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# Short Form Return of Organization Exempt From Income Tax

# 2011

## Open to Public Inspection

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

Department of the Treasury  
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

**A** For the 2011 calendar year, or tax year beginning -9/1/2011, and ending 8/31/2012

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization: KENTUCKY COUNCIL ON CRIME AND DELINQUENCY, INC.  
 Number and street (or P O box, if mail is not delivered to street address) PO BOX 69 Room/suite \_\_\_\_\_  
 City or town LAGRANGE state or country KY ZIP + 4 40031

**D** Employer identification number: 31-0919130

**E** Telephone number: 502-863-3594

**F** Group Exemption Number ▶ \_\_\_\_\_

**G** Accounting Method:  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**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

**K** Check  if the organization is not a section 509(a)(3) supporting organization or a section 527 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 ▶ \$ 69,425

**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.

SCANNED Revenue 2013	<b>1</b>	Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	6,700
	<b>2</b>	Program service revenue including government fees and contracts . . . . .	<b>2</b>	
	<b>3</b>	Membership dues and assessments . . . . .	<b>3</b>	4,853
	<b>4</b>	Investment income . . . . .	<b>4</b>	126
	<b>5a</b>	Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	
	<b>5b</b>	Less: cost or other basis and sales expenses . . . . .	<b>5b</b>	
	<b>5c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	<b>5c</b>	0
	<b>6</b>	Gaming and fundraising events		
	<b>6a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	<b>6a</b>	
<b>6b</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) . . . . .	<b>6b</b>	57,746	
<b>6c</b>	Less: direct expenses from gaming and fundraising events . . . . .	<b>6c</b>	80,828	
<b>6d</b>	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	<b>6d</b>	-23,082	
<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 in Schedule O) . . . . .	<b>8</b>		
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. ▶	<b>9</b>	-11,403	
Expenses	<b>10</b>	Grants and similar amounts paid (list in Schedule O) . . . . .	<b>10</b>	7,250
	<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>	560
	<b>14</b>	Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	
	<b>15</b>	Printing, publications, postage, and shipping . . . . .	<b>15</b>	5,353
	<b>16</b>	Other expenses (describe in Schedule O) . . . . .	<b>16</b>	3,158
	<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16. ▶	<b>17</b>	16,321
Net Assets	<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	-27,724
	<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>	89,277
	<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>20</b>	
	<b>21</b>	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20. ▶	<b>21</b>	61,553

P  
8



Part V Other Information (Note the Schedule A and personal benefit contract 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 significant 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 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O.		X
35 c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.		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
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions. <input type="text" value="37a"/>		
b	Did the organization file Form 1120-POL for this year?		X
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 outstanding at the end of the tax year covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved. <input type="text" value="38b"/>		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9. <input type="text" value="39a"/>		
b	Gross receipts, included on line 9, for public use of club facilities. <input type="text" value="39b"/>		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <input type="text"/> ; section 4912 <input type="text"/> ; section 4955 <input type="text"/>		
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.		
40 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. <input type="text"/>		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. <input type="text"/>		
40 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. <input type="text" value="KY"/>		
42 a	The organization's books are in care of <input type="text" value="AMANDA DEES"/> Telephone no. <input type="text" value="859 221-5077"/> Located at <input type="text" value="PO BOX 69"/> City <input type="text" value="LAGRANGE"/> ST <input type="text" value="KY"/> ZIP + 4 <input type="text" value="40031"/>		
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: <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
42 b			X
42 c	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: <input type="text"/>		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. <input type="text" value="43"/>		
44 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
44 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
44 c	Did the organization receive any payments for indoor tanning services during the year?		X
44 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.		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45 b	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 (see instructions).		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. Yes No  
46

**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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II. Yes No  
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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
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 Date  
 Signature of officer: Amanda Dees 4/12/13  
 Type or print name and title: Amanda Dees, Treasurer

**Paid Preparer Use Only**

Pprint/Type preparer's name MILDRED L LYNCH	Preparer's signature <u>Mildred L Lynch</u>	Date 4/10/2013	Check <input type="checkbox"/> if self-employed	PTIN P01361249
Firm's name ▶ LYNCH and LYNCH CPAs, PLLC	Firm's EIN ▶ 27-2477938	Firm's address ▶ 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 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		
		CONFERENCE (event type)	GOLF TOURNAMENT (event type)	3 (total number)	(add col. (a) through col. (c))		
Revenue	1	Gross receipts . . . . .	43,076	7,400	7,270	57,746	
	2	Less: Charitable contributions . . . . .	0	0	0	0	
	3	Gross income (line 1 minus line 2) . . . . .	43,076	7,400	7,270	57,746	
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 . . . . .	79,565	1,260	3	80,828	
	10	Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				(	80,828)
	11	Net income summary. Combine line 3, column (d), and line 10 . . . . .					-23,082

**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

**2011**

**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

Employer identification number

KENTUCKY COUNCIL ON CRIME AND DELINQUENCY, INC.

31-0919130

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

Grant: 3,250, Relationship: NONE

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

Grant: 4,000, Relationship: NONE

Form 990-EZ, Part I, Line 16, Other Expenses: BANK FEES: 72

Form 990-EZ, Part I, Line 16, Other Expenses: DUES: 3,086

Form 990-EZ, Part II, Line 24, Other Assets: DEPOSIT IN TRANSIT: Beginning of year: 102, 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

OMB No 1545-1709

▶ **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> <small>File by the due date for filing your return. See instructions.</small>	<small>Enter filer's identifying number, see instructions</small>	
	Name of exempt organization or other filer, see instructions. <b>KENTUCKY COUNCIL ON CRIME AND DELINQUENCY, INC.</b>	Employer identification number (EIN) or <input checked="" type="checkbox"/> <b>31-0919130</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>PO BOX 69</b>	Social security number (SSN) <input type="checkbox"/>
	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	01	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 4/15/2013 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 9/1/2011 and ending 8/31/2012

**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> <b>Balance due.</b> 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>	\$	<b>0</b>

**Kentucky Council on Crime & Delinquency  
Board of Directors (2011 - 2012)**

President Tammy Lou Wright  
275 E Main Street, PO Box 2400  
Frankfort, KY 40602  
(502) 564-5061

President-Elect Ray Canterberry  
223 North Main Street  
Versailles, KY 40383  
(859) 873-5549

Immediate Past President Mary Godfrey  
275 E Main Street, PO Box 2400  
Frankfort, KY 40602  
(502) 564-2220

Secretary DeEdra Hart  
374 New Bethel Road  
Fredonia, KY 42411  
(270) 388-9781

Treasurer *Amanda Dees*  
PO Box 69  
LaGrange, KY 40031  
(502) 222-0170

Director David Bradley  
200 Road to Justice  
West Liberty, KY 41472  
(606) 743-2800

Director Dale Hazelwood  
PO Box 69  
LaGrange, KY 40031  
(502) 222-0170

Director	Leigh Jent 274 New Bethel Road Fredonia, KY 42411 (270) 388-9781
Director	Beth Moore 275 E Main Street, PO Box 2400 Frankfort, KY 40602 (502) 564-2220
Director	Gary Prestigiacomio PO Box 479 Burgin, KY 40310 (859) 239-7012
Director	Tim Settles PO Box 479 Burgin, KY 40310 (859) 239-7012
Bluegrass Chapter President	Tim Taulbee 3111 Spurr Road Lexington, KY 40511 (859) 246-2366
Capitol Chapter President	Kristen Proctor 275 E Main Street, PO Box 2400 Frankfort, KY 40602 (502) 564-4360
Cave Run Chapter President	Shawn McKenzie 200 Road to Justice West Liberty, KY 41472 (606) 743-2800
Four Rivers Chapter President	Vanessa Kennedy 374 New Bethel Road Fredonia, KY 42411 (270) 388-9781

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

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

Laurel Gorge Chapter  
President Paul Holbrook  
Route 5, Box 1000  
Sandy Hook, KY 41171

Louisville Chapter President Sharon Veech  
PO Box 69  
LaGrange, KY 40031  
(502) 222-0170