

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2007

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2007 calendar year, or tax year beginning 07-01-2007 and ending 06-30-2008

- 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 Carola Children's Center Inc. Number and street: 1000 Elmwood Avenue. City or town: Rochester, NY 14620

D Employer identification number: 16-0771078. E Telephone number: (585) 271-2897. F Accounting method: Accrual

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.marycarola.org

J Organization type: 501(c)(3)

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

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? H(b) If "Yes" enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling? I Group Exemption Number. M Check if the organization is not required to attach Sch B

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 26,802,531

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

Table with columns for Revenue, Expenses, and Net Assets. Rows include Contributions, Program service revenue, Membership dues, Interest on savings, Dividends, Gross rents, Other investment income, Gross amount from sales of assets, Special events and activities, Gross sales of inventory, Other revenue, Total revenue, Program services, Management and general, Fundraising, Payments to affiliates, Total expenses, Excess or (deficit) for the year, Net assets or fund balances at beginning of year, Other changes in net assets, Net assets or fund balances at end of year.

Part III 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
22a	Grants paid from donor advised funds (attach Schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25a	Compensation of current officers, directors, key employees etc. Listed in Part V-A (attach schedule)	25a	182,450	182,450	
b	Compensation of former officers, directors, key employees etc. listed in Part V-B (attach schedule)	25b			
c	Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c			
26	Salaries and wages of employees not included on lines 25a, b and c	26	15,221,207	14,307,684	762,591
27	Pension plan contributions not included on lines 25a, b and c	27	427,860	407,484	17,504
28	Employee benefits not included on lines 25a - 27	28	2,146,443	2,064,635	75,310
29	Payroll taxes	29	1,148,607	1,071,182	64,776
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33	523,193	509,240	27
34	Telephone	34	51,816	39,819	11,719
35	Postage and shipping	35	31,365	7,098	11,975
36	Occupancy	36	1,412,350	1,288,842	112,732
37	Equipment rental and maintenance	37	319,639	301,340	15,104
38	Printing and publications	38			
39	Travel	39	44,184	39,262	768
40	Conferences, conventions, and meetings	40	20,508	5,746	4,728
41	Interest	41	62,420	54,880	7,540
42	Depreciation, depletion, etc. (attach schedule)	42	294,942	271,637	23,253
43	Other expenses not covered above (itemize)	43a			
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	23,339,712	21,420,296	1,563,773

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? ▶ To provide educational and residential services to developmentally disabled 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>_____</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>21,420,296</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	1,057,077	45	381,224
	46 Savings and temporary cash investments	523,814	46	405,679
	47a Accounts receivable	47a 4,366,836		
	b Less allowance for doubtful accounts	47b	4,369,087	47c 4,366,836
	48a Pledges receivable	48a 399,961		
	b Less allowance for doubtful accounts	48b 46,615	45,457	48c 353,346
	49 Grants receivable	39,962	49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)		50b	
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	116,166	53	124,875
	54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	5,864,764	54a	6,363,938
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
55a Investments—land, buildings, and equipment basis	55a			
b Less accumulated depreciation (attach schedule)	55b		55c	
56 Investments—other (attach schedule)		56		
57a Land, buildings, and equipment basis	57a 4,532,770			
b Less accumulated depreciation (attach schedule)	57b 2,478,181	2,101,386	57c  2,054,589	
58 Other assets, including program-related investments (describe <input type="checkbox"/> _____)		59,904	58  58,254	
59 Total assets (must equal line 74) Add lines 45 through 58	14,177,617	59	14,108,741	
Liabilities	60 Accounts payable and accrued expenses	2,411,106	60	1,217,479
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)	1,017,561	64b 	957,783
	65 Other liabilities (describe <input type="checkbox"/> _____)	98,507	65 	1,662,409
66 Total liabilities Add lines 60 through 65	3,527,174	66	3,837,671	
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	7,973,091	67	7,005,804
	68 Temporarily restricted	202,249	68	395,136
	69 Permanently restricted	2,475,103	69	2,870,130
	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 and column (B) must equal line 21)	10,650,443	73	10,271,070
	74 Total liabilities and net assets / fund balances Add lines 66 and 73	14,177,617	74	14,108,741

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

Table with 3 columns: Question (75a-75d), Yes, No. 75a: Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings. 75b: 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? 75c: 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? 75d: Does the organization have a written conflict of interest policy?

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.)

Table with 5 columns: (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.)

Table with 3 columns: Question (76-81b), Yes, No. 76: Did the organization make a change in its activities or methods of conducting activities? 77: Were any changes made in the organizing or governing documents but not reported to the IRS? 78a: Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78b: If "Yes," has it filed a tax return on Form 990-T for this year? 79: Was there a liquidation, dissolution, termination, or substantial contraction during the year? 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? 80b: If "Yes," enter the name of the organization and check whether it is exempt or nonexempt. 81a: Enter direct or indirect political expenditures. 81b: Did the organization file Form 1120-POL for this year?

Part VI Other Information (continued)

Form with multiple sections (82a-91b) containing questions about organization services, dues, lobbying, and financial accounts, with Yes/No columns and some numerical input fields.

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** Yes 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					14,333,135
b Contracts for service					1,554,105
c Private Pay					31,547
d Interdepartmental					99,445
e Rental Income					64,404
f Medicare/Medicaid payments					6,193,772
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					7,132
96 Dividends and interest from securities			14	158,610	
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			18	211,271	
101 Net income or (loss) from special events					-7,633
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a <u>Miscellaneous</u>					29,880
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				369,881	22,305,787
105 Total (add line 104, columns (B), (D), and (E))					22,675,668

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	
a					
b					
c					
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	
a					
b					
c					
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.			
	*****			2009-01-14
	Signature of officer		Date	
	Paul Scott President Type or print name and title			

Paid Preparer's Use Only	Preparer's signature	Kristen M Clark	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
	Firm's name (or yours if self-employed), address, and ZIP + 4	Bonadio & Co LLP 171 Sullys Trail Suite 201 Pittsford, NY 14534			EIN
					Phone no (585) 381-1000

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.)

OMB No 1545-0047

2007

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

Department of the Treasury Internal Revenue Service

Name of the organization Mary Canola Children's Center Inc

Employer identification number

16-0771078

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions. List each one. If there are none, enter "None.")

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. Includes entries for Denise Miller, Gerard Christian, Irene Magee, Theresa Chapin, and Anna Lynn Brink.

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. Includes a total row for professional services.

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 2 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. Includes a total row for other services.

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

Yes No

<p>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)</p> <p>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</p>	1		No
<p>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.) 📄</p> <p>a Sale, exchange, or leasing property?</p>	2a		No
<p>b Lending of money or other extension of credit?</p>	2b		No
<p>c Furnishing of goods, services, or facilities?</p>	2c	Yes	
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? 📄</p>	2d	Yes	
<p>e Transfer of any part of its income or assets?</p>	2e		No
<p>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) 📄</p>	3a	Yes	
<p>b Did the organization have a section 403(b) annuity plan for its employees?</p>	3b	Yes	
<p>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</p>	3c		No
<p>d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	3d		No
<p>4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g</p>	4a	Yes	
<p>b Did the organization make any taxable distributions under section 4966?</p>	4b		
<p>c Did the organization make a distribution to a donor, donor advisor, or related person?</p>	4c		
<p>d Enter the total number of donor advised funds owned at the end of the tax year ▶ _____</p> <p>e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____</p>			
<p>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 _____</p>			
<p>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 _____</p>			

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 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 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?		(e) Amount of support?
			Yes	No	
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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	1,377,119	1,168,473	1,271,683	1,108,219	4,925,494
16 Membership fees received					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	21,321,184	19,277,414	18,333,178	16,557,352	75,489,128
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	133,165	119,929	103,347	98,779	455,220
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					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
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	11,746	8,729	10,953	11,768	43,196
23 Total of lines 15 through 22	22,843,214	20,574,545	19,719,161	17,776,118	80,913,038
24 Line 23 minus line 17	1,522,030	1,297,131	1,385,983	1,218,766	5,423,910
25 Enter 1% of line 23	228,432	205,745	197,192	177,761	
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24					26a 108,478
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 0
c Total support for section 509(a)(1) test Enter line 24, column (e)					26c 5,423,910
d Add Amounts from column (e) for lines	18 455,220	19 0			
	22	26b 0			26d 498,416
e Public support (line 26c minus line 26d total)					26e 4,925,494
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 9081 08 %
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 (2006) _____ (2005) _____ (2004) _____ (2003) _____					
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 (2006) _____ (2005) _____ (2004) _____ (2003) _____					
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 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					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	
<hr/>		
<hr/>		
<hr/>		
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)		
<hr/>		
<hr/>		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		
<hr/>		
<hr/>		
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

(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— 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	
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)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(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

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

Yes	No	Amount

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

Additional Data

Software ID:
Software Version:
EIN: 16-0771078
Name: Mary Cariola Children's 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 Professional Dues and Conferences	43a	17,584	8,809	675	8,100
b Clinic supplies	43b	22,080	22,080		
c Food	43c	157,941	150,360		7,581
d Insurance	43d	87,940	81,671	6,257	12
e Purchased services	43e	251,933	52,471	145,570	53,892
f Staff development	43f	36,561	26,904	3,573	6,084
g Equipment	43g	129,221	111,388	13,621	4,212
h Rent - vehicles	43h	40,532	36,573	3,959	
i Facility assessment	43i	268,548	268,548		
j Children's Activities	43j	45,784	45,784		
k Recruitment	43k	75,784	61,822	13,962	
l Office expense	43l	129,231	43,050	65,804	20,377
m Purchase of health services	43m	75,586	75,586		
n otHER	43n	114,003	66,401	19,875	27,727

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 Approximately 351 children served</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>12,657,267</p>
<p>b Children & Youth Services ICF/DD and IRA - Operates residential facilities for developmentally disabled children attempting to establish a family-like environment Approximately 39 children served</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>5,748,698</p>
<p>c Children & Youth Services Preschool - Provides in-home and center-based services to developmentally disabled children from birth to five years old Approximately 162 children served</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>2,460,776</p>
<p>d Children & Youth Services Medicaid Service Coordination Program - Coordinates the delivery of services to increase each child's individualization, independence, integration and productivity Approximately 105 children served</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>289,978</p>
<p>e Children & Youth Services Clinic - Primarily designs, constructs, and repairs customized therapeutic seating/positioning equipment and other therapeutic equipment for the classrooms</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>166,175</p>
<p>f Children & Youth Services Evaluations - a screening program for high risk infants and children</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>97,402</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
Paul Scott 1000 Elmwood Avenue Rochester, NY 14620	President 40 00	159,698	16,152	6,600
Michael Osborn 1000 Elmwood Avenue rochester, NY 14620	Chair 1 00	0	0	0
John Ford Nichols 1000 Elmwood Avenue rochester, NY 14620	Vice Chair 1 00	0	0	0
Thomas Strassenburgh 1000 Elmwood Avenue rochester, NY 14620	Vice Chair 1 00	0	0	0
Kate Lyon 1000 Elmwood Avenue rochester, NY 14620	Vice ChairTreasurer 1 00	0	0	0
Edward Knauf 1000 Elmwood Avenue rochester, NY 14620	Assistant Treasurer 1 00	0	0	0
William Bachman 1000 Elmwood Avenue rochester, NY 14620	Secretary 1 00	0	0	0
Erane T Allen 1000 Elmwood Avenue rochester, NY 14620	Board Member 1 00	0	0	0
G James Blatt Jr 1000 Elmwood Avenue rochester, NY 14620	board Member 1 00	0	0	0
Donald R Booker 1000 Elmwood Avenue rochester, NY 14620	board Member 1 00	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 J Ciaschi 1000 Elmwood Avenue rochester, NY 14620	board Member 1 00	0	0	0
James E De Voe 1000 Elmwood Avenue rochester, NY 14620	board Member 1 00	0	0	0
William L Ely 1000 Elmwood Avenue rochester, NY 14620	board Member 1 00	0	0	0
Malinda Gaskamp 1000 Elmwood Avenue rochester, NY 14620	board Member 1 00	0	0	0
James E Hammer 1000 Elmwood Avenue rochester, NY 14620	board Member 1 00	0	0	0
Deborah F Lattime 1000 Elmwood Avenue rochester, NY 14620	board Member 1 00	0	0	0
Dave McGeough 1000 Elmwood Avenue rochester, NY 14620	board Member 1 00	0	0	0
Brian P O'Sullivan 1000 Elmwood Avenue rochester, NY 14620	board Member 1 00	0	0	0
Michelle C Paroda 1000 Elmwood Avenue rochester, NY 14620	board Member 1 00	0	0	0
Sally Quist 1000 Elmwood Avenue rochester, NY 14620	board Member 1 00	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
Terence Rafferty 1000 Elmwood Avenue rochester, NY 14620	board Member 1 00	0	0	0
Holly Salce 1000 Elmwood Avenue rochester, NY 14620	board Member 1 00	0	0	0
Karl F Salzer 1000 Elmwood Avenue rochester, NY 14620	board Member 1 00	0	0	0
Robert Scarciotta 1000 Elmwood Avenue rochester, NY 14620	board Member 1 00	0	0	0
Mark R Siewert 1000 Elmwood Avenue rochester, NY 14620	board Member 1 00	0	0	0
Sjoerd A Stoffelsma 1000 Elmwood Avenue rochester, NY 14620	board Member 1 00	0	0	0
Diane K Syta 1000 Elmwood Avenue rochester, NY 14620	board Member 1 00	0	0	0
Robert M Vigdor 1000 Elmwood Avenue rochester, NY 14620	board Member 1 00	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).
93a	Education services are provided for physically and mentally handicapped children
93b	Provided education services for physically and mentally handicapped children, screening of high-risk infants and children, and consultation services to their families
93c	Provide education and residential facilities to developmentally disabled children
93d	Design and construct customized therapeutic seating/positioning equipment and other equipment
93e	Income earned on the rental of owned facilities
93f	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
95	Provide cost of education and residential services that exceed reimbursement available from third parties
101	Provide cost of education and residential services that exceed reimbursement available from third parties
103a	Miscellaneous revenue earned while carrying out the exempt purpose of the Center

TY 2007 Depreciation and Depletion Schedule**Name:** Mary Carola Children's Center Inc**EIN:** 16-0771078

Asset	Amount
Buildings and improvements	171,906
Furniture Fixtures and Equipment	87,068
Vehicles	35,968

TY 2007 Gain/Loss from Sale of Public Securities Schedule**Name:** Mary Carola Children's Center Inc**EIN:** 16-0771078**Gross Sales Price:** 2,761,609**Basis:** 2,550,338**Sales Expenses:** 0**Total (net):** 211,271

TY 2007 Land etc. Schedule

Name: Mary Carola Children's Center Inc

EIN: 16-0771078

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
Land	103,513		103,513
Buildings and improvements	2,982,106	1,497,207	1,484,899
Furniture Fixtures and Equipment	1,218,204	807,662	410,542
Vehicles	228,947	173,312	55,635

TY 2007 Mortgages and Notes Payable Schedule

Name: Mary Carola Children's Center Inc

EIN: 16-0771078

Total Mortgage Amount: 588025

Item No.	1
Lender's Name	Key Bank
Lender's Title	
Relationship to Insider	None
Original Amount of Loan	32952
Balance Due	10289
Date of Note	2005-08
Maturity Date	2009-08
Repayment Terms	839.75 per month
Interest Rate	10.2500
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	262543
Date of Note	1992-08
Maturity Date	2012-01
Repayment Terms	4,319 per month
Interest Rate	7.3400
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	23769
Date of Note	2006-03
Maturity Date	2011-04
Repayment Terms	814.36 per month
Interest Rate	7.8700
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	73157
Date of Note	2006-03
Maturity Date	2013-04
Repayment Terms	1,562.25 per month
Interest Rate	7.8800
Security Provided by Borrower	None
Purpose of Loan	Term Loan
Description of Lender Consideration	Cash
Consideration FMV	100000

TY 2007 Other Assets Schedule

Name: Mary Carola Children's Center Inc

EIN: 16-0771078

Description	Beginning of Year Amount	End of Year Amount
Beneficial interest in perpetual trust	59,904	58,254

TY 2007 Other Changes in Net Assets Schedule

Name: Mary Carola Children's Center Inc

EIN: 16-0771078

Description	Amount
Change in interest in perpetual trust	-1,650
Effect of adoption of SFAS No 158	-696,698
Unrealized loss on investments net	-572,335

TY 2007 Other Expenses Included Schedule

Name: Mary Carola Children's Center Inc

EIN: 16-0771078

Description	Amount
Special Events Expense	21,171

TY 2007 Other Liabilities Schedule

Name: Mary Carola Children's Center Inc

EIN: 16-0771078

Description	Beginning of Year Amount	End of Year Amount
Cash overdraft	0	134,675
Liability for Pension Benefits	0	731,122
Amounts due to reimbursement agencies	0	698,105
Unemployment reserve	98,507	98,507

TY 2007 Other Revenues Included Schedule

Name: Mary Carola Children's Center Inc

EIN: 16-0771078

Description	Amount
Effect of Adoption of SFAS No 158	-696,698
Special events expense	21,171
Change in value of beneficial interest in perpetual trust	-1,650

TY 2007 Special Events Schedule

Name: Mary Carola Children's Center Inc

EIN: 16-0771078

Event Name	Gross Receipts	Contributions	Gross Revenue	Direct Expense	Net Income (Loss)
Women's Golf Tournament	80,180	66,642	13,538	11,108	2,430
Card Party	5,815	5,815	0	3,047	-3,047
Garden Tour	21,109	21,109	0	6,012	-6,012
Motorcycle Rally	3,779	3,779	0	1,004	-1,004

TY 2007 Other Income Schedule

Name: Mary Carola Children's Center Inc

EIN: 16-0771078

Description	2006	2005	2004	2003	Total
	11,746	8,729	10,953	11,768	43,196

TY 2007 Scholarship Award Statement

Name: Mary Cariola Children's Center Inc

EIN: 16-0771078

Statement: Mary Cariola Children's Center provides tuition reimbursement for up to three teachers and/or level II teacher assistants, contingent upon receipt of a "B" grade or better.

TY 2007 Self Dealing Statement

Name: Mary Carola Children's Center Inc

EIN: 16-0771078

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