Louisville Chapter President Mary Godfrey  
PO Box 69  
LaGrange, KY 40031  
(502) 225-9755