

Form **990**

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.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning _____, **and ending** _____

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

C Name of organization: **SOUTH CENTRAL CHILD DEVELOPMENT INC**
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: **401 WALNUT AVE SW**
 City or town, state or province, country, and ZIP or foreign postal code: **WAGNER SD 57380**

D Employer identification number: **46-0392050**

E Telephone number: **605-384-3683**

F Name and address of principal officer:
SANDRA VANDENHOEK
27249 390TH AVE
CORSICA SD 57328

G Gross receipts \$: **3,294,473**

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)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **WWW.SCCDINC.COM**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1986** **M** State of legal domicile: **SD**

H(c) Group exemption number ▶

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE ORGANIZATION IS COMMITTED TO THE DEVELOPMENT OF CHILDREN AND FAMILIES USING AN INTEGRATED APPROACH OF COMPREHENSIVE EARLY CHILDHOOD EDUCATION, FAMILY SUPPORT AND COMMUNITY INVOLVEMENT.		
	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	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	43
	6 Total number of volunteers (estimate if necessary)	6	0
	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 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	3,217,360	3,286,085
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	512	286
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,345	8,102
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,227,217	3,294,473
	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)			0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,691,708	1,714,899
16a Professional fundraising fees (Part IX, column (A), line 11e)			0
16b Total fundraising expenses (Part IX, column (D), line 25) ▶		0	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,516,993	1,572,518
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,208,701	3,287,417
19 Revenue less expenses. Subtract line 18 from line 12	18,516	7,056	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	528,989	504,710
	22 Net assets or fund balances. Subtract line 21 from line 20	423,717	392,382

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: *Sandra Vandenhoeck* Date: **9-21-17**
SANDRA VANDENHOEK CHAIRPERSON
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: **JAMIE A ELDEEN, CPA** Preparer's signature: *J. Eldeen, CPA* Date: **09/21/17** Check if PTIN self-employed
 Firm's name: **ELO PROF LLC** Firm's EIN: _____
 PO BOX 249
 Firm's address: **MITCHELL, SD 57301** Phone no.: **605-996-7717**

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

THE ORGANIZATION IS COMMITTED TO THE DEVELOPMENT OF CHILDREN AND FAMILIES USING AN INTEGRATED APPROACH OF COMPREHENSIVE EARLY CHILDHOOD EDUCATION, FAMILY SUPPORT AND COMMUNITY INVOLVEMENT.

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 \$ 2,188,718 including grants of \$) (Revenue \$)

HEAD START PROGRAM - THE ORGANIZATION RECEIVES FEDERAL FUNDING TO PROVIDE HEAD START SERVICES TO 16 COUNTIES IN SOUTHERN SOUTH DAKOTA. THE PROGRAM IS FUNDED TO PROVIDE SERVICES TO 375 CHILDREN IN THEIR DESIGNATED AREA. THE ORGANIZATION PROVIDES AN ANNUAL REPORT ON ITS WEBSITE (WWW.SCCDINC.COM) WHICH SUMMARIZES MANY OF THE ORGANIZATION'S MOST SIGNIFICANT ACCOMPLISHMENTS.

4b (Code:) (Expenses \$ 650,163 including grants of \$) (Revenue \$)

FAMILY/GROUP FAMILY DAY CARE FOOD PROGRAM - PROVIDED MEAL REIMBURSEMENT OPPORTUNITIES TO REGISTERED AND LICENSED CHILD CARE PROVIDERS THROUGH A WRITTEN AGREEMENT BETWEEN THE SPONSORING AGENCY AND LOCAL CHILDCARE PROVIDERS. THE ORGANIZATION PROVIDES A SUMMARY OF THE NUMBER OF MEALS CLAIMED IN ITS ANNUAL REPORT, WHICH CAN BE OBTAINED ON THEIR WEBSITE (WWW.SCCDINC.COM).

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 2,838,881

