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Form 990

Department of the Treasury  
Internal Revenue Service

Return of Organization Exempt From Income Tax

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020

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

C Name of organization  
CHILD DEVELOPMENT CENTER INC  
  
Doing business as  
  
Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
3335 LT MOSS ROAD  
  
City or town, state or province, country, and ZIP or foreign postal code  
MISSOULA, MT 59804  
  
F Name and address of principal officer:  
CAROLYN PRUSSEN  
3335 LT MOSS ROAD  
MISSOULA, MT 59804

D Employer identification number  
  
51-0167061  
  
E Telephone number  
  
(406) 549-6413  
  
G Gross receipts \$ 2,565,814

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.CHILDDEVCCENTER.ORG

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

L Year of formation: 1975

M State of legal domicile: MT

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:  
STRENGTHEN FAMILIES TO PROMOTE THE DEVELOPMENT AND WELL-BEING OF INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES OR WHO ARE AT RISK FOR DEVELOPMENTAL DELAY.

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 7

4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . . 4 7

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) . . . . . 5 96

6 Total number of volunteers (estimate if necessary) . . . . . 6 7

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

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

Revenue

8 Contributions and grants (Part VIII, line 1h) . . . . .

9 Program service revenue (Part VIII, line 2g) . . . . .

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

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

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Prior Year Current Year

2,261,304 2,022,465

575,666 538,518

9,314 4,831

0 0

2,846,284 2,565,814

Expenses

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

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

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

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

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

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .

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

19 Revenue less expenses. Subtract line 18 from line 12 . . . . .

0 0

543,582 464,641

3,068,417 2,908,309

-222,133 -342,495

Net Assets or Fund Balances

20 Total assets (Part X, line 16) . . . . .

21 Total liabilities (Part X, line 26) . . . . .

22 Net assets or fund balances. Subtract line 21 from line 20 . . . . .

Beginning of Current Year End of Year

2,559,540 2,691,664

275,799 750,418

2,283,741 1,941,246

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 2020-12-09  
GREG MALONE CFO  
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date 2020-12-08

Check ☐ if self-employed

PTIN P00910393

Firm's name ▶ PETERSON CPA GROUP PC

Firm's EIN ▶ 82-2385704

Firm's address ▶ PO BOX 5667  
MISSOULA, MT 59806

Phone no. (406) 926-1800

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 (2019)