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Short Form Return of Organization Exempt From Income Tax

2012

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 2012 calendar year, or tax year beginning <u>9/1/2012</u> , and ending <u>8/31/2013</u>	
B	Check if applicable	C Name of organization
<input type="checkbox"/>	Address change	KENTUCKY COUNCIL ON CRIME AND DELINQUENCY, INC
<input type="checkbox"/>	Name change	
<input type="checkbox"/>	Initial return	D Employer identification number
<input type="checkbox"/>	Terminated	31-0919130
<input type="checkbox"/>	Amended return	E Telephone number
<input type="checkbox"/>	Application pending	502-863-3594
		F Group Exemption Number ▶

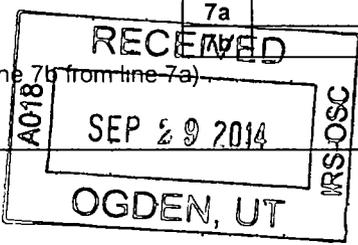
G Accounting Method	<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶ _____	H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
I Website: ▶	www.kccdonline.com	
J Tax-exempt status (check only one) —	<input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(6) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 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. ▶ \$ 72,215

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

	Description		Amount
	1 Contributions, gifts, grants, and similar amounts received	1	5,076
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	33
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	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)	6b	67,106
	c Less direct expenses from gaming and fundraising events	6c	15,805
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	51,301
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less cost of goods sold		
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
	8 Other revenue (describe in Schedule O)	8	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	56,410
	10 Grants and similar amounts paid (list in Schedule O)	10	5,010
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	5,990
	17 Total expenses. Add lines 10 through 16	17	11,000
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	45,410
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	61,553
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	-2
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	106,961



SCANNED OCT 10 2014 #NetAssets

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

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
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)
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)?
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
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
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
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions
b Did the organization file Form 1120-POL for this year?
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?
b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations Enter
a Initiation fees and capital contributions included on line 9
b Gross receipts, included on line 9, for public use of club facilities
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955
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
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
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed
42 a The organization's books are in care of AMANDA DEES Telephone no 859 221-5077
Located at PO BOX 69 City LAGRANGE ST KY ZIP + 4 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
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.
c At any time during the calendar year, did the organization maintain an office outside the U S? If "Yes," enter the name of the foreign country
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year
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
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
c Did the organization receive any payments for indoor tanning services during the year?
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)?
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)

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		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations 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

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49 a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

	Yes	No
47		
48		
49a		X
49b		X

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 title of each employee paid more than \$100,000	(b) 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 Title	Hr/WK 00			
Name Title	Hr/WK 00			
Name Title	Hr/WK 00			
Name Title	Hr/WK 00			
Name 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

Signature of officer: Amanda Dees Date: 6/30/14

Type or print name and title: Amanda Dees, Treasurer

Paid Preparer Use Only

Print/Type preparer's name: MILDRED L LYNCH
 Preparer's signature: Mered L Lynch
 Date: 6/24/2014
 Check 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 TOURNEY (event type)	2 (total number)	(add col (a) through col (c))	
Revenue	1	Gross receipts	59,681	3,975	3,450	67,106
	2	Less Contributions			0	0
	3	Gross income (line 1 minus line 2)	59,681	3,975	3,450	67,106
Direct Expenses	4	Cash prizes			0	0
	5	Noncash prizes			0	0
	6	Rent/facility costs			0	0
	7	Food and beverages			0	0
	8	Entertainment			0	0
	9	Other direct expenses	13,373	1,934	498	15,805
	10	Direct expense summary Add lines 4 through 9 in column (d)				▶
11	Net income summary Combine line 3, column (d), and line 10				▶	51,301

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		
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

2012

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 16, Other Expenses Meals and entertainment 3,637

Form 990-EZ, Part I, Line 16, Other Expenses Supplies 289

Form 990-EZ, Part I, Line 16, Other Expenses BANK FEES 12

Form 990-EZ, Part I, Line 16, Other Expenses DUES 1,670

Form 990-EZ, Part I, Line 16, Other Expenses MISC 113

Form 990-EZ, Part I, Line 16, Other Expenses INSURANCE 269

Form 990-EZ, Part I, Line 20, Net Assets ROUNDING DIFFERENCES -2

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

of year 0

**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	<i>Amanda Dees</i> 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 Prestigiaco 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

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)
 Enter filer's identifying number, see instructions

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

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	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

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868

- The books are in the care of **AMANDA DEES**
 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

- 4 I request an additional 3-month extension of time until 7/15/2014
- 5 For calendar year _____, or other tax year beginning 9/1/2012, and ending 8/31/2013
- 6 If the tax year entered in line 5 is for less than 12 months, check reason Initial return Final return Change in accounting period
- 7 State in detail why you need the extension Additional time is needed to gather all of the information needed to file a return

8a 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	8a	\$	0
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 and any amount paid previously with Form 8868	8b	\$	0
c Balance due. Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	\$	0

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature Melinda L. Long Title CPA Date 4/15/14