

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2018

Open to Public Inspection

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. *1908*
- Go to www.irs.gov/Form990EZ for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

A For the 2018 calendar year, or tax year beginning 9/1/2018, and ending 8/31/2019

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 *06*

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 1

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

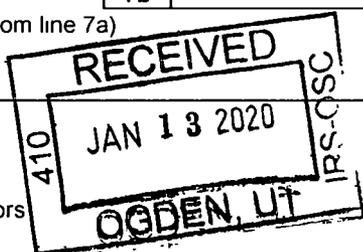
H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K 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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 126,642

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

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1		18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	2		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)
3	Membership dues and assessments	3		20	Other changes in net assets or fund balances (explain in Schedule O)
4	Investment income	4	7	21	Net assets or fund balances at end of year. Combine lines 18 through 20
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	113,307		
c	Less direct expenses from gaming and fundraising events	6c	93,568		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	19,739		
7a	Gross sales of inventory, less returns and allowances	7a			
b	Less cost of goods sold	7b			
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	33,074		
10	Grants and similar amounts paid (list in Schedule O)	10	12,350		
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	644		
14	Occupancy, rent, utilities, and maintenance	14			
15	Printing, publications, postage, and shipping	15			
16	Other expenses (describe in Schedule O)	16	17,722		
17	Total expenses. Add lines 10 through 16	17	30,716		
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	2,358		
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	102,259		
20	Other changes in net assets or fund balances (explain in Schedule O)	20			
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	104,617		



SCANNED FEB 18 2020

For Paperwork Reduction Act Notice, see the separate instructions.

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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	102,259	22	104,617
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	102,259	25	104,617
26 Total liabilities (describe in Schedule O)		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	102,259	27	104,617

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	3,600
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	12,350

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
SHANNON BUTRUM TREASURER	Hr/WK 4 00	0		
AMANDA DEES IMMEDIATE PAST PRESIDENT	Hr/WK 2 00	0		
SHAWN MCKENZIE PRESIDENT	Hr/WK 4 00	0		
DAVID BRADLEY PRESIDENT ELECT	Hr/WK 2 00	0		
PAMELA CLAYTON SECRETARY	Hr/WK 2 00	0		
CEDRUC CIKENAB DIRECTOR	Hr/WK 1 00	0		
MISSY HOWARD DIRECTOR	Hr/WK 1 00	0		
VANESSA KENNEDY DIRECTOR	Hr/WK 1 00	0		
BETH MOORE DIRECTOR	Hr/WK 1 00	0		
JEREMY SHUCK 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		

GO

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
35 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		
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"/>		
37 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
38 b	If "Yes," complete Schedule L, Part II and enter the total amount involved <input type="text" value="38b"/>		
39 a	Section 501(c)(7) organizations Enter initiation fees and capital contributions included on line 9 <input type="text" value="39a"/>		
39 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"/>		
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 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), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="text"/>		
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 <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="SHANNON BUTRUM"/> Telephone no <input type="text" value="(502) 241-8454"/> Located at <input type="text" value="PO BOX 337"/> City <input type="text" value="PEWEE VALLEY"/> ST <input type="text" value="KY"/> ZIP + 4 <input type="text" value="40056"/>		
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 (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <input type="text"/>		X
42 c	At any time during the calendar year, did the organization maintain an office outside the United States? 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		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?

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"

	Yes	No
47		
48		
49a		
49b		

(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				
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 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 *S Butrum* Date 1-9-2020

Type or print name and title Shannon Butrum, TREASURER

Paid Preparer Use Only

Print/Type preparer's name MILDRED L LYNCH Preparer's signature *Mildred Lynch* Date 12/11/2019 Check if self-employed PTIN P01361249

Firm's name ▶ LYNCH & LYNCH CPAs PLLC Firm's EIN ▶ 27-2477938

Firm's address ▶ 110 POCAHONTAS TR SUITE B, 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)	(event type)	NONE (total number)	(add col (a) through col (c))
Revenue	1	Gross receipts	113,307	0	113,307
	2	Less Contributions		0	0
	3	Gross income (line 1 minus line 2)	113,307	0	113,307
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	93,568	0	93,568
	10	Direct expense summary Add lines 4 through 9 in column (d)			▶
11	Net income summary Subtract line 10 from line 3, column (d)			▶	19,739

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)

Department of the Treasury
Internal Revenue Service

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.

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

OMB No 1545-0047

2018

**Open to Public
Inspection**

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 1,050

Form 990-EZ, Part I, Line 16, Other Expenses MISC 5,935

Form 990-EZ, Part I, Line 16, Other Expenses DUES 2,289

Form 990-EZ, Part I, Line 16, Other Expenses CONTRIBUTIONS 4,355

Form 990-EZ, Part I, Line 16, Other Expenses OFFICE EXPENSES 4,093

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 RELATEING 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 AN DENCOURAGE

EFFECTIVE COOPERATION AMONG THE VARIOUS AGENCIES IN THE CORRECTIONAL CYCLE TO ENCOURAGE THE

EFFECTIVE COOPERATION AMOUNT 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 THE OTHER REGIONAL AND NATIONAL CORRECTIONAL ASSOCIATIONS