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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2016

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- ▶ Do not enter social security numbers on this form as it may be made public.
- ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 9/1/2016 and ending 8/31/2017

B Check if applicable:
 Address change
 Name change
 Initial return
 Final 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) / Room/suite: PO BOX 2400
 City or town / State / ZIP code: FRANKFORT KY 40601
 Foreign country name / Foreign province/state/county / Foreign postal code: _____

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 Form of organization: Corporation Trust Association Other _____

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 97,402

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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

Line	Description	Amount
1	Contributions, gifts, grants, and similar amounts received	5,978
2	Program service revenue including government fees and contracts	
3	Membership dues and assessments	
4	Investment income	16
5a	Gross amount from sale of assets other than inventory	
5b	Less cost or other basis and sales expenses	
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	0
6	Gaming and fundraising events	
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	
6b	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)	91,408
6c	Less direct expenses from gaming and fundraising events	52,324
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	39,084
7a	Gross sales of inventory, less returns and allowances	
7b	Less cost of goods sold	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	0
8	Other revenue (describe in Schedule O)	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	45,078
10	Grants and similar amounts paid (list in Schedule O)	14,150
11	Benefits paid to or for members	
12	Salaries, other compensation, and employee benefits	
13	Professional fees and other payments to independent contractors	
14	Occupancy, rent, utilities, and maintenance	
15	Printing, publications, postage, and shipping	3,410
16	Other expenses (describe in Schedule O)	14,218
17	Total expenses. Add lines 10 through 16	31,778
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	13,300
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)	77,690
20	Other changes in net assets or fund balances (explain in Schedule O)	9,292
21	Net assets or fund balances at end of year. Combine lines 18 through 20	100,282

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2016)

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Part II Balance Sheets. (see the instructions for Part II)

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

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	77,690	22	100,282
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	77,690	25	100,282
26 Total liabilities (describe in Schedule O)		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	77,690	27	100,282

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

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

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 GAVE AWAY A SCHOLARSHIP AVAILABLE FOR MEMBERS AND THIER IMMEDIATE FAMILIES PURSUING A DEGREE IN CRIMINAL JUSTICE RELATED PROGRAMS			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a		5,400
29 FUNDED A MEMBER AND OR THEIR IMMEDIATE FAMILY WHO SUFFERED A CATASTROPHIC EVENT TO HELP EASE THE FINANCIAL BURDEN OF SUCH AN OCCURENCE			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a		8,750
30			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a		
31 Other program services (describe in Schedule O)			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a		
32 Total program service expenses. (add lines 28a through 31a)	32		14,150

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
BETH MOORE TREASURER	Hr/WK 4 00	0		
ABBY McINTIRE PRESIDENT	Hr/WK 4 00	0		
AMANDA DEES PRESIDENT ELECT	Hr/WK 2 00	0		
DAVID BRADLEY IMMEDIATE PAST PRESIDENT	Hr/WK 2 00	0		
DEEDRA HART SECRETARY	Hr/WK 2 00	0		
MICHAEL CAUDILL DIRECTOR	Hr/WK 1 00	0		
COOKIE CREWS DIRECTOR	Hr/WK 1 00	0		
VANESSA KENNEDY DIRECTOR	Hr/WK 1 00	0		
COLE MORRELL DIRECTOR	Hr/WK 1 00	0		
GARY PRESTIGIACOMO DIRECTOR	Hr/WK 1 00	0		
MICHELLE VANCE DIRECTOR	Hr/WK 1 00	0		
SHARON JOHNSON BLUEGRASS CHAPTER PRES	Hr/WK 1 00	0		

90

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
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities...
35 b If "Yes," to line 35a, has the organization filed a Form 990-T for the year?
35 c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization...
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions
37 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...
38 b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations Enter
39 a Initiation fees and capital contributions included on line 9
39 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...
40 b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction...
40 c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers...
40 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization
40 e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
41 List the states with which a copy of this return is filed
42 a The organization's books are in care of BETH MOORE Telephone no (502) 782-2353
Located at PO BOX 2400 City FRANKFORT ST KY ZIP + 4 40601
42 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...
42 c At any time during the calendar year, did the organization maintain an office outside the United States?
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?
44 b Did the organization operate one or more hospital facilities during the year?
44 c Did the organization receive any payments for indoor tanning services during the year?
44 d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments?
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)?

Table with columns Yes and No. Rows 33-45b. Contains 'X' marks in the 'No' column for rows 33, 34, 35a, 35b, 35c, 36, 37b, 38a, 38b, 39a, 39b, 40b, 40c, 40e, 42b, 42c, 44a, 44b, 44c, 44d, 45a, 45b.

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

	Yes	No
47		

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

	Yes	No
48		

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

	Yes	No
49a		

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

	Yes	No
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 title of each employee	(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	Hr/WK 00			
Title	Hr/WK 00			
Name	Hr/WK 00			
Title	Hr/WK 00			
Name	Hr/WK 00			
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 business address of each independent contractor	(b) Type of service	(c) Compensation
Name None		
City		
Name		
City		
Name		
City		
Name		
City		
Name		
City		

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 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: Beth Moore
 Date: 1/12/18
 Type or print name and title: Beth Moore

Paid Preparer Use Only
 Print/Type preparer's name: MILDRED L LYNCH
 Preparer's signature: Mildred Lynch
 Date: 1/5/2018
 Check if self-employed
 PTIN: P01361249
 Firm's name: LYNCH & 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" on 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)	NONE (total number)	(add col (a) through col (c))	
Revenue	1	Gross receipts	91,408	0	91,408	
	2	Less Contributions		0	0	
	3	Gross income (line 1 minus line 2)	91,408	0	0	91,408
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	49,462	2,862	0	52,324
	10	Direct expense summary Add lines 4 through 9 in column (d)				52,324
11	Net income summary Subtract line 10 from line 3, column (d)				39,084	

Part III Gaming. Complete if the organization answered "Yes" on 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 Subtract line 7 from line 1, column (d)				0

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct 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

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

KENTUCKY COUNCIL ON CRIME AND DELINQUENCY, INC

Employer identification number

31-0919130

Form 990-EZ, Part I, Line 16, Other Expenses TRAVEL 5,023

Form 990-EZ, Part I, Line 16, Other Expenses CONFERENCES, CONVENTIONS, AND MEETINGS 3,217

Form 990-EZ, Part I, Line 16, Other Expenses MEMBERSHIPS 797

Form 990-EZ, Part I, Line 16, Other Expenses DUES 3,107

Form 990-EZ, Part I, Line 16, Other Expenses CONTRIBUTIONS 1,250

Form 990-EZ, Part I, Line 16, Other Expenses APPAREL 824

Form 990-EZ, Part I, Line 20, Net Assets PRIOR PERIOD ADJ 9,292

Form 990-EZ, Part III, Line PRIM EX PURP 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 ANTIONAL CORRECTIONAL ASSOCIATIONS