Form **990**

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)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2006

Open to Public Inspection

A For the 2006 calendar year, or tax year beginning 07-01-2006 and ending 06-30-2007

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
MARY CARIOLA CHILDRENS CENTER INC
% Irene Magee

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).**

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)

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 is not a 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than 25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 26,187,600

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

Revenue

1	Contributions, gifts, grants, and similar amounts received				
a	Contributions to donor advised funds	1a	0		
b	Direct public support (not included on line 1a)	1b	770,172		
c	Indirect public support (not included on line 1a)	1c	200,738		
d	Government contributions (grants) (not included on line 1a)	1d	294,108		
e	**Total** (add lines 1a through 1d) (cash $ 1,262,221 noncash $ 2,797)			1e	1,265,018
2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	20,683,480
3	Membership dues and assessments			3	0
4	Interest on savings and temporary cash investments			4	6,455
5	Dividends and interest from securities			5	126,710
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

		(A) Securities		(B) Other
8a	Gross amount from sales of assets other than inventory	4,062,355	8a	0
b	Less cost or other basis and sales expenses	3,765,954	8b	0
c	Gain or (loss) (attach schedule)	296,401	8c	0

d	Net gain or (loss) Combine line 8c, columns (A) and (B)			8d	296,401
9	Special events and activities (attach schedule) If any amount is from **gaming**, check here ▶ ☐				
a	Gross revenue (not including $ ____ of contributions reported on line 1b)	9a	31,836		
b	Less direct expenses other than fundraising expenses	9b	14,882		
c	Net income or (loss) from special events Subtract line 9b from line 9a			9c	16,954
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	11,746
12	**Total revenue** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12	22,406,764

Expenses

13	Program services (from line 44, column (B))	13	20,010,060
14	Management and general (from line 44, column (C))	14	1,356,474
15	Fundraising (from line 44, column (D))	15	300,087
16	Payments to affiliates (attach schedule)	16	0
17	**Total expenses** Add lines 16 and 44, column (A)	17	21,666,621

Net Assets

18	Excess or (deficit) for the year Subtract line 17 from line 12	18	740,143
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	8,823,707
20	Other changes in net assets or fund balances (attach explanation)	20	1,086,593
21	Net assets or fund balances at end of year Combine lines 18, 19, and 20	21	10,650,443

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.*)

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
22a Grants paid from donor advised funds (attach Schedule) (cash $ ____ noncash $ ____) If this amount includes foreign grants, check here ☐	22a	0	0		
22b Other grants and allocations (attach schedule) (cash $ ____ noncash $ ____) If this amount includes foreign grants, check here ☐	22b	0	0		
23 Specific assistance to individuals (attach schedule)	23	0	0		
24 Benefits paid to or for members (attach schedule)	24	0	0		
25a Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule)	25a	455,043	203,128	251,915	0
b Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	25b	0	0	0	0
c Compensation and other distributions not icluded above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c	0	0	0	0
26 Salaries and wages of employees not included on lines 25a, b and c	26	14,104,086	13,385,780	571,401	146,905
27 Pension plan contributions not included on lines 25a, b and c	27	403,486	391,061	7,488	4,937
28 Employee benefits not included on lines 25a - 27	28	1,650,723	1,600,750	47,634	2,339
29 Payroll taxes	29	1,156,622	1,085,652	60,062	10,908
30 Professional fundraising fees	30	0	0	0	0
31 Accounting fees	31	29,800	0	29,800	0
32 Legal fees	32	11,170	0	11,170	0
33 Supplies	33	375,517	375,274	0	243
34 Telephone	34	52,009	36,460	13,937	1,612
35 Postage and shipping	35	31,927	7,485	10,954	13,488
36 Occupancy	36	1,376,617	1,283,688	89,138	3,791
37 Equipment rental and maintenance	37	310,417	292,544	17,873	0
38 Printing and publications	38	23,308	0	0	23,308
39 Travel	39	39,518	34,940	532	4,046
40 Conferences, conventions, and meetings	40	16,609	4,936	5,326	6,347
41 Interest	41	46,340	12,103	34,237	0
42 Depreciation, depletion, etc (attach schedule)	42	276,258	253,901	22,149	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 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13–15)	44	21,666,621	20,010,060	1,356,474	300,087

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

		Program Service Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)
	What is the organization's primary exempt purpose? ▶ Provide educ & residence to dev dis children 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)	
a	See Additional Data Table (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
b	(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
c	(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
d	(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
e	Other program services (attach schedule) (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
f	**Total of Program Service Expenses** (should equal line 44, column (B), Program services) . . . . ▶	20,010,060

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) Beginning of year		(B) End of year
Assets					
45 Cash—non-interest-bearing			42,818	45	1,057,077
46 Savings and temporary cash investments			321,781	46	523,814
47a Accounts receivable	47a	4,369,087			
b Less allowance for doubtful accounts	47b	0	5,006,791	47c	4,369,087
48a Pledges receivable	48a	47,257			
b Less allowance for doubtful accounts	48b	1,800	152,900	48c	45,457
49 Grants receivable			44,620	49	39,962
50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			0	50a	0
b Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)			0	50b	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			126,444	53	116,166
54a Investments—publicly-traded securities ☐ Cost ☑ FMV			5,498,515	54a	5,864,764
b Investments—other securities (attach schedule) ☐ Cost ☐ FMV			0	54b	0
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	4,478,223			
b Less accumulated depreciation (attach schedule)	57b	2,376,837	1,954,802	57c	2,101,386
58 Other assets, including program-related investments (describe ▶)			60,848	58	59,904
59 **Total assets** (must equal line 74) Add lines 45 through 58			13,209,519	59	14,177,617
Liabilities					
60 Accounts payable and accrued expenses			2,274,070	60	2,411,106
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)			1,089,902	64b	1,017,561
65 Other liabilities (describe ▶)			1,021,840	65	98,507
66 **Total liabilities** Add lines 60 through 65			4,385,812	66	3,527,174
Net Assets or Fund Balances					
Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 67 through 69 and lines 73 and 74					
67 Unrestricted			6,529,707	67	7,973,091
68 Temporarily restricted			172,738	68	202,249
69 Permanently restricted			2,121,262	69	2,475,103
Organizations that do not follow SFAS 117, check here ▶ ☐ 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 and column (B) **must** equal line 21)			8,823,707	73	10,650,443
74 **Total liabilities and net assets / fund balances** Add lines 66 and 73			13,209,519	74	14,177,617

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return *(See the instructions.)*

a	Total revenue, gains, and other support per audited financial statements			a	23,508,239
b	Amounts included on line **a** but not on Part I, line 12				
1	Net unrealized gains on investments	b1	245,757		
2	Donated services and use of facilities	b2	0		
3	Recoveries of prior year grants	b3	0		
4	Other (specify)	b4	855,718		
	Add lines **b1** through **b4**			b	1,101,475
c	Subtract line **b** from line **a**			c	22,406,764
d	Amounts included on Part I, line 12, but not on line **a**				
1	Investment expenses not included on Part I, line 6b	d1	0		
2	Other (specify)	d2	0		
	Add lines **d1** and **d2**			d	1,101,475
e	**Total revenue** (Part I, line 12) Add lines **c** and **d** ▶			e	22,406,764

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements			a	21,681,503
b	Amounts included on line **a** but not on Part I, line 17				
1	Donated services and use of facilities	b1	0		
2	Prior year adjustments reported on Part I, line 20	b2	0		
3	Losses reported on Part I, line 20	b3	0		
4	Other (specify)	b4	14,882		
	Add lines **b1** through **b4**			b	14,882
c	Subtract line **b** from line **a**			c	21,666,621
d	Amounts included on Part I, line 17, but not on line **a:**				
1	Investment expenses not included on Part I, line 6b	d1	0		
2	Other (specify)	d2	0		
	Add lines **d1** and **d2**			d	0
e	**Total expenses** (Part I, line 17) Add lines **c** and **d** ▶			e	21,666,621

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) *(See the instructions.)*

(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
See Additional Data Table				

Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*

			Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings . . . ▶ 27			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) .	**75b**		No
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization" . . . ▶	**75c**		No
	If "Yes," attach a statement that includes the information described in the instructions			
d	Does the organization have a written conflict of interest policy? . . .	**75d**	Yes	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	**(B)** Loans and Advances	**(C)** Compensation (If not paid enter -0-)	**(D)** Contributions to employee benefit plans and deferred compensation plans	**(E)** Expense account and other allowances

Part VI Other Information *(See the instructions.)*

			Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change . . .	**76**		No
77	Were any changes made in the organizing or governing documents but not reported to the IRS? . . .	**77**		No
	If "Yes," attach a conformed copy of the changes			
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return? . . .	**78a**		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year? . . .	**78b**		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . . .	**79**		No
80a	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? . . .	**80a**		No
b	If "Yes," enter the name of the organization ▶ ____ and check whether it is ☐ exempt **or** ☐ nonexempt			
81a	Enter direct or indirect political expenditures (See line 81 instructions) . . . **81a** 0			
b	Did the organization file **Form 1120-POL** for this year? . . .	**81b**		No

Part VI Other Information *(continued)*

			Yes	No
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?	82a	Yes	
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 44,100			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Yes	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Yes	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85	*501(c)(4), (5), or (6) organizations.* **a** Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	85b		
	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			
c	Dues assessments, and similar amounts from members — 85c			
d	Section 162(e) lobbying and political expenditures — 85d			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices — 85e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) — 85f			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
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		
86	*501(c)(7) orgs.* Enter **a** Initiation fees and capital contributions included on line 12 — 86a			
b	Gross receipts, included on line 12, for public use of club facilities — 86b			
87	*501(c)(12) orgs.* Enter **a** Gross income from members or shareholders — 87a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) — 87b			
88a	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	88a		No
b	At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If yes complete Part XI	88b		No
89a	*501(c)(3) organizations* Enter Amount of tax imposed on the organization during the year under section 4911 ▶ 0 , section 4912 ▶ 0 , section 4955 ▶ 0			
b	*501(c)(3) and 501(c)(4) orgs.* 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		No
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			
e	*All organizations.* At any time during the tax year was the organization a party to a prohibited tax shelter transaction?	89e		No
f	*All organizations.* Did the organization acquire direct or indirect interest in any applicable insurance contract?	89f		No
g	*For supporting organizations and sponsoring organizations maintaining donor advised funds.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		No

90a List the states with which a copy of this return is filed ▶ NY

b Number of employees employed in the pay period that includes March 12, 2006 (See instructions) — 90b 503

91a The books are in care of ▶ Irene Magee Telephone no ▶ (585) 271-2987

Located at ▶ 1000 Elmwood Avenue Rochester, NY ZIP + 4 ▶ 14620

			Yes	No
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)?	91b		No

If "Yes," enter the name of the foreign country ▶

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**, Report of Foreign Bank and Financial Accounts

Part VI Other Information *(continued)*

			Yes	No
c	At any time during the calendar year, did the organization maintain an office outside of the United States?	91c		No
	If "Yes," enter the name of the foreign country ▶			
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		

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 Day Program		0		0	13,174,689
b Private Pay, Prior Period Adjts, etc		0		0	124,621
c Interdepartmental		0		0	87,841
d Contracts for service		0		0	1,538,431
e					
f Medicare/Medicaid payments		0		0	5,757,898
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments		0		0	6,455
96 Dividends and interest from securities		0	14	126,710	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	296,401	0
101 Net income or (loss) from special events		0		0	16,954
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a Miscellaneous		0		0	11,746
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		423,111	20,718,635

105 **Total** (add line 104, columns (B), (D), and (E)) ▶ 21,141,746

Note: *Line 105 plus line 1e, 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).*

Part XI **Information Regarding Transfers To and From Controlled Entities** *Complete only if the organization is a controlling organization as defined in section 512(b)(13)*

		Yes	No
106	Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity		

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
	Totals			

		Yes	No
107	Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity		

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
	Totals			

		Yes	No
108	Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?		

Please Sign Here

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

Signature of officer — Date: 2007-11-09

Paul Scott President
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-empolyed	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)

Department of the Treasury
Internal Revenue Service

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

2006

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 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
James Riley 1000 Elmwood Avenue Rochester, NY 14620	IT Manager 40	71,361	9,163	0
Laurie Goeggelman 1000 Elmwood Avenue Rochester, NY 14620	Teacher Coordinator 40	72,799	12,021	0
Marie Greer 1000 Elmwood Avenue Rochester, NY 14620	Teacher 35	62,390	8,987	0
Martha Lansberry 1000 Elmwood Avenue Rochester, NY 14620	Educn Coordinator 40	65,833	8,705	0
Teresa Chapin 1000 Elmwood Avenue Rochester, NY 14620	Teacher Coordinator 40	76,287	12,264	0
Total number of other employees paid over $50,000 ▶	51			

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

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over $50,000 for professional services ▶ 0		

Part II-B **Compensation of the Five Highest Paid Independent Contractors for Other Services**
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None". See page 2 for instructions.)

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over $50,000 for other services ▶ 0		

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

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, 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 ▶$ 0 (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)	1		No
	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.)*			
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	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)	3a		No
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	Yes	
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement	3c		No
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		No
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a		No
b	Did the organization make any taxable distributions under section 4966?	4b		No
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		No

d Enter the total number of donor advised funds owned at the end of the tax year ▶

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶0

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶0

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that 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 331/3%** 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 331/3%** 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 otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization

☐ Type I ☐ Type II ☐ Type III - Functionally Integrated ☐ Type III - Other

Provide the following information about the supported organizations. (see page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents? Yes	No	(e) Amount of support?
Total				▶	

14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15	Gifts, grants, and contributions received (Do not include unusual grants See line 28)	1,168,473	1,271,683	1,108,219	2,049,895	5,598,270
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	19,277,414	18,333,178	16,557,352	15,235,943	69,403,887
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	119,929	103,347	98,779	109,908	431,963
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	8,729	10,953	11,768	10,145	41,595
23	Total of lines 15 through 22	20,574,545	19,719,161	17,776,118	17,405,891	75,475,715
24	Line 23 minus line 17	1,297,131	1,385,983	1,218,766	2,169,948	6,071,828
25	Enter 1% of line 23	205,745	197,192	177,761	174,059	

26 **Organizations described on lines 10 or 11:** **a** Enter 2% of amount in column (e), line 24 ▶ **26a** 121,437

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 2002 through 2005 exceeded the amount shown in line 26a **Do not file this list with your return.** Enter the total of all these excess amounts ▶ **26b** 319,493

c Total support for section 509(a)(1) test Enter line 24, column (e) ▶ **26c** 6,071,828

d Add Amounts from column (e) for lines 18 431,963 19 0
22 ______ 26b 319,493 ▶ **26d** 793,051

e Public support (line 26c minus line 26d total) ▶ **26e** 5,278,777

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ **26f** 86 94 %

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

(2005) ______ (2004) ______ (2003) ______ (2002) ______

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 11b, 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

(2005) ______ (2004) ______ (2003) ______ (2002) ______

c Add Amounts from column (e) for lines 15 ______ 16 ______
17 ______ 20 ______ 21 ______ ▶ **27c**

d Add Line 27a total ______ and line 27b total ______ ▶ **27d**

e Public support (line 27c total minus line 27d total) ▶ **27e**

f Total support for section 509(a)(2) test Enter amount from line 23, column (e) ▶ **27f**

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ **27g**

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ **27h**

28 **Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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

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?	31		
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
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 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?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement			
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 10 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 (The term "expenditures" means amounts paid or incurred)		**(a)** Affiliated group totals	**(b)** To be completed for all electing organizations
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—	**41**		
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**		

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

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 13 of the instructions)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	**(a)** 2006	**(b)** 2005	**(c)** 2004	**(d)** 2003	**(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 13 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		No	
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

Part VII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 13 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of			
(i) Cash	**51a(i)**		No
(ii) Other assets	**a(ii)**		No
b Other transactions			
(i) Sales or exchanges of assets with a noncharitable exempt organization	**b(i)**		No
(ii) Purchases of assets from a noncharitable exempt organization	**b(ii)**		No
(iii) Rental of facilities, equipment, or other assets	**b(iii)**		No
(iv) Reimbursement arrangements	**b(iv)**		No
(v) Loans or loan guarantees	**b(v)**		No
(vi) Performance of services or membership or fundraising solicitations	**b(vi)**		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	**c**		No

d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ **Yes** ☑ **No**

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

TY 2006 Compensation Explanation

Name: MARY CARIOLA CHILDRENS CENTER INC
EIN: 16-0771078
Software ID: 06000173
Software Version: v1.00

Person Name	Explanation
Denise O'BrienMiller	The Center has a deferred compensation agreement w ith this employee that provides for future payment of specified amounts contingent on the individual's employment status as of datres stipulated in the agreement
AnnaLynn Brink	The Center has a deferred compensation agreement w ith this employee that provides for future payment of specified amounts contingent on the individual's employment status as of dates stipulated in the agreement
Irene Magee	The Center has a deferred compensation agreement w ith this employee that provides for future payment of a specified amount contingent on the individual's employment status as of a date stipulated in the agreement
Paul Scott	The Center has a deferred compensation agreement w ith this employee that provides for future payment of specified amounts contingent on the individual's employment status as of dates stipulated in the agreement

TY 2006 Depreciation and Depletion Schedule

Name: MARY CARIOLA CHILDRENS CENTER INC

EIN: 16-0771078

Software ID: 06000173

Software Version: v1.00

Asset	Amount
Buildings/Improvements	145,990
Equipment	81,159
Vehicles	49,109

TY 2006 Gain/Loss from Sale of Public Securities Schedule

Name:	MARY CARIOLA CHILDRENS CENTER INC
EIN:	16-0771078
Software ID:	06000173
Software Version:	v1.00
Gross Sales Price:	4,062,355
Basis:	3,763,955
Sales Expenses:	1,999
Total (net):	296,401

TY 2006 Land etc. Schedule

Name: MARY CARIOLA CHILDRENS CENTER INC

EIN: 16-0771078

Software ID: 06000173

Software Version: v1.00

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
Construction in process	52,038	0	52,038
Furniture	1,190,680	917,411	273,269
Buildings and improvements	2,794,483	1,194,726	1,599,757
Vehicles	337,509	264,700	72,809
Land	103,513	0	103,513

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TY 2006 Mortgages and Notes Payable Schedule

Name: MARY CARIOLA CHILDRENS CENTER INC
EIN: 16-0771078
Software ID: 06000173
Software Version: v1.00
Total Mortgage Amount: 623255

Item No.	1
Lender's Name	Key Bank
Lender's Title	
Relationship to Insider	None
Original Amount of Loan	32952
Balance Due	18830
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.	2
Lender's Name	NYS OMRDD
Lender's Title	
Relationship to Insider	None
Original Amount of Loan	779557
Balance Due	258664
Date of Note	1992-08
Maturity Date	2012-01
Repayment Terms	$5,319 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.	3
Lender's Name	JPMorgan Chase
Lender's Title	
Relationship to Insider	None
Original Amount of Loan	40078
Balance Due	31310
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	JPMorgan Chase
Lender's Title	
Relationship to Insider	None
Original Amount of Loan	100000
Balance Due	85502
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

TY 2006 Other Assets Schedule

Name: MARY CARIOLA CHILDRENS CENTER INC

EIN: 16-0771078

Software ID: 06000173

Software Version: v1.00

Description	Beginning of Year Amount	End of Year Amount
Beneficial interest in perpetual trust	60,848	59,904

TY 2006 Other Changes in Net Assets Schedule

Name: MARY CARIOLA CHILDRENS CENTER INC

EIN: 16-0771078

Software ID: 06000173

Software Version: v1.00

Description	Amount
Change in interest in perpetual trust	-944
Reversal of additional minimum pension liability	841,780
Unrealized gain on investments	245,757

TY 2006 Other Expenses Included Schedule

Name: MARY CARIOLA CHILDRENS CENTER INC

EIN: 16-0771078

Software ID: 06000173

Software Version: v1.00

Description	Amount
Fundraising expenses	14,882

TY 2006 Other Liabilities Schedule

Name: MARY CARIOLA CHILDRENS CENTER INC

EIN: 16-0771078

Software ID: 06000173

Software Version: v1.00

Description	Beginning of Year Amount	End of Year Amount
Minimum Pension Liability	841,780	
Cash Overdraft	81,553	0
Unemployment reserve	98,507	98,507

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93490312003327

TY 2006 Other Revenues Included Schedule

Name: MARY CARIOLA CHILDRENS CENTER INC

EIN: 16-0771078

Software ID: 06000173

Software Version: v1.00

Description	Amount
Reversal of additional minimum pension liability	841,780
Special Events expense	14,882
Change in value of beneficial interest in perpetual trust	-944

TY 2006 Special Events Schedule

Name: MARY CARIOLA CHILDRENS CENTER INC

EIN: 16-0771078

Software ID: 06000173

Software Version: v1.00

Event Name	Gross Receipts	Contributions	Gross Revenue	Direct Expense	Net Income (Loss)
Garden Tour	4,545	3,993	552	552	0
Women's Golf Tournament	71,238	42,717	28,521	11,567	16,954
Card Party	3,672	909	2,763	2,763	0

TY 2006 Other Income Schedule

Name: MARY CARIOLA CHILDRENS CENTER INC

EIN: 16-0771078

Software ID: 06000173

Software Version: v1.00

Description	2003	2002	2001	2000	Total
Miscellaneous	8,729	10,953	11,768	10,145	41,595

TY 2006 Self Dealing Statement

Name: MARY CARIOLA CHILDRENS CENTER INC

EIN: 16-0771078

Software ID: 06000173

Software Version: v1.00

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
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.

Line Number	Explanation
2c	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 of a financial institution 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. One board member is Vice President of a company from which the Center bought professional printing services. One board member is a Vice President of a financial institution that provides administrative services for the Center's defined contribution pension plan. The spouse of a key employee provided approximately 40 hours of consulting services to the Center. One board member is managing director of a company that provided in-kind creative and production management services to the Center. One board member is President/CEO of a company that provided in-kind professional printing services to the Center. One board member is President of a telecommunications company that provided in-kind graphic design and production services for a promotional video. The value of the in-kind donations are included on line 82b of Form 990.

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. A current board member serves on the board of a foundation to which the Center submits periodic funding requests for various projects/initiatives. A former recent board member serves as co-trustee of a foundation to which the Center submits periodic funding requests for various projects/initiatives.

*** 990 Online Filers. Please fax completed and signed form to 866-699-3916

Form **8453-EO**

Department of the Treasury
Internal Revenue Service

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2006, or tax year beginning 7/1/2006 , and ending 6/30/2007

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

▶ See instructions on back.

OMB No 1545-1879

2006

Name of exempt organization	Employer identification number
MARY CARIOLA CHILDRENS CENTER INC	16 0771078

Part I **Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8453-EO and enter the applicable amount from the return if any. If you check the box on line **1a, 2a, 3a, 4a, or 5a** below and the amount on that line for the return for which you are filing this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b,** whichever is applicable, blank (that is, do not enter -0-) But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ ☑	**b Total revenue,** if any (Form 990, line 12)	1b	$22,406,764
2a Form 990-EZ check here ▶ ☐	**b Total revenue,** if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ ☐	**b Total tax** (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ ☐	**b Tax based on investment income** (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ ☐	**b Balance due** (Form 8868, line 3c)	5b	

Part II **Declaration of Officer**

6 ☐ I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account To revoke a payment, I must contact the U S Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

☐ If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2006 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** an indication of any refund offset, **(c)** the reason for any delay in processing the return or refund, and **(d)** the date of any refund.

Sign Here ▶ Paul Scott | 11/8/07 | ▶ **Paul Scott, President**

Signature of officer | Date | Title

Part III **Declaration of Electronic Return Originator (ERO) and Paid Preparer** (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Publication 4206, Information for Authorized IRS *e-file* Providers of Exempt Organization Filings. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge

ERO's Use Only				
ERO's signature ▶	Date	Check if also paid preparer ☐	Check if self-employed ☐	ERO's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code ▶				EIN
				Phone no ( )

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer's Use Only			
Preparer's signature ▶	Date	Check if self-employed ☐	Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code ▶			EIN
			Phone no ( )

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).
93 a	Education services are provided for physically and mentally handicapped children
93 c	Provide education and residential facilities to developmentally disabled children
93 d	Design and construct customized therapeutic seating/positioning equipment and other equipment
103 a	Provide for cost of education and residential services that exceed what is reimbursed from third parties
95	Provide cost of education and residential services that exceed reimbursement available from third parties
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
93 b	Provide education services for physically and mentally handicapped children, screening of high-risk infants and children, and consultation services to their families
101	Provide for cost of education and residential services that exceed reimbursement available from third parties

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
Holly Salce 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
Malinda Gaskamp 1000 Elmwood Avenue Rochester, NY 14620	Board Member 1	0	0	0
Terence Rafferty 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	74,487	9,627	0
John Nichols 1000 Elmwood Avenue Rochester, NY 14620	Vice Chairman 1	0	0	0
Michelle Paroda 1000 Elmwood Avenue Rochester, NY 14620	Board Member 1	0	0	0
Irene Magee 1000 Elmwood Avenue Rochester, NY 14620	Dir of Financial Ser 40	89,167	13,695	0
Sally Quist 1000 Elmwood Avenue Rochester, NY 14620	Board Member 1	0	0	0
Paul Scott 1000 Elmwood Avenue Rochester, NY 14620	President 40	134,297	14,756	7,204
William Bachman 1000 Elmwood Avenue Rochester, NY 14620	Secretary 1	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
Dave McGeough 1000 Elmwood Avenue Rochester, NY 14620	Board Member 1	0	0	0
Brian O'Sullivan 1000 Elmwood Avenue Rochester, NY 14620	Board Member 1	0	0	0
Karl Salzer 1000 Elmwood Avenue Rochester, NY 14620	Board Member 1	0	0	0
Sjoerd Stoffelsma 1000 Elmwood Avenue Rochester, NY 14620	Board Member 1	0	0	0
James DeVoe 1000 Elmwood Avenue Rochester, NY 14620	Board Member 1	0	0	0
Diane Syta 1000 Elmwood Avenue Rochester, NY 14620	Board Member 1	0	0	0
Donald Booker 1000 Elmwood Avenue Rochester, NY 14620	Board Member 1	0	0	0
William Ely 1000 Elmwood Avenue Rochester, NY 14620	Board Member 1	0	0	0
Denise O'BrienMiller 1000 Elmwood Avenue Rochester, NY 14620	Director of Day Prog 40	102,494	16,520	0
Erane Allen 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
Edward Knauf 1000 Elmwood Avenue Rochester, NY 14620	Assistant Treasurer 1	0	0	0
Kate Lyon 1000 Elmwood Avenue Rochester, NY 14620	Treasurer 1	0	0	0
Robert Vigdor 1000 Elmwood Avenue Rochester, NY 14620	Board Member 1	0	0	0
Michael Osborn 1000 Elmwood Avenue Rochester, NY 14620	Chairman 1	0	0	0
Robert Scarciotta 1000 Elmwood Avenue Rochester, NY 14620	Board Member 1	0	0	0
Mark Siewert 1000 Elmwood Avenue Rochester, NY 14620	Board Member 1	0	0	0
James Blatt 1000 Elmwood Avenue Rochester, NY 14620	Board Member 1	0	0	0
Tom Strasenburgh 1000 Elmwood Avenue Rochester, NY 14620	Vice Chairman 1	0	0	0
James Hammer 1000 Elmwood Avenue Rochester, NY 14620	Board Member 1	0	0	0
Deborah Lattime 1000 Elmwood Avenue Rochester, NY 14620	Board Member 1	0	0	0

Form 990, Part III - Program Service Accomplishments:

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	Children & Youth Services Preschool--Provides in-home and center-based services to developmentally disabled children from birth to five years old (212 0 children) (Grants and allocations $ 0) If this amount includes foreign grants, check here ► ☐	2,322,630
b	Children & Youth Services Medicaid Service Coordination Program--Coordinates the delivery of services to increase each childs individualization, independence, integration and productivity (105 0 children) (Grants and allocations $ 0) If this amount includes foreign grants, check here ► ☐	268,273
c	Children & Youth Services ICF/DD and IRA--Operates residential facilities for developmentally disabled children attempting to establish a family-like environment (46 0 children) (Grants and allocations $ 0) If this amount includes foreign grants, check here ► ☐	5,396,301
d	Children & Youth Services Clinic--Primarily designs, constructs,and repairs customized therapeutic seating/positioning equipment and other therapeutic equipment for the classrooms (451 0 clients) (Grants and allocations $ 0) If this amount includes foreign grants, check here ► ☐	174,426
e	Children & Youth Services Evaluations--A screening program for high risk infants and children (99 0 clients) (Grants and allocations $ 0) If this amount includes foreign grants, check here ► ☐	68,553
f	Children & Youth Services School Age Education--Provides habilitative training for mentally retarded, multiply handicapped children in a classroom environment (337 children) (Grants and allocations $ 0) If this amount includes foreign grants, check here ► ☐	11,779,877

Additional Data

Software ID: 06000173
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):

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
a Professional Dues and Conferences	**43a**	15,907	3,056	1,390	11,461
b Clinic supplies	**43b**	22,463	22,463	0	0
c Food	**43c**	133,799	127,892	0	5,907
d Insurance	**43d**	85,980	79,956	6,024	0
e Purchased services	**43e**	161,083	49,969	88,731	22,383
f Staff development	**43f**	40,945	33,323	595	7,027
g Equipment	**43g**	208,263	192,815	8,386	7,062
h Rent - vehicles	**43h**	3,952	0	3,952	0
i Facility assessment	**43i**	267,982	267,982	0	0
j Children's Activities	**43j**	42,732	42,732	0	0
k Recruitment	**43k**	49,693	47,802	1,791	100
l Office expense	**43l**	120,637	55,461	51,470	13,706
m Purchase of health services	**43m**	66,957	66,957	0	0
n Other	**43n**	86,778	51,950	20,519	14,309