

# Return of Organization Exempt From Income Tax

**2009**

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

**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 **07/01**, 2009, and ending **06/30**, 20 **10**

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

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization **CHILD CARE COUNCIL OF WESTCHESTER INC**  
 Doing Business As  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**313 CENTRAL PARK AVENUE**  
 City or town, state or country, and ZIP + 4  
**SCARSDALE, NY 10583-1349**

**D** Employer identification number  
**13 : 3234987**

**E** Telephone number  
 ( **914** ) **761-3456**

**G** Gross receipts \$ **4,411,801**

**F** Name and address of principal officer: **Kathleen Halas**  
**313 Central Park Avenue, Scarsdale, NY 10583-1349**

**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) ( **3** ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ **www.ChildCareWestchester.Org**

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: **1968** **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>Westchester County's leading authority on child care, the Child Care Council of Westchester, Inc. is one of the largest child care resource and referral agencies in the state of New York. A nonprofit, 501(c)(3) agency, the Council plays a unique role within the (Continued on Schedule O, Statement 1)</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>16</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>16</b>
	<b>5</b> Total number of employees (Part V, line 2a)	<b>5</b>	<b>56</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>16</b>
	<b>7a</b> Total gross 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)	Prior Year <b>4,748,099</b>	Current Year <b>4,169,587</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>137,749</b>	<b>199,167</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>10,768</b>	<b>6,659</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>73,443</b>	<b>26,957</b>
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>4,970,059</b>	<b>4,402,370</b>
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<b>1,784,482</b>	<b>1,683,424</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b>2,164,536</b>	<b>2,028,258</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>3,393</b>		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	<b>1,071,163</b>	<b>800,191</b>	
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>5,020,181</b>	<b>4,511,873</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-50,122</b>	<b>-109,503</b>	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year <b>2,220,768</b>	End of Year <b>1,850,890</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>803,311</b>	<b>537,514</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>1,417,457</b>	<b>1,313,376</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: **Kathleen Halas, Executive Director** Date: \_\_\_\_\_  
 Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Check if self-employed  Preparer's identifying number (see instructions): \_\_\_\_\_  
 Firm's name (or yours if self-employed), address, and ZIP + 4: \_\_\_\_\_ EIN: \_\_\_\_\_  
 Phone no.: \_\_\_\_\_

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

**Part III Statement of Program Service Accomplishments**

1 Briefly describe the organization's mission:  
**The Child Care Council of Westchester, Inc. is one of the largest child care resource and referral agencies in the state of New York. A nonprofit, 501(c)(3) agency, the Council plays a unique role within the County, delivering a variety of unique services including: Linking parents to child care via information and referrals and help obtaining**  
**(Continued on Schedule O, Statement 2)**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ **1,996,572** including grants of \$ **911,624** ) (Revenue \$ **187,752** )  
**Professional Development - Training and technical assistance to improve child care quality - 2,552 early care and education professionals attended 215 Council workshops. Three rounds of the Council's new eCDA, an exciting new on-line CDA program, were conducted with an enrollment of 40 students; 30 completed the course. 17 of the 19 early childhood professionals enrolled in the 2009-2010 class completed the Council's original, in-person CDA program. Over 200 early childcare professionals attended our annual Westchester Early Care and Education conference, formerly called Consortium Day, which was held at the Westchester County Center on May 6th. An average of 120 family providers received nutritional guidance and reimbursement for meals and snacks through the Council's administered Child and Adult Care Food Program. 13 start-up grants were awarded to newly registered or licensed family child care programs. 13 family/group family providers participated in our Family Child Care Provider Book Bag Program receiving new books and manipulatives to promote early literacy in their programs and in the homes of children enrolled via lending libraries. 12 family/group family providers**  
**(Continued on Schedule O, Statement 3)**

4b (Code: ) (Expenses \$ **829,721** including grants of \$ **0** ) (Revenue \$ **0** )  
**Registration and Legally Exempt - Registration - Monitoring of child care programs to ensure compliance with state regulations and technical assistance- Processing Initial family day care and school age child care applications, serviced Family Day Care and School Age Child Care applicants. In 2009 we served, 52 family day care were approved and 47 family day care were withdrawn, for a total of 99 family day care providers. 13 school age child care applications were approved, 9 were withdrawn, for a total of 2 school age child care applications. Total applications approved were 61. The total applications withdrawn were 56. All initial applicants were approved prior to 6 month contract deadline, with several being registered at or prior to 3 months. Processing family day care and school age child care renewal Applications and serviced family day care and school age child care applicants. In 2009 we served, 67 family day care, 48 school age child care centers, for a total of 115 served. All renewal applications were completed within the 120 day timeframe or submitted to enforcement with waivers granted. 50% Inspections of FDC/SACC program, serviced Family Day Care and**  
**(Continued on Schedule O, Statement 4)**

4c (Code: ) (Expenses \$ **775,988** including grants of \$ **753,996** ) (Revenue \$ **0** )  
**Scholarships and Subsidy Support - Financial assistance for families including child care scholarships, workplace seminars and guidance to employers on dependent care issues. 237 families just over-income for the child care subsidy were awarded Westchester Child Care County Scholarships administered by the Council. The Council distributed information on Earned Income Tax Credit and other benefits of value to low and middle income families and their employers**

4d Other program services. (Describe in Schedule O.) **See Schedule O, Statement 5**  
(Expenses \$ **703,000** including grants of \$ **17,804** ) (Revenue \$ **11,415** )

4e Total program service expenses ▶ **4,305,281**

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input type="checkbox"/>
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i></li> <li>• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i></li> <li>• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i></li> <li>• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i></li> <li>• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i></li> <li>• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i></li> </ul>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Part IV Checklist of Required Schedules** *(continued)*

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	✓	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	✓	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>		✓
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i>		✓
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		✓
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		✓
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i>		✓
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i>		✓
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		✓
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		✓
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		✓
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		✓
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		✓
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		✓
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		✓
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		✓
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i>		✓
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		✓
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		✓
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		✓
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	✓	



**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	<b>1a</b> 17		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<input checked="" type="checkbox"/>	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	<b>2a</b> 56		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see instructions)	<input checked="" type="checkbox"/>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<input checked="" type="checkbox"/>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<input checked="" type="checkbox"/>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<input checked="" type="checkbox"/>	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<input checked="" type="checkbox"/>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		<input checked="" type="checkbox"/>
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<input checked="" type="checkbox"/>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<input checked="" type="checkbox"/>
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b>	Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
	<b>9a</b>		
	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b>	Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11 Section 501(c)(12) organizations.</b>	Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b>	Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<b>12b</b>	

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body . . . . .		
<b>1b</b>	Enter the number of voting members that are independent . . . . .		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .		<input checked="" type="checkbox"/>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .		<input checked="" type="checkbox"/>
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .		<input checked="" type="checkbox"/>
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .		<input checked="" type="checkbox"/>
<b>6</b>	Does the organization have members or stockholders? . . . . .		<input checked="" type="checkbox"/>
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .		<input checked="" type="checkbox"/>
<b>7b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .		<input checked="" type="checkbox"/>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	a The governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>8b</b>	b Each committee with authority to act on behalf of the governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .		<input checked="" type="checkbox"/>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Does the organization have local chapters, branches, or affiliates? . . . . .		<input checked="" type="checkbox"/>
<b>10b</b>	b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .		
<b>11</b>	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<input checked="" type="checkbox"/>	
<b>11A</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<input checked="" type="checkbox"/>	
<b>12b</b>	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<input checked="" type="checkbox"/>	
<b>12c</b>	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	<input checked="" type="checkbox"/>	
<b>13</b>	Does the organization have a written whistleblower policy? . . . . .	<input checked="" type="checkbox"/>	
<b>14</b>	Does the organization have a written document retention and destruction policy? . . . . .	<input checked="" type="checkbox"/>	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>15a</b>	a The organization's CEO, Executive Director, or top management official . . . . .	<input checked="" type="checkbox"/>	
<b>15b</b>	b Other officers or key employees of the organization . . . . . If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	<input checked="" type="checkbox"/>	
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		<input checked="" type="checkbox"/>
<b>16b</b>	b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► NY
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► Kathleen Halas, (914)761-3456  
CHILD CARE COUNCIL OF WESTCHESTER, 313 Central Park Avenue Suite 4, Scarsdale, NY 10583

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Jeffrey Samuelson Board President	1	✓		✓				0	0	0
Wendy Nashid Board Vice President	1	✓		✓				0	0	0
Arthur Klampert Board Treasurer	1	✓		✓				0	0	0
Michael Kutzin Board Assistant Treasurer	1	✓		✓				0	0	0
Jason Chapin Board Secretary	1	✓		✓				0	0	0
Kristin Aldrich Director	1	✓						0	0	0
Antoinette Cantone Denning Director	1	✓						0	0	0
Camille Cosco Director	1	✓						0	0	0
Navy Djonovic Director	1	✓						0	0	0
Felice Harris Director	1	✓						0	0	0
Jennifer Kooney Director	1	✓						0	0	0
Cecelia McKenney Director	1	✓						0	0	0
Craig Ruoff Director	1	✓						0	0	0
Bryon Smalls Director	1	✓						0	0	0
Janet Stockheim Director	1	✓						0	0	0
Marlene Zakierski Director	1	✓						0	0	0

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Kathleen Halas Executive Director	35			<input checked="" type="checkbox"/>				103,041	0	7,352
Renette Bayne Issaka Controller	35			<input checked="" type="checkbox"/>				86,412	0	6,013
<b>1b Total</b>								<b>189,453</b>	<b>0</b>	<b>13,365</b>

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **▶ 1**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		<input checked="" type="checkbox"/>
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual.</i>		<input checked="" type="checkbox"/>
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		<input checked="" type="checkbox"/>

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**



<b>Part VIII Statement of Revenue</b>				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>	0					
	<b>b</b> Membership dues . . . . .	<b>1b</b>	39,603					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	0					
	<b>d</b> Related organizations . . . . .	<b>1d</b>	0					
	<b>e</b> Government grants (contributions).	<b>1e</b>	3,968,990					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	160,994					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		150					
	<b>h Total.</b> Add lines 1a-1f . . . . .		4,169,587					
	<b>Program Service Revenue</b>							<b>Business Code</b>
<b>2a</b> <u>Workshop/Professional Development</u>			900099	154,604	154,604	0	0	
<b>b</b> <u>Seminars/Conferences</u>			900099	33,148	33,148	0	0	
<b>c</b> <u>Resource and Referral Fee</u>			900099	5,855	5,855	0	0	
<b>d</b> <u>Management/Health Services</u>			900099	5,560	5,560	0	0	
<b>e</b> . . . . .								
<b>f</b> All other program service revenue . . . . .				0	0	0	0	
<b>g Total.</b> Add lines 2a-2f . . . . .				199,167				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			6,659	0	0	6,659	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .			0	0	0	0	
	<b>5</b> Royalties . . . . .			0	0	0	0	
	<b>6a</b> Gross Rents . . . . .	(i) Real	(ii) Personal					
		<b>b</b> Less: rental expenses . . . . .						
		<b>c</b> Rental income or (loss) . . . . .		0	0			
		<b>d</b> Net rental income or (loss) . . . . .						
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .	(i) Securities	(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses . . . . .		300	0			
		<b>c</b> Gain or (loss) . . . . .		300	0			
		<b>d</b> Net gain or (loss) . . . . .		0	0	0	0	0
	<b>8a</b> Gross income from fundraising events (not including \$ . . . . . of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>		13,168				
		<b>b</b> Less: direct expenses . . . . .	<b>b</b>	9,131				
		<b>c</b> Net income or (loss) from fundraising events . . . . .			4,037	0	0	4,037
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>						
<b>b</b> Less: direct expenses. . . . .		<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities . . . . .								
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>							
	<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>						
	<b>c</b> Net income or (loss) from sales of inventory . . . . .							
<b>Miscellaneous Revenue</b>		<b>Business Code</b>						
<b>11a</b> <u>Annual Meeting</u>		900099	21,199	0	0	21,199		
<b>b</b> <u>Miscellaneous</u>		900099	1,721	0	0	1,721		
<b>c</b> . . . . .								
<b>d</b> All other revenue . . . . .			0	0	0	0		
<b>e Total.</b> Add lines 11a-11d . . . . .			22,920					
<b>12 Total revenue.</b> See instructions. . . . .			4,402,370	199,167	0	33,616		

**Part IX Statement of Functional Expenses**

**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.**

**All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	53,145	53,145		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	1,630,279	1,630,279		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	206,255	190,291	15,964	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	1,460,105	1,363,057	97,048	0
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	28,103	25,928	2,175	0
9 Other employee benefits	208,180	192,067	16,113	0
10 Payroll taxes	125,615	115,892	9,723	0
11 Fees for services (non-employees):				
a Management	0	0	0	0
b Legal	271	0	271	0
c Accounting	19,217	17,730	1,487	0
d Lobbying	0	0	0	0
e Professional fundraising services. See Part IV, line 17	0			0
f Investment management fees	0	0	0	0
g Other	198,457	180,981	15,361	2,115
12 Advertising and promotion	17,475	16,122	1,353	0
13 Office expenses	130,079	118,733	10,068	1,278
14 Information technology	10,463	9,653	810	0
15 Royalties	0	0	0	0
16 Occupancy	314,152	289,837	24,315	0
17 Travel	18,973	17,504	1,469	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	57,896	53,415	4,481	0
20 Interest	0	0	0	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	0	0	0	0
23 Insurance	13,271	12,244	1,027	0
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <b>Staff Training and Development</b>	15,510	14,310	1,200	
b <b>Miscellaneous</b>	4,427	4,093	334	
c				
d				
e				
f All other expenses	0	0	0	0
<b>25 Total functional expenses.</b> Add lines 1 through 24f	<b>4,511,873</b>	<b>4,305,281</b>	<b>203,199</b>	<b>3,393</b>
26 <b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	<b>703,595</b>	<b>1</b>	<b>646,847</b>
	<b>2</b> Savings and temporary cash investments . . . . .	<b>351,404</b>	<b>2</b>	<b>361,307</b>
	<b>3</b> Pledges and grants receivable, net . . . . .	<b>0</b>	<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	<b>1,097,708</b>	<b>4</b>	<b>792,277</b>
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	<b>0</b>	<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .	<b>0</b>	<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	<b>0</b>	<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	<b>0</b>	<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	<b>48,175</b>	<b>9</b>	<b>30,433</b>
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>262,748</b>		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>262,748</b>	<b>10c</b>	<b>0</b>
	<b>11</b> Investments—publicly traded securities . . . . .	<b>15,516</b>	<b>11</b>	<b>15,656</b>
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	<b>0</b>	<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	<b>0</b>	<b>13</b>	
	<b>14</b> Intangible assets . . . . .	<b>0</b>	<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	<b>4,370</b>	<b>15</b>	<b>4,370</b>
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	<b>2,220,768</b>	<b>16</b>	<b>1,850,890</b>	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	<b>525,906</b>	<b>17</b>	<b>319,640</b>
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	<b>134,919</b>	<b>19</b>	<b>0</b>
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .	<b>142,486</b>	<b>25</b>	<b>217,874</b>
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	<b>803,311</b>	<b>26</b>	<b>537,514</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	<b>958,723</b>	<b>27</b>	<b>911,773</b>
	<b>28</b> Temporarily restricted net assets . . . . .	<b>458,734</b>	<b>28</b>	<b>401,603</b>
	<b>29</b> Permanently restricted net assets . . . . .	<b>0</b>	<b>29</b>	<b>0</b>
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	<b>1,417,457</b>	<b>33</b>	<b>1,313,376</b>	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	<b>2,220,768</b>	<b>34</b>	<b>1,850,890</b>	

**Part XI Financial Statements and Reporting**

**1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

**2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .

**b** Were the organization's financial statements audited by an independent accountant? . . . . .

**c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

**d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

- Separate basis  Consolidated basis  Both consolidated and separate basis

**3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
<b>2a</b>		✓
<b>2b</b>	✓	
<b>2c</b>	✓	
<b>3a</b>	✓	
<b>3b</b>	✓	

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

**Open to Public Inspection**

<b>Name of the organization</b> <b>CHILD CARE COUNCIL OF WESTCHESTER INC</b>	<b>Employer identification number</b> <b>13 3234987</b>
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33⅓% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33⅓% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III—Functionally integrated      d  Type III—Other
  - e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
  - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
  - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
    - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
    - (ii) A family member of a person described in (i) above?
    - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
  - h Provide the following information about the supported organization(s).

	Yes	No
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a 33 1/3 % support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b 33 1/3 % support test—2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	<b>3,501,024</b>	<b>3,855,718</b>	<b>4,563,389</b>	<b>4,748,099</b>	<b>4,169,587</b>	<b>20,837,817</b>
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .	<b>316,366</b>	<b>248,111</b>	<b>569,954</b>	<b>220,267</b>	<b>235,255</b>	<b>1,589,953</b>
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .	<b>3,817,390</b>	<b>4,103,829</b>	<b>5,133,343</b>	<b>4,968,366</b>	<b>4,404,842</b>	<b>22,427,770</b>
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .		<b>9,480</b>	<b>8,078</b>	<b>5,840</b>	<b>9,842</b>	<b>33,240</b>
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .	<b>0</b>	<b>9,480</b>	<b>8,078</b>	<b>5,840</b>	<b>9,842</b>	<b>33,240</b>
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						<b>22,394,530</b>

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6 . . . . .	<b>3,817,390</b>	<b>4,103,829</b>	<b>5,133,343</b>	<b>4,968,366</b>	<b>4,404,842</b>	<b>22,427,770</b>
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	<b>30,091</b>	<b>39,869</b>	<b>30,532</b>	<b>10,768</b>	<b>6,659</b>	<b>117,919</b>
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .	<b>30,091</b>	<b>39,869</b>	<b>30,532</b>	<b>10,768</b>	<b>6,659</b>	<b>117,919</b>
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	<b>1,831</b>	<b>1,537</b>	<b>2,685</b>	<b>0</b>	<b>0</b>	<b>6,053</b>
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	<b>3,849,312</b>	<b>4,145,235</b>	<b>5,166,560</b>	<b>4,979,134</b>	<b>4,411,501</b>	<b>22,551,742</b>
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	<b>99.3</b> %
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15 . . . . .	<b>16</b>	<b>99.23</b> %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2009</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	<b>0.52</b> %
<b>18</b> Investment income percentage from <b>2008</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	<b>0.6</b> %

**19a 33 1/3 % support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

**b 33 1/3 % support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶



**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

**Open to Public Inspection**

Name of the organization

**CHILD CARE COUNCIL OF WESTCHESTER INC**

Employer identification number

**13 : 3234987**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year) . . . . .		
4 Aggregate value at end of year . . . . .		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (e.g., recreation or pleasure)     Preservation of an historically important land area  
 Protection of natural habitat     Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements . . . . .	<b>2a</b>
b Total acreage restricted by conservation easements . . . . .	<b>2b</b>
c Number of conservation easements on a certified historic structure included in (a) . . . . .	<b>2c</b>
d Number of conservation easements included in (c) acquired after 8/17/06 . . . . .	<b>2d</b>

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ . . . . .

4 Number of states where property subject to conservation easement is located ▶ . . . . .

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ . . . . .

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ . . . . .

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .  Yes  No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 . . . . . ▶ \$ . . . . .

(ii) Assets included in Form 990, Part X . . . . . ▶ \$ . . . . .

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 . . . . . ▶ \$ . . . . .

b Assets included in Form 990, Part X . . . . . ▶ \$ . . . . .

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIV and complete the following table:
- |  | Amount |
|--|--------|
| <b>c</b> Beginning balance             |        |
| <b>d</b> Additions during the year     |        |
| <b>e</b> Distributions during the year |        |
| <b>f</b> Ending balance                |        |
- 2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b** If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	458,734	618,079			
<b>b</b> Contributions	0	0			
<b>c</b> Net investment earnings, gains, and losses	10,086	-7,429			
<b>d</b> Grants or scholarships	67,218	151,916			
<b>e</b> Other expenditures for facilities and programs	0	0			
<b>f</b> Administrative expenses	0	0			
<b>g</b> End of year balance	401,602	458,734			

**2** Provide the estimated percentage of the year end balance held as:

- a** Board designated or quasi-endowment ▶ 53.32 %
- b** Permanent endowment ▶ 0 %
- c** Term endowment ▶ 46.68 %

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
<b>3a(i)</b>		✓
<b>3a(ii)</b>		✓
<b>3b</b>		

**b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

**4** Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land	0	0		0
<b>b</b> Buildings	0	0	0	0
<b>c</b> Leasehold improvements	0	6,008	6,008	0
<b>d</b> Equipment	0	0	0	0
<b>e</b> Other	0	256,740	256,740	0
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				0



**Part VII Investments—Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives . . . . .		
Closely-held equity interests . . . . .		
Other .....		
.....		
.....		
.....		
.....		
.....		
.....		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
<b>Security Deposit</b>	<b>4,370</b>
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	<b>4,370</b>

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount	
Federal income taxes		
<b>Deferred Rent</b>	<b>217,874</b>	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>217,874</b>	

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization’s financial statements that reports the organization’s liability for uncertain tax positions under FIN 48.

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,402,370
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,511,873
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-109,503
4	Net unrealized gains (losses) on investments	4	5,372
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV.)	8	0
9	Total adjustments (net). Add lines 4 through 8	9	5,372
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-104,131

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	4,416,873
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	5,372
b	Donated services and use of facilities	2b	0
c	Recoveries of prior year grants	2c	0
d	Other (Describe in Part XIV.)	2d	9,131
e	Add lines 2a through 2d	2e	14,503
3	Subtract line 2e from line 1	3	4,402,370
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0
b	Other (Describe in Part XIV.)	4b	0
c	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,402,370

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	4,521,004
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	0
b	Prior year adjustments	2b	0
c	Other losses	2c	0
d	Other (Describe in Part XIV.)	2d	9,131
e	Add lines 2a through 2d	2e	9,131
3	Subtract line 2e from line 1	3	4,511,873
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0
b	Other (Describe in Part XIV.)	4b	0
c	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,511,873

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule D, Part V, Line 4 - To provide child care scholarships to families that do not qualify for other subsidies or aid. To complete prior years plan to educate community on the advantages of the United Way Born Learning initiative which benefits children and families by showing them how everyday experiences can provide teachable moments for young children.

Schedule D, Part X - The Council accounts for rent expense on a straight line basis with the difference between straight-line and cash basis rentals reflected within deferred rent on the statement of financial position. The Council recognizes the effect of income tax positions only if those positions are more likely than not of being sustained. Management has determined that the Council had no uncertain tax positions that would require financial statement recognition. The Council is no longer subject to audits by the applicable taxing jurisdictions for periods prior to fiscal year 2007.

**Part XIV - Supplemental Information (Continued)**

Schedule D, Part XII, Line 2d - Special events expenses reported on Form 990, Part VIII, Line 8B = \$9,131.

Schedule D, Part XIII, Line 2d - Special events expenses reported on Form 990, Part VIII, Line 8B \$9,131.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

**CHILD CARE COUNCIL OF WESTCHESTER INC**

Employer identification number

**13 ; 3234987**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Sch I, Stmt 1							

2 Enter total number of section 501(c)(3) and government organizations ▶ ----- 0

3 Enter total number of other organizations ▶ ----- 1

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
<b>See Schedule I, Part IV, Statement 2</b>					

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

**Schedule I, Part I, Line 2 - The controller and program directors meet periodically to review the financial information, to ensure that only those expenses that are for the particular project/activity are included in the budget to actual reports, to determine if all activities of the project/activity are on track to completion or if any budget modifications are needed and to make any adjustments that are necessary to properly report the financial information back to the grantor. The finance department prepares any claims as required by the agreement either on a cost reimbursement basis or performance of contract basis.**



**Description of Grants and Other Assistance to Governments and Organizations in the United States**

		Amount of cash grant	Amount of non-cash assistance
<b>Name and address</b>	Greyston Family Inn of Yonkers Inc 21 Park Avenue Yonkers, NY 10703	22,000	
<b>EIN</b>	13-3407079		
<b>IRC code section</b>	501(c)3		
<b>Method of valuation</b>			
<b>Description of non-cash assistance</b>			
<b>Purpose of grant</b>	To expand infant/toddler classrooms.		

Description of Grants and Other Assistance to Individuals in the United States

		Number of recipients	Amount of cash grant	Amount of non-cash assistance
<b>Type of grant</b>	Westchester County Child Care Scholarship Program	237	753,129	0
<b>Method of valuation</b>				
<b>Description of non-cash assistance</b>	To assist families not eligible for child care subsidies in paying for child care.			
<b>Type of grant</b>	Child and Adult Food Program	141	860,761	0
<b>Method of valuation</b>				
<b>Description of non-cash assistance</b>	To provide nutritious meals for children in child care programs.			
<b>Type of grant</b>	Quality Improvement Grants	26		8,781
<b>Method of valuation</b>	FMV			
<b>Description of non-cash assistance</b>	Various program supplies were distributed to assist child care providers in improving the quality of care for children in their programs.			
<b>Type of grant</b>	Provider Program Enhancement Purchases	120		2,634
<b>Method of valuation</b>	FMV			
<b>Description of non-cash assistance</b>	Various program supplies were purchased and distributed to child care providers to enhance the quality of their program.			
<b>Type of grant</b>	CDA Program Enhancement Grants	20	2,000	0
<b>Method of valuation</b>				
<b>Description of non-cash assistance</b>	Program enhancement for attendees of IT CDA program.			
<b>Type of grant</b>	Sally Zeigler Scholarship Program	4	867	0
<b>Method of valuation</b>				
<b>Description of non-cash assistance</b>	To assist families in paying for child care.			

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.

▶ Attach to Form 990.

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization <b>CHILD CARE COUNCIL OF WESTCHESTER INC</b>	Employer identification number <b>13 3234987</b>
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Form 990, Part III, Line 3 - The Council's contract with the Westchester County Department of Social Services for the Child Care Scholarship Program for \$1,675,000 ended May 2010 and will not be renewed due to budget cuts. This reduction in funding has effected the Council's ability to provide services to the family's in Westchester that would have helped ease the burden of child care costs. This loss of funding also placed an additional burden on the Council's administrative resources as the contract supported a portion of overhead costs. The Council continues to advocate for affordable quality child care in Westchester, by speaking on behalf of a decrease in parent co-payments for subsidy support. We continue to assist the community in finding ways to pay for child care. The Council is also considering reactivating the Sally Zeigler Child Care Scholarship program. The Council is currently researching other sources of funding to help support families in Westchester.

Form 990, Part VI, Section B, Line 11 - Form 990 Review Procedures - The Controller prepares a draft of the Form 990 and forwards to the Council's independent auditors, the Board Treasurer (or Assistant Board Treasurer in the Board Treasurer's absence) and Executive Director for review and approval. Any questions are discussed and resolved and the Controller makes all changes and resubmits to the audit firm for final review before its submitted to the Board Treasurer and the Executive Director for final approval and signing. All responses and documentation of preparation of the Form 990 are maintained in the Controller's office. The Form 990 is scheduled to be completed and submitted to the IRS by the filing deadline. If for any reason the Form 990 cannot be filed by the filing deadline the independent audit firm submits extension forms to the IRS and provides proof of extension filing to the Controller and/or Executive Director. Board review of the IRS Form 990 is currently performed by the Board Treasurer or Board Assistant Treasurer prior to filing the form with the IRS. Final copies of the Form 990 are distributed via e-mail to all Board members. If there are any major discrepancies noted or changes requested by the Board Treasurer, the Executive Director, independent auditors, Controller or any board member an amended return will be filed. The Council's Form 990 is available on its' website and available upon request.

Form 990, Part VI, Section B, Line 12c - Conflict of Interest Policy - The policy under recognizes that a conflict of interest may exist whenever the personal or professional interest of a director or officer are potentially at odds with the Council's. The policy has in place mechanisms that identify and resolve matters to ensure that any such transactions are in the best interest of the Council, over and above the interest of the Interest Party where the Interested Party is a director, officer or an immediate family member of a director or officer. A conflict of interest is defined as when actions, contracts, transactions or other dealings between the Council and an Interested Party or a Related Party (defined as any party, group or organization to which an Interested Party has an allegiance or affiliation) may result in a personal benefit to the Interested Party. A conflict of interest may also exit when an Interested Party serves as director, officer or staff member of an organization which competes with the Council or when an Interested Party or Related Party aids, financially or otherwise, such competing organization. i. Upon election or appointment as an officer or director, all officers and directors shall disclose any relevant interest of an Interested Party or Related Party as they related to such director or officer which may pose a potential conflict of interest. Such disclosure must be updated annually. The incoming officer or director will be provided with a copy of the conflict of interest policy. This disclosure statements is updated at least annually. If any question arises in the mind of any director or officer of the Council as to a potential conflict between his or her own individual interest, those of an immediate family member or those of a Related Party and the interest of the Council, full disclosure of all facts pertaining to the potential conflict shall be made to the Board of Directors. Fact-gathering and subsequent review by the Board will determine whether or not an actual conflict exists or would occur. The potential conflict of interest will be addressed by the Council Board as follows: The Board of Directors of the Council shall investigate the potential conflict. The director/officer to whom the potential conflict relates shall not attempt to influence other Directors regarding the matter. The director/officer to whom the potential conflict relates may offer factual information to the Board or Committee, but no director/officer shall vote on their own matter although they may participate in the discussion regarding their exclusion. After conducting due diligence, the Board or Committee will determine by a majority vote of the disinterested directors whether the transaction or arrangement is in the Council's best interest and for its own benefit and whether the transaction is fair and reasonable

**Supplemental Information (Continued)**

to the Council and make its own decision about whether or not to enter into or allow the transaction or arrangement. The Board shall also determine whether or not it can obtain a more advantageous transaction or arrangement with reasonable efforts from a person or entity that would not be a conflict of interest. The discussion and outcome of the investigation and due diligence performed by the Board will be recorded in the minutes of the meeting of the Board or Committee and will include the names of the persons who disclosed or were found to have a financial interest in connection with the conflict, the names of the persons who were present for discussions and votes relating to the transaction or arrangement, the content of the discussion, including any alternatives to the proposed transaction or arrangement, and a record of any votes taken in connection with the discussion.

Form 990, Part VI, Section B, Line 15 - Compensation Policy - Working under the direction of the Council's Personnel Committee, the Council's Senior Staff updated the agency job classification framework and salary ranges over the course of almost a year overlapping 2007 and 2008. The approach involved (1) factoring in cost of living adjustments for the eight year period since the previous salary review; (2) updating and standardizing job descriptions; (3) clustering jobs in five to six salary ranges; (4) determining the clusters through a standardized rating of accepted job factors: knowledge, problem-solving, supervision, latitude of decision-making, impact, external contacts/relationships, policy involvement and scope of activity. Once defined by the Personnel Committee, the process was carried out by Senior Staff which consisted of the Executive Director, Associate Executive Director, Director of Administration and Personnel, Controller, Director of Employer and Parent Services, Institute of School Age Child Care Director, Director of Registration, Director of Health Services, Director of Professional Development and Director of Community Education. Consensus was reached by Senior Staff on the job factor rating of each job description and the arrangement of all rated job descriptions into six clusters with salary ranges for each, intended to be guidelines subject to the availability of funding. The new salary scale was used to make some initial salary adjustments in 2008 and since then, to guide salaries offered at hiring. In the past three years, funding reductions have made it impossible to provide any raises to Council employees. The entire staff however, has been working on a new approach to performance appraisal which has a greater emphasis on actual results over the display of work attributes, subject to formal approval by the Council Board of Directors. The last review of this policy was performed in 2008.

Form 990, Part VI, Section C, Line 19 - The Council's governing documents, conflict of interest policy, and financial statements are available to the public upon request.

**Activity Or Mission Description**

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**Description**

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County, delivering a variety of unique services including: \* Linking parents to child care via information and referrals and help obtaining financial assistance; \* Expanding the supply of quality child care programs and providers through technical assistance, training, monitoring of regulatory compliance and start-up help; \* Support to the workplace through on-site seminars, guidance on dependent care issues; \* Policy and public education to raise awareness of the benefits and value of a strong early care and education system.



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**Mission Description**

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**Description**

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financial assistance; Expanding the supply of quality child care programs and providers through technical assistance, training, monitoring of regulatory compliance and start-up help; Support to the workplace through on-site seminars, guidance on dependent care issues; Policy and public education to raise awareness of the benefits and value of a strong early care and education system.

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**First Program Service Accomplishments Description**

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**Description**

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participated in our first ever online business development series, via our collaboration with and funded by the Westchester Community Foundation.

**Second Program Service Accomplishments Description**

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**Description**

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School Age Child Care applicants. In 2009 we served, 100 family day care and 64 school age child care providers. All inspections were conducted and closed within the approved timeframes. Legally Exempt - Enrollment of legally exempt providers - 20% Inspections on 72 LE Providers, Processed enrollment applications on 1,181 LE Providers.

**Other Program Services Accomplishments**

Activity Code	Description	Expense	Grants	Revenue
	Resource and Referrals - Child care referrals for families and resources to guide in finding child care providers. Over 3,500 families with more than 5,300 children received information and referral services. In light of the on-going economic downturn and recent reductions in Westchester County child care financial assistance that took effect beginning April 2010, the Child Care Council of Westchester conducted a survey of child care businesses on enrollment and financial status in June 2010.	290,061	0	5,855
	Institute for School Age Child Care - Public education on early care and education and other issues related to children on the local, state and national levels. The Council continued to work with school age and middle school programs to increase their capacity and quality	225,996	17,804	0
	Health Services - Enrollment of families in health care, medication administration training and healthcare consulting services. 580 children and 262 adults were enrolled in Child Health Plus and Family Health Plus by the Council's facilitated enrollment specialist. 63 participants attended the Council's Medication Administration Training courses	186,943	0	5,560
<b>Total:</b>		<b>703,000</b>	<b>17,804</b>	<b>11,415</b>