

Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047
2005
Open to Public Inspection

A For the 2005 calendar year, or tax year beginning 07-01-2005 and ending 06-30-2006

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

C Name of organization
 MARY CARIOLA CHILDRENS CENTER INC
 % Irene Magee Dir Financial Service
 Number and street (or P O box if mail is not delivered to street address) Room/suite
 1000 Elmwood Avenue
 City or town, state or country, and ZIP + 4
 Rochester, NY 14620

D Employer identification number
 16-0771078
E Telephone number
 (585) 271-2897
F Accounting method Cash Accrual
 Other (specify) _____

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

G Web site: www.marycariola.org
J Organization type (check only one) 501(c)(3) (insert no) 4947(a)(1) or 527

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

H and I are not applicable to section 527 organizations
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes" enter number of affiliates _____
H(c) Are all affiliates included? Yes No (If "No," attach a list. See instructions.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number _____
M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12: 25,718,541

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

1	Contributions, gifts, grants, and similar amounts received				
a	Direct public support	1a	949,637		
b	Indirect public support	1b	193,272		
c	Government contributions (grants)	1c	241,450		
d	Total (add lines 1a through 1c) (cash \$ 1,384,359 noncash \$ 0)	1d		1,384,359	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		19,642,977	
3	Membership dues and assessments	3		0	
4	Interest on savings and temporary cash investments	4		7,101	
5	Dividends and interest from securities	5		111,618	
6a	Gross rents	6a	0		
b	Less rental expenses	6b	0		
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		0	
7	Other investment income (describe _____)	7		0	
8a	Gross amount from sales of assets other than inventory	(A) Securities	4,531,735	8a	0
b	Less cost or other basis and sales expenses		4,209,756	8b	0
c	Gain or (loss) (attach schedule)		321,979	8c	0
d	Net gain or (loss) (combine line 8c, columns (A) and (B))			8d	321,979
9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
a	Gross revenue (not including \$ 68,466 of contributions reported on line 1a)	9a	32,022		
b	Less direct expenses other than fundraising expenses	9b	15,874		
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c		16,148	
10a	Gross sales of inventory, less returns and allowances	10a	0		
b	Less cost of goods sold	10b	0		
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		0	
11	Other revenue (from Part VII, line 103)	11		8,729	
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		21,492,911	
13	Program services (from line 44, column (B))	13		19,253,105	
14	Management and general (from line 44, column (C))	14		1,351,730	
15	Fundraising (from line 44, column (D))	15		275,186	
16	Payments to affiliates (attach schedule)	16		0	
17	Total expenses (add lines 16 and 44, column (A))	17		20,880,021	
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18		612,890	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		9,169,840	
20	Other changes in net assets or fund balances (attach explanation)	20		-959,023	
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		8,823,707	

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 (See the instructions)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22 0	0		
23	Specific assistance to individuals (attach schedule)	23 0	0		
24	Benefits paid to or for members (attach schedule)	24 0	0		
25	Compensation of officers, directors, etc	25 435,290	208,627	226,663	0
26	Other salaries and wages	26 13,318,358	12,634,536	576,074	107,748
27	Pension plan contributions	27 814,930	763,781	43,268	7,881
28	Other employee benefits	28 1,484,677	1,442,885	37,243	4,549
29	Payroll taxes	29 1,100,008	1,031,127	59,524	9,357
30	Professional fundraising fees	30 0	0	0	0
31	Accounting fees	31 28,850	0	28,850	0
32	Legal fees	32 9,000	0	9,000	0
33	Supplies	33 329,707	323,407	0	6,300
34	Telephone	34 51,842	38,436	12,725	681
35	Postage and shipping	35 38,914	6,612	13,124	19,178
36	Occupancy	36 1,320,102	1,224,216	92,346	3,540
37	Equipment rental and maintenance	37 291,056	274,397	15,740	919
38	Printing and publications	38 20,236	0	0	20,236
39	Travel	39 40,639	39,941	556	142
40	Conferences, conventions, and meetings	40 16,051	4,377	5,064	6,610
41	Interest	41 65,062	14,164	50,898	0
42	Depreciation, depletion, etc (attach schedule) <input checked="" type="checkbox"/>	42 252,538	227,612	24,718	208
43	Other expenses not covered above (itemize)				
a	See Additional Data Table	43a			
b		43b			
c		43c			
d		43d			
e		43e			
f		43f			
g		43g			
44	Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 20,880,021	19,253,105	1,351,730	275,186

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 (See the instructions.)

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.

<p>What is the organization's primary exempt purpose? ► Provide educ & residence to dev dis children</p> <p>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.)</p>	<p>Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)</p>
<p>a See Additional Data Table</p> <p>_____</p> <p>_____</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>b</p> <p>_____</p> <p>_____</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>c</p> <p>_____</p> <p>_____</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>d</p> <p>_____</p> <p>_____</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>e Other program services (attach schedule)</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►</p>	<p>19,253,105</p>

Part IV Balance Sheets (See the instructions.)

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

		(A)		(B)		
		Beginning of year		End of year		
Assets	45 Cash—non-interest-bearing		511,592	45	42,818	
	46 Savings and temporary cash investments		684,624	46	321,781	
	47a Accounts receivable	47a	5,006,791			
	b Less allowance for doubtful accounts	47b	0	4,570,400	47c	5,006,791
	48a Pledges receivable	48a	156,700			
	b Less allowance for doubtful accounts	48b	3,800	0	48c	152,900
	49 Grants receivable		39,828	49	44,620	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		0	50	0	
	51a Other notes and loans receivable (attach schedule)	51a	0			
	b Less allowance for doubtful accounts	51b	0	0	51c	0
	52 Inventories for sale or use		0	52	0	
	53 Prepaid expenses and deferred charges		119,065	53	126,444	
	54 Investments—securities (attach schedule)	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	5,419,778	54	 5,498,515	
	55a Investments—land, buildings, and equipment basis	55a	0			
	b Less accumulated depreciation (attach schedule)	55b	0	0	55c	0
56 Investments—other (attach schedule)		0	56	0		
57a Land, buildings, and equipment basis	57a	4,090,131				
b Less accumulated depreciation (attach schedule)	57b	2,135,329	1,767,561	57c	 1,954,802	
58 Other assets (describe  _____)		120,777	58	 60,848		
59 Total assets (must equal line 74) Add lines 45 through 58		13,233,625	59	13,209,519		
Liabilities	60 Accounts payable and accrued expenses		2,150,608	60	2,274,070	
	61 Grants payable		0	61	0	
	62 Deferred revenue		0	62	0	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		0	63	0	
	64a Tax-exempt bond liabilities (attach schedule)		0	64a	0	
	b Mortgages and other notes payable (attach schedule)		1,152,028	64b	 1,089,902	
	65 Other liabilities (describe  _____)		761,149	65	 1,021,840	
66 Total liabilities Add lines 60 through 65		4,063,785	66	4,385,812		
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	67 Unrestricted		7,303,874	67	6,529,707	
	68 Temporarily restricted		92,923	68	172,738	
	69 Permanently restricted		1,773,043	69	2,121,262	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74					
	70 Capital stock, trust principal, or current funds			70		
	71 Paid-in or capital surplus, or land, building, and equipment fund			71		
	72 Retained earnings, endowment, accumulated income, or other funds			72		
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)		9,169,840	73	8,823,707	
	74 Total liabilities and net assets / fund balances Add lines 66 and 73		13,233,625	74	13,209,519	

Part VI Other Information *(continued)*

Yes **No**

<p>82a 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?</p>	82a	Yes	
<p>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)</p>	82b	41,187	
<p>83a Did the organization comply with the public inspection requirements for returns and exemption applications?</p>	83a	Yes	
<p>b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?</p>	83b	Yes	
<p>84a Did the organization solicit any contributions or gifts that were not tax deductible?</p>	84a		No
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>	84b		
<p>85 <i>501(c)(4), (5), or (6) organizations.</i> a Were substantially all dues nondeductible by members?</p>	85a		
<p>b Did the organization make only in-house lobbying expenditures of \$2,000 or less?</p> <p>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 the prior year</p>	85b		
<p>c Dues assessments, and similar amounts from members</p>	85c		
<p>d Section 162(e) lobbying and political expenditures</p>	85d		
<p>e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices</p>	85e		
<p>f Taxable amount of lobbying and political expenditures (line 85d less 85e)</p>	85f		
<p>g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?</p>	85g		
<p>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?</p>	85h		
<p>86 <i>501(c)(7) orgs.</i> Enter a Initiation fees and capital contributions included on line 12</p>	86a		
<p>b Gross receipts, included on line 12, for public use of club facilities</p>	86b		
<p>87 <i>501(c)(12) orgs.</i> Enter a Gross income from members or shareholders</p>	87a		
<p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)</p>	87b		
<p>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</p>	88		No
<p>89a <i>501(c)(3) organizations</i> Enter Amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> _____ 0, section 4912 <input type="checkbox"/> _____ 0, section 4955 <input type="checkbox"/> _____ 0</p>			
<p>b <i>501(c)(3) and 501(c)(4) orgs.</i> 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</p>	89b		No
<p>c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/> _____ 0</p>			0
<p>d Enter Amount of tax on line 89c, above, reimbursed by the organization <input type="checkbox"/> _____ 0</p>			0
<p>90a List the states with which a copy of this return is filed <input type="checkbox"/> NY</p>			
<p>b Number of employees employed in the pay period that includes March 12, 2005 (See instructions)</p>	90b	468	
<p>91a The books are in care of <input type="checkbox"/> Irene Magee Telephone no <input type="checkbox"/> (585) 271-2987</p> <p style="margin-left: 40px;">1000 Elmwood Avenue</p> <p>Located at <input type="checkbox"/> Rochester, NY ZIP + 4 <input type="checkbox"/> 14620</p>			
<p>b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</p> <p>If "Yes," enter the name of the foreign country <input type="checkbox"/> _____</p> <p>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</p>	91b	Yes	No
<p>c At any time during the calendar year, did the organization maintain an office outside of the United States?</p> <p>If "Yes," enter the name of the foreign country <input type="checkbox"/> _____</p>	91c		No
<p>92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here <input type="checkbox"/></p> <p>and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> _____</p>	92		

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a Private Pay, Prior Period Adjustments, Resid Other		0		0	107,950
b Day Program Services		0		0	12,426,124
c Contracts for service		0		0	1,337,616
d Interdepartmental		0		0	72,072
e					
f Medicare/Medicaid payments		0		0	5,699,215
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments		0		0	7,101
96 Dividends and interest from securities		0	14	111,618	0
97 Net rental income or (loss) from real estate					
a debt-financed property					
b non 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		0	18	321,979	0
101 Net income or (loss) from special events		0		0	16,148
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a <u>Miscellaneous</u>		0		0	8,729
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		433,597	19,674,955
105 Total (add line 104, columns (B), (D), and (E))					20,108,552

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 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 Additional Data Table

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See 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
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See 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).

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here

Signature of officer: _____ Date: 2006-10-25

Paul Scott President
Type or print name and title

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
	Firm's name (or yours if self-employed), address, and ZIP + 4			EIN
				Phone no

SCHEDULE A (Form 990 or 990EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 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

2005

Department of the Treasury Internal Revenue Service

Name of the organization MARY CARIOLA CHILDRENS 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.")

Table with 5 columns: (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. Rows include Martha Lansberry, Laurie Goeggelman, Bradley Schreiber, James Riley, and Teresa Chapin.

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individual or firms). If there are none, enter "None.")

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$50,000, (b) Type of service, (c) Compensation. Content is 'None'.

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individual or firms. If there are none, enter "None". See page X for instructions.)

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$50,000, (b) Type of service, (c) Compensation. Content is 'None'.

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, include 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			
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.) <input type="checkbox"/>			
a	Sale, exchange, or leasing property?	2a		No
b	Lending of money or other extension of credit?	2b	Yes	
c	Furnishing of goods, services, or facilities?	2c	Yes	
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	Yes	
e	Transfer of any part of its income or assets?	2e	Yes	
3a	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)	3a		No
b	Do you have a section 403(b) annuity plan for your employees?	3b	Yes	
c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c		No
4a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a		No
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		No

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)** sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) Check the box that describes the type of supporting organization ► Type 1 Type 2 Type 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	1,271,683	1,108,219	2,049,895	1,824,569	6,254,366
16 Membership fees received	0	0	0	0	0
17 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	18,333,178	16,557,352	15,235,943	14,562,212	64,688,685
18 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	103,347	98,779	109,908	123,182	435,216
19 Net income from unrelated business activities not included in line 18	0	0	0	0	0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0	0	0	0	0
21 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	0	0	0	0	0
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	10,953	11,768	10,145	15,068	47,934
23 Total of lines 15 through 22	19,719,161	17,776,118	17,405,891	16,525,031	71,426,201
24 Line 23 minus line 17	1,385,983	1,218,766	2,169,948	1,962,819	6,737,516
25 Enter 1% of line 23	197,192	177,761	174,059	165,250	
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24					26a 134,750
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 2001 through 2004 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts					26b 289,990
c Total support for section 509(a)(1) test Enter line 24, column (e)					26c 6,737,516
d Add Amounts from column (e) for lines	18 435,216	19 0			
	22	26 b	289,990		
e Public support (line 26c minus line 26d total)					26e 5,964,376
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 88.52 %
27 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	(2004)	(2003)	(2002)	(2001)	
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	(2004)	(2003)	(2002)	(2001)	
c Add Amounts from column (e) for lines	15	16			
	17	20	21		
d Add Line 27a total and line 27b total					27c
e Public support (line 27c total minus line 27d total)					27d
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)					27e
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27f
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27g
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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					27h

Part V Private School Questionnaire (See page 7 of the instructions.)**(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?	29	
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?	30	
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)	31	
32 Does the organization maintain the following	32a	
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 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?	32d	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		
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?	33h	
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		
34a 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.)
(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		(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
(The term "expenditures" means amounts paid or incurred)															
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36													
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37													
38	Total lobbying expenditures (add lines 36 and 37)	38													
39	Other exempt purpose expenditures	39													
40	Total exempt purpose expenditures (add lines 38 and 39)	40													
41	Lobbying nontaxable amount Enter the amount from the following table— <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">If the amount on line 40 is—</td> <td style="width: 50%;">The lobbying nontaxable amount is—</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </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	41	
If the amount on line 40 is—	The lobbying nontaxable amount is—														
Not over \$500,000	20% of the amount on line 40														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
42	Grassroots nontaxable amount (enter 25% of line 41)	42													
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43													
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44													

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				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(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
a Volunteers		No	
b Paid staff or management (Include compensation in expenses reported on lines c through h .)		No	
c Media advertisements		No	
d Mailings to members, legislators, or the public		No	
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		No	
i Total lobbying expenditures (Add lines c through h .)			0

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

TY 2005 Compensation Explanation

Name: MARY CARIOLA CHILDRENS CENTER INC

EIN: 16-0771078

Software ID: 05000240

Software Version: v1.00

Person Name	Explanation
Sally Quist	
Robert Scarciotta	
Tom Strassenburgh	
Edward Knauf	
Deborah Lattime	
Dave McGeough	

Person Name	Explanation
Robert Vigdor	
Michael Osborn	
James DeVoe	
Donald Booker	
Holly Salce	
Ben Giambrone	

Person Name	Explanation
John Nichols	
James Hammer	
William Bachman	
Mark Siew ert	
Brian O'Sullivan	
Thomas Wolf	

Person Name	Explanation
Karl Salzer	
Sjoerd Stoffelsma	
William Ely	

TY 2005 Depreciation and Depletion Schedule

Name: MARY CARIOLA CHILDRENS CENTER INC

EIN: 16-0771078

Software ID: 05000240

Software Version: v1.00

Asset	Amount
Vehicles	46,418
Building/Improv	143,131
Equipment	62,989

TY 2005 Gain/Loss from Sale of Public Securities Schedule**Name:** MARY CARIOLA CHILDRENS CENTER INC**EIN:** 16-0771078**Software ID:** 05000240**Software Version:** v1.00**Gross Sales Price:** 4,531,735**Basis:** 4,207,250**Sales Expenses:** 2,506**Total (net):** 321,979

TY 2005 Investments - Securities Schedule

Name: MARY CARIOLA CHILDRENS CENTER INC

EIN: 16-0771078

Software ID: 05000240

Software Version: v1.00

Description	Book Value	Cost/FMV
Equity Securities	2,967,062	F
Cash and Equivalents	132,033	F
Equity mutual fund	338,544	F
Corporate Bonds	659,199	F
Government Securities	1,401,677	F

TY 2005 Land etc. Schedule

Name: MARY CARIOLA CHILDRENS CENTER INC

EIN: 16-0771078

Software ID: 05000240

Software Version: v1.00

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
Furniture	1,059,967	836,232	223,735
Buildings and Improvement	2,529,063	1,048,761	1,480,302
Vehicles	329,504	250,336	79,168
Construction in Process	68,084	0	68,084
Land	103,513	0	103,513

TY 2005 Mortgages and Notes Payable Schedule

Name: MARY CARIOLA CHILDRENS CENTER INC

EIN: 16-0771078

Software ID: 05000240

Software Version: v1.00

Total Mortgage Amount:

Item No.	1
Lender's Name	JPMorgan Chase
Lender's Title	
Relationship to Insider	None
Original Amount of Loan	100000
Balance Due	97531
Date of Note	2006-03
Maturity Date	2013-04
Repayment Terms	\$1,562.25 per month
Interest Rate	7.88
Security Provided by Borrower	None
Purpose of Loan	Term Loan
Description of Lender Consideration	Cash
Consideration FMV	100000

Item No.	2
Lender's Name	JPMorgan Chase
Lender's Title	
Relationship to Insider	None
Original Amount of Loan	1000000
Balance Due	33333
Date of Note	2001-09
Maturity Date	2006-08
Repayment Terms	\$16,667 per month
Interest Rate	5.35
Security Provided by Borrower	Investments
Purpose of Loan	Term Loan
Description of Lender Consideration	Cash
Consideration FMV	1000000

Item No.	3
Lender's Name	JPMorgan Chase
Lender's Title	
Relationship to Insider	None
Original Amount of Loan	40078
Balance Due	38519
Date of Note	2006-03
Maturity Date	2011-04
Repayment Terms	\$814.36 per month
Interest Rate	7.87
Security Provided by Borrower	None
Purpose of Loan	Term Loan
Description of Lender Consideration	Cash
Consideration FMV	40078

Item No.	4
Lender's Name	NYS OMRDD
Lender's Title	
Relationship to Insider	None
Original Amount of Loan	779557
Balance Due	219617
Date of Note	1992-08
Maturity Date	2011-01
Repayment Terms	\$4,840 per month
Interest Rate	7.34
Security Provided by Borrower	Monthly remittances
Purpose of Loan	Facilities improvements
Description of Lender Consideration	Cash
Consideration FMV	779557

Item No.	5
Lender's Name	Key Bank
Lender's Title	
Relationship to Insider	None
Original Amount of Loan	32952
Balance Due	26542
Date of Note	2005-08
Maturity Date	2009-08
Repayment Terms	839.75 per month
Interest Rate	10.25
Security Provided by Borrower	None
Purpose of Loan	Finance Vehicle Purchase
Description of Lender Consideration	Cash
Consideration FMV	32952

Item No.	6
Lender's Name	JPMorgan Chase
Lender's Title	
Relationship to Insider	None
Original Amount of Loan	75654
Balance Due	15761
Date of Note	2003-05
Maturity Date	2007-05
Repayment Terms	\$1,576 per month
Interest Rate	5.75
Security Provided by Borrower	Related Vehicle
Purpose of Loan	Finance Vehicle Purchase
Description of Lender Consideration	Cash
Consideration FMV	75654

TY 2005 Other Assets Schedule

Name: MARY CARIOLA CHILDRENS CENTER INC

EIN: 16-0771078

Software ID: 05000240

Software Version: v1.00

Description	Beginning of Year Amount	End of Year Amount
Intangible pension asset	61,758	0
Beneficial interest in perpetual trust	59,019	60,848

TY 2005 Other Changes in Net Assets Schedule**Name:** MARY CARIOLA CHILDRENS CENTER INC**EIN:** 16-0771078**Software ID:** 05000240**Software Version:** v1.00

Description	Amount
Additional Minimum Pension Liability	-839,465
Change in Value of Beneficial Interest in Perpetual Trust	1,829
Unrealized Loss on Investments	-121,387

TY 2005 Other Expenses Included Schedule

Name: MARY CARIOLA CHILDRENS CENTER INC

EIN: 16-0771078

Software ID: 05000240

Software Version: v1.00

Description	Amount
Fundraising expenses	15,874
Additional minimum pension expense	839,465

TY 2005 Other Liabilities Schedule

Name: MARY CARIOLA CHILDRENS CENTER INC

EIN: 16-0771078

Software ID: 05000240

Software Version: v1.00

Description	Beginning of Year Amount	End of Year Amount
Cash overdraft	193,569	81,553
Line of credit	405,000	
Unemployment reserve	98,507	98,507
Minimum Pension Liability	64,073	841,780

TY 2005 Other Revenues Included Schedule**Name:** MARY CARIOLA CHILDRENS CENTER INC**EIN:** 16-0771078**Software ID:** 05000240**Software Version:** v1.00

Description	Amount
Change in value of beneficial interest in perpetual trust	1,829
Special Events expense	15,874

**TY 2005 Other Revenues
Not Included Schedule****Name:** MARY CARIOLA CHILDRENS CENTER INC**EIN:** 16-0771078**Software ID:** 05000240**Software Version:** v1.00

Description	Amount
Unrealized loss on investments	121,387

TY 2005 Special Events Schedule

Name: MARY CARIOLA CHILDRENS CENTER INC

EIN: 16-0771078

Software ID: 05000240

Software Version: v1.00

Event Name	Gross Receipts	Contributions	Gross Revenue	Direct Expense	Net Income (Loss)
Women's Golf Tournament	82,336	54,077	28,259	12,111	16,148
Card Party	6,414	3,782	2,632	2,632	0
Garden Tour	11,738	10,607	1,131	1,131	0

TY 2005 Other Income Schedule

Name: MARY CARIOLA CHILDRENS CENTER INC

EIN: 16-0771078

Software ID: 05000240

Software Version: v1.00

Description	2003	2002	2001	2000	Total
Miscellaneous	10,953	11,768	10,145	15,068	47,934

TY 2005 Self Dealing Statement**Name:** MARY CARIOLA CHILDRENS CENTER INC**EIN:** 16-0771078**Software ID:** 05000240**Software Version:** v1.00

Line Number	Explanation
2e	A board member serves as co-trustee of a trust to which the Center submits periodic funding requests for various projects/initiatives.

Line Number	Explanation
2d	A board member is a partner in the law firm that serves as the Center's general counsel.

Line Number	Explanation
2c	<p>A board member is President of a construction contracting firm The Center uses for certain capital improvement projects. One board member is a Vice President at a financial institution that the Center uses for general banking purposes, including short-term and long-term borrowing needs. Three board members have management positions at telecommunications companies that provide communication services to the Center. The Center received in-kind design, printing and mailing services from companies of which four board members own or have senior management positions. The value of these donated services are included on line 82b of Form 990. One board member owns a hardware/equipment company from which the Center purchased sundry parts. Certain Center staff provided a professional development session to staff of a charity of which a board member is the President.</p>

Line Number	Explanation
2b	One board member is a Vice President at a financial institution that the Center uses for general banking purposes, including short-term and long-term borrowing needs.










Additional Data**Software ID:** 05000240**Software Version:** v1.00**EIN:** 16-0771078**Name:** MARY CARIOLA CHILDRENS CENTER INC**Form 990, Part II, Line 43 - Other expenses not covered above (itemize):**

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
a Children's Activities	43a	42,505	42,505	0	0
b Equipment	43b	120,439	110,481	4,124	5,834
c Recruitment	43c	39,219	38,127	1,092	0
d Insurance	43d	87,347	81,030	6,317	0
e Professional Dues and Conferences	43e	13,491	8,157	272	5,062
f Purchase of Health Services	43f	75,436	75,436	0	0
g Facility Assessment	43g	325,055	325,055	0	0
h Clinic Supplies	43h	26,560	26,344	0	216
i Purchased Services	43i	125,462	46,351	64,155	14,956
j Staff Development	43j	44,632	26,282	917	17,433
k Rent - vehicles	43k	3,589	0	3,589	0
l Office Expense	43l	146,470	67,448	57,267	21,755
m Other	43m	71,255	51,232	17,329	2,694
n Food	43n	120,998	120,539	0	459
o Public Relations	43o	20,303	0	875	19,428







Form 990, Part III - Program Service Accomplishments:

<p>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.)</p>	<p>Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)</p>
<p>a Children & Youth Services School Age Education--Provides habilitative training for mentally retarded, multiply handicapped children in a classroom environment (337 children)</p> <p>(Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p style="text-align: right;">11,138,531</p>
<p>b Children & Youth Services ICFDD and IRA --Operates residential facilities for developmentally disabled children attempting to establish a family-like environment (42 children)</p> <p>(Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p style="text-align: right;">5,289,183</p>
<p>c Children & Youth Services Preschool--Provides in-home and center-based services to developmentally disabled children from birth to five years old (194 children)</p> <p>(Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p style="text-align: right;">2,269,030</p>
<p>d Children & Youth Services Clinic--Primarily designs, constructs,and repairs customized therapeutic seatingpositioning equipment and other therapeutic equipment for the classrooms (490 clients)</p> <p>(Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p style="text-align: right;">186,228</p>
<p>e Children & Youth Services Evaluations--A screening program for high risk infants and children (111 clients)</p> <p>(Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p style="text-align: right;">98,632</p>
<p>f Children & Youth Services Medicaid Service Coordination Program--Coordinates the delivery of services to increase each childs individualization, independence, integration and productivity (105 0 children)</p> <p>(Grants and allocations \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p style="text-align: right;">271,501</p>







Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Sally Quist  1000 Elmwood Avenue Rochester, NY 14620	Board Member 0	0	0	0
Robert Scarciotta  1000 Elmwood Avenue Rochester, NY 14620	Board Member 0	0	0	0
Tom Strassenburgh  1000 Elmwood Avenue Rochester, NY 14620	Vice Chairman 0	0	0	0
Edward Knauf  1000 Elmwood Avenue Rochester, NY 14620	Treasurer 0	0	0	0
Deborah Lattime  1000 Elmwood Avenue Rochester, NY 14620	Board Member 0	0	0	0
Kate Lyon 1000 Elmwood Avenue Rochester, NY 14620	Assistant Treasurer 0	0	0	0
Dave McGeough  1000 Elmwood Avenue Rochester, NY 14620	Board Member 0	0	0	0
Robert Vigdor  1000 Elmwood Avenue Rochester, NY 14620	Board Member 0	0	0	0
Michael Osborn  1000 Elmwood Avenue Rochester, NY 14620	Chairman 0	0	0	0
James DeVoe  1000 Elmwood Avenue Rochester, NY 14620	Board Member 0	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Donald Booker  1000 Elmwood Avenue Rochester, NY 14620	Board Member 0	0	0	0
Irene Magee 1000 Elmwood Avenue Rochester, NY 14620	Dir of Financial Ser 40	89,022	10,081	0
Terence Rafferty 1000 Elmwood Avenue Rochester, NY 14620	Board Member 1	0	0	0
Holly Salce  1000 Elmwood Avenue Rochester, NY 14620	Board Member 0	0	0	0
Ben Giambrone  1000 Elmwood Avenue Rochester, NY 14620	Vice Chairman 0	0	0	0
John Nichols  1000 Elmwood Avenue Rochester, NY 14620	Vice Chairman 0	0	0	0
James Hammer  1000 Elmwood Avenue Rochester, NY 14620	Board Member 0	0	0	0
Diane Syta 1000 Elmwood Avenue Rochester, NY 14620	Board Member 0	0	0	0
William Bachman  1000 Elmwood Avenue Rochester, NY 14620	Secretary 0	0	0	0
Edward Ciaschi 1000 Elmwood Avenue Rochester, NY 14620	Board Member 1	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Mark Siewert  1000 Elmwood Avenue Rochester, NY 14620	Board Member 0	0	0	0
Brian O'Sullivan  1000 Elmwood Avenue Rochester, NY 14620	Board Member 0	0	0	0
Thomas Wolf  1000 Elmwood Avenue Rochester, NY 14620	Board Member 0	0	0	0
Paul C Scott 1000 Elmwood Avenue Rochester, NY 14620	President 40	117,263	10,355	8,177
Denise O'BrienMiller 1000 Elmwood Avenue Rochester, NY 14620	Director of Day Prog 40	124,827	11,177	0
Malinda Gaskamp 1000 Elmwood Avenue Rochester, NY 14620	Board Member 1	0	0	0
AnnaLynn Brink 1000 Elmwood Avenue Rochester, NY 14620	Dir of Community Ser 40	63,986	8,637	0
Karl Salzer  1000 Elmwood Avenue Rochester, NY 14620	Board Member 0	0	0	0
Sjoerd Stoffelsma  1000 Elmwood Avenue Rochester, NY 14620	Board Member 0	0	0	0
William Ely  1000 Elmwood Avenue Rochester, NY 14620	Board Member 0	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Erane Allen 1000 Elmwood Avenue Rochester, NY 14620	Board Member 1	0	0	0
Marilyn Means 1000 Elmwood Avenue Rochester, NY 14620	Board Member 1	0	0	0

Form 990, Part VIII - Relationship of Activities to the Accomplishment of Exempt Purposes:

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).
101	Provide for costs of education and residential services that exceed reimbursement available from third parties
93 c	Provide education and residential facilities to developmentally disabled children
93 f	Residential services are provided for children with developmental disabilities, assistance is provided to families in developing and carrying out a planned approach to accessing needed services for their child who has developmental disabilities
103 a	Provide for costs of education and residential services that exceed what is reimbursed from third parties
93 a	Education services are provided for physically and mentally handicapped children
93 b	Provide education services for physically and mentally handicapped children, screening of high-risk infants and children, and consultation services to their families
93 d	Design and construct customized therapeutic seating/positioning equipment and other equipment
95	Provide cost of education and residential services that exceed reimbursement available from third parties