

Form **990**

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

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/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2017**  
Open to Public Inspection

## A For the 2017 calendar year, or tax year beginning and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>CHILD DEVELOPMENT COUNCIL OF CENTRAL NEW YORK, INC.</b>		<b>D</b> Employer identification number <b>16-0918618</b>
	Doing business as <b>CHILD DEVELOPMENT COUNCIL</b>		<b>E</b> Telephone number <b>(607) 273-0259</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>609 WEST CLINTON STREET</b>	<b>G</b> Gross receipts \$ <b>1,596,965.</b>	
	City or town, state or province, country, and ZIP or foreign postal code <b>ITHACA, NY 14850</b>	<b>F</b> Name and address of principal officer: <b>TAISHA DICKERSON</b> <b>SAME AS C ABOVE</b>	

**I** Tax-exempt status:  501(c)(3)  501(c)( ) (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

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>PROMOTE THE HEALTHY DEVELOPMENT OF CHILDREN &amp; FAMILIES AT HOME, IN CHILDCARE &amp; IN THE COMMUNITY.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>13</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>13</b>
	<b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a)	<b>5</b>	<b>28</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>25</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>1,163,746.</b>	<b>1,159,129.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>454,484.</b>	<b>421,738.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>16,891.</b>	<b>13,038.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>0.</b>	<b>0.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>1,635,121.</b>	<b>1,593,905.</b>
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>388,028.</b>	<b>352,910.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>959,392.</b>	<b>970,786.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>13,953.</b>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>253,844.</b>	<b>268,718.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>1,601,264.</b>	<b>1,592,414.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>33,857.</b>	<b>1,491.</b>	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>905,281.</b>	<b>939,295.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>78,360.</b>	<b>81,781.</b>
		<b>826,921.</b>	<b>857,514.</b>

## 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 <b>5/9/18</b>			
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name <b>DUANE SHOEN</b>	Preparer's signature	Date <b>5/8/18</b>	Check <input type="checkbox"/> self-employed	PTIN <b>P00503316</b>
	Firm's name <b>INSERO &amp; CO. CPAS, LLP</b>	Firm's address <b>401 E. STATE STREET ITHACA, NY 14850</b>	Firm's EIN <b>47-5324570</b>	Phone no. <b>(607) 272-4444</b>	

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