Form CHAR500	2011				
This form is for organizations filing electronically with the IRS	Open to Public Inspection				
1. General Information					
A. For the organization's fiscal year	beginning (mm/dd/yyyy) 07/01/2011 and ending (mm/dd/y	yyyy) <u>06/3</u>	0/2012		
B. Check all that apply:	C. Name of Organization (as on file with the IRS)		D. Fed. Employer ID No. (EIN) (##-########)		
Final Filing	CHILD CARE COUNCIL OF WESTCHESTER INC		13-3234987		
Amended Filing	Child Care Council OF Westchester INC		E. Attorney General's Charity Bureau's Registration No. (##-##-##)		
Fiscal Year Change			03-47-78		
✓ None of the Above		F. Telephone Number (###-####-####)			
		914-761-3456			
	Room/Suite	G. Email Address			
		childcare@cccwny.org			
	City or Town, State or Country and Zip + 4		H. Web Address		
	SCARSDALE, NY 10583-1349		www.childca	rewestchester.org	
I. Choose the New York Registration Category EPTL 7A Jual Exempt					
J. Is the registrant incorporated under Section 1411 of the NY Not-for-Profit Corporation Law?					
2. Revenue and Assets					
A During the fiscal year, did the organization raise more than \$25,000 from New York State residents or entities located in New York					

А.	During the fiscal year, did the organization raise more than \$25,000 from New York State residents or entities located in New Yor
	(including foundations, corporations, or government agencies or legislative bodies)?

r	Yes	N	lo

B. During the fiscal year, did the organization's gross receipts exceed \$25,000 OR did the organization's assets (market value) exceed \$25,000 at any time during this fiscal year? (Assets include land, buildings, funds, equipment, vehicles and other personal and real property.)

✓ Yes	🗌 No
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C. During the fiscal year, did the organization engage a fundraising professional in connection with fundraising activities in New York State? These terms are defined at <u>www.charitiesnys.com</u>.

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Yes	V	No

If the answer to ANY of these questions is "Yes", please continue completing this form, beginning with Section 3.

If the answer to ALL of these questions is "No", please go directly to Section 8 of this form (Certification) to complete this form.

3.	Fundraising	Professionals
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If the organization engaged a fundraising professional, complete Schedule 3.

NOTE - A separate Schedule 3 must be completed for each fundraising professional engaged during the fiscal year.

If the organization did not use a fundraising professional, continue to Section 4.

Schedule 3. Fundraising Professionals Includes Professional Fundraisers, Fundraising Counsels, and Commercial Co-Venturers				
Complete this schedule for each fundraising professional that the organization engaged during fiscal year for fundraising activity in New York State. Please use a separate page for each fundraising professional.				
1.a Name of fundraising professional				
1.b Fundraising professional's Charities Bureau ID#				
2. Type of fundraising professional				
Professional Fundraiser				
Fundraising Counsel				
Commercial Co-Venturer				
3. Contact Information for the fundraising professional				
Number and Street (or P.O. Box if mail not delivered to street address)	Room/Suite			
City or Town, State or Country and Zip + 4				
Telephone Number				
4. Dates of Contract: through (mm/dd/yyyy) (mm/dd/yyyy)				
5. Describe the type and scope of the services provided by the fundraising professional:				
6. Describe the financial terms of the contract, including the compensation paid to the fun	draising professional:			
7. Enter the amount paid to the fundraising professional				
 8. For a commercial co-venturer, (a) enter the amount received by the organization from the commercial co-venturer, and (b) whether the charity has received an accounting from the commercial co-venturer during the fiscal year Yes No 				

4.	Government	Contributions/Grants

Did the organization receive a contribution/grant from any federal, state or local governmental entity, including any legislative body? Ves No

If "Yes", list each government contribution/grant on Schedule 4.

If "No", please go to Section 5.

Schedule 4. Government Contribution	
Enter name of Government Entity	Amount
Purpose of Grant/Contribution	Amount
New York State Office of Children and Family Services	
Child Care Block Grant - to support health services, professional development, legally exempt enrollment, child care referrals, math/block workshop training and other child care quality improvement initiatives.	\$946,670
Westchester County Department of Social Services	
Registration and inspection services for child care providers, infant/toddler expansion, and subsidy support services	\$1,095,666
New York State Department of Health	
Child and Adult Care Food Program (CACFP) - administrator for processing of meal expense reimbursement payments to family, group family and legally exempt child care providers.	\$1,192,621
Westchester County Department of Health	
Child and Family Health Plus - Affordable health insurance enrollment program for eligible Westchester County families	\$58,229
Total Government Contributions/Grants	\$3,293,186

5. Type of IRS Report Filed					
Which version of the IRS Form 990 is b	eing filed	ele	ectronically with the IRS?		
✓ IRS form 990					
IRS form 990EZ					
IRS form 990PF					
6. Filing Fee Calculator					
Total Support & \$3,795,2 Revenue amount :	263		nese amounts are from the IRS Form being filed ectronically with the IRS.		
Assets/Net Worth at \$1,187,7 End of Year amount :					
The annual filing fee(s) you owe are indicated bel	ow.				
You must pay the following fee under New York Stat	e's Executiv	e La	w:		
Total Support & Revenue	Fee				
Up to \$250,000	\$10	\square			
More than \$250,000		~			
Not Applicable		\square			
You must pay the following under New York's Estate	s, Powers a	nd T	rusts Law		
Assets/Net Worth at End of Year	Fee				
Less than \$50,000	\$25				
\$50,000 or more, but less than \$250,000	\$50		Your Total Fee: \$275		
\$250,000 or more, but less than \$1,000,000	\$100				
\$1,000,000 or more, but less than \$10,000,000	\$250	~			
\$10,000,000 or more, but less than \$50,000,000	\$750				
\$50,000,000 or more	\$1500				
Not Applicable	Not Applicable \$0				

7. Attachments

7A. Independent Accountant's Report (For Executive Law Article 7-A and Dual Filers Only)	
Please check the box below indicating that you are attaching an Accountant's Report, if applicable	
Accountant's Audit Report - Total support and revenue was more than \$250,000 during the fiscal year.	
Accountant's Review Report - Total support and revenue was between \$100,001 and \$250,000 during the fiscal year.	
No Accountant's Report is required.	

8. Certification - Two Signatures Required					
We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.					
President or other Authorized Officer	Kathleen Halas	Executive Director	05/01/2013		
	Printed Name	Title	Date		
Chief Financial Officer or Treasurer	Renette Bayne Issaka	Controller	05/01/2013		
	Printed Name	Title	Date		
Submitter (if not one of those above)					
	Printed Name	Title	Date		