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# Short Form Return of Organization Exempt From Income Tax

## 2010

**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, 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.

**A** For the 2010 calendar year, or tax year beginning 9/1/2010, and ending 8/31/2011

<p><b>B</b> Check if applicable:</p> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<p><b>C</b> Name of organization <b>KENTUCKY COUNCIL ON CRIME AND DELINQUENCY, INC.</b></p> <p>Number and street (or P O box, if mail is not delivered to street address) Room/suite <b>PO BOX 69</b></p> <p>City or town state or country ZIP + 4 <b>LAGRANGE KY 40031</b></p>	<p><b>D</b> Employer identification number <b>31-0919130</b></p> <p><b>E</b> Telephone number <b>502-863-3594</b></p> <p><b>F</b> Group Exemption Number ▶</p>
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**G** Accounting Method:  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

**I** Website: ▶ www.kccdonline.com

**J** Tax-exempt status (check only one) —  501(c)(3)  501(c) ( 6 ) ◀ (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)

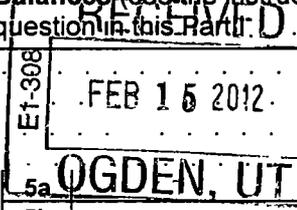
**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a 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. ▶ \$ 60,831

**Part I** **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I.)  
Check if the organization used Schedule O to respond to any question in this Part I.

	<p><b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .</p> <p><b>2</b> Program service revenue including government fees and contracts . . . . .</p> <p><b>3</b> Membership dues and assessments . . . . .</p> <p><b>4</b> Investment income . . . . .</p> <p><b>5a</b> Gross amount from sale of assets other than inventory . . . . .</p> <p><b>b</b> Less: cost or other basis and sales expenses . . . . .</p> <p><b>5c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .</p> <p><b>6</b> Gaming and fundraising events</p> <p><b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .</p> <p><b>b</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 exceeds \$15,000) . . . . .</p> <p><b>6c</b> Less direct expenses from gaming and fundraising events . . . . .</p> <p><b>6d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .</p> <p><b>7a</b> Gross sales of inventory, less returns and allowances . . . . .</p> <p><b>b</b> Less: cost of goods sold . . . . .</p> <p><b>7c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .</p> <p><b>8</b> Other revenue (describe in Schedule O) . . . . .</p> <p><b>9</b> <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶</p>		<p><b>1</b> 13,524</p> <p><b>2</b></p> <p><b>3</b> 5,917</p> <p><b>4</b> 305</p> <p><b>5a</b></p> <p><b>5b</b></p> <p><b>5c</b> 0</p> <p><b>6a</b></p> <p><b>6b</b> 41,085</p> <p><b>6c</b> 26,229</p> <p><b>6d</b> 14,856</p> <p><b>7a</b></p> <p><b>7b</b></p> <p><b>7c</b> 0</p> <p><b>8</b></p> <p><b>9</b> 34,602</p>
	<p><b>10</b> Grants and similar amounts paid (list in Schedule O) . . . . .</p> <p><b>11</b> Benefits paid to or for members . . . . .</p> <p><b>12</b> Salaries, other compensation, and employee benefits . . . . .</p> <p><b>13</b> Professional fees and other payments to independent contractors . . . . .</p> <p><b>14</b> Occupancy, rent, utilities, and maintenance . . . . .</p> <p><b>15</b> Printing, publications, postage, and shipping . . . . .</p> <p><b>16</b> Other expenses (describe in Schedule O) . . . . .</p> <p><b>17</b> <b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶</p>		<p><b>10</b> 6,400</p> <p><b>11</b></p> <p><b>12</b></p> <p><b>13</b> 2,300</p> <p><b>14</b></p> <p><b>15</b></p> <p><b>16</b> 9,382</p> <p><b>17</b> 18,082</p>
	<p><b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .</p> <p><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) . . . . .</p> <p><b>20</b> Other changes in net assets or fund balances (explain in Schedule O) . . . . .</p> <p><b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ▶</p>		<p><b>18</b> 16,520</p> <p><b>19</b> 77,750</p> <p><b>20</b> -4,993</p> <p><b>21</b> 89,277</p>

SCANNED MAR 06 2012 Revenue



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

Check if the organization used Schedule O to respond to any question in this Part V.

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).		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, explain in Schedule O why the organization did not report the income on Form 990-T.		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.		X
37a	a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
37b	b Did the organization file Form 1120-POL for this year?		X
38a	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 outstanding at the end of the tax year covered by this return?		X
38b	b If "Yes," complete Schedule L, Part II and enter the total amount involved.		
39	Section 501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9.		
39b	b Gross receipts, included on line 9, for public use of club facilities.		
40a	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
40b	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.		
40c	c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶		
40d	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. ▶		
40e	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. ▶ KY		
42a	a The organization's books are in care of ▶ JAMES B SWEAT II Telephone no. ▶ 859 221-5077 Located at ▶ PO BOX 69 City LAGRANGE ST KY ZIP + 4 ▶ 40031		
42b	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.		X
42c	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		
44a	a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X
44b	b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X
44c	c Did the organization receive any payments for indoor tanning services during the year?		X
44d	d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. N/A		

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ.	45a	X
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	46	X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.  
 Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	48	
49 a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's 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		
Name City ST ZIP	Title Hr/WK	.00		
Name City ST ZIP	Title Hr/WK	.00		
Name City ST ZIP	Title Hr/WK	.00		
Name City ST ZIP	Title Hr/WK	.00		

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's 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		
Name City ST ZIP		
Name City ST ZIP		
Name City ST ZIP		
Name City ST ZIP		

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A.  Yes  No

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: *James B. Sweatt* Signature of officer | 2-8-12 Date  
 Type or print name and title: JAMES B. SWEATT, TREASURER | 2-8-12

Paid Preparer's Use Only	Print/preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	MILDRED L LYNCH		2/5/2012		PO1361249
	Firm's name	Firm's EIN			
	LYNCH and LYNCH CPAs, PLLC	27-2477938			
	Firm's address	Phone no			
	110 B POCAHONTAS TRAIL, GEORGETOWN, KY 40324	(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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events		
		GOLF TOURNEY (event type)	CONFERENCE INCOM (event type)	2 (total number)	(add col (a) through col (c))		
Revenue	1	Gross receipts . . . . .	4,746	32,540	3,799	41,085	
	2	Less: Charitable contributions . . . . .	0	0	0	0	
	3	Gross income (line 1 minus line 2) . . . . .	4,746	32,540	3,799	41,085	
Direct Expenses	4	Cash prizes . . . . .	0	0	0	0	
	5	Noncash prizes . . . . .	0	0	0	0	
	6	Rent/facility costs . . . . .	0	0	0	0	
	7	Food and beverages . . . . .	0	0	0	0	
	8	Entertainment . . . . .	0	0	0	0	
	9	Other direct expenses . . . . .	3,590	21,539	1,100	26,229	
	10	Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶					( 26,229)
	11	Net income summary. Combine line 3, column (d), and line 10 . . . . . ▶					14,856

**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))	
Revenue	1	Gross revenue . . . . .			0	
Direct Expenses	2	Cash prizes . . . . .			0	
	3	Noncash 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 line 1, column d, and line 7 . . . . . ▶				0

- 9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_
- a Is the organization licensed to operate gaming activities in each of these states? . . . . .  Yes  No
- b If "No," explain: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No
- b If "Yes," explain: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_



**SCHEDULE O**  
(Form 990 or 990-EZ)

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Name of the organization

KENTUCKY COUNCIL ON CRIME AND DELINQUENCY, INC.

Employer identification number

31-0919130

Form 990-EZ, Part I, Line 10, Grants Paid Activity: SCHOLARSHIP, Grantee: VARIOUS

INDIVIDUALS, Cash Grant: 4,400, Relationship: NONE

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: CATASTROPHIC PAYMENT, Grantee: VARIOUS

INDIVIDUALS, Cash Grant: 2,000, Relationship: NONE

Form 990-EZ, Part I, Line 16, Other Expenses, Supplies: 250

Form 990-EZ, Part I, Line 16, Other Expenses: OFFICE EXPENSE: 5,779

Form 990-EZ, Part I, Line 16, Other Expenses: INSURANCE: 275

Form 990-EZ, Part I, Line 16, Other Expenses: DUES: 2,896

Form 990-EZ, Part I, Line 16, Other Expenses: MISC: 182

Form 990-EZ, Part I, Line 20, Net Assets: DECREASE DUE TO CHANGE IN TREASURERS AND BOOKKEEPING

SYSTEMS: -4,993

Form 990-EZ, Part II, Line 24, Other Assets: DEPOSIT IN TRANSIT: Beginning of year: 0, End of

year: 102

Form 990-EZ Part III THE PRIMARY EXEMPT PURPOSE OF KCCD IS TO IMPROVE STANDARDS, PROCEDURES,

OPERATIONS AND SERVICES IN FIELDS RELATING TO THE PREVENTION OF CRIME AND DELINQUENCY, TO

ENCOURAGE RESEARCH AND SERVE AS A SPONSORING AGENCY FOR RESEARCH, TO PROMOTE WIDE CITIZEN

INTEREST IN CORRECTIONS AND PREVENTION FIELDS, TO PROMOTE AND ENCOURAGE EFFECTIVE COOPERATION

AMONG THE VARIOUS AGENCIES IN THE CORRECTIONAL CYCLE, TO ENCOURAGE THE DEVELOPMENT OF

RESOURCES WITHIN THE STATE TO PROVIDE ADJUNCT SERVICES TO OFFENDERS, TO ENCOURAGE COOPERATION

WITH OTHER REGIONAL AND NATIONAL CORRECTIONAL ASSOCIATIONS.

# Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box.
  - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

## Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only.

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b> File by the due date for filing your return See instructions	Name of exempt organization <b>KENTUCKY COUNCIL ON CRIME AND DELINQUENCY, INC.</b>	Employer identification number <b>31-0919130</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>PO BOX 69</b>	
	City, town or post office, state, and ZIP code For a foreign address, see instructions. <b>LAGRANGE KY 40031</b>	

Enter the Return code for the return that this application is for (file a separate application for each return) . . . . .

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ JAMES B SWEAT II
- Telephone No. ▶ 859 221-5077 FAX No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box.
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box.  . If it is for part of the group, check this box.  and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 4/15/2012, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning 9/1/2010 and ending 8/31/2011

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$
<b>c</b> Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$ 0

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.