

Return of Organization Exempt From Income Tax

2001

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2001 calendar year, or tax year period beginning **JUL 1, 2001** and ending **JUN 30, 2002**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization MARY CARIOLA CHILDREN'S CENTER, INC.		D Employer identification number 16-0771078
		Number and street (or P O box if mail is not delivered to street address) 1000 ELMWOOD AVENUE		E Telephone number (585) 271-0761
		City or town state or country, and ZIP + 4 ROCHESTER, NY 14620		F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

G Web site **WWW.MARYCARIOLA.ORG**

J Organization type (check only one) 501(c)(3) (insert no) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail it should file a return without financial data. Some states require a complete return.

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes" enter number of affiliates: _____

H(c) Are all affiliates included? **N/A** Yes No (If "No" attach a list)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **18,320,565.**

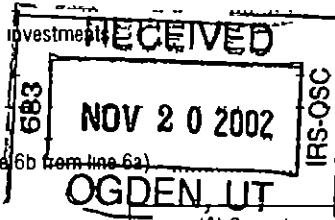
I Enter 4-digit GEN: _____

M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

SCANNED DEC 1 2 2002

Revenue	1	Contributions, gifts, grants, and similar amounts received			
	a	Direct public support	1a	547,050.	
	b	Indirect public support	1b	200,135.	
	c	Government contributions (grants)	1c	1,181,350.	
	d	Total (add lines 1a through 1c) (cash \$ <u>1,928,535.</u> noncash \$ _____)	1d	1,928,535.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	14,813,699.	
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4		
	5	Dividends and interest from securities	5	123,182.	
	6a	Gross rents	6a		
	6b	Less rental expenses	6b		
	6c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7	Other investment income (describe: OGDEN, UT)	7			
8a	Gross amount from sale of assets other than inventory	(A) Securities	1,349,758.	8a	(B) Other
b	Less cost or other basis and sales expenses	8b	1,575,132.		
c	Gain or (loss) (attach schedule)	8c	<225,374.>		
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	<225,374.>		
9	Special events and activities (attach schedule)				
a	Gross revenue (not including \$ <u>9,375.</u> of contributions reported on line 1a)	9a	90,323.		
b	Less direct expenses other than fundraising expenses	9b	28,225.		
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	62,098.		
10a	Gross sales of inventory, less returns and allowances	10a			
b	Less cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11	Other revenue (from Part VII line 103)	11	15,068.		
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	16,717,208.		
Expenses	13	Program services (from line 44, column (B))	13	15,154,671.	
	14	Management and general (from line 44 column (C))	14	1,161,562.	
	15	Fundraising (from line 44, column (D))	15	303,150.	
	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses (add lines 16 and 44, column (A))	17	16,619,383.	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	97,825.	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	7,315,717.	
	20	Other changes in net assets or fund balances (attach explanation)	20	1,356.	
	21	Net assets or fund balances at end of year (combine lines 18, 19 and 20)	21	7,414,898.	



913 7

Part II Statement of Functional Expenses

All organizations must complete column (A) Columns (B) (C) and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)				
	cash \$ _____ noncash \$ _____	22			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc	25 271,320.	90,365.	180,955.	0.
26	Other salaries and wages	26 11,060,576.	10,467,709.	476,834.	116,033.
27	Pension plan contributions	27 280,063.	256,867.	20,297.	2,899.
28	Other employee benefits	28 1,045,107.	991,198.	46,225.	7,684.
29	Payroll taxes	29 842,229.	786,084.	47,485.	8,660.
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33 259,441.	228,313.		31,128.
34	Telephone	34 44,640.	37,581.	6,421.	638.
35	Postage and shipping	35 25,186.	4,008.	7,293.	13,885.
36	Occupancy	36 1,281,424.	1,189,572.	85,448.	6,404.
37	Equipment rental and maintenance	37 154,875.	121,568.	11,476.	21,831.
38	Printing and publications	38			
39	Travel	39 20,786.	20,027.	626.	133.
40	Conferences, conventions, and meetings	40			
41	Interest	41 79,244.	42,048.	37,196.	
42	Depreciation, depletion, etc (attach schedule) P.15	42 156,798.	117,637.	36,750.	2,411.
43	Other expenses not covered above (itemize)				
a	_____	43a			
b	_____	43b			
c	_____	43c			
d	_____	43d			
e	SEE STATEMENT 4	43e 1,097,694.	801,694.	204,556.	91,444.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D) carry these totals to lines 13-15	44 16,619,383.	15,154,671.	1,161,562.	303,150.

Joint Costs Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____ (ii) the amount allocated to Program services \$ _____

(iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? **SEE STATEMENT 5**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts, but optional for others)

a	SCHOOL AGE EDUCATION - PROVIDES HABILITATIVE TRAINING FOR MENTALLY RETARDED, MULTIPLY HANDICAPPED CHILDREN IN A CLASSROOM ENVIRONMENT. APPROXIMATELY 367 CHILDREN SERVED.	(Grants and allocations \$)	9,357,251.
b	ICF/DD - OPERATES RESIDENTIAL FACILITIES FOR DEVELOPMENTALLY DISABLED CHILDREN ATTEMPTING TO ESTABLISH A FAMILY-LIKE ENVIRONMENT. APPROXIMATELY 32 CHILDREN SERVED.	(Grants and allocations \$)	3,371,216.
c	PRESCHOOL - PROVIDES IN-HOME AND CENTER-BASED SERVICES TO DEVELOPMENTALLY DISABLED CHILDREN FROM BIRTH TO FIVE YEARS OLD. APPROXIMATELY 130 CHILDREN SERVED.	(Grants and allocations \$)	2,002,009.
d	SEE STATEMENT 6	(Grants and allocations \$)	
		(Grants and allocations \$)	216,224.
e	Other program services (attach schedule) STATEMENT 7	(Grants and allocations \$)	207,971.
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)		15,154,671.

Part IV Balance Sheets

Note Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	16,633.	45	34,859.
	46 Savings and temporary cash investments	488,340.	46	808,161.
	47 a Accounts receivable	47a 3,512,995.		
	b Less allowance for doubtful accounts	47b	47c	3,512,995.
	48 a Pledges receivable	48a 124,538.		
	b Less allowance for doubtful accounts	48b 6,500.	48c	118,038.
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable	51a		
	b Less allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	122,480.
	54 Investments - securities STMT 8 STMT 9 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		54	4,294,687.
	55 a Investments - land, buildings, and equipment basis	55a		
b Less accumulated depreciation	55b	55c		
56 Investments - other		56		
57 a Land buildings, and equipment basis	57a 2,587,849.			
b Less accumulated depreciation STMT 10	57b 1,632,149.	57c	955,700.	
58 Other assets (describe SEE STATEMENT 11)		58	58,073.	
59 Total assets (add lines 45 through 58) (must equal line 74)		59	9,904,993.	
Liabilities	60 Accounts payable and accrued expenses	1,001,278.	60	944,167.
	61 Grants payable		61	
	62 Deferred revenue	2,500.	62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable STMT 12		64b	1,374,633.
	65 Other liabilities (describe SEE STATEMENT 13)		65	171,295.
66 Total liabilities (add lines 60 through 65)		66	2,490,095.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	5,622,084.	67	5,504,323.
	68 Temporarily restricted	92,445.	68	310,572.
	69 Permanently restricted	1,601,188.	69	1,600,003.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)		73	7,414,898.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)		74	9,904,993.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III the organization's programs and accomplishments.

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32)

Note Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a TUITION					10,816,036.
b CLIENT PRIVATE PAY					7,918.
c WAIVER CASE MANAGEMENT					203,126.
d INTERDEPARTMENTAL					39,640.
e					
f Medicare/Medicaid payments					3,746,979.
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	123,182.	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	<225,374.>	
101 Net income or (loss) from special events					62,098.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a MISCELLANEOUS					15,068.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		<102,192.>	14,890,865.
105 Total (add line 104, columns (B), (D), and (E))					14,788,673.

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 32)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
1	SEE STATEMENT 17

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33)

(A) Name, address and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 33)

- (a) Did the organization, during the year receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (a) or (b), file Form 9970 and Form 4799 (see instructions)

completing schedules and statements and to the best of my knowledge and belief, it is true, information of which preparer has any knowledge.

1/2/02 PAUL C. SCOTT, PRESIDENT
Type or print name and title

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

2001

Department of the Treasury
Internal Revenue Service

Supplementary Information--(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

MARY CARIOLA CHILDREN'S CENTER, INC.

Employer identification number

16 0771078

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions List each one If there are none enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
GLORIA FORGIONE ----- 1000 ELMWOOD AVE, ROCHESTER, NY 14620	STUDENT DIR. 40 HRS P/WK	73,354.	4,467.	350.
TERESA CHAPIN ----- 1000 ELMWOOD AVE, ROCHESTER, NY 14620	TEACHER COOR. 40 HRS P/WK	64,896.	6,660.	0.
LAURIE GOEGGELMAN ----- 1000 ELMWOOD AVE, ROCHESTER, NY 14620	TEACHER COOR. 40 HRS P/WK	62,920.	6,648.	0.
JAMES RILEY ----- 1000 ELMWOOD AVE, ROCHESTER, NY 14620	IT MANAGER 40 HRS P/WK	61,817.	6,601.	0.
BRADLEY SCHEIBER ----- 1000 ELMWOOD AVE, ROCHESTER, NY 14620	AGENCY AD DIR 40 HRS P/WK	58,811.	2,206.	0.
Total number of other employees paid over \$50,000 ▶	7			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE -----		

Total number of others receiving over \$50,000 for professional services ▶	0	

Part III Statements About Activities (See page 2 of the instructions)

	Yes	No
1 During the year has the organization attempted to influence national, state, or local legislation including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors officers creators key employees or members of their families or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990	X	
e Transfer of any part of its income or assets?		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc ? (See Note below)		X
4 Do you have a section 403(b) annuity plan for your employees?		X
Note Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments		

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

- The organization is not a private foundation because it is (Please check only ONE applicable box)
- 5** A church convention of churches, or association of churches Section 170(b)(1)(A)(i)
 - 6** A school Section 170(b)(1)(A)(ii) (Also complete Part V)
 - 7** A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
 - 8** A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
 - 9** A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶ _____
 - 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A)
 - 11a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
 - 11b** A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
 - 12** 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 charitable, etc., 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) (Also complete the Support Schedule in Part IV-A)
 - 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14** An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)

Part V Private School Questionnaire (See page 7 of the instructions)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes" please describe, if "No," please explain. (If you need more space, attach a separate statement.)		
<hr/> <hr/> <hr/>			
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	32d	
<hr/> <hr/>			
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h	
<hr/> <hr/>			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation.	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions) N/A
 (To be completed ONLY by an eligible organization that filed Form 5768)

Check a if the organization belongs to an affiliated group Check b if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)		
37	Total lobbying expenditures to influence a legislative body (direct lobbying)		
38	Total lobbying expenditures (add lines 36 and 37)		
39	Other exempt purpose expenditures		
40	Total exempt purpose expenditures (add lines 38 and 39)		
41	Lobbying nontaxable amount Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is - Not over \$500 000 20% of the amount on line 40 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		
42	Grassroots nontaxable amount (enter 25% of line 41)		
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36		
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38		

Caution If there is an amount on either line 43 or line 44, you must file Form 4720

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 instructions for lines 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A (e) Total
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

Part VI-B Lobbying Activity by Nonelecting Public Charities
 (For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions)

During the year did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Schedule B
(Form 990, 990-EZ, or
990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545-0047

2001

Name of organization

MARY CARIOLA CHILDREN'S CENTER, INC.

Employer identification number

16-0771078

Organization type (check one)

Filers of

Section

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990 PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General rule** or a **Special rule** (Note Only a section 501(c)(7), (8), or (10) organization can check box(es) for both the General rule and a Special rule-see instructions)

General Rule-

For organizations filing Form 990, 990-EZ, or 990 PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II)

Special Rules-

For a section 501(c)(3) organization filing Form 990, or Form 990 EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990 EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc , purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Do not complete any of the Parts unless the General rule applies to this organization because it received nonexclusively religious, charitable, etc . contributions of \$5,000 or more during the year) ▶ \$ _____

Caution Organizations that are not covered by the General rule and/or the Special rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule B (Form 990, 990-EZ, or 990-PF) (2001)

Name of organization MARY CARIOLA CHILDREN'S CENTER, INC.	Employer identification number 16-0771078
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Part I Contributors (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 166,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
2		\$ 112,664.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES			STATEMENT	1
DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)	
SALE OF INVESTMENTS	1,349,758.	1,575,132.	0.	<225,374.>	
TO FORM 990, PART I, LINE 8	1,349,758.	1,575,132.	0.	<225,374.>	

FORM 990	SPECIAL EVENTS AND ACTIVITIES				STATEMENT	2
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME	
WOMEN'S GOLF TOURNAMENT	66,209.	8,025.	58,184.	13,560.	44,624.	
MEN'S GOLF TOURNAMENT	33,489.	1,350.	32,139.	14,665.	17,474.	
TO FM 990, PART I, LINE 9	99,698.	9,375.	90,323.	28,225.	62,098.	

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES		STATEMENT	3
DESCRIPTION				AMOUNT
UNREALIZED GAIN ON INVESTMENTS				1,356.
TOTAL TO FORM 990, PART I, LINE 20				1,356.

FORM 990	OTHER EXPENSES			STATEMENT	4
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
CHILDREN'S ACTIVITIES	53,874.	49,682.		4,192.	
CLINICAL SUPPLIES	29,230.	29,230.			
FACILITY ASSESSMENT	269,306.	269,306.			
FOOD	92,453.	83,585.		8,868.	
INSURANCE	56,018.	52,199.	3,819.		
MEETING EXPENSE	15,108.	4,885.	2,654.	7,569.	
OFFICE EXPENSE	96,726.	49,007.	43,695.	4,024.	
PROFESSIONAL DUES AND CONFERENCES	6,424.	3,487.	760.	2,177.	

PURCHASE OF HEALTH SERVICES	45,512.	45,512.		
PURCHASED SERVICES	183,987.	39,634.	132,040.	12,313.
RECRUITMENT	19,390.	19,356.	34.	
RENT - EQUIPMENT	24,221.	18,706.	5,515.	
RENT - VEHICLES	22,859.	19,586.	3,273.	
STAFF DEVELOPMENT	23,283.	17,059.	1,993.	4,231.
UTILITIES	32,535.	32,535.		
OTHER	49,923.	23,307.	9,136.	17,480.
EQUIPMENT	76,845.	44,618.	1,637.	30,590.
TOTAL TO FM 990, LN 43	1,097,694.	801,694.	204,556.	91,444.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 5
PART III

EXPLANATION

PROVIDE EDUCATION AND RESIDENTIAL FACILITIES TO DEVELOPMENTALLY DISABLED CHILDREN.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 6

DESCRIPTION OF PROGRAM SERVICE FOUR

MEDICAID SERVICE COORDINATION PROGRAM COORDINATES THE DELIVERY OF SERVICES TO INCREASE EACH CHILD'S INDIVIDUALIZATION, INDEPENDENCE, INTEGRATION AND PRODUCTIVITY. APPROXIMATELY 82 CHILDREN SERVED.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE D		216,224.

FORM 990 OTHER PROGRAM SERVICES STATEMENT 7

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
WORKSHOP EVALUATIONS		124,935.
		83,036.
TOTAL TO FORM 990, PART III, LINE E		207,971.

FORM 990	NON-GOVERNMENT SECURITIES	STATEMENT	8
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SECURITY DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
CASH AND EQUIVALENTS				195,387.	195,387.
CORPORATE BONDS		684,952.			684,952.
EQUITY SECURITIES	2,266,127.				2,266,127.
TO 990, LN 54 COL B	<u>2,266,127.</u>	<u>684,952.</u>		<u>195,387.</u>	<u>3,146,466.</u>

FORM 990	GOVERNMENT SECURITIES	STATEMENT	9
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DESCRIPTION	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
GOVERNMENT SECURITIES	1,148,221.		1,148,221.
TOTAL TO FORM 990, LINE 54, COL B	<u>1,148,221.</u>		<u>1,148,221.</u>

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	10
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND	103,513.	0.	103,513.
BUILDINGS AND IMPROVEMENTS	1,349,181.	744,565.	604,616.
FURNITURE, FIXTURES AND EQUIPMENT	931,639.	722,371.	209,268.
VEHICLES	203,516.	165,213.	38,303.
TOTAL TO FORM 990, PART IV, LN 57	<u>2,587,849.</u>	<u>1,632,149.</u>	<u>955,700.</u>

FORM 990

OTHER ASSETS

STATEMENT 11

DESCRIPTION

AMOUNT

BENEFICIAL INTEREST IN PERPETUAL TRUST

58,073.

TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B

58,073.

OTHER NOTES AND LOANS PAYABLE

The Center has available an annually renewable line-of-credit with a bank. Amounts borrowed on this line-of-credit bear interest at the bank's prime rate (4.75% at June 30, 2002). At June 30, 2002 and 2001, there was \$100,000 and \$669,050, respectively, outstanding under the terms of this line-of-credit.

In September 2001, the Center converted the balance on the line-of-credit into a term note of \$1,000,000 (see below). The line-of-credit balance at June 30, 2001 was classified as long-term debt to reflect the terms of the refinancing. The maximum available line of credit is \$1,500,000 after the refinancing.

The term note and the line-of-credit are collateralized by all the Center's investments and requires the Center to comply with certain covenants, including to maintaining a debt service coverage ratio of 1.0. The Center was in compliance with these covenants at June 30, 2002.

Long-term debt at June 30 was as follows:

	<u>2002</u>
Term note payable to JPMorganChase, requiring monthly installments of \$16,667 through August 2006, plus interest at the adjusted LIBOR rate plus 85 basis points (2.70% at June 30, 2002), collateralized by the Center's investments	\$ 833,333
Mortgage payable to the New York State Medical Care Facilities Finance Agency (MCFFA), requiring semi-annual payments of \$17,037, including interest at 7.34%, through February 2018, collateralized by the related property	286,308
Non-interest bearing loans payable to the New York State Office of Mental Retardation and Developmental Disabilities (OMRDD) in monthly installments of approximately \$2,300 and \$1,200 at June 30, 2002 and 2001, respectively. Installments are withheld from monthly remittances by OMRDD for program services	125,746
Capital lease obligation to JP Morgan Leasing, Inc., requiring monthly installments of \$881, including interest at 8.50%, through September 2005, collateralized by the related property	<u>29,246</u>
	1,274,633
Less: Current portion	<u>(247,026)</u>
	<u>\$ 1,027,607</u>

The Center has an arrangement with OMRDD whereby OMRDD pays the principal and interest on the Center's MCFFA mortgage directly to MCFFA. Repayment to OMRDD is made through a reduction in the Center's Medicaid rate.

FORM 990 OTHER LIABILITIES STATEMENT 13

DESCRIPTION	AMOUNT
UNEMPLOYMENT RESERVE	98,507.
RETROACTIVE NEW YORK STATE EDUCATION DEPT. TUITION	72,788.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	171,295.

FORM 990 OTHER REVENUE NOT INCLUDED ON FORM 990 STATEMENT 14

DESCRIPTION	AMOUNT
SPECIAL EVENT EXPENSES	28,225.
TOTAL TO FORM 990, PART IV-A	28,225.

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT	15
DESCRIPTION		AMOUNT	
SPECIAL EVENTS EXPENSES		28,225.	
TOTAL TO FORM 990, PART IV-B		28,225.	

FORM 990	PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT	16
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
PAUL C. SCOTT 1000 ELMWOOD AVENUE ROCHESTER, NY 14620	PRESIDENT 40 HRS P/WK	102,407.	5,840.	3,546.
IRENE WROBEL MAGEE 1000 ELMWOOD AVENUE ROCHESTER, NY 14620	DIR. OF FINANCIAL SERVICES 40 HRS P/WK	78,548.	5,524.	0.
DENISE O'BRIEN-MILLER 1000 ELMWOOD AVENUE ROCHESTER, NY 14620	DIRECTOR OF DAY PROGRAM 40 HRS P/WK	90,365.	7,609.	0.
ROBERT M. VIGDOR 1000 ELMWOOD AVENUE ROCHESTER, NY 14620	CHAIR <1 HR P/WK	0.	0.	0.
DIANE SYTA 1000 ELMWOOD AVENUE ROCHESTER, NY 14620	VICE CHAIR <1 HR P/WK	0.	0.	0.
THOMAS STRASENBURGH 1000 ELMWOOD AVENUE ROCHESTER, NY 14620	ASST. TREASURER <1 HR P/WK	0.	0.	0.
BEN GIAMBRONE 1000 ELMWOOD AVENUE ROCHESTER, NY 14620	SECRETARY <1 HR P/WK	0.	0.	0.
WILLIAM BACHMAN 1000 ELMWOOD AVENUE ROCHESTER, NY 14620	BOARD MEMBER <1 HR P/WK	0.	0.	0.

JOHN BOREK 1000 ELMWOOD AVENUE ROCHESTER, NY 14620	BOARD MEMBER <1 HR P/WK	0.	0.	0.
TIMOTHY J. COOK 1000 ELMWOOD AVENUE ROCHESTER, NY 14620	BOARD MEMBER <1 HR P/WK	0.	0.	0.
MARK SIEWERT 1000 ELMWOOD AVENUE ROCHESTER, NY 14620	BOARD MEMBER <1 HR P/WK	0.	0.	0.
JAMES HAMMER 1000 ELMWOOD AVENUE ROCHESTER, NY 14620	BOARD MEMBER <1 HR P/WK	0.	0.	0.
KATE LYON 1000 ELMWOOD AVENUE ROCHESTER, NY 14620	BOARD MEMBER <1 HR P/WK	0.	0.	0.
KATE NOBLE 1000 ELMWOOD AVENUE ROCHESTER, NY 14620	BOARD MEMBER <1 HR P/WK	0.	0.	0.
JOHN MCDONALD 1000 ELMWOOD AVENUE ROCHESTER, NY 14620	BOARD MEMBER <1 HR P/WK	0.	0.	0.
THOMAS WOLF 1000 ELMWOOD AVENUE ROCHESTER, NY 14620	BOARD MEMBER <1 HR P/WK	0.	0.	0.
JOHN NICHOLS 1000 ELMWOOD AVENUE ROCHESTER, NY 14620	BOARD MEMBER <1 HR P/WK	0.	0.	0.
ED KNAUF 1000 ELMWOOD AVENUE ROCHESTER, NY 14620	TREASURER <1 HR P/WK	0.	0.	0.
LAWRENCE J. OBERLIES 1000 ELMWOOD AVENUE ROCHESTER, NY 14620	BOARD MEMBER <1 HR P/WK	0.	0.	0.
MICHAEL OSBORN 1000 ELMWOOD AVENUE ROCHESTER, NY 14620	BOARD MEMBER <1 HR P/WK	0.	0.	0.
THOMAS J. ROTH 1000 ELMWOOD AVENUE ROCHESTER, NY 14620	BOARD MEMBER <1 HR P/WK	0.	0.	0.

JUSTIN VIGDOR 1000 ELMWOOD AVENUE ROCHESTER, NY 14620	BOARD MEMBER <1 HR P/WK	0.	0.	0.
MICHAEL MAY 1000 ELMWOOD AVENUE ROCHESTER, NY 14620	BOARD MEMBER <1 HR P/WK	0.	0.	0.
JOHN ODENBACH 1000 ELMWOOD AVENUE ROCHESTER, NY 14620	BOARD MEMBER <1 HR P/WK	0.	0.	0.
MALINDA GASKAMP 1000 ELMWOOD AVENUE ROCHESTER, NY 14620	BOARD MEMBER <1 HR P/WK	0.	0.	0.
MARY FISHER 1000 ELMWOOD AVENUE ROCHESTER, NY 14620	BOARD MEMBER <1 HR P/WK	0.	0.	0.
LAURA SADOWSKI 1000 ELMWOOD AVENUE ROCHESTER, NY 14620	BOARD MEMBER <1 HR P/WK	0.	0.	0.
DAWN BORGEEST 1000 ELMWOOD AVENUE ROCHESTER, NY 14620	BOARD MEMBER <1 HR P/WK	0.	0.	0.
MARILYN MEANS 1000 ELMWOOD AVENUE ROCHESTER, NY 14620	BOARD MEMBER <1 HR P/WK	0.	0.	0.
DEBORAH LATTIME 1000 ELMWOOD AVENUE ROCHESTER, NY 14620	BOARD MEMBER <1 HR P/WK	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		271,320.	18,973.	3,546.

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 17
 ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	EDUCATIONAL SERVICES ARE PROVIDED FOR PHYSICALLY AND MENTALLY HANDICAPPED CHILDREN.
93B&93F	RESIDENTIAL SERVICES ARE PROVIDED FOR FAMILIES WITH CHILDREN IN NEED OF SPECIAL ASSISTANCE.
93C	WAIVER CASE MANAGEMENT PROVIDES ASSISTANCE TO FAMILIES IN DEVELOPING AND CARRYING OUT A PLANNED APPROACH FOR ACCESSING NEEDED SERVICES FOR THEIR CHILD WITH DEVELOPMENTAL DISABILITIES.
93D	ADAPTIVE EQUIPMENT IS PROVIDED TO BENEFIT CHILDREN WITH SPECIAL NEEDS.
103A	MISCELLANEOUS REVENUE TO FURTHER THE EDUCATIONAL NEEDS OF THE CLIENTS

100 SERVED. ' INVESTMENT INCOME. PROCEEDS OF WHICH FURTHER THE NEEDS OF CLIENTS SERVED

SCHEDULE A	OTHER INCOME			STATEMENT 18
DESCRIPTION	2000 AMOUNT	1999 AMOUNT	1998 AMOUNT	1997 AMOUNT
GAIN ON SALE OF INVESTMENTS	122,219.	174,804.	52,454.	311,696.
MISCELLANEOUS INCOME	36,599.	29,340.	11,613.	8,179.
TOTAL TO SCHEDULE A, LINE 22	158,818.	204,144.	64,067.	319,875.