

**Return of Organization Exempt From Income Tax**

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

**2003**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2003 calendar year, or tax year beginning **JUL 1, 2003** and ending **JUN 30, 2004**

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

**C** Name of organization: **MARY CARIOLA CHILDREN'S CENTER, INC.**  
 Number and street (or P.O. box if mail is not delivered to street address): **1000 ELMWOOD AVENUE**  
 Room/suite: \_\_\_\_\_  
 City or town, state or country, and ZIP + 4: **ROCHESTER, NY 14620**

**D** Employer identification number: **16-0771078**

**E** Telephone number: **(585) 271-0761**

**F** Accounting method:  Cash  Accrual  
 Other (specify) \_\_\_\_\_

**G** Website: **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.

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: **21,257,191.**

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

*Hand 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  
**I** Group Exemption Number: \_\_\_\_\_

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

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received:			
	<b>a</b> Direct public support	<b>1a</b>	<b>588,586.</b>	
	<b>b</b> Indirect public support	<b>1b</b>	<b>188,515.</b>	
	<b>c</b> Government contributions (grants)	<b>1c</b>	<b>250,802.</b>	
	<b>d</b> Total (add lines 1a through 1c) (cash \$ <b>1,027,903.</b> noncash \$ _____)	<b>1d</b>		<b>1,027,903.</b>
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		<b>17,216,403.</b>
	<b>3</b> Membership dues and assessments	<b>3</b>		
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>		<b>4,098.</b>
	<b>5</b> Dividends and interest from securities	<b>5</b>		<b>98,430.</b>
	<b>6 a</b> Gross rents	<b>6a</b>		
	<b>b</b> Less: rental expenses	<b>6b</b>		
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>		
<b>7</b> Other investment income (describe _____)	<b>7</b>			
<b>8 a</b> Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
	<b>2,862,009.</b>	<b>8a</b>		
	<b>2,863,182.</b>	<b>8b</b>		
	<b>&lt;1,173.&gt;</b>	<b>8c</b>		
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8d</b>		<b>&lt;1,173.&gt;</b>	
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
<b>a</b> Gross revenue (not including \$ <b>72,047.</b> of contributions reported on line 1a)	<b>9a</b>	<b>36,580.</b>		
<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>	<b>26,281.</b>		
<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>	<b>SEE STATEMENT 3</b>	<b>10,299.</b>	
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>			
	<b>b</b> Less: cost of goods sold	<b>10b</b>		
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>		
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>		<b>11,768.</b>	
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>		<b>18,367,728.</b>	
Expenses	<b>13</b> Program services (from line 44, column (B))	<b>13</b>		<b>16,855,714.</b>
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>		<b>1,284,300.</b>
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>		<b>204,260.</b>
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>		
	<b>17</b> Total expenses (add lines 13 and 14, column (A))	<b>17</b>		<b>18,344,274.</b>
	<b>18</b> Excess of revenue for the year (subtract line 17 from line 12)	<b>18</b>		<b>23,454.</b>
Net Assets	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		<b>7,589,021.</b>
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>	<b>SEE STATEMENT 4</b>	<b>778,444.</b>
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>		<b>8,390,919.</b>

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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

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	25 348,730.	192,636.	156,094.	0.
26 Other salaries and wages	26 11,991,631.	11,358,320.	535,331.	97,980.
27 Pension plan contributions	27 498,601.	458,656.	35,495.	4,450.
28 Other employee benefits	28 1,396,687.	1,330,239.	58,274.	8,174.
29 Payroll taxes	29 899,803.	843,085.	49,659.	7,059.
30 Professional fundraising fees	30			
31 Accounting fees	31 23,450.		23,450.	
32 Legal fees	32 9,350.		9,350.	
33 Supplies	33 229,638.	221,079.		8,559.
34 Telephone	34 41,719.	28,532.	12,876.	311.
35 Postage and shipping	35 33,088.	6,699.	7,860.	18,529.
36 Occupancy	36 1,174,695.	1,084,496.	86,894.	3,305.
37 Equipment rental and maintenance	37 238,071.	216,475.	14,464.	7,132.
38 Printing and publications	38			
39 Travel	39 20,615.	20,242.	324.	49.
40 Conferences, conventions, and meetings	40 14,148.	2,604.	3,668.	7,876.
41 Interest	41 70,180.	37,525.	32,655.	
42 Depreciation, depletion, etc (attach schedule)	42 170,903.	142,802.	26,067.	2,034.
43 Other expenses not covered above (itemize)				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e SEE STATEMENT 5	43e 1,182,965.	912,324.	231,839.	38,802.
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 18,344,274.	16,855,714.	1,284,300.	204,260.

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 6

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 335 CHILDREN SERVED. (Grants and allocations \$ _____)	10,372,110.
b ICF/DD - OPERATES RESIDENTIAL FACILITIES FOR DEVELOPMENTALLY DISABLED CHILDREN ATTEMPTING TO ESTABLISH A FAMILY-LIKE ENVIRONMENT. APPROXIMATELY 32 CHILDREN SERVED. (Grants and allocations \$ _____)	4,007,129.
c PRESCHOOL - PROVIDES IN-HOME AND CENTER-BASED SERVICES TO DEVELOPMENTALLY DISABLED CHILDREN FROM BIRTH TO FIVE YEARS OLD. APPROXIMATELY 106 CHILDREN SERVED. (Grants and allocations \$ _____)	2,021,520.
d SEE STATEMENT 7 (Grants and allocations \$ _____)	250,860.
e Other program services (attach schedule) STATEMENT 8 (Grants and allocations \$ _____)	204,095.
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	16,855,714.

**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
<b>Assets</b>	45 Cash - non-interest-bearing	213,241.	241,689.
	46 Savings and temporary cash investments	876,934.	609,350.
	47 a Accounts receivable	4,695,503.	
	b Less allowance for doubtful accounts		
	48 a Pledges receivable		
	b Less allowance for doubtful accounts		
	49 Grants receivable		
	50 Receivables from officers, directors, trustees, and key employees		
	51 a Other notes and loans receivable		
	b Less allowance for doubtful accounts		
	52 Inventories for sale or use		
	53 Prepaid expenses and deferred charges	105,901.	114,505.
	54 Investments - securities STMT 9 STMT 10 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	4,424,383.	5,032,011.
	55 a Investments - land, buildings, and equipment basis		
	b Less accumulated depreciation		
56 Investments - other			
57 a Land, buildings, and equipment basis	2,948,331.		
b Less accumulated depreciation STMT 11	1,885,901.		
58 Other assets (describe SEE STATEMENT 12 )	141,430.	57,164.	
59 Total assets (add lines 45 through 58) (must equal line 74)	10,755,750.	11,812,652.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	986,455.	1,340,953.
	61 Grants payable		
	62 Deferred revenue	378,488.	
	63 Loans from officers, directors, trustees, and key employees		
	64 a Tax-exempt bond liabilities		
	b Mortgages and other notes payable STMT 13	1,137,521.	916,147.
	65 Other liabilities (describe SEE STATEMENT 14 )	664,265.	1,164,633.
66 Total liabilities (add lines 60 through 65)	3,166,729.	3,421,733.	
<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	5,651,560.	6,452,831.
	68 Temporarily restricted	217,910.	208,367.
	69 Permanently restricted	1,719,551.	1,729,721.
	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		
	71 Paid-in or capital surplus, or land, building, and equipment fund		
	72 Retained earnings, endowment, accumulated income, or other funds		
	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)	7,589,021.	8,390,919.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	10,755,750.	11,812,652.

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		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
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?		X
b	If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a	Enter direct or indirect political expenditures See line 81 instructions	81a	0.
b	Did the organization file Form 1120-POL for this year?	81b	X
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?	82a	X
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)	82b	See Statement 1
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b	N/A
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
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?	85h	N/A
86	501(c)(7) organizations. Enter a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations. Enter a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
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? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations. Enter. Amount of tax imposed on the organization during the year under section 4911 <u>0.</u> , section 4912 <u>0.</u> , section 4955 <u>0.</u>		
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? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a	List the states with which a copy of this return is filed <u>NEW YORK</u>	90b	481
b	Number of employees employed in the pay period that includes March 12, 2003		
91	The books are in care of <u>IRENE MAGEE</u> Telephone no <u>(585) 271-0761</u>		
	Located at <u>1000 ELMWOOD AVENUE, ROCHESTER, NY</u> ZIP + 4 <u>14620-3004</u>		
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	92	N/A

**Part VII Analysis of Income-Producing Activities** (See page 33 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 SEE STATEMENT 19					13,131,656.
b					
c					
d					
e					
f Medicare/Medicaid payments					4,084,747.
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					4,098.
96 Dividends and interest from securities			14	98,430.	
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	<1,173.>	
101 Net income or (loss) from special events					10,299.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a MISCELLANEOUS					11,768.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		97,257.	17,242,568.
105 Total (add line 104, columns (B), (D), and (E))					17,339,825.

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 34 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 20

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 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 34 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

accompanying schedules and statements, and to the best of my knowledge and belief, it is true, information of which preparer has any knowledge  
 2/10/04  
 PAUL C. SCOTT, PRESIDENT  
 Date Type or print name and title  
 Check if Preparer's SSN or PTIN



**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 <b>\$ _____ \$ _____</b> (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? <b>See Statement 1, Footnote #2</b>	X	
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <b>SEE PART V, FORM 990</b>	X	
e Transfer of any part of its income or assets?		X
3 a Do you make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments )		X
b Do you have a section 403(b) annuity plan for your employees?	X	
4 Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X

**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 )

<b>Part IV-A Support Schedule</b> (Complete only if you checked a box on line 10, 11, or 12.) <b>Use cash method of accounting.</b> 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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	2,049,895.	1,824,569.	1,858,792.	1,720,818.	7,454,074.
<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	15235943.	14562212.	14000103.	12422489.	56,220,747.
<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	109,908.	123,182.	144,705.	156,857.	534,652.
<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	<143,192.>	<210,306.>	SEE STATEMENT 21	204,144.	9,464.
<b>23</b> Total of lines 15 through 22	17252554.	16299657.	16162418.	14504308.	64,218,937.
<b>24</b> Line 23 minus line 17	2,016,611.	1,737,445.	2,162,315.	2,081,819.	7,998,190.
<b>25</b> Enter 1% of line 23	172,526.	162,997.	161,624.	145,043.	
<b>26</b> Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 159,964.
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 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 21,085.
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 7,998,190.
d Add: Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____	534,652.	9,464.	21,085.		26d 565,201.
e Public support (line 26c minus line 26d total)					26e 7,432,989.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 92.9334%
<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	(2002)	(2001)	(2000)	(1999)	
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	(2002)	(2001)	(2000)	(1999)	
c Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, 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
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/> <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/> <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	
<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 -		
<b>If the amount on line 40 is -</b>		
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>The lobbying nontaxable amount is -</b>		
<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>	

**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) 2003	(b) 2002	(c) 2001	(d) 2000	
<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**

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions )

N/A

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

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)

Yes	No	Amount
		0.

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





FOOTNOTES

STATEMENT 1

NUMBER ONE:

CONTRIBUTED SERVICES - VOLUNTEERS HAVE DONATED SIGNIFICANT AMOUNTS OF TIME IN SUPPORT OF THE ORGANIZATION'S ACTIVITIES. HOWEVER, THE VALUE OF THESE SERVICES IS NOT REFLECTED IN THE ACCOMPANYING STATEMENTS AS THESE SERVICES DO NOT MEET THE CRITERIA FOR RECOGNITION UNDER GENERALLY ACCEPTED ACCOUNTING PRINCIPLES.

NUMBER TWO:

TRANSACTIONS WITH BOARD MEMBERS - THE CENTER HAS HIRED A CONSTRUCTION CONTRACTING FIRM, PARTIALLY OWNED BY A BOARD MEMBER, FOR CERTAIN CAPITAL IMPROVEMENTS. A BOARD MEMBER IS A PARTNER IN THE LAW FIRM THAT SERVES AS THE CENTER'S GENERAL COUNSEL. THREE BOARD MEMBERS ARE EMPLOYED BY FINANCIAL INSTITUTIONS THAT THE CENTER USES FOR GENERAL BANKING PURPOSES. A BOARD MEMBER IS EMPLOYED BY A LOCAL TELECOMMUNICATIONS COMPANY THAT PROVIDES COMMUNICATIONS SERVICES TO THE CENTER.

NUMBER THREE:

PROPERTY AND EQUIPMENT IS RECORDED AT COST, OR, IF DONATED, AT THE FAIR VALUE AT THE DATE OF DONATION. DEPRECIATION IS CALCULATED USING THE STRAIGHT-LINE METHOD OVER THE ASSETS' ESTIMATED USEFUL LIVES WHICH RANGE FROM TWO (2) TO TWENTY-FIVE (25) YEARS. THE CENTER'S POLICY IS TO CAPITALIZE PURCHASES OF PROPERTY AND EQUIPMENT GREATER THAN \$1,000 WHICH HAVE A USEFUL LIFE GREATER THAN ONE YEAR.

FORM 990                      GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES                      STATEMENT 2

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
	2,862,009.	2,863,182.	0.	<1,173.>
TO FORM 990, PART I, LINE 8	2,862,009.	2,863,182.	0.	<1,173.>



OTHER	83,912.	62,874.	16,679.	4,359.
EQUIPMENT	76,152.	57,609.	18,018.	525.
RENT-VEHICLES	3,589.		3,589.	
TOTAL TO FM 990, LN 43	1,182,965.	912,324.	231,839.	38,802.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 6  
PART III

EXPLANATION

PROVIDE EDUCATION AND RESIDENTIAL FACILITIES TO DEVELOPMENTALLY DISABLED CHILDREN.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 7

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 104 CHILDREN SERVED.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE D		250,860.

FORM 990 OTHER PROGRAM SERVICES STATEMENT 8

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
CLINIC EVALUATIONS		141,248.
		62,847.
TOTAL TO FORM 990, PART III, LINE E		204,095.

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FORM 990	NON-GOVERNMENT SECURITIES	STATEMENT	9
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SECURITY DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
CASH AND EQUIVALENTS				104,561.	104,561.
CORPORATE BONDS		739,995.			739,995.
EQUITY SECURITIES	2,819,692.				2,819,692.
EQUITY MUTUAL FUNDS			302,846.		302,846.
<b>TO 990, LN 54 COL B</b>	<b>2,819,692.</b>	<b>739,995.</b>	<b>302,846.</b>	<b>104,561.</b>	<b>3,967,094.</b>

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FORM 990	GOVERNMENT SECURITIES	STATEMENT	10
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DESCRIPTION	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
GOVERNMENT SECURITIES	1,064,917.		1,064,917.
<b>TOTAL TO FORM 990, LINE 54, COL B</b>	<b>1,064,917.</b>		<b>1,064,917.</b>

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FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	11
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND	103,513.	0.	103,513.
BUILDINGS AND IMPROVEMENTS	1,542,150.	870,053.	672,097.
FURNITURE, FIXTURES AND EQUIPMENT	1,014,290.	820,996.	193,294.
VEHICLES	288,378.	194,852.	93,526.
<b>TOTAL TO FORM 990, PART IV, LN 57</b>	<b>2,948,331.</b>	<b>1,885,901.</b>	<b>1,062,430.</b>

FORM 990	OTHER ASSETS	STATEMENT 12
DESCRIPTION		AMOUNT
BENEFICIAL INTEREST IN PERPETUAL TRUST INTANGIBLE PENSION ASSET		57,164. 0.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B		57,164.



<u>LENDER'S NAME</u>	<u>TERMS OF REPAYMENT</u>
NYS OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL	\$1,970 PER MONTH

<u>DATE OF NOTE</u>	<u>MATURITY DATE</u>	<u>ORIGINAL LOAN AMOUNT</u>	<u>INTEREST RATE</u>
VARIOUS	VARIOUS	0.	.00%

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

MONTHLY REMITTANCES FOR  
PROGRAM SERVICES

RELATIONSHIP OF LENDER

NONE

<u>DESCRIPTION OF CONSIDERATION</u>	<u>FMV OF CONSIDERATION</u>	<u>BALANCE DUE</u>
	0.	151,873.

<u>LENDER'S NAME</u>	<u>TERMS OF REPAYMENT</u>
J.P. MORGAN LEASING, INC.	\$881 PER MONTH

<u>DATE OF NOTE</u>	<u>MATURITY DATE</u>	<u>ORIGINAL LOAN AMOUNT</u>	<u>INTEREST RATE</u>
09/01/01	09/01/05	0.	8.50%

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

RELATED PROPERTY

RELATIONSHIP OF LENDER

NONE

<u>DESCRIPTION OF CONSIDERATION</u>	<u>FMV OF CONSIDERATION</u>	<u>BALANCE DUE</u>
	0.	11,704.

<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.	53,588.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B	916,147.
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<u>FORM 990</u>	<u>OTHER LIABILITIES</u>	<u>STATEMENT 14</u>
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<u>DESCRIPTION</u>	<u>AMOUNT</u>
UNEMPLOYMENT RESERVE	98,507.
RETROACTIVE NEW YORK STATE EDUCATION DEPT. TUITION	0.
MINIMUM PENSION LIABILITY	0.
CASH OVERDRAFT	66,126.
LINE-OF-CREDIT	1,000,000.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	1,164,633.

<u>FORM 990</u>	<u>OTHER REVENUE NOT INCLUDED ON FORM 990</u>	<u>STATEMENT 15</u>
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<u>DESCRIPTION</u>	<u>AMOUNT</u>
SPECIAL EVENT EXPENSES	26,281.
TOTAL TO FORM 990, PART IV-A	26,281.

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT	16
DESCRIPTION		AMOUNT	
SPECIAL EVENTS EXPENSES		26,281.	
TOTAL TO FORM 990, PART IV-B		26,281.	

FORM 990	OTHER REVENUE INCLUDED ON FORM 990	STATEMENT	17
DESCRIPTION		AMOUNT	
ADDITIONAL MINIMUM PENSION LIABILITY		<285,163.>	
CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUST		<974.>	
TOTAL TO FORM 990, PART IV-A		<286,137.>	

FORM 990	PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT	18
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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 HOURS	109,861.	7,133.	8,867.
IRENE MAGEE 1000 ELMWOOD AVENUE ROCHESTER, NY 14620	DIR. OF FINANCIAL SERVICES 40 HOURS	82,775.	7,523.	0.
DENISE O'BRIEN-MILLER 1000 ELMWOOD AVENUE ROCHESTER, NY 14620	DIRECTOR OF DAY PROGRAM 40 HOURS	95,354.	7,964.	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.
KATHLEEN BUCKLEY 1000 ELMWOOD AVENUE ROCHESTER, NY 14620	BOARD MEMBER < 1 HOUR	0.	0.	0.
DONNA FIELDING 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.

KARL SALZER 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.
ANNA-LYNN BRINK 1000 ELMWOOD AVENUE ROCHESTER, NY 14620	DIR. OF COMMUNITY SERVICES 40 HOURS	60,740.	6,646.	0.
ROBERT SCARCIOTTA 1000 ELMWOOD AVENUE ROCHESTER, NY 14620	BOARD MEMBER <1 HR P/WK	0.	0.	0.

NIAMAH I. SIERRA	BOARD MEMBER			
1000 ELMWOOD AVENUE	<1 HR P/WK	0.	0.	0.
ROCHESTER, NY 14620				

TOTALS INCLUDED ON FORM 990, PART V		<u>348,730.</u>	<u>29,266.</u>	<u>8,867.</u>
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FORM 990 PROGRAM SERVICE REVENUE STATEMENT 19

DESCRIPTION	BUS CODE	UNRELATED BUSINESS INC	EXCL CODE	EXCLUDED AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
TUITION					11,670,718.
CLIENT PRIVATE PAY					10,918.
WAIVER CASE MANAGEMENT					246,826.
INTERDEPARTMENTAL					50,218.
IDEA CONTRACTS FOR SERV					1,159,742.
PRIOR PERIOD ADJUSTMENT					<6,766.>
TO FORM 990, PART VII, LINE 93					<u>13,131,656.</u>

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES STATEMENT 20

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	EDUCATIONAL SERVICES ARE PROVIDED FOR PHYSICALLY AND MENTALLY HANDICAPPED CHILDREN.
93A	RESIDENTIAL SERVICES ARE PROVIDED FOR FAMILIES WITH CHILDREN IN NEED
93F	OF SPECIAL ASSISTANCE.
93A	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.
93F	ADAPTIVE EQUIPMENT IS PROVIDED TO BENEFIT CHILDREN WITH SPECIAL NEEDS.
103A	MISCELLANEOUS REVENUE TO FURTHER THE EDUCATIONAL NEEDS OF THE CLIENTS SERVED.
101	SPECIAL EVENTS INCOME. PROCEEDS OF WHICH FURTHER THE NEEDS OF CLIENTS SERVED

SCHEDULE A	OTHER INCOME			STATEMENT 21
DESCRIPTION	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT	1999 AMOUNT
GAIN ON SALE OF INVESTMENTS	<153,337.>	<225,374.>	122,219.	174,804.
MISCELLANEOUS INCOME	10,145.	15,068.	36,599.	29,340.
TOTAL TO SCHEDULE A, LINE 22	<143,192.>	<210,306.>	158,818.	204,144.

## Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
  - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

**Part I Automatic 3-Month Extension of Time**—Only submit original (no copies needed)  
**Note: Form 990-T corporations requesting an automatic 6-month extension**—check this box and complete Part I only   
 All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print  File by the due date for filing your return. See instructions.	Name of Exempt Organization <b>Mary Cariola Children's Center</b>	Employer identification number <b>16 : 0771078</b>
	Number, street, and room or suite no. If a P.O. box, see instructions <b>1000 Elmwood Avenue</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>Rochester, New York 14620</b>	

**Check type of return to be filed** (file a separate application for each return).

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the **whole** group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover

**1** I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until February 15, 2005, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year 20 .. or  
 ▶  tax year beginning July 1, 2003, and ending June 30, 2004.

**2** If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period


**3a** If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ \_\_\_\_\_

**b** If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ \_\_\_\_\_

**c Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ \_\_\_\_\_

### Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶  Title ▶ President Date ▶ 11/10/04



- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box  **Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.**
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

**Part II Additional (not automatic) 3-Month Extension of Time—Must File Original and One Copy.**

<b>Type or print</b>  <small>File by the extended due date for filing the return. See instructions</small>	Name of Exempt Organization	Employer identification number
	Number, street, and room or suite no. If a P.O. box, see instructions	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	

**Check type of return to be filed** (File a separate application for each return):

- Form 990   
  Form 990-EZ   
  Form 990-T (sec 401(a) or 408(a) trust)   
  Form 1041-A   
  Form 5227   
  Form 8870  
 Form 990-BL   
  Form 990-PF   
  Form 990-T (trust other than above)   
  Form 4720   
  Form 6069

**STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the **whole** group, check this box . If it is for **part** of the group, check this box  and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until \_\_\_\_\_, 20\_\_\_\_
- 5 For calendar year \_\_\_\_\_, or other tax year beginning \_\_\_\_\_, 20\_\_ and ending \_\_\_\_\_, 20\_\_
- 6 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- 7 State in detail why you need the extension \_\_\_\_\_

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ \_\_\_\_\_

c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ \_\_\_\_\_

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ \_\_\_\_\_ Title ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Notice to Applicant—To Be Completed by the IRS**

- We **have** approved this application. Please attach this form to the organization's return.
- We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We **cannot consider** this application because it was filed after the due date of the return for which an extension was requested.
- Other \_\_\_\_\_

Director \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

**Alternate Mailing Address** — Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

<b>Type or print</b>	Name
	Number and street (include suite, room, or apt. no.) Or a P.O. box number
	City or town, province or state, and country (including postal or ZIP code)