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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

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.

A For the 2019 calendar year, or tax year beginning 09-01-2019 , and ending 08-31-2020

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
CAMPUS PRE-SCHOOL & EARLY CHILDHOOD CENTER INC
Doing business as
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
PO BOX 6000 DRAWER U BINGHAMTON UNI
City or town, state or province, country, and ZIP or foreign postal code
BINGHAMTON, NY 139026000

D Employer identification number
51-0163268
E Telephone number
(607) 777-2695
G Gross receipts \$ 852,456

F Name and address of principal officer:
DANIELLE DUNNE
PO BOX 6000 DRAWER U BINGHAMTON UNI
BINGHAMTON, NY 139026000

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: ▶ WWW.BINGHAMTON.EDU/CAMPUS-PRE-SCHOOL/

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1975

M State of legal domicile: NY

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
TO PROVIDE YOUNG CHILDREN WITH EXCEPTIONAL CARE AND HIGH QUALITY EDUCATION.

2 Check this box ☐ 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 6

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 6

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 53

6 Total number of volunteers (estimate if necessary) 6 2

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0

b Net unrelated business taxable income from Form 990-T, line 39 7b 0

Revenue

8 Contributions and grants (Part VIII, line 1h) 222,915 220,600

9 Program service revenue (Part VIII, line 2g) 809,051 622,946

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 7,981 6,691

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,240 -4,620

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,042,187 845,617

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 0 0

14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 933,852 855,546

16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 197,621 107,079

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 1,131,473 962,625

19 Revenue less expenses. Subtract line 18 from line 12 -89,286 -117,008

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 492,420 625,800

21 Total liabilities (Part X, line 26) 45,013 249,747

22 Net assets or fund balances. Subtract line 21 from line 20 447,407 376,053

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 2020-12-15
DANIELLE DUNNE PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date 2020-12-09

Check ☐ if self-employed

PTIN P00896198

Firm's name ▶ EFPR GROUP CPAS PLLC

Firm's EIN ▶ 47-4526160

Firm's address ▶ 100 SOUTH CLINTON AVE SUITE 1500
ROCHESTER, NY 146041801

Phone no. (585) 427-8900

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

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