

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning _____ and ending _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization
DAY CARE & CHILD DEVELOPMENT COUNCIL OF TOMPKINS COUNTY, INC.
 Doing Business As **CHILD DEVELOPMENT COUNCIL**
 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

G Gross receipts \$ **1,276,819.**

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status: 501(c) (**03**) ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.CHILDDEVELOPMENTCOUNCIL.ORG**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1967** **M** State of legal domicile: **NY**

Part I Summary

1 Briefly describe the organization's mission or most significant activities: TO PROMOTE THE HEALTHLY 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 net assets.			
Activities & Governance	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	6
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year
9 Program service revenue (Part VIII, line 2g)		870,112.	884,520.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		309,053.	325,284.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,551.	-25,088.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,184,716.	1,184,716.
Expenses		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	185,232.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	715,594.	697,573.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 14,219.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	228,915.	224,078.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,129,741.	1,127,690.	
19 Revenue less expenses. Subtract line 18 from line 12	54,975.	57,026.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	524,522.	616,234.
	22 Net assets or fund balances. Subtract line 21 from line 20	73,535.	80,250.
		450,987.	535,984.

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
Firm's name (or yours if self-employed), address, and ZIP + 4

CDLM & COMPANY CPA'S, LLP
401 E. STATE ST., SUITE 500
ITHACA, NY 14850

Date **5/11/10**

Check if self-employed

Preparer's identifying number (see instructions)

EIN ▶

Phone no. ▶ **607-272-4444**

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