

Return of Organization Exempt From Income Tax **990** Form Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung)

2007

A For the 2007 calendar year, or tax year beginning and ending

Open to Pub

Department of the Treasury Internal Revenue Service | The organization may have to use a copy of this return to satisfy state reporting requirements.
benefit trust or private foundation)

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization DAY CARE & CHILD DEVELOPMENT COUNCIL OF TOMPKINS COUNTY, INC. Number and street (or P.O. box if mail is not delivered to street address) Room/suite 609 WEST CLINTON STREET City or town, state or country, and ZIP + 4 ITHACA, NY 14850	D Employer identification number 16-0918618 E Telephone number (607)273-0259 F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)
G Website: ▶ WWW.DAYCARECOUNCIL.ORG		Hand I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) If "Yes," enter number of affiliates ▶ N/A H(c) Are all affiliates included? N/A <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list.) H(d) Is this a separate return filed by an organization covered by a group ruling? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No I Group Exemption Number ▶ N/A	
J Organization type (check only one) ▶ <input checked="" type="checkbox"/> 501(c) (03) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		M Check <input type="checkbox"/> if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).	
K Check here <input type="checkbox"/> if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.		L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 1,272,634.	

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances												
Revenue	1	Contributions, gifts, grants, and similar amounts received:										
		a	Contributions to donor advised funds						1a			
		b	Direct public support (not included on line 1a)						1b	153,350.		
		c	Indirect public support (not included on line 1a)						1c	73,192.		
		d	Government contributions (grants) (not included on line 1a)						1d	619,219.		
		e	Total (add lines 1a through 1d) (cash \$ 843,761. noncash \$ 2,000.)						1e	845,761.		
		2	Program service revenue including government fees and contracts (from Part VII, line 93)								2	300,875.
		3	Membership dues and assessments								3	
		4	Interest on savings and temporary cash investments								4	1,073.
		5	Dividends and interest from securities								5	3,108.
		6	a	Gross rents						6a		
			b	Less: rental expenses						6b		
		c	Net rental income or (loss). Subtract line 6b from line 6a						6c			
	7	Other investment income (describe)								7		
	8	a	(A) Securities		(B) Other							
			115,026.		8a							
		b	Less: cost or other basis and sales expenses						8b			
		c	Gain or (loss) (attach schedule)						8c			
			13,076.		8c							
		d	Net gain or (loss). Combine line 8c, columns (A) and (B) STMT 1						8d	13,076.		
	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>										
		a	Gross revenue (not including \$ of contributions reported on line 1b)						9a			
		b	Less: direct expenses other than fundraising expenses						9b			
		c	Net income or (loss) from special events. Subtract line 9b from line 9a						9c			
	10	a	Gross sales of inventory, less returns and allowances						10a	6,791.		
		b	Less: cost of goods sold						10b	5,318.		
		c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a STMT 2						10c	1,473.		
	11	Other revenue (from Part VII, line 103)								11		
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11								12	1,165,366.	
Expenses	13	Program services (from line 44, column (B))								13	1,043,240.	
	14	Management and general (from line 44, column (C))								14	77,289.	
	15	Fundraising (from line 44, column (D))								15	8,978.	
	16	Payments to affiliates (attach schedule)								16		
	17	Total expenses. Add lines 16 and 44, column (A)								17	1,129,507.	
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12								18	35,859.	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))								19	405,680.	
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3								20	-12,779.	
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20								21	428,760.	