

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**

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| 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. C Name of organization DAY CARE & CHILD DEVELOPMENT COUNCIL OF TOMPKINS COUNTY, INC. | D Employer identification number 16-0918618 |
| | Doing Business As CHILD DEVELOPMENT COUNCIL | E Telephone number (607) 273-0259 |
| | See Specific Instructions. Number and street (or P.O. box if mail is not delivered to street address) Room/suite 609 WEST CLINTON STREET | G Gross receipts \$ 1,201,590. |
| | City or town, state or country, and ZIP + 4 ITHACA, NY 14850 | H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ |
| F Name and address of principal officer: | | |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (03) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | |
| J Website: ▶ WWW.CHILDDEVELOPMENTCOUNCIL.ORG | | |
| K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | L Year of formation: 1967 M State of legal domicile: NY |

| Part I Summary | | Prior Year | Current Year |
|---|--|--|-------------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: TO PROMOTE THE HEATHLY DEVELOPMENT OF CHILDREN & FAMILIES AT HOME, IN CHILDCARE AND IN THE | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets. | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 14 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 14 |
| | 5 Total number of employees (Part V, line 2a) | 5 | 22 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 4 |
| | 7a Total gross unrelated business revenue from Part VIII, line 12, column (C) | 7a | 0. |
| b Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0. | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | 845,761. | 870,112. |
| | 9 Program service revenue (Part VIII, line 2g) | 300,875. | 309,053. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 4,181. | 5,551. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 1,473. | |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 1,165,366. | 1,184,716. |
| | Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 180,241. |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | | | |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 670,313. | 715,594. |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | | | |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶ 8,847. | | | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | | 278,953. | 228,915. |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 1,129,507. | 1,129,741. | |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 35,859. | 54,975. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Year 509,786. | End of Year 524,522. |
| | 21 Total liabilities (Part X, line 26) | 81,026. | 73,535. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 428,760. | 450,987. |

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| Part II Signature Block | | | |
| 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 | Date | |
| | Type or print name and title | | |
| Paid Preparer's Use Only | Preparer's signature | Date | Check if self-employed <input type="checkbox"/> Preparer's identifying number (see instructions) |
| | Firm's name (or yours if self-employed), address, and ZIP + 4 | EIN ▶ | Phone no. ▶ |
| CDLM & COMPANY CPA'S, LLP 401 E. STATE ST., SUITE 500 ITHACA, NY 14850 | | 607-272-4444 | |

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