

2017

Open to Public Inspection

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

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.
Go to www.irs.gov/Form990EZ for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Form sections A through L: A For the 2017 calendar year, or tax year beginning 9/1/2017, and ending 8/31/2018; B Check if applicable; C Name of organization KENTUCKY COUNCIL ON CRIME AND DELINQUENCY, INC; D Employer identification number 31-0919130; E Telephone number 502-863-3594; F Group Exemption Number; G Accounting Method X Cash; I Website: www.kccdonline.com; J Tax-exempt status X 501(c)(6); K Form of organization X Corporation; L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts \$ 104,486

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 X

Table with 21 rows and 2 columns. Rows 1-9: Revenue (Total revenue 31,601). Rows 10-17: Expenses (Total expenses 30,280). Rows 18-21: Net Assets (Total 102,259). Includes a 'RECEIVED' stamp dated NOV 16 2018 from IRS-OSC, OGDEN, UT.

SCANNED DEC 14 2018 Revenue

69 5

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	100,282	22	102,259
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	100,282	25	102,259
26 Total liabilities (describe in Schedule O)		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	100,282	27	102,259

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

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

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

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	2,200
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	11,774
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	13,974

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 IMMEDIATE PAST PRESIDENT	Hr/WK 2 00	0		
AMANDA DEES PRESIDENT	Hr/WK 4 00	0		
SHAWN MCKENZIE PRESIDENT ELECT	Hr/WK 2 00	0		
DEEDRA HART SECRETARY	Hr/WK 2 00	0		
MICHAEL CAUDILL DIRECTOR	Hr/WK 1 00	0		
KRISTIN HARROD DIRECTOR	Hr/WK 1 00	0		
VANESSA KENNEDY DIRECTOR	Hr/WK 1 00	0		
HEATHER MEREDITH DIRECTOR	Hr/WK 1 00	0		
JAMES SWEAT DIRECTOR	Hr/WK 1 00	0		
SHARON JOHNSON BLUEGRASS CHAPTER PRES	Hr/WK 1 00	0		
AMANDA SAYLE CAPITOL CHAPTER PRESIDENT	Hr/WK 1 00	0		

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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?
34 Were any significant changes made to the organizing or governing documents?
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities...
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
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?
39 Section 501(c)(7) organizations Enter
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911
41 List the states with which a copy of this return is filed
42 a The organization's books are in care of
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041
44 a Did the organization maintain any donor advised funds during the year?
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Table with columns Yes and No. Rows 33-40e. Marked with X in No column for 33, 34, 35a, 35c, 36, 37b, 38a, 40b, 40e.

Table with columns Yes and No. Rows 42b, 42c. Marked with X in No column for 42b, 42c.

Table with columns Yes and No. Rows 44a-45b. Marked with X in No column for 44a, 44b, 44c, 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

Table with Yes/No columns for question 46. Answer: No (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

Table with Yes/No columns for question 47. Answer: No

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

Table with Yes/No columns for question 48. Answer: No

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

Table with Yes/No columns for question 49a. Answer: No

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

Table with Yes/No columns for question 49b. Answer: No

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"

Table for question 50 with columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation, (d) Health benefits, (e) Estimated amount of other compensation. All entries are "None".

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"

Table for question 51 with columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. All entries are "None".

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 (X) 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, Beth Moore; Date 11/13/18

Paid Preparer Use Only: Preparer's name MILDRED L LYNCH, Preparer's signature, Date 11/1/2018, Firm's name LYNCH & LYNCH CPAs PLLC, Firm's address 110 POCAHONTAS TR SUITE B, GEORGETOWN, KY 40324

May the IRS discuss this return with the preparer shown above? See instructions (X) Yes No

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ

▶ Go to www.irs.gov/Form990 for the latest instructions.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization

KENTUCKY COUNCIL ON CRIME AND DELINQUENCY, INC

Employer identification number

31-0919130

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17
Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1					0	0	0
2					0	0	0
3					0	0	0
4					0	0	0
5					0	0	0
6					0	0	0
7					0	0	0
8					0	0	0
9					0	0	0
10					0	0	0
Total					0	0	0

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

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)	1 (total number)	(add col (a) through col (c))		
Revenue	1	Gross receipts	85,253	6,645	1,660	93,558	
	2	Less Contributions			0	0	
	3	Gross income (line 1 minus line 2)	85,253	6,645	1,660	93,558	
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	71,092		1,793	72,885	
	10	Direct expense summary Add lines 4 through 9 in column (d)				(72,885)
	11	Net income summary Subtract line 10 from line 3, column (d)					20,673

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.

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Department of the Treasury
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Name of the organization

KENTUCKY COUNCIL ON CRIME AND DELINQUENCY, INC

Employer identification number

31-0919130

Form 990-EZ, Part I, Line 8, Other Revenue MISCELLANEOUS 3,385

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

Cash Grant 11,774, Relationship

Form 990-EZ, Part I, Line 16, Other Expenses Travel 4,318

Form 990-EZ, Part I, Line 16, Other Expenses Conferences, conventions, and meetings 2,413

Form 990-EZ, Part I, Line 16, Other Expenses Supplies 1,265

Form 990-EZ, Part I, Line 16, Other Expenses DUES 410

Form 990-EZ, Part I, Line 16, Other Expenses CONTRIBUTIONS 3,085

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

Form 990-EZ, Part I, Line 16, Other Expenses OFFICE EXPENSES 4,810

Form 990-EZ, Part I, Line 20, Net Assets PRIOR PERIOD ADJ 656

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

DEVELPMENT OF RESOURCES WITHIN THE STATE TO PROVIDE ADJUNCT SERVICES TO OFFENDERS TO

ENCOURAGE COOPERATION WITH OTHER REGIONAL AND NATIONAL CORRECTIONAL ASSOCIATIONS