

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2004

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the 2004 calendar year, or tax year beginning AUG 1, 2004 **and ending** JUL 31, 2005

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
MOHAWK VALLEY COMMUNITY ACTION AGENCY

D Employer identification number
16-0918009

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
207 NORTH JAMES STREET

E Telephone number
315-339-5640

City or town, state or country, and ZIP + 4
ROME, NY 13440

F Accounting method: Cash Accrual
 Other (specify) _____

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

G Website: WWW.MVCAA.COM

J Organization type (check only one) 501(c)(3) (insert no.) 4947(a)(1) or 527

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

H and I are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates _____
H(c) Are all affiliates included? **N/A** Yes No
 (If "No," attach a list.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number _____

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 12,835,068.

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

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

Revenue	1 Contributions, gifts, grants, and similar amounts received:				
	a Direct public support	1a	24,088.		
	b Indirect public support	1b	39,751.		
	c Government contributions (grants)	1c	12,077,240.		
	d Total (add lines 1a through 1c) (cash \$ <u>12,141,079.</u> noncash \$ _____)	1d			12,141,079.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			640,436.
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4			5,529.
	5 Dividends and interest from securities	5			
	6 a Gross rents	6a			
	b Less: rental expenses	6b			
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7 Other investment income (describe _____)	7				
8 a Gross amount from sales of assets other than inventory	(A) Securities	8a			
	Less: cost or other basis and sales expenses	8b	12,730.		
	c Gain or (loss) (attach schedule)	8c	-12,730.		
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	STMT 1		-12,730.
9 a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a				
	b Less: direct expenses other than fundraising expenses	9b			
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
10 a Gross sales of inventory, less returns and allowances	10a				
	b Less: cost of goods sold	10b			
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11 Other revenue (from Part VII, line 103)	11			48,024.	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12			12,822,338.	
Expenses	13 Program services (from line 44, column (B))	13			11,905,110.
	14 Management and general (from line 44, column (C))	14			1,052,531.
	15 Fundraising (from line 44, column (D))	15			
	16 Payments to affiliates (attach schedule)	16			
17 Total expenses (add lines 16 and 44, column (A))	17			12,957,641.	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18			-135,303.
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19			2,019,370.
	20 Other changes in net assets or fund balances (attach explanation)	20			0.
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21			1,884,067.

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. Page 2

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ 51,786. noncash \$)	51,786.	51,786.	STATEMENT 5	
23 Specific assistance to individuals (attach schedule)	1,335,553.	1,335,553.	STATEMENT 6	
24 Benefits paid to or for members (attach schedule)				
25 Compensation of officers, directors, etc.	156,464.	0.	156,464.	0.
26 Other salaries and wages	6,464,211.	6,007,198.	457,013.	
27 Pension plan contributions				
28 Other employee benefits	866,415.	772,483.	93,932.	
29 Payroll taxes	759,826.	692,833.	66,993.	
30 Professional fundraising fees				
31 Accounting fees	21,000.		21,000.	
32 Legal fees	5,767.	1,925.	3,842.	
33 Supplies	330,763.	310,025.	20,738.	
34 Telephone	85,883.	66,457.	19,426.	
35 Postage and shipping	23,130.	14,248.	8,882.	
36 Occupancy	435,467.	385,982.	49,485.	
37 Equipment rental and maintenance	89,832.	89,452.	380.	
38 Printing and publications	31,766.	18,521.	13,245.	
39 Travel	180,945.	148,471.	32,474.	
40 Conferences, conventions, and meetings	136,927.	117,721.	19,206.	
41 Interest	223.	218.	5.	
42 Depreciation, depletion, etc. (attach schedule)	299,192.	292,191.	7,001.	
43 Other expenses not covered above (itemize):				
a	43a			
b	43b			
c	43c			
d	43d			
e SEE STATEMENT 2	43e 1,682,491.	1,600,046.	82,445.	
44 Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	44 12,957,641.	11,905,110.	1,052,531.	0.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? **SEE STATEMENT 3**

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 SEE STATEMENT 4	
(Grants and allocations \$)	3,000,589.
b CHILD DEVELOPMENT	
(Grants and allocations \$)	7,177,475.
c FAMILY RESOURCES - CASE MANAGEMENT SERVICES TO FAMILIES SEEKING TO BECOME ECONOMICALLY SELF SUFFICIENT. AGENCY ALSO PROVIDES CAR SEATS AND INSTRUCTION INFORMATION AS TO THEIR PROPER USE.	
(Grants and allocations \$)	1,013,784.
d YOUTH SERVICES - ASSISTANCE TO YOUTHS UP TO 21 YEARS OF AGE IN FINDING SHELTER AND DEVELOPING LIFE SKILLS.	
(Grants and allocations \$)	713,262.
e Other program services (attach schedule)	(Grants and allocations \$)
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	11,905,110.

Part IV Balance Sheets

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

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	11,762.	45	6,410.
	46 Savings and temporary cash investments	543,917.	46	620,971.
	47 a Accounts receivable	47a 15,430.		
	b Less: allowance for doubtful accounts	47b	31,896.	47c 15,430.
	48 a Pledges receivable	48a		48c
	b Less: allowance for doubtful accounts	48b		
	49 Grants receivable	411,744.	49	399,307.
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable	51a		51c
	b Less: allowance for doubtful accounts	51b		
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	25,071.	53	30,819.
	54 Investments - securities STMT 7	<input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV	708.	54 708.
	55 a Investments - land, buildings, and equipment: basis	55a		55c
b Less: accumulated depreciation	55b			
56 Investments - other		56		
57 a Land, buildings, and equipment: basis	57a 3,068,034.			
b Less: accumulated depreciation STMT 8	57b 1,217,032.	1,992,118.	57c 1,851,002.	
58 Other assets (describe ►		58		
59 Total assets (add lines 45 through 58) (must equal line 74)	3,017,216.	59	2,924,647.	
Liabilities	60 Accounts payable and accrued expenses	627,345.	60	547,944.
	61 Grants payable		61	
	62 Deferred revenue	341,753.	62	457,072.
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe ► OTHER LIABILITIES	28,748.	65	35,564.
66 Total liabilities (add lines 60 through 65)	997,846.	66	1,040,580.	
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	2,019,370.	67	1,880,095.
	68 Temporarily restricted		68	3,972.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	2,019,370.	73	1,884,067.	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	3,017,216.	74	2,924,647.	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part VI Other Information

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 76 through 91 regarding organizational activities, financials, and governance.

Located at 207 NORTH JAMES ST., ROME, NY

ZIP + 4 13440

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

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
Note: Enter gross amounts unless otherwise indicated.					
93 Program service revenue:					
a <u>ADMINISTRATIVE FEES</u>					206,953.
b <u>DAYCARE FEES</u>					246,777.
c <u>PROGRAM INCOME</u>					160,391.
d <u>RENTAL INCOME</u>					26,315.
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments ...			14		5,529.
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					-12,730.
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a <u>MISCELLANEOUS</u>			01		48,024.
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		0.	681,259.
105 Total (add line 104, columns (B), (D), and (E))					681,259.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	SEE STATEMENT 12

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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

Please Sign Here

Signature of officer: _____ Date: _____ Type or print name and title: _____

Paid Preparer's Use Only

Preparer's signature: Donald Caravano, CPA Date: 01/09/06 Check if self-employed: Preparer's SSN or PTIN: P00164281

Firm's name (or yours if self-employed), address, and ZIP + 4: D'ARCANGELO & CO., LLP
120 LOMOND COURT
UTICA, NY 13502-5950

EIN: 13-2550103 Phone no.: (315) 735-5216

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No. 1545-0047

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

2004

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)

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

Name of the organization: **MOHAWK VALLEY COMMUNITY ACTION AGENCY**
Employer identification number: **16 0918009**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<u>RICHARD WELTZ</u> ----- 207 N. JAMES STREET, ROME, NY 13340	DEPUTY DIR 35	58,231.		
<u>MARY MCREYNOLDS</u> ----- 207 N. JAMES STREET, ROME, NY 13340	HR DIRECTOR 35	52,324.		
<u>ANDREW STONE</u> ----- 207 N. JAMES STREET, ROME, NY 13340	HOUSING DIR 35	52,638.		
<u>LINDA WILKINSON</u> ----- 207 N. JAMES STREET, ROME, NY 13340	FAM RES DIR 35	51,446.		
<u>REBECCA ROBERTS</u> ----- 207 N. JAMES STREET, ROME, NY 13340	HEADSTART DIR 35	58,643.		
Total number of other employees paid over \$50,000 ▶	5			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>NOBLE CONSTRUCTION</u> ----- 3675 ROUTE 8, COLD BROOK, NY 13324	CONSTRUCTION	62,138.
----- ----- ----- ----- ----- ----- ----- ----- -----		
Total number of others receiving over \$50,000 for professional services ▶	1	

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

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <u>SEE PART V, FORM 990</u>	2d	X
e Transfer of any part of its income or assets?	2e	X
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b	X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)

7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► _____

10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)

11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)

13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

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

Calendar year (or fiscal year beginning in) ▶	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	12,337,050.	11,354,878.	11,109,534.	7,172,515.	41,973,977.
16 Membership fees received					
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	613,300.	569,351.	501,708.	512,917.	2,197,276.
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	2,079.	3,548.	4,339.	7,637.	17,603.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
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					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	92,832.	135,022.	SEE STATEMENT 13 44,205.	11,436.	283,495.
23 Total of lines 15 through 22	13,045,261.	12,062,799.	11,659,786.	7,704,505.	44,472,351.
24 Line 23 minus line 17	12,431,961.	11,493,448.	11,158,078.	7,191,588.	42,275,075.
25 Enter 1% of line 23	130,453.	120,628.	116,598.	77,045.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 845,502.
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 2000 through 2003 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 42,275,075.
d Add: Amounts from column (e) for lines: 18 17,603. 19 _____ 22 283,495. 26b _____					26d 301,098.
e Public support (line 26c minus line 26d total)					26e 41,973,977.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 99.2878%
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: N/A (2003) _____ (2002) _____ (2001) _____ (2000) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A (2003) _____ (2002) _____ (2001) _____ (2000) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	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 a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	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.)			

34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended?	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 9 of the instructions.) N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
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	41	
Over \$17,000,000	\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.) N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
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.)			0.

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

Schedule B
(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2004

Name of organization

MOHAWK VALLEY COMMUNITY ACTION AGENCY

Employer identification number

16-0918009

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule-see instructions.)

General Rule-

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules-

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ► \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2004)

Name of organization MOHAWK VALLEY COMMUNITY ACTION AGENCY	Employer identification number 16-0918009
--	---

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	DEPARTMENT OF HEALTH & HUMAN SERVICES NEW YORK, NY	\$ 7,316,057.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	NYS DEPARTMENT OF STATE ALBANY, NY	\$ 2,804,849.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	VILLAGE OF NEW HARTFORD NEW HARTFORD, NY	\$ 387,585.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	ONEIDA COUNTY UTICA, NY	\$ 321,476.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

2004 DEPRECIATION AND AMORTIZATION REPORT

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
1	BUILDING AND IMPROVEMENTS	VARIESSL		#####16		1391910.			1391910.	226,128.		69,632.
2	FURNITURE, EQUIPMENT, AND VEHICLES	VARIESSL		#####16		1527596.			1527596.	687,230.		223,583.
3	LAND	VARIESSL		#####16		118,645.			118,645.	0.		0.
4	LEASEHOLD IMPROVEMENTS	VARIESSL		#####16		29,883.			29,883.	4,482.		5,977.
	* TOTAL 990 PAGE 2 DEPR					3068034.		0.	3068034.	917,840.	0.	299,192.

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 1

DESCRIPTION	DATE ACQUIRED		DATE SOLD	METHOD ACQUIRED	
	VARIOUS	VARIOUS	VARIOUS	PURCHASED	
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
N/A	0.	156,938.	0.	144,208.	-12,730.
TO FM 990, PART I, LN 8		156,938.	0.	144,208.	-12,730.

FORM 990 OTHER EXPENSES STATEMENT 2

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
ADVERTISING & RECRUITMENT	26,525.	14,217.	12,308.	
FOOD	297,171.	297,087.	84.	
LIABILITY INSURANCE	74,900.	63,257.	11,643.	
DUES AND SUBSCRIPTIONS	8,457.	5,242.	3,215.	
VEHICLE EXPENSE	137,960.	137,155.	805.	
MEDICAL	70,448.	70,448.		
SERVICE CONTRACTS	12,421.	7,445.	4,976.	
INHOUSE MATERIALS	146,464.	146,464.		
PARENT ACTIVITIES	22,062.	22,062.		
SUPPORT TO PROGRAMS	53,802.	53,802.		
MINOR EQUIPMENT	29,944.	22,673.	7,271.	
CONSULTANTS	50,722.	46,768.	3,954.	
UTILITIES	204,100.	204,100.		
BENEFICIARIES	23,688.	23,688.		
LICENSES & FEES	14,112.	799.	13,313.	
OTHER EXPENSES	46,077.	21,218.	24,859.	
SUBCONTRACT	378,816.	378,816.		
OTHER MAINTENANCE	71,645.	71,645.		
COMPUTER SOFTWARE	13,177.	13,160.	17.	
TOTAL TO FM 990, LN 43	1,682,491.	1,600,046.	82,445.	

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 3
PART III

EXPLANATION

TO ENCOURAGE AND COORDINATE THE DEVELOPMENT OF COMMUNITY PROGRAMS DESIGNED TO ELIMINATE POVERTY AND AID INDIVIDUALS AND FAMILIES IN THEIR STRUGGLE AGAINST POVERTY IN ONEIDA AND HERKIMER COUNTIES.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 4

DESCRIPTION OF PROGRAM SERVICE ONE

HOUSING - TO PROVIDE ASSISTANCE TO HOMELESS INDIVIDUALS AND FINANCIAL ASSISTANCE TO PREVENT HOMELESSNESS. ADMINISTRATION OF HOUSING PROGRAMS INCLUDING RENT SUSIDIES AND ASSISTANCE TO CORRECT HEALTH & SAFETY VIOLATIONS

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A		3,000,589.

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 5

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
DELEGATE AGENCY	JCTOD OUTREACH, INC.	UTICA, NY	NONE	5,000.
DELEGATE AGENCY	COSMOPOLITAN CENTER	UTICA, NY	NONE	26,436.
DELEGATE AGENCY	FAMILY NURTURING CENTER	UTICA, NY	NONE	20,350.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				51,786.

FORM 990 SPECIFIC ASSISTANCE TO INDIVIDUALS STATEMENT 6

DESCRIPTION	AMOUNT
SECTION 8 HOUSING ASSISTANCE PAYMENTS	1,210,170.
GRANTS TO HOMEOWNERS	125,383.
TOTAL TO FORM 990, PART II, LINE 23	1,335,553.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 7

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
CORPORATE STOCK	COST	708.			708.
TO FORM 990, LINE 54, COL B		708.			708.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 8

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
BUILDING AND IMPROVEMENTS	1,391,910.	295,760.	1,096,150.
FURNITURE, EQUIPMENT, AND VEHICLES	1,527,596.	910,813.	616,783.
LAND	118,645.	0.	118,645.
LEASEHOLD IMPROVEMENTS	29,883.	10,459.	19,424.
TOTAL TO FORM 990, PART IV, LN 57	3,068,034.	1,217,032.	1,851,002.

FORM 990 OTHER REVENUE NOT INCLUDED ON FORM 990 STATEMENT 9

DESCRIPTION	AMOUNT
990 PART I, LINE 8	12,730.
TOTAL TO FORM 990, PART IV-A	12,730.

FORM 990 OTHER EXPENSES NOT INCLUDED ON FORM 990 STATEMENT 10

DESCRIPTION	AMOUNT
990 PART I, LINE 8	12,730.
TOTAL TO FORM 990, PART IV-B	12,730.

FORM 990 PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 11

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
REGINA CLARK 1 KENNEDY PLAZA UTICA, NY 13501	DIRECTOR PT	0.	0.	0.
HARRY BILTON 8314 GREENVIEW DRIVE ROME, NY 13440	FACILITIES COMMITTEE CHAIR PT	0.	0.	0.
JOHN GLIMARTIN P.O. BOX 270 ILION, NY 13357	DIRECTOR PT	0.	0.	0.
DOROTHY CLARK 10032 WOLCOTT HILL CAMDEN, NY 13316	DIRECTOR PT	0.	0.	0.
ROSE ANN CONVERTINO 609 BLANDINA STREET UTICA, NY 13501	DIRECTOR PT	0.	0.	0.
ROCCO GARRO 1014 RUTGER ST UTICA, NY 13501	CHAIRPERSON PT	0.	0.	0.
REVEREND DR. TOM HAST 6271 BARTLETT ROAD ROME, NY 13440	TREASURER, FISCAL CHAIR PT	0.	0.	0.
MARY KLINE 233 HOMEWOOD DRIVE CLINTON, NY 13350	DIRECTOR PT	0.	0.	0.

PATRICIA LANGENDORF PO BOX 4347 ROME, NY 13442	DIRECTOR, AGENCY DEV CHAIR PT	0.	0.	0.
KATHY LANSING 12634 STATE ROUTE 46, PO BOX 236 BOONVILLE, NY 13309	DIRECTOR, HR COMM. CHAIR PT	0.	0.	0.
DAVID MATHIS 209 ELIZABETH STREET UTICA, NY 13501	VICE CHAIR PT	0.	0.	0.
HARRY ROBBINS 452 MINOTS CORNERS ROAD FRANKFORT, NY 13340	DIRECTOR PT	0.	0.	0.
LYNN ROBINSON 305 E. LOCUST ST ROME, NY 13440	BOARD DEVELOPMENT CHAIR PT	0.	0.	0.
FRANK TALLARINO 7883 WEST THOMAS STREET ROME, NY 13440	DIRECTOR PT	0.	0.	0.
PATRICIA WRIGHT 301 NORTH WASHINGTON ST. HERKIMER NY 13350	SECRETARY PT	0.	0.	0.
CAROLE TOROK-HUXTABLE 7278 LAKEVIEW DRIVE AVA, NY 13303	DIRECTOR PT	0.	0.	0.
PHILLIP RUSSO 207 N. JAMES STREET ROME, NY 13440	FISCAL DIRECTOR 35	71,159.	0.	0.
AMY TURNER 207 N. JAMES STREET ROME, NY 13440	EXECUTIVE DIRECTOR 35	85,305.	0.	0.
RUTH MORGAN 39 HIGHLAND AVE. ILION, NY 13357	DIRECTOR PT	0.	0.	0.
FLORENCE BARNETT 8276 WINCHESTER DR. ROME, NY 13440	DIRECTOR PT	0.	0.	0.
DARLENE BROWN 1687 SEYMOUR AVE. UTICA, NY 13501	DIRECTOR PT	0.	0.	0.

DOREEN ST. THOMAS
 4870 CLINTON ST.
 CLARK MILLS, NY 13321

DIRECTOR
 PT

0. 0. 0.

TOTALS INCLUDED ON FORM 990, PART V

156,464. 0. 0.

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 12
 ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	TO ADMINISTER RENT SUBSIDIES ON BEHALF OF ELIGIBLE INDIVIDUALS AND
93C	ADDITIONAL SUPPORT USED TO OFFSET COSTS ASSOCIATED WITH PROVIDING SERVICES WHICH DO NOT HAVE A DIRECT FUNDING SOURCE.
93B	TO PROVIDE INDIVIDUALS WITH A PLACE FOR CHILD CARE SO THEY CAN OBTAIN GAINFUL EMPLOYMENT
93D	RENTAL OF MOBILE HOMES TO DISADVANTAGED FAMILIES WHO COULD NORMALLY NOT AFFORD SUCH ACCOMMODATIONS

SCHEDULE A OTHER INCOME STATEMENT 13

DESCRIPTION	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT
MISCELLANEOUS	92,832.	135,022.	44,205.	11,436.
TOTAL TO SCHEDULE A, LINE 22	92,832.	135,022.	44,205.	11,436.

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print	Name of Exempt Organization MOHAWK VALLEY COMMUNITY ACTION AGENCY	Employer identification number 16-0918009
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 207 NORTH JAMES STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ROME, NY 13440	

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

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

- The books are in the care of ▶ PHILLIP RUSSO
 Telephone No. ▶ 315-339-5640 FAX No. ▶ _____
- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole** group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until MARCH 15, 2006 to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning AUG 1, 2004, and ending JUL 31, 2005.

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

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

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

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

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Form CHAR500	Annual Filing for Charitable Organizations New York State Department of Law (Office of the Attorney General) Charities Bureau - Registration Section 120 Broadway New York, NY 10271 www.oag.state.ny.us/charities/charities.html	2004
This form used for Article 7-A, EPTL, and dual filers (replaces forms CHAR 497, CHAR 010 and CHAR 006)		Open to Public Inspection

1. General Information			
a. For the fiscal year beginning 08/01/2004 and ending 07/31/2005			
b. Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial filing <input type="checkbox"/> Final filing <input type="checkbox"/> Amended filing <input type="checkbox"/> NY registration pending	c. Name of organization MOHAWK VALLEY COMMUNITY ACTION AGENCY		d. Fed. employer ID no. (EIN) 16-0918009
	e. NY State registration no. 51105		
	f. Telephone number 315 339-5640		
	g. Email		
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 207 NORTH JAMES STREET		
	City or town, state or country and ZIP + 4 ROME, NY 13440		

2. Certification - Two Signatures Required			
We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.			
a. President or Authorized Officer/Trustee	Signature	Printed Name	Title
			Date
b. Chief Financial Officer or Treasurer	Signature	Printed Name	Title
			Date

3. Annual Report Exemption Information	
a. Article 7-A annual report exemption (Article 7-A registrants and dual registrants)	Check <input type="checkbox"/> if total contributions from NY State (including residents, foundations, corporations, government agencies, etc.) did not exceed \$25,000 <u>and</u> the organization did not use the services of a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during this fiscal year.
	NOTE: An organization may also check the box to claim this exemption if no PFR or FRC was used <u>and</u> either: 1) the organization received an allocation from a federated fund, Unity Way or incorporated community appeal <u>and</u> contributions from all other sources did not exceed \$25,000 <u>or</u> 2) it received all or substantially all of its contributions from a single government agency to which it submitted an annual financial report similar to that required by Article 7-A).
b. EPTL annual report exemption (EPTL registrants and dual registrants)	Check <input type="checkbox"/> if total gross receipts for this fiscal year did not exceed \$25,000 <u>and</u> the assets (market value) of the organization did not exceed \$25,000 at any time during this fiscal year.
For EPTL or Article 7-A registrants claiming the annual report exemption under the one law under which they are registered and for dual registrants claiming the annual report exemptions under both laws, simply complete part 1 (General Information), part 2 (Certification) and part 3 (Annual Report Exemption Information) above. Do not submit a fee, do not complete the following schedules and do not submit any attachments to this form.	

4. Article 7-A Schedules	
If you did not check the Article 7-A annual report exemption above, complete the following for this fiscal year:	
a. Did the organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? ...	<input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No
* If "Yes", complete Schedule 4a.	
b. Did the organization receive government contributions (grants)?	<input checked="" type="checkbox"/> Yes* <input type="checkbox"/> No
* If "Yes", complete Schedule 4b.	

5. Fee Submitted	
Indicate the filing fee(s) you are submitting along with this form:	
a. Article 7-A filing fee	\$ <u>25.</u>
b. Estates, Powers and Trusts Law filing fee	\$ <u>250.</u>
c. Total fee	\$ <u>275.</u>
Submit only one check or money order for the total fee, payable to "NYS Department of Law"	

6. Attachments: For organizations that are not claiming annual report exemptions under both laws, see last page for required attachments.
--

MOHAWK VALLEY COMMUNITY ACTION AGENCY
6. ATTACHMENTS - DOCUMENT ATTACHMENT CHECK-LIST:

Check the boxes for the documents you are attaching.

FOR ALL FILERS - COPIES OF INTERNAL REVENUE SERVICE FORMS

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> IRS Form 990 | <input type="checkbox"/> IRS Form 990-EZ | <input type="checkbox"/> IRS Form 990-PF |
| <input checked="" type="checkbox"/> Schedule A to IRS Form 990 | <input type="checkbox"/> Schedule A to IRS Form 990-EZ | <input type="checkbox"/> Schedule B to IRS Form 990-PF |
| <input checked="" type="checkbox"/> Schedule B to IRS Form 990 | <input type="checkbox"/> Schedule B to IRS Form 990-EZ | <input type="checkbox"/> IRS Form 990-T |
| <input type="checkbox"/> IRS Form 990-T | | |

ADDITIONAL ARTICLE 7-A DOCUMENT ATTACHMENT REQUIREMENT

Independent Accountant's Report

- Audit Report (total support & revenue more than \$250,000)
 Review Report (total support & revenue \$100,001 to \$250,000)
 No Accountant's Report Required (total support & revenue not more than \$100,000)