

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.**2020****Open to Public Inspection****A** For the 2020 calendar year, or tax year beginning **07/01/2020** and ending **06/30/2021****B** Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

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 Suite 4

City or town, state or province, country, and ZIP or foreign postal code

Scarsdale, NY 10583**F** Name and address of principal officer: **Kathleen Halas****313 Central Park Avenue, Scarsdale, NY 10583****D** Employer identification number**13-3234987****E** Telephone number**914-761-3456****G** Gross receipts \$ **10,033,673****H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ <http://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 | 1 | Briefly describe the organization's mission or most significant activities: <u>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 (Continued on Schedule O, Statement 1)</u> | | |
| | 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 23 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 23 |
| | 5 | Total number of individuals employed in calendar year 2020 (Part V, line 2a) | 5 | 43 |
| | 6 | Total number of volunteers (estimate if necessary) | 6 | 38 |
| | | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a |
| b | | Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b | 0 |
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 | Program service revenue (Part VIII, line 2g) | 6,662,420 | 9,731,722 |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 127,671 | 108,930 |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 46,049 | 131,163 |
| | 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 2,102 | 12,954 |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 6,838,242 | 9,984,769 |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 2,937,173 | 6,116,997 |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 0 | 0 |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 2,315,416 | 2,296,068 |
| | b | Total fundraising expenses (Part IX, column (D), line 25) ▶ 117,888 | 2,690 | 6,378 |
| | 17 | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 1,294,839 | 1,184,941 |
| | 18 | Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 6,550,118 | 9,604,384 |
| Net Assets or Fund Balances | 19 | Revenue less expenses. Subtract line 18 from line 12 | 288,124 | 380,385 |
| | 20 | Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| | 21 | Total liabilities (Part X, line 26) | 3,000,305 | 3,404,369 |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 1,447,875 | 1,477,355 |

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

Date

Kathleen Halas, Executive Director

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name ▶

Firm's EIN ▶

Firm's address ▶

Phone no.

May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2020)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ Yes ☒ No**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 financial assistance; Expanding the supply
(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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 3,558,259 including grants of \$ 2,582,083) (Revenue \$ 0)

Provider Services Department Accomplishments 7/1/20-6/30/21. Registration Services: The Registration Department offers three main services to Child Care Providers: Processing Initial Family Day Care (FDC) & School Age Child Care (SACC) Applications, Processing FDC & SACC Renewal Applications and performing inspections of FDC/SACC Program. During the period of time starting July 1st, 2020 to June 30th, 2021: We served a total of 10 initial FDC applicants (5 - FDC Approved and 5 - FDC Withdrawn), and 24 SACC applicants (14 - SACC approved and 10 -SACC Withdrawn). The challenge with initial applications has been applicant follow through. Many applicants applied and found that they could not meet OCFS guidelines in the required time. In addition, there were delays in programs receiving required inspections due to COVID restrictions and a reduced number of staff in the Office for Children and Family Services. The Registration Department also renewed 18 active FDC & SACC Programs. We assisted them in the process of renewing their registrations (9-FDC and 9-SACC). There were several closures in this period due to reduced enrollment caused by the pandemic, 17 FDC programs and 9 SACC programs closed. The Registration Department performed 143 inspections of FDC/SACC Program (74-FDC and 69-SACC). All inspections were conducted and closed within the
(Continued on Schedule O, Statement 3)

4b (Code:) (Expenses \$ 2,404,355 including grants of \$ 1,098,274) (Revenue \$ 101,520)

Training and technical assistance to improve child care quality * 3,343 early care and education professionals attended 210 Council workshops * 22 students were enrolled in the Council's eCDA program (on-line CDA). * In October 2020, 22 early childhood professionals enrolled in the Council's 2020-21 Virtual Infant Toddler/ Family Child Care CDA program. As of June 2021 the course is ongoing with 18 students remaining in the class. * In June 2020, 13 early childhood professionals began the Council's 2020 Virtual Preschool CDA program. 11 completed the course in May 2021. * In October 2020, 90 early childhood professionals attended a virtual Infant Toddler Conference. In April 2021, a virtual early childhood conference was held for 112 participants. * 28 child care center classrooms and family child care programs received intensive scale based technical assistance; 27 of those programs received a quality improvement grant. These grants focused on the Caring Spaces Endorsement. * In late 2020, 9 center-based classrooms and 13 family/group family child care providers participated in our Early Literacy Book Bag program funded by the Sexauer Family Foundation. The project was created to promote early literacy for low-income families. This year, families were each provided a home library of 6-8 age appropriate books and a book bag. The families were also given
(Continued on Schedule O, Statement 4)

4c (Code:) (Expenses \$ 1,490,840 including grants of \$ 1,490,840) (Revenue \$ 0)

The Council awarded about 212 children with the CARES 3 scholarship for essential workers and first responders. This scholarship was available from October 26,2020 to June 27, 2021. All scholarship awards were distributed directly to the regulated programs where the children were enrolled in child care.

4d Other program services (Describe on Schedule O.) See Schedule O, Statement 5(Expenses \$ 1,437,005 including grants of \$ 945,800) (Revenue \$ 7,410)**4e** Total program service expenses **▶** 8,890,459

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)? If "Yes," complete Schedule A | 1 ✓ | |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors See instructions? | 2 ✓ | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | ✓ |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 ✓ | |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | ✓ |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | ✓ |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | ✓ |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | ✓ |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | ✓ |
| 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | ✓ |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | ✓ |
| b 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? If "Yes," complete Schedule D, Part VII | 11b | ✓ |
| c 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? If "Yes," complete Schedule D, Part VIII | 11c | ✓ |
| d 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? If "Yes," complete Schedule D, Part IX | 11d | ✓ |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e ✓ | |
| f 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 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f ✓ | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a ✓ | |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | ✓ |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | ✓ |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | 14a | ✓ |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | ✓ |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | ✓ |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | ✓ |
| 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? If "Yes," complete Schedule G, Part I See instructions | 17 | ✓ |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 ✓ | |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | ✓ |
| 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | ✓ |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 ✓ | |

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|--|-------------|----|
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 ✓ | |
| 23 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? If "Yes," complete Schedule J | 23 | ✓ |
| 24a 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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a | 24a | ✓ |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | ✓ |
| 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? If "Yes," complete Schedule L, Part I | 25b | ✓ |
| 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | ✓ |
| 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | ✓ |
| 28 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): | | |
| a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV | 28a | ✓ |
| b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | ✓ |
| c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV | 28c | ✓ |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 ✓ | |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | ✓ |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | ✓ |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | ✓ |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | ✓ |
| 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | ✓ |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | ✓ |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | ✓ |
| 37 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? If "Yes," complete Schedule R, Part VI | 37 | ✓ |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. | 38 ✓ | |

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

| | Yes | No |
|---|---------------|----|
| 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a 154 | |
| b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b 0 | |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c ✓ | |

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

| | | Yes | No |
|------------|--|------------|-----------|
| 2a | 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 | 2a | 43 |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 2b | ✓ |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | ✓ |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | |
| 4a | 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)? | 4a | ✓ |
| b | If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | ✓ |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | ✓ |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | |
| 6a | 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 as charitable contributions? | 6a | ✓ |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| a | 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? | 7a | ✓ |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | ✓ |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | ✓ |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | ✓ |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| a | Gross income from members or shareholders | 11a | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. | 13a | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | |
| c | Enter the amount of reserves on hand | 13c | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | ✓ |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. | 15 | ✓ |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | 16 | ✓ |

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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI ☒

Section A. Governing Body and Management

| | Yes | No |
|--|-----------|-------------------------------------|
| 1a Enter the number of voting members of the governing body at the end of the tax year | 1a | 23 |
| If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | |
| b Enter the number of voting members included on line 1a, above, who are independent | 1b | 23 |
| 2 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? | 2 | <input checked="" type="checkbox"/> |
| 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? | 3 | <input checked="" type="checkbox"/> |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | <input checked="" type="checkbox"/> |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | <input checked="" type="checkbox"/> |
| 6 Did the organization have members or stockholders? | 6 | <input checked="" type="checkbox"/> |
| 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | <input checked="" type="checkbox"/> |
| b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | <input checked="" type="checkbox"/> |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a The governing body? | 8a | <input checked="" type="checkbox"/> |
| b Each committee with authority to act on behalf of the governing body? | 8b | <input checked="" type="checkbox"/> |
| 9 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 on Schedule O | 9 | <input checked="" type="checkbox"/> |

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

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

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 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►

Kathleen Halas, (914)761-3456

313 Central Park Avenue Suite 4, Scarsdale, NY 10583

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**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.

- 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, if any. 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.

See instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (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 | 35.00 0.00 | | | ✓ | | | | 136,148 | 0 | 4,420 |
| Michael Goldman Director of Finance and Administration | 35.00 0.00 | | | ✓ | | | | 104,127 | 0 | 2,974 |
| Christie Noelle Kruse President | 1.00 0.00 | ✓ | | ✓ | | | | 0 | 0 | 0 |
| Emily Koelsch Vice President | 1.00 0.00 | ✓ | | ✓ | | | | 0 | 0 | 0 |
| Alyce Gorch Secretary | 1.00 0.00 | ✓ | | ✓ | | | | 0 | 0 | 0 |
| Eric Pasinkoff Treasurer | 1.00 0.00 | ✓ | | ✓ | | | | 0 | 0 | 0 |
| Craig Ruoff President Emeritus | 1.00 0.00 | ✓ | | ✓ | | | | 0 | 0 | 0 |
| Jessica Apicella Director | 1.00 0.00 | ✓ | | | | | | 0 | 0 | 0 |
| Helaine Brick-Cabot Director | 1.00 0.00 | ✓ | | | | | | 0 | 0 | 0 |
| Diann Cameron Kelly Director | 1.00 0.00 | ✓ | | | | | | 0 | 0 | 0 |
| Susana D'Emic Director | 1.00 0.00 | ✓ | | | | | | 0 | 0 | 0 |
| Camille Failla Murphy Director | 1.00 0.00 | ✓ | | | | | | 0 | 0 | 0 |
| Wayne Gosnell Director | 1.00 0.00 | ✓ | | | | | | 0 | 0 | 0 |
| Zolaida Guzman Director | 1.00 0.00 | ✓ | | | | | | 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 (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (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 | | | |
| Nidhi Kissoon | 1.00 | | | | | | | | | |
| Director | 0.00 | ✓ | | | | | | 0 | 0 | 0 |
| Joe Marchese | 1.00 | | | | | | | | | |
| Director | 0.00 | ✓ | | | | | | 0 | 0 | 0 |
| Danielly Ortiz | 1.00 | | | | | | | | | |
| Director | 0.00 | ✓ | | | | | | 0 | 0 | 0 |
| Modupe Otejala | 1.00 | | | | | | | | | |
| Director | 0.00 | ✓ | | | | | | 0 | 0 | 0 |
| Nicholas Pirrotta | 1.00 | | | | | | | | | |
| Director | 0.00 | ✓ | | | | | | 0 | 0 | 0 |
| Whit Rawlinson | 1.00 | | | | | | | | | |
| Director | 0.00 | ✓ | | | | | | 0 | 0 | 0 |
| Eric Saidel | 1.00 | | | | | | | | | |
| Director | 0.00 | ✓ | | | | | | 0 | 0 | 0 |
| Jeff Samuelson | 1.00 | | | | | | | | | |
| Director | 0.00 | ✓ | | | | | | 0 | 0 | 0 |
| Laura Sosinsky | 1.00 | | | | | | | | | |
| Director | 0.00 | ✓ | | | | | | 0 | 0 | 0 |
| Samantha Vecchiolla | 1.00 | | | | | | | | | |
| Director | 0.00 | ✓ | | | | | | 0 | 0 | 0 |
| Susan Zahra Guiney | 1.00 | | | | | | | | | |
| Director | 0.00 | ✓ | | | | | | 0 | 0 | 0 |
| 1b Subtotal | | | | | | | | 240,275 | 0 | 7,394 |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | 240,275 | 0 | 7,394 |

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

- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual **3**
- 4** 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? If "Yes," complete Schedule J for such individual **4**
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person **5**

| | Yes | No |
|----------|-----|----|
| 3 | | ✓ |
| 4 | | ✓ |
| 5 | | ✓ |

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. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| None | | |
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
|---|--|---|----------------|----------------------|--|--------------------------------------|---|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a | Federated campaigns | 1a | 0 | | | |
| | b | Membership dues | 1b | 14,490 | | | |
| | c | Fundraising events | 1c | 126,470 | | | |
| | d | Related organizations | 1d | 0 | | | |
| | e | Government grants (contributions) | 1e | 9,073,132 | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 517,630 | | | |
| | g | Noncash contributions included in lines 1a-1f | 1g | \$ 249,331 | | | |
| | h | Total. Add lines 1a-1f | | 9,731,722 | | | |
| | g | Total. Add lines 1a-1f | | 9,731,722 | | | |
| Program Service Revenue | | | | Business Code | | | |
| | 2a | Workshop/Training | 900099 | 98,407 | 98,407 | 0 | 0 |
| | b | Seminars and Conferences | 900099 | 3,113 | 3,113 | 0 | 0 |
| | c | Resource and Referrals | 900099 | 990 | 990 | 0 | 0 |
| | d | Management and Health Services | 900099 | 6,420 | 6,420 | 0 | 0 |
| | e | | | | | | |
| | f | All other program service revenue . . | | 0 | 0 | 0 | 0 |
| | g | Total. Add lines 2a-2f | | 108,930 | | | |
| | g | Total. Add lines 2a-2f | | 108,930 | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | 112,434 | 0 | 0 | 112,434 |
| | 4 | Income from investment of tax-exempt bond proceeds | | 0 | 0 | 0 | 0 |
| | 5 | Royalties | | 0 | 0 | 0 | 0 |
| | 6a | Gross rents | (i) Real | 0 | 0 | | |
| | b | Less: rental expenses | (ii) Personal | 0 | 0 | | |
| | c | Rental income or (loss) | | 0 | 0 | | |
| | d | Net rental income or (loss) | | 0 | 0 | 0 | 0 |
| | 7a | Gross amount from sales of assets other than inventory | (i) Securities | 41,921 | 0 | | |
| | b | Less: cost or other basis and sales expenses . . | (ii) Other | 23,192 | 0 | | |
| | c | Gain or (loss) | | 18,729 | 0 | | |
| | d | Net gain or (loss) | | 18,729 | 0 | 0 | 18,729 |
| | 8a | Gross income from fundraising events (not including \$ 126,470 of contributions reported on line 1c). See Part IV, line 18 | | 25,712 | | | |
| | b | Less: direct expenses | | 25,712 | | | |
| | c | Net income or (loss) from fundraising events . . | | 0 | | 0 | 0 |
| | 9a | Gross income from gaming activities. See Part IV, line 19 . . | | 0 | | | |
| | b | Less: direct expenses | | 0 | | | |
| | c | Net income or (loss) from gaming activities . . | | 0 | 0 | 0 | 0 |
| | 10a | Gross sales of inventory, less returns and allowances | | 0 | | | |
| | b | Less: cost of goods sold | | 0 | | | |
| | c | Net income or (loss) from sales of inventory . . | | 0 | 0 | 0 | 0 |
| | Miscellaneous Revenue | | | | Business Code | | |
| 11a | | Miscellaneous | 900099 | 2,028 | 0 | 0 | 2,028 |
| b | | Hall of Heroes | 900099 | 10,926 | 0 | 0 | 10,926 |
| c | | | | | | | |
| d | | All other revenue | | 0 | 0 | 0 | 0 |
| e | | Total. Add lines 11a-11d | | 12,954 | | | |
| 12 | Total revenue. See instructions | | 9,984,769 | 108,930 | 0 | 144,117 | |

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).

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

| | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 2,244,563 | 2,244,563 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 3,872,434 | 3,872,434 | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. 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 | 233,441 | 0 | 220,308 | 13,133 |
| 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 | 1,847,220 | 1,535,604 | 226,284 | 85,332 |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 35,833 | 31,106 | 3,041 | 1,686 |
| 9 Other employee benefits | 31,337 | 22,864 | 6,951 | 1,522 |
| 10 Payroll taxes | 148,237 | 108,159 | 32,880 | 7,198 |
| 11 Fees for services (nonemployees): | | | | |
| a Management | 0 | 0 | 0 | 0 |
| b Legal | 0 | 0 | 0 | 0 |
| c Accounting | 21,528 | 21,061 | 467 | 0 |
| d Lobbying | 1,103 | 1,079 | 24 | 0 |
| e Professional fundraising services. See Part IV, line 17 | 6,378 | | | 6,378 |
| f Investment management fees | 5,929 | 5,800 | 129 | 0 |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | 581,206 | 568,596 | 12,610 | 0 |
| 12 Advertising and promotion | 18,142 | 18,072 | 70 | |
| 13 Office expenses | 85,946 | 71,141 | 14,805 | 0 |
| 14 Information technology | 28,844 | 28,218 | 626 | 0 |
| 15 Royalties | 0 | 0 | 0 | 0 |
| 16 Occupancy | 367,709 | 293,442 | 74,267 | 0 |
| 17 Travel | 7,748 | 7,699 | 49 | 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 | 13,020 | 12,598 | 422 | 0 |
| 20 Interest | 4,351 | 4,257 | 94 | 0 |
| 21 Payments to affiliates | 0 | 0 | 0 | 0 |
| 22 Depreciation, depletion, and amortization | 0 | 0 | 0 | 0 |
| 23 Insurance | 21,589 | 21,121 | 468 | 0 |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a <u>Staff training and development</u> | 14,873 | 14,445 | 428 | 0 |
| b <u>Fundraising</u> | 2,639 | 0 | 0 | 2,639 |
| c <u>Miscellaneous</u> | 6,681 | 4,700 | 1,981 | 0 |
| d <u>Advocacy - not included in lobbying</u> | 3,633 | 3,500 | 133 | 0 |
| e All other expenses | 0 | 0 | 0 | 0 |
| 25 Total functional expenses. Add lines 1 through 24e | 9,604,384 | 8,890,459 | 596,037 | 117,888 |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

| | | (A) Beginning of year | | (B) End of year |
|------------------------------------|--|--------------------------|------------|--------------------|
| Assets | 1 Cash—non-interest-bearing | 95,628 | 1 | 963,352 |
| | 2 Savings and temporary cash investments | 305,171 | 2 | 495,564 |
| | 3 Pledges and grants receivable, net | 0 | 3 | |
| | 4 Accounts receivable, net | 2,021,466 | 4 | 1,228,793 |
| | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | 0 | 5 | 0 |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | 0 | 6 | 0 |
| | 7 Notes and loans receivable, net | 0 | 7 | 0 |
| | 8 Inventories for sale or use | 0 | 8 | 0 |
| | 9 Prepaid expenses and deferred charges | 6,398 | 9 | 9,147 |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | | 10a | |
| | b Less: accumulated depreciation | 0 | 10c | |
| | 11 Investments—publicly traded securities | 571,642 | 11 | 707,513 |
| | 12 Investments—other securities. See Part IV, line 11 | 0 | 12 | 0 |
| | 13 Investments—program-related. See Part IV, line 11 | 0 | 13 | 0 |
| | 14 Intangible assets | 0 | 14 | 0 |
| | 15 Other assets. See Part IV, line 11 | 0 | 15 | 0 |
| | 16 Total assets. Add lines 1 through 15 (must equal line 33) | 3,000,305 | 16 | 3,404,369 |
| Liabilities | 17 Accounts payable and accrued expenses | 890,976 | 17 | 924,204 |
| | 18 Grants payable | 0 | 18 | 0 |
| | 19 Deferred revenue | 0 | 19 | 0 |
| | 20 Tax-exempt bond liabilities | 0 | 20 | 0 |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | 0 | 21 | 0 |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | 0 | 22 | 0 |
| | 23 Secured mortgages and notes payable to unrelated third parties | 0 | 23 | 0 |
| | 24 Unsecured notes and loans payable to unrelated third parties | 0 | 24 | 0 |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D | 556,899 | 25 | 553,151 |
| | 26 Total liabilities. Add lines 17 through 25 | 1,447,875 | 26 | 1,477,355 |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 1,000,106 | 27 | 1,303,209 |
| | 28 Net assets with donor restrictions | 552,324 | 28 | 623,805 |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 Total net assets or fund balances | 1,552,430 | 32 | 1,927,014 |
| | 33 Total liabilities and net assets/fund balances | 3,000,305 | 33 | 3,404,369 |

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

| | | | |
|-----------|--|-----------|-----------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 9,984,769 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 9,604,384 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 380,385 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 1,552,430 |
| 5 | Net unrealized gains (losses) on investments | 5 | 0 |
| 6 | Donated services and use of facilities | 6 | 0 |
| 7 | Investment expenses | 7 | -5,801 |
| 8 | Prior period adjustments | 8 | 0 |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | 0 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 1,927,014 |

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

| | Yes | No |
|---|-----|----|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | ✓ |
| b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | ✓ | |
| 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 on Schedule O. | ✓ | |
| 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 on Schedule O and describe any steps taken to undergo such audits | ✓ | |

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

CHILD CARE COUNCIL OF WESTCHESTER INC

Employer identification number

13-3234987

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 12, 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives (1) more than 33 1/3% 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 33 1/3% 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.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1–10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
| | | | Yes | No | | |
| (A) | | | | | | |
| (B) | | | | | | |
| (C) | | | | | | |
| (D) | | | | | | |
| (E) | | | | | | |
| Total | | | | | | |

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 4,990,150 | 4,979,437 | 5,339,169 | 6,662,420 | 9,731,722 | 31,702,898 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 4,990,150 | 4,979,437 | 5,339,169 | 6,662,420 | 9,731,722 | 31,702,898 |
| 5 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) | | | | | | |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 31,702,898 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|---|-----------|-----------|-----------|-----------|-----------|--------------------------|
| 7 Amounts from line 4 | 4,990,150 | 4,979,437 | 5,339,169 | 6,662,420 | 9,731,722 | 31,702,898 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 9,972 | 23,038 | 25,812 | 28,945 | 112,434 | 200,201 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | 0 | 0 | 0 | 0 | 0 | 0 |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 106 | 18 | 226 | 2,102 | 12,954 | 15,406 |
| 11 Total support. Add lines 7 through 10 | | | | | | 31,918,505 |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 First 5 years. 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 stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|--|-------------------------------------|---------|
| 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) | 14 | 99.32 % |
| 15 Public support percentage from 2019 Schedule A, Part II, line 14 | 15 | 99.62 % |
| 16a 33¹/₃% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 ¹ / ₃ % or more, check this box and stop here. The organization qualifies as a publicly supported organization | <input checked="" type="checkbox"/> | |
| b 33¹/₃% support test—2019. 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 stop here. The organization qualifies as a publicly supported organization | <input type="checkbox"/> | |
| 17a 10%-facts-and-circumstances test—2020. 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 stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | <input type="checkbox"/> | |
| b 10%-facts-and-circumstances test—2019. 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 stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | <input type="checkbox"/> | |
| 18 Private foundation. 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 10 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 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 | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . | | | | | | |
| 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 | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 First 5 years. 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 stop here <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---|
| 15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2019 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) . . . | 17 | % |
| 18 Investment income percentage from 2019 Schedule A, Part III, line 17 | 18 | % |
| 19a 33 1/3% support tests—2020. 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 . . . <input type="checkbox"/> | | |
| b 33 1/3% support tests—2019. 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 . . . <input type="checkbox"/> | | |
| 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . <input type="checkbox"/> | | |

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i> | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i> | | |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i> | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i> | | |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | | |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i> | | |
| b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i> | | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

Part IV Supporting Organizations (continued)

| | Yes | No |
|--|-----|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization? | | |
| b A family member of a person described in line 11a above? | | |
| c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI . | | |
| 11a | | |
| 11b | | |
| 11c | | |

Section B. Type I Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | | |
| 1 | | |
| 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. | | |
| 2 | | |

Section C. Type II Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). | | |
| 1 | | |

Section D. All Type III Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | |
| 1 | | |
| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | | |
| 2 | | |
| 3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. | | |
| 3 | | |

Section E. Type III Functionally Integrated Supporting Organizations

| | | | |
|---|--|--|--|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). | | | |
| 2 Activities Test. Answer lines 2a and 2b below. | | | |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | | | |
| 2a | | | |
| b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. | | | |
| 2b | | | |
| 3 Parent of Supported Organizations. Answer lines 3a and 3b below. | | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI . | | | |
| 3a | | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | | | |
| 3b | | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A—Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------------|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3. | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |
| Section B—Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | 1e | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d. | 3 | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by 0.035. | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |
| Section C—Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | |
| 2 | Enter 0.85 of line 1. | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | |
| 4 | Enter greater of line 2 or line 3. | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Section D—Distributions | | Current Year |
|-------------------------|--|--------------|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 |
| 4 | Amounts paid to acquire exempt-use assets | 4 |
| 5 | Qualified set-aside amounts (prior IRS approval required—provide details in Part VI) | 5 |
| 6 | Other distributions (describe in Part VI). See instructions. | 6 |
| 7 | Total annual distributions. Add lines 1 through 6. | 7 |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | 8 |
| 9 | Distributable amount for 2020 from Section C, line 6 | 9 |
| 10 | Line 8 amount divided by line 9 amount | 10 |

| Section E—Distribution Allocations (see instructions) | | (i) Excess Distributions | (ii) Underdistributions Pre-2020 | (iii) Distributable Amount for 2020 |
|---|---|-----------------------------|--|---|
| 1 | Distributable amount for 2020 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2020 | | | |
| a | From 2015 | | | |
| b | From 2016 | | | |
| c | From 2017 | | | |
| d | From 2018 | | | |
| e | From 2019 | | | |
| f | Total of lines 3a through 3e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2020 distributable amount | | | |
| i | Carryover from 2015 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 | Distributions for 2020 from Section D, line 7: \$ | | | |
| a | Applied to underdistributions of prior years | | | |
| b | Applied to 2020 distributable amount | | | |
| c | Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 | Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions. | | | |
| 6 | Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions. | | | |
| 7 | Excess distributions carryover to 2021. Add lines 3j and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| a | Excess from 2016 . . . | | | |
| b | Excess from 2017 . . . | | | |
| c | Excess from 2018 . . . | | | |
| d | Excess from 2019 . . . | | | |
| e | Excess from 2020 . . . | | | |

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule A, Part II, Line 10 - Miscellaneous immaterial differences on contract payments and sales invoices in 2017, 2018, 2019, and 2020.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2020

**Open to Public
Inspection**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

CHILD CARE COUNCIL OF WESTCHESTER INC

Employer identification number

13-3234987

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (See instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (See instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (See instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|--|---|---|--|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| 1a | Total lobbying expenditures to influence public opinion (grassroots lobbying) | | | | | | | | | | | | | | |
| b | Total lobbying expenditures to influence a legislative body (direct lobbying) | | | | | | | | | | | | | | |
| c | Total lobbying expenditures (add lines 1a and 1b) | | | | | | | | | | | | | | |
| d | Other exempt purpose expenditures | | | | | | | | | | | | | | |
| e | Total exempt purpose expenditures (add lines 1c and 1d) | | | | | | | | | | | | | | |
| f | Lobbying nontaxable amount. Enter the amount from the following table in both columns. | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e. | | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000. | | | | | | | | | | | | | | |
| g | Grassroots nontaxable amount (enter 25% of line 1f) | | | | | | | | | | | | | | |
| h | Subtract line 1g from line 1a. If zero or less, enter -0- | | | | | | | | | | | | | | |
| i | Subtract line 1f from line 1c. If zero or less, enter -0- | | | | | | | | | | | | | | |
| j | If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | |

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
See the separate instructions for lines 2a through 2f.)

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|---|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) Total |
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column (e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

| | (a) | | (b) |
|---|-----|----|--------|
| | Yes | No | Amount |
| 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | |
| a Volunteers? | ✓ | | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | ✓ | |
| c Media advertisements? | | ✓ | |
| d Mailings to members, legislators, or the public? | | ✓ | |
| e Publications, or published or broadcast statements? | | ✓ | |
| f Grants to other organizations for lobbying purposes? | | ✓ | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | ✓ | | 0 |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | ✓ | | 0 |
| i Other activities? | ✓ | | 1,103 |
| j Total. Add lines 1c through 1i | | | 1,103 |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | ✓ | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

| | Yes | No |
|--|-----|----|
| 1 Were substantially all (90% or more) dues received nondeductible by members? | 1 | |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 2 | |
| 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? | 3 | |

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

| | | |
|---|----|--|
| 1 Dues, assessments and similar amounts from members | 1 | |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | |
| a Current year | 2a | |
| b Carryover from last year | 2b | |
| c Total | 2c | |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 | |
| 5 Taxable amount of lobbying and political expenditures (See instructions) | 5 | |

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C, Part II-B, Line 1 - \$1,103 was spent on a subscription to Voter Voice, which is an online service that facilitates group communications to legislators and media.

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

**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" on Form 990, Part IV, line 6.

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|-------------------------|--|
| 1 Total number at end of year | | |
| 2 Aggregate value of contributions to (during year) | | |
| 3 Aggregate value of 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" on Form 990, Part IV, line 7.

| | |
|---|--|
| 1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> 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 | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | 2d |
| 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? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► | |
| 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9 In Part XIII, 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" on Form 990, Part IV, line 8.

| | |
|---|--|
| 1a If the organization elected, as permitted under FASB ASC 958, 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 XIII the text of the footnote to its financial statements that describes these items. | |
| b If the organization elected, as permitted under FASB ASC 958, 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) Revenue included on 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 FASB ASC 958 relating to these items: a Revenue included on 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 make significant use of its collection items (check all that apply):
- a** ☐ Public exhibition **d** ☐ Loan or exchange program
- b** ☐ Scholarly research **e** ☐ Other
- c** ☐ Preservation for future generations
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 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" on 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 XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ **Yes** ☐ **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

- | | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |
- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶%
- b** Permanent endowment ▶%
- c** Term endowment ▶%
- The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i)** Unrelated organizations **3a(i)** ☐ **Yes** ☐ **No**
- (ii)** Related organizations **3a(ii)** ☐ **Yes** ☐ **No**

- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? **3b** ☐ **Yes** ☐ **No**

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | | | |
| e Other | | | | |

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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 |
|---|----------------|--|
| (1) Financial derivatives | | |
| (2) Closely held equity interests | | |
| (3) Other _____ | | |
| (A) _____ | | |
| (B) _____ | | |
| (C) _____ | | |
| (D) _____ | | |
| (E) _____ | | |
| (F) _____ | | |
| (G) _____ | | |
| (H) _____ | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) | | |

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| (1) _____ | | |
| (2) _____ | | |
| (3) _____ | | |
| (4) _____ | | |
| (5) _____ | | |
| (6) _____ | | |
| (7) _____ | | |
| (8) _____ | | |
| (9) _____ | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) | | |

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|----------------|
| (1) _____ | |
| (2) _____ | |
| (3) _____ | |
| (4) _____ | |
| (5) _____ | |
| (6) _____ | |
| (7) _____ | |
| (8) _____ | |
| (9) _____ | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | |

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | 0 |
| (2) Deferred Rent | 118,089 |
| (3) PPP Loan | 435,062 |
| (4) _____ | |
| (5) _____ | |
| (6) _____ | |
| (7) _____ | |
| (8) _____ | |
| (9) _____ | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 553,151 |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | | |
|----------|--|-----------|------------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 9,978,968 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | 0 |
| b | Donated services and use of facilities | 2b | 0 |
| c | Recoveries of prior year grants | 2c | 0 |
| d | Other (Describe in Part XIII.) | 2d | 0 |
| e | Add lines 2a through 2d | 2e | 0 |
| 3 | Subtract line 2e from line 1 | 3 | 9,978,968 |
| 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 | 5,801 |
| b | Other (Describe in Part XIII.) | 4b | 0 |
| c | Add lines 4a and 4b | 4c | 5,801 |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | 5 | 9,984,769 |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | | |
|----------|---|-----------|------------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 9,604,384 |
| 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 XIII.) | 2d | 0 |
| e | Add lines 2a through 2d | 2e | 0 |
| 3 | Subtract line 2e from line 1 | 3 | 9,604,384 |
| 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 XIII.) | 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 | 9,604,384 |

Part XIII Supplemental Information.

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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule D, Part X, Line 2 - The Council recognizes the effect of income tax positions only if these positions are more likely than not to be sustained. Management has determined that the Council has no uncertain tax positions that would require financial statement recognition or disclosure. The Council is no longer subject to examinations by the applicable taxing jurisdictions for periods prior to fiscal year 2018.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

CHILD CARE COUNCIL OF WESTCHESTER INC

Employer identification number

13-3234987

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | |
|--|---|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|--|---------------|--|----|--------------------------------------|--|---|
| | | Yes | No | | | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| Total | | | | ▶ | | |

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

.....

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.....

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.....

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through col. (c)) |
|-----------------|--|--|--------------|------------------|--|
| | | Team Big Annual Fundrais (event type) | (event type) | (total number) | |
| Revenue | 1 Gross receipts | 152,182 | | | 152,182 |
| | 2 Less: Contributions | 126,470 | | | 126,470 |
| | 3 Gross income (line 1 minus line 2) | 25,712 | | | 25,712 |
| Direct Expenses | 4 Cash prizes | 0 | | | 0 |
| | 5 Noncash prizes | 0 | | | 0 |
| | 6 Rent/facility costs | 0 | | | 0 |
| | 7 Food and beverages | 0 | | 0 | 0 |
| | 8 Entertainment | 0 | | 0 | 0 |
| | 9 Other direct expenses | 25,712 | | | 25,712 |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) ▶ | | | | 25,712 |
| | 11 Net income summary. Subtract line 10 from line 3, column (d) ▶ | | | | 0 |

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
|-----------------|---|---|---|---|---|
| Revenue | 1 Gross revenue | | | | |
| Direct Expenses | 2 Cash prizes | | | | |
| | 3 Noncash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | |
| | 7 Direct expense summary. Add lines 2 through 5 in column (d) ▶ | | | | |
| | 8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶ | | | | |

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- | | | | |
|-----------|--|------------------------------|-----------------------------|
| 11 | Does the organization conduct gaming activities with nonmembers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13 | Indicate the percentage of gaming activity conducted in: | | |
| a | The organization's facility | 13a | % |
| b | An outside facility | 13b | % |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | |

Name

Address ►

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____
- c** If "Yes," enter name and address of the third party:

Name ► _____

Address ►

- 16** Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ►

☐ Director/officer☐ Employee☐ Independent contractor

- 17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

CHILD CARE COUNCIL OF WESTCHESTER INC

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

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated 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 noncash assistance | (h) Purpose of grant or assistance |
|--|---------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) Sch I, Stmt 1 | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 19
- 3 Enter total number of other organizations listed in the line 1 table ▶ 79

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| 1 See Schedule I, Part IV, Statement 2 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Schedule I, Part I, Line 2 - The Director of Finance and Administration and the Program Directors meet regularly to review the financial information, to ensure that only those expenses that are for the particular project or activity are included in the budget to actual reports, to determine if all activities 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 all claims but one (CACFP claims are prepared by program personnel) as required by the agreement either on a cost reimbursement basis or performance of contract basis. Beginning in August of 2020, the Council obtained a state contract to use federal Cares Act funding to assist child care providers with reimbursements of certain expenses. This program was known as CARES 2. The Council's Executive Director, Director of Finance and Administration, and Assistant Director of Administration reviewed applications and receipts for 200 child care programs to help them claim reimbursements of eligible expenses. Beginning in December of the Council participated in Cares 3, in which the Council's resource and referral department reviewed applications for families of essential workers who were eligible to receive child care subsidies based upon income and other criteria. Disbursements for both programs were done through the Council's finance department.

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

| | | Recipient EIN | Amt. of cash grant | Amt. of non- cash asst. |
|--------------------------------|--|---------------|-----------------------|----------------------------|
| Name and address | ALEF BET PRE SCHOOL 1228 NORTH AVENUE NEW ROCHELLE, NY 10804 | 46-0954943 | 30,100 | 0 |
| IRC code section | 501c3 | | | |
| Method of valuation | | | | |
| Desc. of Non-Cash Asst. | | | | |
| Purpose of grant | Reimburse child care providers for certain business expenses | | | |
| Name and address | ALL 4 KIDS DAY CARE 6 ASHTON ROAD YONKERS, NY 10705 | 04-0202000 | 12,000 | 0 |
| IRC code section | | | | |
| Method of valuation | | | | |
| Desc. of Non-Cash Asst. | | | | |
| Purpose of grant | Reimburse child care providers for certain business expenses | | | |
| Name and address | ALL ABOARD INC 400 COLUMBUS AVENUE VALHALLA, NY 10595 | 13-3846136 | 28,325 | 0 |
| IRC code section | | | | |
| Method of valuation | | | | |
| Desc. of Non-Cash Asst. | | | | |
| Purpose of grant | Reimburse child care providers for certain business expenses | | | |
| Name and address | BABY CUBS DAYCARE 110 VERNON AVE 1L MOUNT VERNON, NY 10553 | 27-2935763 | 27,592 | 0 |
| IRC code section | 501c3 | | | |
| Method of valuation | | | | |
| Desc. of Non-Cash Asst. | | | | |
| Purpose of grant | Reimburse child care providers for certain business expenses | | | |
| Name and address | BENEATH MY WINGS 36 SHIRLEY LANE WHITE PLAINS, NY 10607 | 07-3902353 | 12,646 | 0 |
| IRC code section | | | | |
| Method of valuation | | | | |
| Desc. of Non-Cash Asst. | | | | |
| Purpose of grant | Reimburse child care providers for certain business expenses | | | |
| Name and address | BERLOW'S TAEKWONDO ACADEMY 528 NORTH STATE ROAD BRIARCLIFF, NY 10510 | 13-4039160 | 25,350 | 0 |
| IRC code section | | | | |
| Method of valuation | | | | |
| Desc. of Non-Cash Asst. | | | | |
| Purpose of grant | Reimburse child care providers for certain business expenses | | | |
| Name and address | BLESSINGS FAMILY DAYCARE 23 MONTCLAIR ROAD YONKERS, NY 10710 | 82-3114135 | 6,700 | 0 |
| IRC code section | | | | |
| Method of valuation | | | | |

Schedule I, Part IV, Statement 1

CHILD CARE COUNCIL OF WESTCHESTER INC

Desc. of Non-Cash Asst.

| | | | | |
|-------------------------|--|------------|-------|---|
| Purpose of grant | Reimburse child care providers for certain business expenses | | | |
| Name and address | BLUE HAVEN DAYCARE 123 ALEXANDER AVE YONKERS, NY 10704 | 12-0819037 | 6,700 | 0 |

IRC code section

Method of valuation

Desc. of Non-Cash Asst.

| | | | | |
|-------------------------|--|------------|--------|---|
| Purpose of grant | Reimburse child care providers for certain business expenses | | | |
| Name and address | BOYS & GIRLS CLUB OF NORTHERN 351 MAIN STREET MT KISCO, NY 10549 | 13-1739924 | 30,100 | 0 |

IRC code section

Method of valuation

Desc. of Non-Cash Asst.

| | | | | |
|-------------------------|--|------------|--------|---|
| Purpose of grant | Reimburse child care providers for certain business expenses | | | |
| Name and address | BRIGHT BEGINNINGS 33 MOUNT HOPE ROAD MAHOPAC, NY 10541 | 13-3254171 | 13,000 | 0 |

IRC code section

Method of valuation

Desc. of Non-Cash Asst.

| | | | | |
|-------------------------|---|------------|--------|---|
| Purpose of grant | Reimburse child care providers for certain business expenses | | | |
| Name and address | BRIGHT HORIZONS AT WEST EXEC 77 EXECUTIVE BLVD ELMSFORD, NY 10523 | 04-2949680 | 28,500 | 0 |

IRC code section

Method of valuation

Desc. of Non-Cash Asst.

| | | | | |
|-------------------------|---|------------|--------|---|
| Purpose of grant | Reimburse child care providers for certain business expenses | | | |
| Name and address | BRIGHT HORIZONS EASTRIDGE WHITE PLAINS WHITE PLAINS, NY 10604 | 62-1303117 | 28,500 | 0 |

IRC code section

Method of valuation

Desc. of Non-Cash Asst.

| | | | | |
|-------------------------|---|------------|--------|---|
| Purpose of grant | Reimburse child care providers for certain business expenses | | | |
| Name and address | BRIGHT MINDS ACADEMY 70 CHELSEA PLACE YONKERS, NY 10710 | 05-6708260 | 12,273 | 0 |

IRC code section

Method of valuation

Desc. of Non-Cash Asst.

| | | | | |
|-------------------------|--|------------|--------|---|
| Purpose of grant | Reimburse child care providers for certain business expenses | | | |
| Name and address | BYRN MAWR CHILDRENS CTR 20 BUCKINGHAM ROAD YONKERS, NY 10701 | 13-1740142 | 30,099 | 0 |

IRC code section

Method of valuation

Desc. of Non-Cash Asst.

| | | | | |
|-------------------------|--|------------|--------|---|
| Purpose of grant | Reimburse child care providers for certain business expenses | | | |
| Name and address | CHURCH IN THE HIGHLANDS | 13-1790728 | 11,650 | 0 |

Schedule I, Part IV, Statement 1

CHILD CARE COUNCIL OF WESTCHESTER INC

35 BRYANT AVE
WHITE PLAINS, NY 10605
501c3

IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Reimburse child care providers for certain business expenses

| | | | | |
|-------------------------|--|------------|--------|---|
| Name and address | CINDY MONGUE - Group Family Day Care 4 NORTHRIDGE ROAD CORTLANDT MANOR, NY 10567 | 46-5030961 | 18,934 | 0 |
|-------------------------|--|------------|--------|---|

IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Reimburse child care providers for certain business expenses

| | | | | |
|-------------------------|--|------------|--------|---|
| Name and address | COOPER'S CORNER MONTESSORI INT 200 QUAKER RIDGE NEW ROCHELLE, NY 10804 | 35-2422282 | 12,650 | 0 |
|-------------------------|--|------------|--------|---|

IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Reimburse child care providers for certain business expenses

| | | | | |
|-------------------------|---|------------|--------|---|
| Name and address | COOPER'S CORNER MONTESSORI INT 11 WILMONT ROAD NEW ROCHELLE, NY 10804 | 47-1475238 | 13,000 | 0 |
|-------------------------|---|------------|--------|---|

IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Reimburse child care providers for certain business expenses

| | | | | |
|-------------------------|--|------------|-------|---|
| Name and address | CREATIVE BEGINNINGS 112 W HARTSDALE AVENUE HARTSDALE, NY 10530 | 47-0986142 | 7,600 | 0 |
|-------------------------|--|------------|-------|---|

IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Reimburse child care providers for certain business expenses

| | | | | |
|-------------------------|---|------------|--------|---|
| Name and address | CREATIVE KIDS 2985 NAVAJO STREET YORKTOWN HEIGHTS, NY 10598 | 13-4059897 | 20,859 | 0 |
|-------------------------|---|------------|--------|---|

IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Reimburse child care providers for certain business expenses

| | | | | |
|-------------------------|---|------------|--------|---|
| Name and address | CREATIVE PLAYTIME 59 GRAND BLVD SCARSDALE, NY 10583 | 13-2804984 | 28,060 | 0 |
|-------------------------|---|------------|--------|---|

IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Reimburse child care providers for certain business expenses

| | | | | |
|-------------------------|---|------------|--------|---|
| Name and address | DISCOVERY VILLAGE 580 WHITE PLAINS ROAD TARRYTOWN, NY 10591 | 83-3680223 | 16,600 | 0 |
|-------------------------|---|------------|--------|---|

IRC code section

Method of valuation

Schedule I, Part IV, Statement 1

CHILD CARE COUNCIL OF WESTCHESTER INC

Desc. of Non-Cash Asst.

| | | | | |
|-------------------------|---|------------|--------|---|
| Purpose of grant | Reimburse child care providers for certain business expenses | | | |
| Name and address | EBONY FORCE - Group Family Day Care 21 BILTON ROAD WHITE PLAINS, NY 10607 | 07-0827315 | 11,400 | 0 |

IRC code section

Method of valuation

Desc. of Non-Cash Asst.

| | | | | |
|-------------------------|---|------------|--------|---|
| Purpose of grant | Reimburse child care providers for certain business expenses | | | |
| Name and address | EFFECTIVE CHILDCARE SERVICES 4 BABBITT COURT ELMSFORD, NY 10523 | 46-2878216 | 17,310 | 0 |

IRC code section

Method of valuation

Desc. of Non-Cash Asst.

| | | | | |
|-------------------------|--|------------|--------|---|
| Purpose of grant | Reimburse child care providers for certain business expenses | | | |
| Name and address | ELIZABETH MASCIA CHILD CARE 171 SHELDON AVENUE TARRYTOWN, NY 10591 | 13-2614800 | 30,100 | 0 |

IRC code section

Method of valuation

Desc. of Non-Cash Asst.

| | | | | |
|-------------------------|---|------------|--------|---|
| Purpose of grant | Reimburse child care providers for certain business expenses | | | |
| Name and address | FAMILY SERVICES OF WESTCHESTER 106 NORTH BROADWAY WHITE PLAINS, NY 10603 501c3 | 13-1773419 | 60,144 | 0 |

IRC code section

Method of valuation

Desc. of Non-Cash Asst.

| | | | | |
|-------------------------|--|------------|--------|---|
| Purpose of grant | Reimburse child care providers for certain business expenses | | | |
| Name and address | FAMILY YMCA AT TARRYTOWN 62 MAIN STREET TARRYTOWN, NY 10591 501c3 | 13-1740516 | 30,100 | 0 |

IRC code section

Method of valuation

Desc. of Non-Cash Asst.

| | | | | |
|-------------------------|---|------------|--------|---|
| Purpose of grant | Reimburse child care providers for certain business expenses | | | |
| Name and address | GEORGINA GROUP FAMILY DAYCARE 63 CARYL AVENUE YONKERS, NY 10705 | 45-4328418 | 12,650 | 0 |

IRC code section

Method of valuation

Desc. of Non-Cash Asst.

| | | | | |
|-------------------------|--|------------|--------|---|
| Purpose of grant | Reimburse child care providers for certain business expenses | | | |
| Name and address | GODDARD HASTINGS ON HUDSON 1 JACKSON AVENUE HASTINGS ON HUDSON, NY 10706 | 27-4213698 | 26,500 | 0 |

IRC code section

Method of valuation

Desc. of Non-Cash Asst.

| | | | | |
|-------------------------|--|------------|--------|---|
| Purpose of grant | Reimburse child care providers for certain business expenses | | | |
| Name and address | HAPPY HEARTS ON THE HUDSON | 20-5408531 | 30,100 | 0 |

10 OLD POST ROAD SOUTH
CROTON ON HUDSON, NY 10520

IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Reimburse child care providers for certain business expenses

| | | | | |
|-------------------------|--|------------|--------|---|
| Name and address | HAPPY HEARTS TAKE TWO 365 SOUTH RIVERSIDE AVE CROTON ON HUDSON, NY 10520 | 82-3289462 | 30,100 | 0 |
|-------------------------|--|------------|--------|---|

IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Reimburse child care providers for certain business expenses

| | | | | |
|-------------------------|---|------------|--------|---|
| Name and address | HAPPY HOME 30 DIVISION ST RYE BROOK, NY 10573 | 82-4366529 | 12,644 | 0 |
|-------------------------|---|------------|--------|---|

IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Reimburse child care providers for certain business expenses

| | | | | |
|-------------------------|--|------------|--------|---|
| Name and address | HAPPY KIDS DAY CARE 380 HAWTHORNE NY APT B YONKERS, NY 10705 | 82-2561295 | 17,517 | 0 |
|-------------------------|--|------------|--------|---|

IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Reimburse child care providers for certain business expenses

| | | | | |
|-------------------------|--|------------|--------|---|
| Name and address | HAPPY KLUBHOUSE 158 SECOND STREET BUCHANAN, NY 10511 | 82-0914539 | 12,650 | 0 |
|-------------------------|--|------------|--------|---|

IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Reimburse child care providers for certain business expenses

| | | | | |
|-------------------------|---|------------|--------|---|
| Name and address | HARRISON CHILDREN'S CENTER 480 HARRISON AVE HARRISON, NY 10528 501c3 | 13-2844934 | 25,201 | 0 |
|-------------------------|---|------------|--------|---|

IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Reimburse child care providers for certain business expenses

| | | | | |
|-------------------------|--|------------|--------|---|
| Name and address | HEALTHY KIDS EXTENDED DAY 565 UNION AVENUE NEW WINDSOR, NY 12253 | 46-3551009 | 46,950 | 0 |
|-------------------------|--|------------|--------|---|

IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Reimburse child care providers for certain business expenses

| | | | | |
|-------------------------|--|------------|--------|---|
| Name and address | HOPE CHILD CARE 30 DIVISION STREET RYE BROOK, NY 10573 | 27-3121718 | 12,648 | 0 |
|-------------------------|--|------------|--------|---|

IRC code section

Method of valuation

Desc. of Non-Cash Asst.

| | | | | |
|-------------------------|--|------------|-------|---|
| Purpose of grant | Reimburse child care providers for certain business expenses | | | |
| Name and address | ISOLA ISAAC - Tee Tee's Amazing Kids 558 SOUTH 8TH AVENUE MOUNT VERNON, NY 10550 | 46-3596386 | 7,380 | 0 |

IRC code section

Method of valuation

Desc. of Non-Cash Asst.

| | | | | |
|-------------------------|--|------------|-------|---|
| Purpose of grant | Reimburse child care providers for certain business expenses | | | |
| Name and address | J&B DAY CARE 820 OAKWOOD DRIVE PEEKSKILL, NY 10566 | 07-9726435 | 6,433 | 0 |

IRC code section

Method of valuation

Desc. of Non-Cash Asst.

| | | | | |
|-------------------------|---|------------|-------|---|
| Purpose of grant | Reimburse child care providers for certain business expenses | | | |
| Name and address | JANIECE'S DAY CARE 37 UNION LANE MOUNT VERNON, NY 10553 | 81-2417144 | 6,700 | 0 |

IRC code section

Method of valuation

Desc. of Non-Cash Asst.

| | | | | |
|-------------------------|---|------------|-------|---|
| Purpose of grant | Reimburse child care providers for certain business expenses | | | |
| Name and address | JARIS KIDS DAYCARE 317 SOUTH 6th AVE APT 1 MOUNT VERNON, NY 10550 | 81-4925343 | 6,976 | 0 |

IRC code section

Method of valuation

Desc. of Non-Cash Asst.

| | | | | |
|-------------------------|--|------------|--------|---|
| Purpose of grant | Reimburse child care providers for certain business expenses | | | |
| Name and address | KELLY'S KIDS 34 PERSHING AVE OSSINING, NY 10562 | 81-3738252 | 26,150 | 0 |

IRC code section

Method of valuation

Desc. of Non-Cash Asst.

| | | | | |
|-------------------------|--|------------|--------|---|
| Purpose of grant | Reimburse child care providers for certain business expenses | | | |
| Name and address | KIDZ KORNER OF SCARSDALE 777 WHITE PLAINS ROAD SCARSDALE, NY 10583 | 45-3447060 | 30,100 | 0 |

IRC code section

Method of valuation

Desc. of Non-Cash Asst.

| | | | | |
|-------------------------|--|------------|--------|---|
| Purpose of grant | Reimburse child care providers for certain business expenses | | | |
| Name and address | KRAYOLA KIDS LLC 20 WOLFFE STREET YONKERS, NY 10705 | 26-2125189 | 14,859 | 0 |

IRC code section

Method of valuation

Desc. of Non-Cash Asst.

| | | | | |
|-------------------------|--|------------|--------|---|
| Purpose of grant | Reimburse child care providers for certain business expenses | | | |
| Name and address | LA CRECHE NY | 47-4378504 | 12,618 | 0 |

159 BECKMAN AVE
SLEEPY HOLLOW, NY 10591

IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Reimburse child care providers for certain business expenses

| | | | | |
|-------------------------|--|------------|--------|---|
| Name and address | LADORE'S DAY CARE 277 PARK AVENUE HARRISON, NY 10528 | 81-3437784 | 22,676 | 0 |
|-------------------------|--|------------|--------|---|

IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Reimburse child care providers for certain business expenses

| | | | | |
|-------------------------|---|------------|-------|---|
| Name and address | LALA'S DAYCARE LAURA MATEO 19 BRUCE AVE YONKERS, NY 10705 | 45-2469970 | 6,242 | 0 |
|-------------------------|---|------------|-------|---|

IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Reimburse child care providers for certain business expenses

| | | | | |
|-------------------------|--|------------|--------|---|
| Name and address | LIL EXPLORERS DAYCARE 39 TRENTON AVENUE WHITE PLAINS, NY 10606 | 26-3939866 | 12,650 | 0 |
|-------------------------|--|------------|--------|---|

IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Reimburse child care providers for certain business expenses

| | | | | |
|-------------------------|---|------------|--------|---|
| Name and address | LIL GEMS 33 ASHBURTON AVE APT 806 YONKERS, NY 10701 | 83-1979503 | 21,434 | 0 |
|-------------------------|---|------------|--------|---|

IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Reimburse child care providers for certain business expenses

| | | | | |
|-------------------------|---|------------|--------|---|
| Name and address | LITTLE ANGELICALS DAYCARE INC 738 RIVER STREET MAMARONECK, NY 10543 | 26-4719171 | 12,650 | 0 |
|-------------------------|---|------------|--------|---|

IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Reimburse child care providers for certain business expenses

| | | | | |
|-------------------------|---|------------|--------|---|
| Name and address | LITTLE ANGELS CHILD DEVELOPMEN 83 ALTA AVENUE YONKERS, NY 10705 | 45-3569525 | 29,750 | 0 |
|-------------------------|---|------------|--------|---|

IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Reimburse child care providers for certain business expenses

| | | | | |
|-------------------------|--|------------|-------|---|
| Name and address | LITTLE BLESSINGS CHILD CARE 10 WINYAH TERRACE NEW ROCHELLE, NY 10801 | 46-5141094 | 7,193 | 0 |
|-------------------------|--|------------|-------|---|

IRC code section

Method of valuation

501c3

Desc. of Non-Cash Asst.

| | | | | |
|-------------------------|---|------------|--------|---|
| Purpose of grant | Reimburse child care providers for certain business expenses | | | |
| Name and address | LITTLE LAMB CHILD CARE INC 18 RADIO TERRACE CORTLANDT MANOR, NY 10567 | 85-1171008 | 30,100 | 0 |

IRC code section

Method of valuation

Desc. of Non-Cash Asst.

| | | | | |
|-------------------------|---|------------|--------|---|
| Purpose of grant | Reimburse child care providers for certain business expenses | | | |
| Name and address | LITTLE ONES EARLY LEARNING 32 INWOOD STREET YONKERS, NY 10704 | 47-1449911 | 12,650 | 0 |

IRC code section

Method of valuation

Desc. of Non-Cash Asst.

| | | | | |
|-------------------------|---|------------|-------|---|
| Purpose of grant | Reimburse child care providers for certain business expenses | | | |
| Name and address | LITTLE RED HOUSE OF WESTCHESTE 333 KEAR STREET YORKTOWN HEIGHTS, NY 10598 | 27-0932910 | 7,248 | 0 |

IRC code section

Method of valuation

Desc. of Non-Cash Asst.

| | | | | |
|-------------------------|--|------------|--------|---|
| Purpose of grant | Reimburse child care providers for certain business expenses | | | |
| Name and address | LITTLE YEARS DAYCARE I SKYLINE DRIVE HAWTHORNE, NY 10532 | 20-2017794 | 30,100 | 0 |

IRC code section

Method of valuation

Desc. of Non-Cash Asst.

| | | | | |
|-------------------------|--|------------|--------|---|
| Purpose of grant | Reimburse child care providers for certain business expenses | | | |
| Name and address | LOREN FORCE - Loving Arms Day Care 26 BILTOM ROAD WHITE PLAINS, NY 10607 | 68-0610806 | 11,400 | 0 |

IRC code section

Method of valuation

Desc. of Non-Cash Asst.

| | | | | |
|-------------------------|--|------------|--------|---|
| Purpose of grant | Reimburse child care providers for certain business expenses | | | |
| Name and address | MALIS DAY CARE 26 GLEN PARK RD PURCHASE, NY 10577 | 10-2721671 | 28,500 | 0 |

IRC code section

Method of valuation

Desc. of Non-Cash Asst.

| | | | | |
|-------------------------|--|------------|--------|---|
| Purpose of grant | Reimburse child care providers for certain business expenses | | | |
| Name and address | MAMAENA DAY CARE 12 RANDOLPH ST YONKERS, NY 10705 | 81-4476416 | 12,647 | 0 |

IRC code section

Method of valuation

Desc. of Non-Cash Asst.

| | | | | |
|-------------------------|--|------------|--------|---|
| Purpose of grant | Reimburse child care providers for certain business expenses | | | |
| Name and address | MEMORIAL UNITED METHODIST CHUR | 13-1890625 | 10,300 | 0 |

250 BRYANT AVENUE
WHITE PLAINS, NY 10605
501c3

IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Reimburse child care providers for certain business expenses

| | | | | |
|-------------------------|---|------------|--------|---|
| Name and address | MT KISCO DAY CARE CENTER INC 95 RADIO CIRCLE MT KISCO, NY 10549 | 13-2673623 | 29,875 | 0 |
|-------------------------|---|------------|--------|---|

IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Reimburse child care providers for certain business expenses

| | | | | |
|-------------------------|---|------------|-------|---|
| Name and address | MY ANGEL ON THE SKY DAYCARE 46 N HIGH ST APT 2 MOUNT VERNON, NY 10550 | 83-0737503 | 7,250 | 0 |
|-------------------------|---|------------|-------|---|

IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Reimburse child care providers for certain business expenses

| | | | | |
|-------------------------|--|------------|-------|---|
| Name and address | MY BRIGHT START 103 MCQUIRE AVE 1FLOOR PEEKSKILL, NY 10566 | 02-7827085 | 5,695 | 0 |
|-------------------------|--|------------|-------|---|

IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Reimburse child care providers for certain business expenses

| | | | | |
|-------------------------|--|------------|--------|---|
| Name and address | NADEERA DESILVA - Group Family Day Care 1115 NORTH AVENUE NEW ROCHELLE, NY 10804 | 06-8020461 | 12,650 | 0 |
|-------------------------|--|------------|--------|---|

IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Reimburse child care providers for certain business expenses

| | | | | |
|-------------------------|--|------------|-------|---|
| Name and address | NINA'S GROUP FAMILY DAY CARE 41 FIRST STREET 2ND FLOOR YONKERS, NY 10704 | 07-5925356 | 9,729 | 0 |
|-------------------------|--|------------|-------|---|

IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Reimburse child care providers for certain business expenses

| | | | | |
|-------------------------|---|------------|--------|---|
| Name and address | OAK LANE CHILD CARE 49 MEMORIAL DRIVE CHAPPAQUA, NY 10514 | 13-3091825 | 21,363 | 0 |
|-------------------------|---|------------|--------|---|

IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Reimburse child care providers for certain business expenses

| | | | | |
|-------------------------|--|------------|--------|---|
| Name and address | ONE WORLD LEARNING CORP 39 STANTON CIRCLE NEW ROCHELLE, NY 10804 | 82-4933831 | 12,650 | 0 |
|-------------------------|--|------------|--------|---|

IRC code section

Method of valuation

Schedule I, Part IV, Statement 1

CHILD CARE COUNCIL OF WESTCHESTER INC

Desc. of Non-Cash Asst.

| | | | | |
|--------------------------------|--|------------|--------|---|
| Purpose of grant | Reimburse child care providers for certain business expenses | | | |
| Name and address | PEAS & KARROTS 16 ELIZABETH STREET OSSINING, NY 10562 | 13-1880805 | 30,100 | 0 |
| IRC code section | 501c3 | | | |
| Method of valuation | | | | |
| Desc. of Non-Cash Asst. | | | | |
| Purpose of grant | Reimburse child care providers for certain business expenses | | | |
| Name and address | PLAY AND LEARN 461 BROADWAY BUCHANAN, NY 10511 | 10-3662900 | 23,821 | 0 |
| IRC code section | | | | |
| Method of valuation | | | | |
| Desc. of Non-Cash Asst. | | | | |
| Purpose of grant | Reimburse child care providers for certain business expenses | | | |
| Name and address | POOH & FRIENDS 56 SEARS AVENUE ELMSFORD, NY 10523 | 80-0891966 | 24,050 | 0 |
| IRC code section | | | | |
| Method of valuation | | | | |
| Desc. of Non-Cash Asst. | | | | |
| Purpose of grant | Reimburse child care providers for certain business expenses | | | |
| Name and address | RABY STEM CHILD CARE 356 NEPPERHAN AVE YONKERS, NY 10703 | 82-5236540 | 22,150 | 0 |
| IRC code section | | | | |
| Method of valuation | | | | |
| Desc. of Non-Cash Asst. | | | | |
| Purpose of grant | Reimburse child care providers for certain business expenses | | | |
| Name and address | RELIABLE LEARNING 1050 OREGON ROAD CORTLANDT MANOR, NY 10567 | 20-8858990 | 30,100 | 0 |
| IRC code section | | | | |
| Method of valuation | | | | |
| Desc. of Non-Cash Asst. | | | | |
| Purpose of grant | Reimburse child care providers for certain business expenses | | | |
| Name and address | ROSE'S FRIENDLY PLAY & LEARN 10 PROSPECT PLACE OSSINING, NY 10562 | 46-5767938 | 7,250 | 0 |
| IRC code section | 501c3 | | | |
| Method of valuation | | | | |
| Desc. of Non-Cash Asst. | | | | |
| Purpose of grant | Reimburse child care providers for certain business expenses | | | |
| Name and address | SANTOS MORALES - Little Sweethearts Daycare 929 LESTER AVENUE MAMARONECK, NY 10543 | 46-3936782 | 12,650 | 0 |
| IRC code section | | | | |
| Method of valuation | | | | |
| Desc. of Non-Cash Asst. | | | | |
| Purpose of grant | Reimburse child care providers for certain business expenses | | | |
| Name and address | SLATE FAMILY CHILD CARE | 82-2043595 | 12,398 | 0 |

320 COVE ROAD
NEW ROCHELLE, NY 10804

IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Reimburse child care providers for certain business expenses

| | | | | |
|-------------------------|---|------------|--------|---|
| Name and address | SMALL WORLD DAY CARE 600 NORTH BROADWAY YONKERS, NY 10701 | 84-2025165 | 28,312 | 0 |
|-------------------------|---|------------|--------|---|

IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Reimburse child care providers for certain business expenses

| | | | | |
|-------------------------|--|------------|-------|---|
| Name and address | SONILVIA GARCIA - Nina's Daycare 41 FIRST STREET 2ND FLOOR YONKERS, NY 10704 | 07-5925356 | 9,729 | 0 |
|-------------------------|--|------------|-------|---|

IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Reimburse child care providers for certain business expenses

| | | | | |
|-------------------------|--|------------|--------|---|
| Name and address | SPECIAL MOMENTS 4 HAMILTON AVE 1ST FLOOR YONKERS, NY 10705 | 36-4879848 | 12,650 | 0 |
|-------------------------|--|------------|--------|---|

IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Reimburse child care providers for certain business expenses

| | | | | |
|-------------------------|--|------------|--------|---|
| Name and address | STAR HOPE PLAYHOUSE 37 RICH AVENUE APT 1G MOUNT VERNON, NY 10550 | 83-3179875 | 22,250 | 0 |
|-------------------------|--|------------|--------|---|

IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Reimburse child care providers for certain business expenses

| | | | | |
|-------------------------|---|------------|-------|---|
| Name and address | STOP N PLAY FAMILY CHILD CARE 71 GRASSLANDS ROAD VALHALLA, NY 10595 | 83-2259107 | 9,950 | 0 |
|-------------------------|---|------------|-------|---|

IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Reimburse child care providers for certain business expenses

| | | | | |
|-------------------------|--|------------|-------|---|
| Name and address | SUNNY SIDE DAYCARE 27 SMITH ST APT 1 PORTCHESTER, NY 10573 | 46-3918069 | 6,202 | 0 |
|-------------------------|--|------------|-------|---|

IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Reimburse child care providers for certain business expenses

| | | | | |
|-------------------------|---|------------|--------|---|
| Name and address | SUNSHINE STARTS 62 TRIANGLE CENTER YORKTOWN HEIGHTS, NY 10598 | 27-3654456 | 30,100 | 0 |
|-------------------------|---|------------|--------|---|

IRC code section

Method of valuation

Schedule I, Part IV, Statement 1

CHILD CARE COUNCIL OF WESTCHESTER INC

Desc. of Non-Cash Asst.

| | | | | |
|--------------------------------|--|------------|--------|---|
| Purpose of grant | Reimburse child care providers for certain business expenses | | | |
| Name and address | TEMPLE SHAARAY TEFILA OF WEST 89 BALDWIN ROAD BEDFORD CORNERS, NY 10549 | 13-2849928 | 30,100 | 0 |
| IRC code section | 501c3 | | | |
| Method of valuation | | | | |
| Desc. of Non-Cash Asst. | | | | |
| Purpose of grant | Reimburse child care providers for certain business expenses | | | |
| Name and address | THE CARING TREE 565 GRAMATAN AVE MOUNT VERNON, NY 10552 | 47-3654877 | 43,580 | 0 |
| IRC code section | | | | |
| Method of valuation | | | | |
| Desc. of Non-Cash Asst. | | | | |
| Purpose of grant | Reimburse child care providers for certain business expenses | | | |
| Name and address | THE GUIDANCE CTR OF WEST INC 256 WASHINGTON STREET MOUNT VERNON, NY 10553 | 13-1839684 | 24,400 | 0 |
| IRC code section | 501c3 | | | |
| Method of valuation | | | | |
| Desc. of Non-Cash Asst. | | | | |
| Purpose of grant | Reimburse child care providers for certain business expenses | | | |
| Name and address | THE LEARNING EXP ACADEMY DF 29 HAMILTON STREET DOBBS FERRY, NY 10522 | 84-3435749 | 24,400 | 0 |
| IRC code section | | | | |
| Method of valuation | | | | |
| Desc. of Non-Cash Asst. | | | | |
| Purpose of grant | Reimburse child care providers for certain business expenses | | | |
| Name and address | THE LEARNING EXP ACADEMY NR 1 BALLY PLACE NEW ROCHELLE, NY 10801 | 27-1194317 | 30,100 | 0 |
| IRC code section | | | | |
| Method of valuation | | | | |
| Desc. of Non-Cash Asst. | | | | |
| Purpose of grant | Reimburse child care providers for certain business expenses | | | |
| Name and address | TIFFANY MANSWELL - Star Hope Day Care 17 RICH AVENUE APT 1G MOUNT VERNON, NY 10550 | 47-3853749 | 11,243 | 0 |
| IRC code section | | | | |
| Method of valuation | | | | |
| Desc. of Non-Cash Asst. | | | | |
| Purpose of grant | Reimburse child care providers for certain business expenses | | | |
| Name and address | TIMBER RIDGE FAMILY CENTER 15 OLD POST ROAD ARMONK, NY 10504 | 04-2949680 | 28,500 | 0 |
| IRC code section | | | | |
| Method of valuation | | | | |
| Desc. of Non-Cash Asst. | | | | |
| Purpose of grant | Reimburse child care providers for certain business expenses | | | |
| Name and address | TINY TOTS GROUP DAYCARE INC | 20-5510085 | 12,650 | 0 |

68 MILE SQUARE ROAD
YONKERS, NY 10701

IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Reimburse child care providers for certain business expenses

| | | | | |
|-------------------------|---|------------|--------|---|
| Name and address | UNDER MY WINGS FAMILY DAYCARE 517 HARRISON AVENUE PEEKSKILL, NY 10566 | 20-8070181 | 19,405 | 0 |
|-------------------------|---|------------|--------|---|

IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Reimburse child care providers for certain business expenses

| | | | | |
|-------------------------|---|------------|--------|---|
| Name and address | UNITED PRE-SCHOOL CENTER 456 NORTH STREET WHITE PLAINS, NY 10605 501c3 | 13-1690769 | 16,600 | 0 |
|-------------------------|---|------------|--------|---|

IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Reimburse child care providers for certain business expenses

| | | | | |
|-------------------------|--|------------|--------|---|
| Name and address | WEE LEARN AND PLAY DAY CARE 337 EAST GRAND STREET MOUNT VERNON, NY 10552 | 52-2441746 | 11,728 | 0 |
|-------------------------|--|------------|--------|---|

IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Reimburse child care providers for certain business expenses

| | | | | |
|-------------------------|--|------------|--------|---|
| Name and address | WEEKDAY NURSERY SCHOOL 1200 NORTH AVENUE NEW ROCHELLE, NY 10804 501c3 | 13-2564170 | 30,100 | 0 |
|-------------------------|--|------------|--------|---|

IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Reimburse child care providers for certain business expenses

| | | | | |
|-------------------------|--|------------|-------|---|
| Name and address | YASNIA PEREZ - My Children's Day Care 129 GREENVALE AVENUE YONKERS, NY 10703 | 82-1399813 | 9,950 | 0 |
|-------------------------|--|------------|-------|---|

IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Reimburse child care providers for certain business expenses

| | | | | |
|-------------------------|---|------------|--------|---|
| Name and address | YOSAYA FERNANDEZ - Family Day Care 193 ASHBURTON AVE 3A YONKERS, NY 10701 | 12-8863876 | 12,400 | 0 |
|-------------------------|---|------------|--------|---|

IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Reimburse child care providers for certain business expenses

| | | | | |
|-------------------------|---|------------|--------|---|
| Name and address | YOUNG WONDERS 446 NORTH STATE ROAD BRIARCLIFF, NY 10510 | 13-4120013 | 24,400 | 0 |
|-------------------------|---|------------|--------|---|

IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Reimburse child care providers for certain business expenses

| | | | | |
|------------------|------------------------|------------|--------|---|
| Name and address | YWCA of WP | 13-1740519 | 10,146 | 0 |
| | 515 NORTH STREET | | | |
| | WHITE PLAINS, NY 10605 | | | |

IRC code section 501c3

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Reimburse child care providers for certain business expenses

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

| | | Number of recipients | Amt. of cash grant | Amt. of non-cash asst. |
|--------------------------------|--|----------------------|--------------------|------------------------|
| Type of grant | Child and Adult Care Food Program reimburses child care providers for the cost of nutritious meals for children in child care programs. | 253 | 2,210,325 | 0 |
| Method of valuation | | | | |
| Desc. of Non-Cash Asst. | | | | |
| Type of grant | Cares 3 was a program under the federal CARES Act that paid child care scholarships to providers for children of essential workers. | 105 | 1,490,840 | 0 |
| Method of valuation | | | | |
| Desc. of Non-Cash Asst. | | | | |
| Type of grant | The Council received a foundation grant in fiscal year 2020 that was largely disbursed in fiscal year 2021 to pay for child care scholarships to children of essential workers. This program existed before Cares 3 began, but mostly catered to the same population | 71 | 161,269 | 0 |
| Method of valuation | | | | |
| Desc. of Non-Cash Asst. | | | | |
| Type of grant | Cate Riley Scholarships provide cash assistance to those interested in becoming child care specialists. | 5 | 10,000 | 0 |
| Method of valuation | | | | |
| Desc. of Non-Cash Asst. | | | | |

**SCHEDULE M
(Form 990)**Department of the Treasury
Internal Revenue Service**Noncash Contributions**

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2020**Open to Public
Inspection**

Name of the organization

CHILD CARE COUNCIL OF WESTCHESTER INC

Employer identification number

13-3234987**Part I Types of Property**

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|---|-------------------------------|--|--|--|
| 1 Art—Works of art | | | | |
| 2 Art—Historical treasures | | | | |
| 3 Art—Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities—Publicly traded | ✓ | 1 | 249,331 | closing market price on day o |
| 10 Securities—Closely held stock | | | | |
| 11 Securities—Partnership, LLC, or trust interests | | | | |
| 12 Securities—Miscellaneous | | | | |
| 13 Qualified conservation contribution—Historic structures | | | | |
| 14 Qualified conservation contribution—Other | | | | |
| 15 Real estate—Residential | | | | |
| 16 Real estate—Commercial | | | | |
| 17 Real estate—Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ () | | | | |
| 26 Other ▶ () | | | | |
| 27 Other ▶ () | | | | |
| 28 Other ▶ () | | | | |
| 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement | | | 29 | 0 |
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? | | | | Yes No 30a ✓ |
| b If "Yes," describe the arrangement in Part II. | | | | |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? | | | | 31 ✓ |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | | | | 32a ✓ |
| b If "Yes," describe in Part II. | | | | |
| 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. | | | | |

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Schedule M, Part I, Line 32b - We have a financial advisor who was charged with selling the publicly traded securities which were received by donation.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

CHILD CARE COUNCIL OF WESTCHESTER INC

Employer identification number

13-3234987

Form 990, Part III, Line 2 - Beginning in August of 2020, the Council administered federal funds through the CARES Act to provide expense reimbursements for certain expenses to child care providers. This program was known as Cares 2. The expenses and grants associated with this program are allocated to the various departments in this section so as to be consistent with the functional expense report in the audited financial statements. Beginning in October of 2020, the Council administered a scholarship program using CARES Act funds. This program was known as Cares 3 and is included in this section as a separate scholarship accomplishment.

Form 990, Part VI, Section B, Line 11b - The Director of Finance and Administration (Director of F & A) prepares a draft of the Form 990 and forwards it to the Council's independent auditors, the Board Treasurer, the Board Finance Committee, and the Executive Director for review and approval. Any questions are discussed and resolved and the Director of F & A makes all changes and resubmits to the audit firm, the Board Treasurer, the Board Finance Committee, and the Executive Director for final approval and then approval by the full Board and signing by the Executive Director. All responses and documentation of preparation of the Form 990 are maintained in the Director of F & A's office. The Form 990 often cannot be filed by the filing deadline, so the independent audit firm or Director of F & A submits an automatic extension request to 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, Director of F & A or any Board member, an amended return will be filed. The Council's Form 990 will be available upon request to those who require it. In December 2020 the Council received a significant donation from a donor who wishes to remain anonymous. For this reason, the identity of the donor has been redacted from the copy of Schedule B that was sent to the Board.

Form 990, Part VI, Section B, Line 12c - The policy 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 Interested 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 exist 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. 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 relate to such director or officer which may represent a potential conflict of interest. The incoming officer or director will be provided with a copy of the conflict of interest policy. This disclosure statement 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 and 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; 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 - The Council's salary guidelines are updated every few years by the management team by: (1) factoring in cost of living adjustments since the previous salary increases; (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. Consensus is then reached by the management team 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 Council last updated these guidelines in 2017-18, and has just begun the process to update them once again in 2022. In addition, periodically over the past eight years, as fiscal conditions have allowed, there have been across the board increases to all salaries in an effort to make salaries more competitive.

Supplemental Information (Continued)

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

Description

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 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. Beginning in March of 2020, the Council became and remains actively involved in all manners of economic and other pandemic related support to the child care community.

Mission Description

Description

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.

First Program Service Accomplishments Description**Description**

approved timeframes. The greatest challenge in inspecting child care programs during this period was access to the programs. Many programs were closed due to COVID and SACC programs in schools were not operating and did not have access to the buildings. In addition, OCFS placed restrictions on the types of inspections that could be conducted until September 2021. Legally Exempt Services: The Legally Exempt Department offers two main services to legally exempt child care providers. The department is contracted to process initial applications, renewal applications and conduct annual inspections. During the period of time starting July 1, 2020 to June 30, 2021: We processed 159 legally exempt provider applications. We accomplished our goals due to the work efficiency in the department. The challenge with processing the initial enrollment applications has been the timeframes and high turnover among providers. The challenge in processing the renewal enrollment applications has been the delay in providers submitting the renewal material on time and changes that are needed to be made to the enrollment. The Legally Exempt Department could not perform inspections due to COVID restrictions. Child and Adult Care Food Program: The Child and Adult Care Food Program helps providers pay for meals and snacks served to children up to age 13 enrolled in their child care programs. As the sponsor of the contract we are responsible for determining if meals served meet nutritional requirements, conducting monitoring visits, and providing training to participating providers. During the period of July 1, 2020-June 30, 2021 CACFP staff processed 2,493 menus, reimbursing providers for the healthy meals and snacks served to children. The CACFP staff conducted 192 food monitoring visits and added 24 new providers to the program.

Second Program Service Accomplishments Description**Description**

literature on reading at home with young children. Participating programs received an assortment of diverse books for their program libraries. * Two additional programs were funded by the Sexauer Foundation. 1) In the summer of 2020, 50 family child care programs participated in a training and technical assistance project, Joy of Summer. Participating programs attended virtual training sessions, offered in Spanish and English, on topics related to summer activities. The programs were given open-ended science related materials for the children in their programs. The specialists visited the programs to help further encourage additional activities. 2) In the spring of 2021, 8 childcare center classrooms and 12 family childcare programs participated in a training and technical assistance project, Joy of Exploration. Participating programs attended virtual training sessions, offered in English and Spanish, on topics related to math, nature and transportation. The programs were given open-ended STEM materials for the children in their programs. The specialists visited the programs to help further encourage additional activities.

Other Program Services Accomplishments

| Activity Code | Description | Expense | Grants | Revenue |
|---------------|--|------------------|----------------|--------------|
| | Between July 1, 2020 and June 30, 2021 the Resource & Referral Department provided child care referrals and resources to guide in finding child care providers for 2,033 families with 2,838 children. Under their Subsidy Support Services information and assistance through the public child care subsidy system, assistance was provided to 682 families and over 47 child care providers. | 933,518 | 519,279 | 990 |
| | Health Services - Medication administration training and healthcare consulting services. MAT: Between July 1, 2020 and June 30, 2021 there were no MAT Courses conducted due to the pandemic and the in person requirement for training. There also were no Emergency Medication Training Courses held. HCC Agreements: During that same time period 28 programs signed on to the health care consultant service. | 340,422 | 263,456 | 6,420 |
| | The Council awarded about 180 children with the CARES 1 scholarship for essential workers and first responders. This scholarship was available from April 2020 to July 4, 2020. The Westchester Community Foundation provided the Council with scholarship funds. The Council awarded 4 children from New Rochelle with full scholarships, 24 children with full scholarships while they attended the YMCA of New Rochelle summer camp, and then a partial scholarship to 157 children after the CARES 1 scholarship program ended. This scholarship was provided for care from July 6, 2020 to September 4, 2020. | 163,065 | 163,065 | 0 |
| Total: | | 1,437,005 | 945,800 | 7,410 |