

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the **2018** calendar year, or tax year beginning and ending

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	C Name of organization CHILD DEVELOPMENT COUNCIL OF CENTRAL NEW YORK, INC.		D Employer identification number 16-0918618
	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		E Telephone number (607) 273-0259
	City or town, state or province, country, and ZIP or foreign postal code ITHACA, NY 14850		G Gross receipts \$ 1,553,597.
F Name and address of principal officer: TAISHA DICKERSON SAME AS C ABOVE			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
J Website: WWW.CHILDDEVELOPMENTCOUNCIL.ORG			If "No," attach a list. (see instructions)
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			H(c) Group exemption number
L Year of formation: 1967			M State of legal domicile: NY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PROMOTE THE HEALTHY DEVELOPMENT OF CHILDREN & FAMILIES AT HOME, IN CHILDCARE & IN THE COMMUNITY.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	24
	6 Total number of volunteers (estimate if necessary)	6	62
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 38	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 1,159,129.	Current Year 1,117,183.
	9 Program service revenue (Part VIII, line 2g)	421,738.	419,318.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	13,038.	17,096.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,593,905.	1,553,597.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	352,910.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		970,786.	939,195.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) 13,088.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		268,718.	276,832.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,592,414.	1,572,481.	
19 Revenue less expenses. Subtract line 18 from line 12	1,491.	-18,884.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 939,295.	End of Year 885,044.
	21 Total liabilities (Part X, line 26)	81,781.	70,172.
	22 Net assets or fund balances. Subtract line 21 from line 20	857,514.	814,872.

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			
	TAISHA DICKERSON, BOARD CHAIR	5/2/2019			
Paid Preparer Use Only	Print/Type preparer's name DUANE SHOEN	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name INSERO & CO. CPAS, LLP		5/1/19		P00503316
	Firm's address 401 E. STATE STREET, SUITE 500 ITHACA, NY 14850			Firm's EIN 47-5324570	
					Phone no. (607) 272-4444

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