

**Return of Organization Exempt From Income Tax**

OMB No 1545-0047  
**2002**  
Open to Public Inspection

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)

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

**A** For the 2002 calendar year, or tax year period beginning **JUL 1, 2002** and ending **JUN 30, 2003**

<b>B</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	<b>C</b> Name of organization <b>MARY CARIOLA CHILDREN'S CENTER, INC.</b>		<b>D</b> Employer identification number <b>16-0771078</b>
		Number and street (or P O box if mail is not delivered to street address) Room/suite <b>1000 ELMWOOD AVENUE</b>		<b>E</b> Telephone number <b>(585) 271-0761</b>
		City or town, state or country, and ZIP + 4 <b>ROCHESTER, NY 14620</b>		<b>F</b> 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)

**H and I are not applicable to section 527 organizations**

**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(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

**I** Enter 4-digit GEN **▶**

**L** Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **▶ 20,593,536.**

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

Revenue	1	Contributions, gifts, grants, and similar amounts received				
		a	Direct public support	1a	564,075.	
		b	Indirect public support	1b	199,940.	
		c	Government contributions (grants)	1c	1,223,292.	
		d	Total (add lines 1a through 1c) (cash \$ <u>1,987,307.</u> noncash \$ _____)	1d	1,987,307.	
		2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	15,584,989.	
		3	Membership dues and assessments	3		
		4	Interest on savings and temporary cash investments	4		
		5	Dividends and interest from securities	5	109,908.	
		6a	Gross rental income	6a		
		b	Less: rental expenses	6b		
		c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		
	7	Other investment income (describe <b>OGDEN, UT</b> )	7			
	8a	Gross amount from sale of assets other than inventory	(A) Securities	8a	2,816,343.	(B) Other
			8b	2,969,680.		
	c	Gain or (loss) (attach schedule)	8c	<153,337.>		
	d	Net gain or (loss) (combine line 8c, columns (A) and (B)) <b>STMT 1</b>	8d	<153,337.>		
	9	Special events and activities (attach schedule)				
	a	Gross revenue (not including \$ <u>12,530.</u> of contributions reported on line 1a)	9a	84,844.		
	b	Less: direct expenses other than fundraising expenses	9b	22,722.		
	c	Net income or (loss) from special events (subtract line 9b from line 9a) <b>SEE STATEMENT 2</b>	9c	62,122.		
	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	10,145.		
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	17,601,134.		
Expenses	13	Program services (from line 44, column (B))	13	15,746,542.		
	14	Management and general (from line 44, column (C))	14	1,211,838.		
	15	Fundraising (from line 44, column (D))	15	360,422.		
	16	Payments to affiliates (attach schedule)	16			
	17	Total expenses (add lines 16 and 44, column (A))	17	17,318,802.		
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	282,332.		
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	7,414,898.		
	20	Other changes in net assets or fund balances (attach explanation) <b>SEE STATEMENT 3</b>	20	<108,209.>		
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	7,589,021.		

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**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 Page 2

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	25 293,543.	105,354.	188,189.	0.
26 Other salaries and wages	26 11,391,673.	10,769,453.	489,202.	133,018.
27 Pension plan contributions	27 297,020.	270,999.	21,861.	4,160.
28 Other employee benefits	28 1,074,847.	1,004,670.	56,122.	14,055.
29 Payroll taxes	29 861,754.	802,322.	49,289.	10,143.
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33 236,827.	222,012.		14,815.
34 Telephone	34 53,251.	37,743.	8,927.	6,581.
35 Postage and shipping	35 24,204.	5,246.	8,262.	10,696.
36 Occupancy	36 1,466,224.	1,367,324.	91,993.	6,907.
37 Equipment rental and maintenance	37 148,552.	123,002.	9,248.	16,302.
38 Printing and publications	38 12,796.			12,796.
39 Travel	39 20,549.	19,904.	504.	141.
40 Conferences, conventions, and meetings	40 10,461.	3,954.	2,491.	4,016.
41 Interest	41 68,078.	36,089.	31,989.	
42 Depreciation, depletion, etc (attach schedule)	42 168,364.	126,139.	40,020.	2,205.
43 Other expenses not covered above (itemize) a _____ b _____ c _____ d _____ e SEE STATEMENT 4	43a 43b 43c 43d 43e			
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D) carry these totals to lines 13-15	44 17,318,802.	15,746,542.	1,211,838.	360,422.

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	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 330 CHILDREN SERVED. (Grants and allocations \$ _____)	9,731,909.
b ICF/DD - OPERATES RESIDENTIAL FACILITIES FOR DEVELOPMENTALLY DISABLED CHILDREN ATTEMPTING TO ESTABLISH A FAMILY-LIKE ENVIRONMENT. APPROXIMATELY 34 CHILDREN SERVED. (Grants and allocations \$ _____)	3,552,302.
c PRESCHOOL - PROVIDES IN-HOME AND CENTER-BASED SERVICES TO DEVELOPMENTALLY DISABLED CHILDREN FROM BIRTH TO FIVE YEARS OLD. APPROXIMATELY 98 CHILDREN SERVED. (Grants and allocations \$ _____)	2,060,117.
d SEE STATEMENT 6 (Grants and allocations \$ _____)	223,560.
e Other program services (attach schedule) STATEMENT 7 (Grants and allocations \$ _____)	178,654.
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	15,746,542.

**Part IV Balance Sheets**

		(A) Beginning of year		(B) End of year	
<i>Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only</i>					
<b>Assets</b>	45	Cash - non-interest-bearing	34,859.	45	213,241.
	46	Savings and temporary cash investments	808,161.	46	876,934.
	47 a	Accounts receivable	47a 3,862,041.		
	b	Less allowance for doubtful accounts	47b	47c	3,862,041.
	48 a	Pledges receivable	48a 55,450.		
	b	Less allowance for doubtful accounts	48b	48c	55,450.
	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	122,480.	53	105,901.
	54	Investments - securities <b>STMT 8</b> <b>STMT 9</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	4,294,687.	54	4,424,383.
	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 2,832,103.			
b	Less accumulated depreciation	57b 1,755,733.	57c	1,076,370.	
58	Other assets (describe <b>SEE STATEMENT 10</b> )	58,073.	58	141,430.	
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)	9,904,993.	59	10,755,750.	
<b>Liabilities</b>	60	Accounts payable and accrued expenses	944,167.	60	986,455.
	61	Grants payable		61	
	62	Deferred revenue		62	378,488.
	63	Loans from officers, directors, trustees, and key employees		63	
	64 a	Tax-exempt bond liabilities		64a	
	b	Mortgages and other notes payable <b>STMT 11</b>	1,374,633.	64b	1,137,521.
	65	Other liabilities (describe <b>SEE STATEMENT 12</b> )	171,295.	65	664,265.
66	<b>Total liabilities</b> (add lines 60 through 65)	2,490,095.	66	3,166,729.	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67	Unrestricted	5,504,323.	67	5,651,560.
	68	Temporarily restricted	310,572.	68	217,910.
	69	Permanently restricted	1,600,003.	69	1,719,551.
	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	<b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	7,414,898.	73	7,589,021.
74	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	9,904,993.	74	10,755,750.	

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 VI Other Information

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity
77 Were any changes made in the organizing or governing documents but not reported to the IRS?
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
78 b If "Yes" has it filed a tax return on Form 990-T for this year?
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year?
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?
80 b If "Yes," enter the name of the organization and check whether it is exempt or nonexempt
81 a Enter direct or indirect political expenditures See line 81 instructions
81 b Did the organization file Form 1120-POL for this year?
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?
82 b If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?
83 b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84 a Did the organization solicit any contributions or gifts that were not tax deductible?
84 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?
85 b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85 c Dues, assessments, and similar amounts from members
85 d Section 162(e) lobbying and political expenditures
85 e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85 f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85 g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85 h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?
86 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12
86 b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) organizations Enter a Gross income from members or shareholders
87 b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?
89 a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911
89 b 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?
89 c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955 and 4958
89 d Enter Amount of tax on line 89c, above reimbursed by the organization
90 a List the states with which a copy of this return is filed
90 b Number of employees employed in the pay period that includes March 12, 2002
91 The books are in care of Telephone no

Located at 1000 ELMWOOD AVENUE, ROCHESTER, NY ZIP + 4 14620-3004

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year

**Part VII Analysis of Income-Producing Activities** (See page 31 of the instructions)

	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	
<b>Note</b> Enter gross amounts unless otherwise indicated					
93 Program service revenue					
a TUITION					11,335,022.
b CLIENT PRIVATE PAY					10,277.
c WAIVER CASE MANAGEMENT					240,347.
d INTERDEPARTMENTAL					51,442.
e					
f Medicare/Medicaid payments					3,947,901.
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	109,908.	
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	<153,337.>	
101 Net income or (loss) from special events					62,122.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a MISCELLANEOUS					10,145.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		<43,429.>	15,657,256.
105 Total (add line 104, columns (B), (D), and (E))					15,613,827.

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 page 32 of the instructions)

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)
▼	SEE STATEMENT 16

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 32 of the instructions)

(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 page 33 of the instructions)

- (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 (b), file Form 8870 and Form 4720 (see instructions)

accompanying schedules and statements and to the best of my knowledge and belief. It is true information of which preparer has any knowledge

1/12/03  
 e **PAUL C. SCOTT, PRESIDENT**  
 Type or print name and title  
 Date Check if Preparer's SSN or PTIN

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

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

**Supplementary Information-(See separate instructions.)**  
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

**2002**

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
TERESA CHAPIN ----- 1000 ELMWOOD AVE, ROCHESTER, NY 14620	TEACHER COOR. 40 HOURS	67,741.	6,196.	100.
LAURIE GOEGGELMAN ----- 1000 ELMWOOD AVE, ROCHESTER, NY 14620	TEACHER COOR. 40 HOURS	65,468.	6,152.	
JAMES RILEY ----- 1000 ELMWOOD AVE, ROCHESTER, NY 14620	IT MANAGER 40 HOURS	64,291.	6,116.	
BRADLEY SCHEIBER ----- 1000 ELMWOOD AVE, ROCHESTER, NY 14620	AGENCY AD DIR 40 HOURS	61,284.	1,788.	
MARTHA LANSBERRY ----- 1000 ELMWOOD AVE, ROCHESTER, NY 14620	EDU COOR. 40 HOURS	59,275.	5,411.	
Total number of other employees paid over \$50,000 ▶	14			

**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
ROBERT MILLER -----	HIPAA CONSULTANT	56,424.
-----		
-----		
-----		
-----		
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 1 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	
<b>Note:</b> 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 5 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  $\blacktriangleright$  \_\_\_\_\_
- 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 5 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting  
 Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total		
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants See line 28)	1,824,569.	1,858,792.	1,720,818.	1,679,476.	7,083,655.		
<b>16</b> Membership fees received							
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	14562212.	14000103.	12422489.	12555704.	53,540,508.		
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	123,182.	144,705.	156,857.	138,236.	562,980.		
<b>19</b> Net income from unrelated business activities not included in line 18							
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf							
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge							
<b>22</b> Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	<210,306.>	158,818.	204,144.	64,067.	216,723.		
<b>23</b> Total of lines 15 through 22	16299657.	16162418.	14504308.	14437483.	61,403,866.		
<b>24</b> Line 23 minus line 17	1,737,445.	2,162,315.	2,081,819.	1,881,779.	7,863,358.		
<b>25</b> Enter 1% of line 23	162,997.	161,624.	145,043.	144,375.			
<b>26</b> Organizations described on lines 10 or 11	a Enter 2% of amount in column (a), line 24				<b>26a</b> 157,267.		
	b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a Do not file this list with your return Enter the sum of all these excess amounts				<b>26b</b> 33,765.		
	c Total support for section 509(a)(1) test Enter line 24, column (e)				<b>26c</b> 7,863,358.		
	d Add Amounts from column (e) for lines	18 562,980.	19	22 216,723.	26b 33,765.	<b>26d</b> 813,468.	
	e Public support (line 26c minus line 26d total)				<b>26e</b> 7,049,890.		
	f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				<b>26f</b> 89.6550%		
<b>27</b> Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" Do not file this list with your return Enter the sum of such amounts for each year				N/A		
	(2001)	(2000)	(1999)	(1998)			
	b For any amount included in line 17 that was received from each person (other than "disqualified persons") prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals) Do not file this list with your return After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year				N/A		
	(2001)	(2000)	(1999)	(1998)			
	c Add Amounts from column (e) for lines	15	16	17	20	21	<b>27c</b> N/A
	d Add Line 27a total and line 27b total				<b>27d</b> N/A		
	e Public support (line 27c total minus line 27d total)				<b>27e</b> N/A		
	f Total support for section 509(a)(2) test Enter amount on line 23, column (e)				<b>27f</b> N/A		
	g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				<b>27g</b> N/A %		
	h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				<b>27h</b> N/A %		
<b>28</b> Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return Do not include these grants in line 15	NONE						

**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
<b>29</b>	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?		
<b>30</b>	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?		
<b>31</b>	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/>			
<b>32</b>	Does the organization maintain the following		
<b>a</b>	Records indicating the racial composition of the student body, faculty, and administrative staff?	<b>32a</b>	
<b>b</b>	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	<b>32b</b>	
<b>c</b>	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<b>32c</b>	
<b>d</b>	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 )	<b>32d</b>	
<hr/> <hr/> <hr/>			
<b>33</b>	Does the organization discriminate by race in any way with respect to		
<b>a</b>	Students' rights or privileges?	<b>33a</b>	
<b>b</b>	Admissions policies?	<b>33b</b>	
<b>c</b>	Employment of faculty or administrative staff?	<b>33c</b>	
<b>d</b>	Scholarships or other financial assistance?	<b>33d</b>	
<b>e</b>	Educational policies?	<b>33e</b>	
<b>f</b>	Use of facilities?	<b>33f</b>	
<b>g</b>	Athletic programs?	<b>33g</b>	
<b>h</b>	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )	<b>33h</b>	
<hr/> <hr/> <hr/>			
<b>34 a</b>	Does the organization receive any financial aid or assistance from a governmental agency?	<b>34a</b>	
<b>b</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	<b>34b</b>	
<b>35</b>	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	<b>35</b>	

**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

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred )		N/A	
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>		
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>		
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>		
<b>39</b> Other exempt purpose expenditures	<b>39</b>		
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>		
<b>41</b> 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		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>		
<b>43</b> Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>		
<b>44</b> Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>		
<b>Caution</b> 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
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
<b>45</b> Lobbying nontaxable amount					0.
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					0.
<b>47</b> Total lobbying expenditures					0.
<b>48</b> Grassroots nontaxable amount					0.
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					0.
<b>50</b> Grassroots lobbying expenditures					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities** N/A

(For reporting only by organizations that did not complete Part VI-A) (See page 11 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
<b>a</b> Volunteers			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h )			
<b>c</b> Media advertisements			
<b>d</b> Mailings to members, legislators, or the public			
<b>e</b> Publications or published or broadcast statements			
<b>f</b> Grants to other organizations for lobbying purposes			
<b>g</b> Direct contact with legislators, their staffs government officials, or a legislative body			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
<b>i</b> 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





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**FORM 990**                      **GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES**                      **STATEMENT**      **1**


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DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
SALE OF INVESTMENTS	2,816,343.	2,969,680.	0.	<153,337.>
TO FORM 990, PART I, LINE 8	<u>2,816,343.</u>	<u>2,969,680.</u>	<u>0.</u>	<u>&lt;153,337.&gt;</u>

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**FORM 990**                                      **SPECIAL EVENTS AND ACTIVITIES**                                      **STATEMENT**      **2**


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DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
WOMEN'S GOLF TOURNAMENT	66,993.	9,230.	57,763.	11,117.	46,646.
MEN'S GOLF TOURNAMENT	30,381.	3,300.	27,081.	11,605.	15,476.
TO FM 990, PART I, LINE 9	<u>97,374.</u>	<u>12,530.</u>	<u>84,844.</u>	<u>22,722.</u>	<u>62,122.</u>

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**FORM 990**                                      **OTHER CHANGES IN NET ASSETS OR FUND BALANCES**                                      **STATEMENT**      **3**


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DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENTS	176,954.
ADDITIONAL MINIMUM PENSION LIABILITY	<285,163.>
TOTAL TO FORM 990, PART I, LINE 20	<u>&lt;108,209.&gt;</u>

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**FORM 990**                                      **OTHER EXPENSES**                                      **STATEMENT**      **4**


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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
CHILDREN'S ACTIVITIES	54,783.	50,328.		4,455.
CLINICAL SUPPLIES	25,628.	25,628.		
FACILITY ASSESSMENT	275,085.	275,085.		
FOOD	83,072.	75,694.		7,378.
INSURANCE	75,621.	70,743.	4,878.	
OFFICE EXPENSE	110,760.	46,190.	54,242.	10,328.
PROFESSIONAL DUES AND CONFERENCES	14,107.	8,203.	915.	4,989.

PURCHASE OF HEALTH SERVICES	62,111.	62,111.		
PURCHASED SERVICES	246,299.	85,811.	126,603.	33,885.
RECRUITMENT	19,191.	18,051.	1,140.	
RENT - VEHICLES	14,476.	10,746.	3,730.	
STAFF DEVELOPMENT	31,057.	12,719.	1,139.	17,199.
UTILITIES	37,142.	37,142.		
OTHER	61,034.	26,015.	13,035.	21,984.
EQUIPMENT	55,356.	29,386.	1,601.	24,369.
RENT - EQUIPMENT	24,937.	18,479.	6,458.	
<b>TOTAL TO FM 990, LN 43</b>	<b>1,190,659.</b>	<b>852,331.</b>	<b>213,741.</b>	<b>124,587.</b>

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 99 CHILDREN SERVED.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE D		223,560.

FORM 990 OTHER PROGRAM SERVICES STATEMENT 7

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
CLINIC EVALUATIONS		124,746.
		53,908.
<b>TOTAL TO FORM 990, PART III, LINE E</b>		<b>178,654.</b>

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 8

SECURITY DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
CASH AND EQUIVALENTS				275,274.	275,274.
CORPORATE BONDS		660,890.			660,890.
EQUITY SECURITIES	2,249,127.				2,249,127.
EQUITY MUTUAL FUNDS			297,015.		297,015.
<b>TO 990, LN 54 COL B</b>	<b>2,249,127.</b>	<b>660,890.</b>	<b>297,015.</b>	<b>275,274.</b>	<b>3,482,306.</b>

FORM 990 GOVERNMENT SECURITIES STATEMENT 9

DESCRIPTION	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
GOVERNMENT SECURITIES	942,077.		942,077.
<b>TOTAL TO FORM 990, LINE 54, COL B</b>	<b>942,077.</b>		<b>942,077.</b>

FORM 990 OTHER ASSETS STATEMENT 10

DESCRIPTION	AMOUNT
BENEFICIAL INTEREST IN PERPETUAL TRUST	56,190.
INTANGIBLE PENSION ASSET	85,240.
<b>TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B</b>	<b>141,430.</b>

FORM 990

OTHER NOTES AND LOANS PAYABLE

STATEMENT 11

LENDER'S NAME TERMS OF REPAYMENT

JPMORGANCHASE \$16,667 PER MONTH

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
09/01/01	08/01/06	1,000,000.	1.97%

SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN

INVESTMENTS

RELATIONSHIP OF LENDER

NONE

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
	0.	650,000.

LENDER'S NAME TERMS OF REPAYMENT

NYS MEDICAL CARE FACILITIES FINANCE AGENCY \$17,037 PER MONTH

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
	02/01/18	0.	7.34%

SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN

RELATED PROPERTY

RELATIONSHIP OF LENDER

NONE

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
	0.	276,698.



<u>LENDER'S NAME</u>	<u>TERMS OF REPAYMENT</u>
JPMORGAN CHASE BANK	\$1,576 PLUS INTEREST PYMT PER MONTH

<u>DATE OF NOTE</u>	<u>MATURITY DATE</u>	<u>ORIGINAL LOAN AMOUNT</u>	<u>INTEREST RATE</u>
	05/01/07	0.	5.75%

<u>SECURITY PROVIDED BY BORROWER</u>	<u>PURPOSE OF LOAN</u>
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INVESTMENTS

RELATIONSHIP OF LENDER

NONE

<u>DESCRIPTION OF CONSIDERATION</u>	<u>FMV OF CONSIDERATION</u>	<u>BALANCE DUE</u>
	0.	74,078.
<u>TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B</u>		<u>1,137,521.</u>

<u>FORM 990</u>	<u>OTHER LIABILITIES</u>	<u>STATEMENT 12</u>
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<u>DESCRIPTION</u>	<u>AMOUNT</u>
UNEMPLOYMENT RESERVE	98,507.
RETROACTIVE NEW YORK STATE EDUCATION DEPT. TUITION	195,355.
MINIMUM PENSION LIABILITY	370,403.
<u>TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B</u>	<u>664,265.</u>

<u>FORM 990</u>	<u>OTHER REVENUE NOT INCLUDED ON FORM 990</u>	<u>STATEMENT 13</u>
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<u>DESCRIPTION</u>	<u>AMOUNT</u>
SPECIAL EVENT EXPENSES	22,722.
<u>TOTAL TO FORM 990, PART IV-A</u>	<u>22,722.</u>

FORM 990 . . . OTHER EXPENSES NOT INCLUDED ON FORM 990 STATEMENT 14

DESCRIPTION	AMOUNT
SPECIAL EVENTS EXPENSES	22,722.
TOTAL TO FORM 990, PART IV-B	22,722.

FORM 990 PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 15

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 HOURS	106,423.	4,695.	5,113.
IRENE WROBEL MAGEE 1000 ELMWOOD AVENUE ROCHESTER, NY 14620	DIR. OF FINANCIAL SERVICES 40 HOURS	81,766.	6,581.	100.
DENISE O'BRIEN-MILLER 1000 ELMWOOD AVENUE ROCHESTER, NY 14620	DIRECTOR OF DAY PROGRAM 40 HOURS	105,354.	6,937.	0.
ROBERT M. VIGDOR 1000 ELMWOOD AVENUE ROCHESTER, NY 14620	BOARD MEMBER < 1 HOUR	0.	0.	0.
DIANE SYTA 1000 ELMWOOD AVENUE ROCHESTER, NY 14620	CHAIR < 1 HOUR	0.	0.	0.
THOMAS STRASENBURGH 1000 ELMWOOD AVENUE ROCHESTER, NY 14620	ASST. TREASURER < 1 HOUR	0.	0.	0.
BEN GIAMBRONE 1000 ELMWOOD AVENUE ROCHESTER, NY 14620	BOARD MEMBER < 1 HOUR	0.	0.	0.
WILLIAM BACHMAN 1000 ELMWOOD AVENUE ROCHESTER, NY 14620	SECRETARY < 1 HOUR	0.	0.	0.

JOHN BOREK 1000 ELMWOOD AVENUE ROCHESTER, NY 14620	BOARD MEMBER < 1 HOUR	0.	0.	0.
TIMOTHY J. COOK 1000 ELMWOOD AVENUE ROCHESTER, NY 14620	BOARD MEMBER < 1 HOUR	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	VICE CHAIR <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.

WILLIAM ELY 1000 ELMWOOD AVENUE ROCHESTER, NY 14620	BOARD MEMBER <1 HR P/WK	0.	0.	0.
DAVID MCGEOUGH 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.
KEITH MILLER 1000 ELMWOOD AVENUE ROCHESTER, NY 14620	BOARD MEMBER <1 HR P/WK	0.	0.	0.
LISA NORWOOD 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		293,543.	18,213.	5,213.

FORM 990                      PART VIII - RELATIONSHIP OF ACTIVITIES TO                      STATEMENT 16  
 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 SERVED.
100	INVESTMENT INCOME. PROCEEDS OF WHICH FURTHER THE NEEDS OF CLIENTS SERVED

SCHEDULE A	OTHER INCOME			STATEMENT 17
DESCRIPTION	2001 AMOUNT	2000 AMOUNT	1999 AMOUNT	1998 AMOUNT
GAIN ON SALE OF INVESTMENTS	<225,374.>	122,219.	174,804.	52,454.
MISCELLANEOUS INCOME	15,068.	36,599.	29,340.	11,613.
TOTAL TO SCHEDULE A, LINE 22	<210,306.>	158,818.	204,144.	64,067.

**Depreciation and Amortization** 990  
(Including Information on Listed Property)

▶ See separate instructions ▶ Attach to your tax return

Name(s) shown on return <b>MARY CARIOLA CHILDREN'S CENTER, INC.</b>	Business or activity to which this form relates <b>FORM 990 PAGE 2</b>	Identifying number <b>16-0771078</b>
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**Part I Election To Expense Certain Tangible Property Under Section 179** Note If you have any listed property, complete Part V before you complete Part I

1 Maximum amount See instructions for a higher limit for certain businesses	1	24,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	\$200,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter 0- If married filing separately, see instructions	5	
6		
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property Enter amount from line 29	7	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2001 Form 4562	10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2003 Add lines 9 and 10, less line 12	▶ 13	

Note Do not use Part II or Part III below for listed property Instead, use Part V

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)**

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election (see instructions)	15	
16 Other depreciation (including ACRS) (see instructions)	16	168,364.

**Part III MACRS Depreciation (Do not include listed property)** (See instructions)

<b>Section A</b>	
17 MACRS deductions for assets placed in service in tax years beginning before 2002	17
18 If you are electing under section 168(f)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>	

**Section B - Assets Placed in Service During 2002 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3 year property						
b 5 year property						
c 7 year property						
d 10-year property						
e 15-year property						
f 20 year property						
g 25 year property			25 yrs		S/L	
h Residential rental property	/		27 5 yrs	MM	S/L	
	/		27 5 yrs	MM	S/L	
i Nonresidential real property	/		39 yrs	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2002 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12 year			12 yrs		S/L	
c 40 year	/		40 yrs	MM	S/L	

**Part IV Summary** (See instructions)

21 Listed property Enter amount from line 28	21	
22 Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations see instr	22	168,364.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**Part V Listed Property** (include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

**Note** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

**Section A - Depreciation and Other Information (Caution See instructions for limits for passenger automobiles)**

**24a** Do you have evidence to support the business/investment use claimed?  Yes  No **24b** If "Yes," is the evidence written?  Yes  No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							<b>25</b>	
<b>26</b> Property used more than 50% in a qualified business use								
		%						
		%						
		%						
<b>27</b> Property used 50% or less in a qualified business use								
		%				S/L		
		%				S/L		
		%				S/L		
<b>28</b> Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1							<b>28</b>	
<b>29</b> Add amounts in column (i), line 26 Enter here and on line 7, page 1								<b>29</b>

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person  
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>30</b> Total business/investment miles driven during the year (do not include commuting miles)												
<b>31</b> Total commuting miles driven during the year												
<b>32</b> Total other personal (noncommuting) miles driven												
<b>33</b> Total miles driven during the year Add lines 30 through 32												
<b>34</b> Was the vehicle available for personal use during off-duty hours?												
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?												
<b>36</b> Is another vehicle available for personal use?												

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons

	Yes	No
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners		
<b>39</b> Do you treat all use of vehicles by employees as personal use?		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? <b>Note</b> If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2002 tax year					
<b>43</b> Amortization of costs that began before your 2002 tax year					<b>43</b>
<b>44</b> Total Add amounts in column (f) See instructions for where to report					<b>44</b>