

Return of Organization Exempt From Income Tax

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

2006

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 2006 calendar year, or tax year beginning 8/01, 2006, and ending 7/31, 2007

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

C MOHAWK VALLEY COMMUNITY ACTION AGENCY, 207 NORTH JAMES STREET, ROME, NY 13440

D Employer Identification Number 16-0918009, E Telephone number 315-339-5640, 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).

- H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? No. H(b) If 'Yes,' enter number of affiliates. H(c) Are all affiliates included? No. H(d) Is this a separate return filed by an organization covered by a group ruling? No.

G Web site: N/A

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

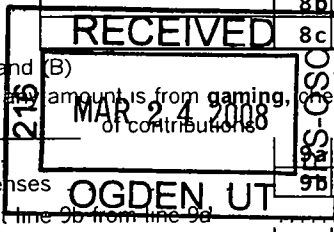
L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 12,671,493.

I Group Exemption Number, M Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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

Table with 21 rows and 3 columns: Description, Sub-part, Amount. Includes revenue from contributions, program services, and expenses, ending with net assets of 1,909,120.

SCANNED APR 15 2008



21917

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (att sch) SEE STM 1 (cash \$ 53,481. non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b	53,481.	53,481.	
23 Specific assistance to individuals (attach schedule)	23	1,234,779.	1,234,779.	
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 sch)	25a	165,358.	0.	165,358.
b Compensation of former officers, directors, key employees, etc listed in Part V-B (attach sch)	25b	0.	0.	0.
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	0.	0.	0.
26 Salaries and wages of employees not included on lines 25a, b, and c	26	6,218,385.	5,780,312.	438,073.
27 Pension plan contributions not included on lines 25a, b, and c	27			
28 Employee benefits not included on lines 25a - 27	28	1,247,415.	1,140,345.	107,070.
29 Payroll taxes	29	530,999.	483,771.	47,228.
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33	304,152.	282,373.	21,779.
34 Telephone	34	73,119.	50,070.	23,049.
35 Postage and shipping	35	22,662.	13,676.	8,986.
36 Occupancy	36	448,533.	394,436.	54,097.
37 Equipment rental and maintenance	37	162,452.	162,452.	
38 Printing and publications	38	22,412.	1,644.	20,768.
39 Travel	39	59,532.	36,715.	22,817.
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42	291,415.	280,486.	10,929.
43 Other expenses not covered above (itemize):				
a SEE STATEMENT 2	43a	1,886,349.	1,737,342.	149,007.
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	12,721,043.	11,651,882.	1,069,161.

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

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.

What is the organization's primary exempt purpose? ▶ <u>SEE STATEMENT 3</u> 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) organizations and 4947(a)(1) trusts, but optional for others.)
a <u>CHILD DEVELOPMENT-DAY CARE EXPENSE</u> ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	7,129,189.
b <u>HOUSING-TO PROVIDE ASSISTANCE TO HOMELESS INDIVIDUALS AND FINANCIAL ASSISTANCE TO PREVENT HOMELESSNESS. ADMINISTRATION OF HOUSING PROGRAMS INCLUDING RENT SUBSIDIES AND ASSISTANCE TO CORRECT HEALTH AND SAFETY VIOLATIONS.</u> ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	2,739,007.
c <u>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.</u> ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	1,193,675.
d <u>YOUTH SERVICES-ASSISTANCE TO YOUTHS UP TO 21 YEARS OF AGE IN FINDING SHELTER AND DEVELOPING LIFE SKILLS.</u> ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	590,011.
e Other program services (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	11,651,882.

BAA

Form 990 (2006)

Part IV Balance Sheets (See the instructions.)

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

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash — non-interest-bearing	386,096.	45	615,629.
	46 Savings and temporary cash investments	16,046.	46	760.
	47a Accounts receivable	47a 9,580.		
	b Less allowance for doubtful accounts	47b -----	47c	9,580.
	48a Pledges receivable	48a		
	b Less allowance for doubtful accounts	48b	48c	
	49 Grants receivable	490,486.	49	642,748.
	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(f)(1)) and persons described in 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	9,853.
	53 Prepaid expenses and deferred charges	31,430.	53	27,338.
	54a Investments — publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a	
	b Investments — other securities (attach sch)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV 708.	54b	708.
55a Investments — land, buildings, & equipment basis	55a			
b Less accumulated depreciation (attach schedule)	55b	55c		
56 Investments — other (attach schedule)		56		
57a Land, buildings, and equipment basis	57a 3,170,835.			
b Less accumulated depreciation (attach schedule) STATEMENT 4	57b 1,592,679.	1,741,216.	57c 1,578,156.	
58 Other assets, including program-related investments (describe ▶ -----)		58		
59 Total assets (must equal line 74) Add lines 45 through 58	2,679,491.	59	2,884,772.	
LIABILITIES	60 Accounts payable and accrued expenses	553,658.	60	809,462.
	61 Grants payable		61	
	62 Deferred revenue	141,408.	62	142,012.
	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)		64b	
	65 Other liabilities (describe ▶ SEE STATEMENT 5 -----)	25,755.	65	24,178.
	66 Total liabilities. Add lines 60 through 65	720,821.	66	975,652.
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	1,958,670.	67	1,736,587.
	68 Temporarily restricted		68	172,533.
	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 and column (B) must equal line 21)	1,958,670.	73	1,909,120.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	2,679,491.	74	2,884,772.

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

a	Total revenue, gains, and other support per audited financial statements		a	14,098,148.
b	Amounts included on line a but not on Part I, line 12.			
	1 Net unrealized gains on investments	b1		
	2 Donated services and use of facilities	b2	1,426,655.	
	3 Recoveries of prior year grants	b3		
	4 Other (specify) _____	b4		
	Add lines b1 through b4		b	1,426,655.
c	Subtract line b from line a		c	12,671,493.
d	Amounts included on Part I, line 12, but not on line a :			
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify) _____	d2		
	Add lines d1 and d2		d	
e	Total revenue (Part I, line 12) Add lines c and d		e	12,671,493.

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

a	Total expenses and losses per audited financial statements		a	14,147,698.
b	Amounts included on line a but not on Part I, line 17.			
	1 Donated services and use of facilities	b1	1,426,655.	
	2 Prior year adjustments reported on Part I, line 20	b2		
	3 Losses reported on Part I, line 20	b3		
	4 Other (specify) _____	b4		
	Add lines b1 through b4		b	1,426,655.
c	Subtract line b from line a		c	12,721,043.
d	Amounts included on Part I, line 17, but not on line a :			
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify) _____	d2		
	Add lines d1 and d2		d	
e	Total expenses (Part I, line 17) Add lines c and d		e	12,721,043.

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 6		165,358.	0.	0.

Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
82 b	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83 b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?		N/A
85 b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		N/A
	If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
85 c	Dues, assessments, and similar amounts from members		N/A
85 d	Section 162(e) lobbying and political expenditures		N/A
85 e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		N/A
85 f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		N/A
85 g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
85 h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		N/A
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12		
86 a			N/A
86 b	Gross receipts, included on line 12, for public use of club facilities		N/A
87	501(c)(12) organizations Enter: a Gross income from members or shareholders		
87 a			N/A
87 b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		N/A
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX		X
88 b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI		X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0.</u> , section 4912 <u>0.</u> , section 4955 <u>0.</u>		
89 b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction		X
89 c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>0.</u>		
89 d	Enter Amount of tax on line 89c, above, reimbursed by the organization <u>0.</u>		
89 e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89 f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89 g	For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
90 a	List the states with which a copy of this return is filed <u>NY</u>		
90 b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions)		352
91 a	The books are in care of <u>PHILLIP RUSSO</u> Telephone number <u></u> Located at <u>207 NORTH JAMES ST, ROME NY</u> ZIP + 4 <u>13440</u>		
91 b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country <u></u>		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States?

	Yes	No
91 c		X

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

N/A

and enter the amount of tax-exempt interest received or accrued during the tax year

92 N/A

Part VII Analysis of Income-Producing Activities (See 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 ADMINISTRATIVE FEE					197,925.
b DAYCARE FEES					266,225.
c PROGRAM REVENUE					335,576.
d RENTAL INCOME					30,613.
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	19,927.	
96 Dividends & 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 pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b MISCELLANEOUS					23,898.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				19,927.	854,237.
105 Total (add line 104, columns (B), (D), and (E))					874,164.

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)
1	SEE STATEMENT 7

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
N/A	%			
	%			
	%			
	%			

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					X
	(A) Name, 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					X
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a	-----				
b	-----				
c	-----				
Totals					

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

Please Sign Here

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

Signature of officer: *Amy Turner* Date: 3/14/08

AMY TURNER, EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: *[Signature]* Date: 2/15/08 Check if self-employed: Preparer's SSN or PTIN (See General Instruction W): 126-40-1062

Firm's name (or yours if self-employed), address, and ZIP + 4: TOSKI, SCHAEFER & CO., P.C.
555 INTERNATIONAL DR., #100
WILLIAMSVILLE, NY 14221 EIN: 16-1170608 Phone no: (716) 634-0700

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 4947(a)(1) Nonexempt Charitable Trust

2006

Department of the Treasury
Internal Revenue Service

▶ **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 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 and deferred compensation	(e) Expense account and other allowances
ANDREW STONE	HOUSING DIRECTO 35	55,397.	0.	0.
LINDA WILKINSON	FAMILY DIRECTOR 35	54,803.	0.	0.
RICHARD WELTZ	DEPUTY DIRECTOR 35	60,525.	0.	0.
Total number of other employees paid over \$50,000 ▶		0		

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2006

Part III Statements About Activities (See 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. ▶ \$ <u>N/A</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
e Transfer of any part of its income or assets?		X
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.)		X
b Did the organization have a section 403(b) annuity plan for its employees?		X
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement.		X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g.		X
b Did the organization make any taxable distributions under section 4966?		N/A
c Did the organization make a distribution to a donor, donor advisor, or related person?		N/A
d Enter the total number of donor advised funds owned at the end of the tax year ▶ <u>N/A</u>		N/A
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ <u>N/A</u>		N/A
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 ▶ <u>0</u>		0
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ <u>0.</u>		0.

Part IV Reason for Non-Private Foundation Status (See 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.)
- 11 a 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.)
- 11 b 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 instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(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					0.

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

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting.*

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	11,766,264.	12,141,079.	12,337,050.	11,354,878.	47,599,271.
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	995,699.	640,436.	613,300.	569,351.	2,818,786.
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	14,218.	5,529.	2,079.	3,548.	25,374.
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. SEE STMT 8	72,336.	35,294.	92,832.	135,022.	335,484.
23 Total of lines 15 through 22	12,848,517.	12,822,338.	13,045,261.	12,062,799.	50,778,915.
24 Line 23 minus line 17	11,852,818.	12,181,902.	12,431,961.	11,493,448.	47,960,129.
25 Enter 1% of line 23	128,485.	128,223.	130,453.	120,628.	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	▶	26a	959,203.
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	
c Total support for section 509(a)(1) test. Enter line 24, column (e)	▶	26c	47,960,129.
d Add Amounts from column (e) for lines: 18 <u>25,374.</u> 19 _____	▶	26d	360,858.
22 <u>335,484.</u> 26b _____	▶	26e	47,599,271.
e Public support (line 26c minus line 26d total)	▶	26f	99.25 %
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	▶		

27 Organizations described on line 12: N/A	
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: (2005) _____ (2004) _____ (2003) _____ (2002) _____	
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2005) _____ (2004) _____ (2003) _____ (2002) _____	
c Add: Amounts from column (e) for lines 15 _____ 16 _____	27c
17 _____ 20 _____ 21 _____	27d
d Add Line 27a total _____ and line 27b total _____	27e
e Public support (line 27c total minus line 27d total)	27f
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e) ▶ <u>27f</u>	27g
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27h
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

Part V Private School Questionnaire (See instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? ----- ----- -----		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe, if 'No,' please explain. (If you need more space, attach a separate statement) ----- ----- -----		
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement) ----- -----		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities? If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement) ----- ----- -----		
34a Does the organization receive any financial aid or assistance from a governmental agency?		
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		
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		

CLIENT 157

MOHAWK VALLEY COMMUNITY ACTION AGENCY

16-0918009

2/15/08

03 14PM

STATEMENT 1
FORM 990, PART II, LINE 22B
OTHER GRANTS AND ALLOCATIONS

CASH GRANTS AND ALLOCATIONS

DONEE'S NAME:	COSMPOPLITAN CENTER		
RELATIONSHIP OF DONEE:	NONE		
AMOUNT GIVEN:		\$	13,303.
DONEE'S NAME:	FAMILY NURTURING CENTER		
RELATIONSHIP OF DONEE:	NONE		
AMOUNT GIVEN:			13,778.
DONEE'S NAME:	NYS COMMUNITY ACTION AGENCY		
RELATIONSHIP OF DONEE:	NONE		
AMOUNT GIVEN:			26,400.

TOTAL GRANTS AND ALLOCATIONS \$ 53,481.

STATEMENT 2
FORM 990, PART II, LINE 43
OTHER EXPENSES

	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	FUNDRAISING
ADVERTISING	3,976.	3,976.		
BENEFICIARIES	34,138.	34,138.		
COMMON EXPENSES	190,574.	121,782.	68,792.	
CONTRACT SERVICES & CONSULTANT	69,288.	69,288.		
DUES AND MEMBERSHIPS	6,552.	6,552.		
EQUIPMENT PURCHASE	20,250.	20,250.		
FOOD AND MEALS	345,877.	345,877.		
IN-HOUSE MATERIALS	160,877.	160,877.		
INSURANCE	76,636.	76,636.		
LICENSES AND FEES	15,228.	15,228.		
PARENT ACTIVITIES	17,017.	17,017.		
PROFESSIONAL FEES	31,390.		31,390.	
RECRUITMENT	6,008.	6,008.		
SUBCONTRACTORS MATERIALS	115,789.	115,789.		
SUPPORT TO PROGRAMS	89,554.	89,554.		
TAXES AND INSURANCE	5,681.	5,681.		
TRAINING AND CONFERENCES	160,495.	122,648.	37,847.	
TRAVEL-LOCAL	130,891.	119,913.	10,978.	
UTILITIES	231,803.	231,803.		
VEHICLE EXPENSE	174,325.	174,325.		
TOTAL	<u>\$ 1,886,349.</u>	<u>\$ 1,737,342.</u>	<u>\$ 149,007.</u>	<u>\$ 0.</u>

CLIENT 157

MOHAWK VALLEY COMMUNITY ACTION AGENCY

16-0918009

2/15/08

03:14PM

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

TO ENCOURAGE AND COORDINATE THE DEVELOPMENT OF COMMUNITY PROGRAMS DESIGNED TO ELIMINATE POVERTY AND TO DEVELOP RESEARCH AND EVALUATION PROCEDURES IN CONNECTION WITH ALL PROGRAMS DESIGNED TO AID INDIVIDUALS AND FAMILIES IN THEIR STRUGGLE AGAINST POVERTY IN ONEIDA AND HERKIMER COUNTY IN THE STATE OF NEW YORK.

**STATEMENT 4
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT**

<u>CATEGORY</u>	<u>BASIS</u>	<u>ACCUM. DEPREC.</u>	<u>BOOK VALUE</u>
MACHINERY AND EQUIPMENT	\$ 1,541,016.	\$ 1,130,819.	\$ 410,197.
BUILDINGS	1,464,991.	436,155.	1,028,836.
IMPROVEMENTS	46,183.	25,705.	20,478.
LAND	118,645.		118,645.
TOTAL	\$ 3,170,835.	\$ 1,592,679.	\$ 1,578,156.

**STATEMENT 5
FORM 990, PART IV, LINE 65
OTHER LIABILITIES**

HHAP CAPITAL RESERVE	\$ 13,199.
HHAP REPLACEMENT RESERVE	10,979.
TOTAL	\$ 24,178.

**STATEMENT 6
FORM 990, PART V-A
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
DAVID MATHIS 207 NORTH JAMES ST ROME, NY 13440	CHAIRMAN 1	\$ 0.	\$ 0.	\$ 0.
REV DR THOMAS HAST 207 NORTH JAMES ST ROME, NY 13440	VICE CHAIRMAN 1	0.	0.	0.
JOHN WESTLEY DANIELS, JR. 207 NORTH JAMES ST ROME, NY 13440	DIRECTOR 1	0.	0.	0.

CLIENT 157

MOHAWK VALLEY COMMUNITY ACTION AGENCY

16-0918009

2/15/08

03:14PM

STATEMENT 6 (CONTINUED)
 FORM 990, PART V-A
 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
HARRY BILTON 207 NORTH JAMES ST ROME, NY 13440	DIRECTOR 1	\$ 0.	\$ 0.	\$ 0.
DARIENE BROWN 207 NORTH HAMES ST ROME, NY 13440	DIRECTOR 1	0.	0.	0.
DOROTHY CLARK 207 NORTH JAMES S ROME, NY 13440	DIRECTOR 1	0.	0.	0.
REGINA CLARK 207 NORTH JAMES ST ROME, NY 13440	DIRECTOR 1	0.	0.	0.
ROSE ANN CONVERTINO 207 NORTH JAMES ST ROME, NY 13440	DIRECTOR 1	0.	0.	0.
KARLA KNAPP 207 NORTH JAMES ST ROME, NY 13440	DIRECTOR 1	0.	0.	0.
MARY KLINE 207 NORTH JAMES ST ROME, NY 13440	SECRETARY 1	0.	0.	0.
PATRICIA LANGENDORF 207 NORTH JAMES ST ROME, NY 13440	DIRECTOR 1	0.	0.	0.
REV. ARTHUR GARY 207 NORTH JAMES ST ROME, NY 13440	DIRECTOR 1	0.	0.	0.
PAM GYDESEN 207 NORTH JAMES ST ROME, NY 13440	DIRECTOR 1	0.	0.	0.
ANN PAONI 207 NORTH JAMES ST ROME, NY 13440	DIRECTOR 1	0.	0.	0.
HARRY ROBBINS 207 NORTH JAMES ST ROME, NY 13440	DIRECTOR 1	0.	0.	0.

CLIENT 157

MOHAWK VALLEY COMMUNITY ACTION AGENCY

16-0918009

2/15/08

03.14PM

STATEMENT 6 (CONTINUED)
FORM 990, PART V-A
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
RUTH MORGAN 207 NORTH JAMES ST ROME, NY 13440	DIRECTOR 1	\$ 0.	\$ 0.	\$ 0.
SUSAN WOODS 3207 NORTH JAMES ST ROME, NY 13440	DIRECTOR 1	0.	0.	0.
TERRY LEONARD 207 NORTH JAMES ST ROME, NY 13440	DIRECTOR 1	0.	0.	0.
CAROLE TOROK-HUXTABLE 207 NORTH JAMES ST ROME, NY 13440	TREASURER 1	0.	0.	0.
AMY TURNER 207 NORTH JAMES ST ROME, NY 13440	EXECUTIVE DIREC 35	91,259.	0.	0.
PHILLIP RUSSO 207 NIORTH JAMES ST ROME, NY 13440	FISCAL DIRECTOR 35	74,099.	0.	0.
PETER ZAWKO 207 NORTH JAMES STREET ROME, NY 13440	DIRECTOR 1	0.	0.	0.
	TOTAL	\$ 165,358.	\$ 0.	\$ 0.

STATEMENT 7
FORM 990, PART VIII
RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE #	EXPLANATION OF ACTIVITIES
93A, C	TO ADMINISTER RENT SUBSIDIES ON BEHALF OF ELIGIBLE INDIVIDUALS AND 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.

CLIENT 157

MOHAWK VALLEY COMMUNITY ACTION AGENCY

16-0918009

2/15/08

03 14PM

STATEMENT 8
SCHEDULE A, PART IV-A, LINE 22
OTHER INCOME

<u>DESCRIPTION</u>	<u>(A) 2005</u>	<u>(B) 2004</u>	<u>(C) 2003</u>	<u>(D) 2002</u>	<u>(E) TOTAL</u>
MISCELLANEOUS	\$ 72,336.	\$ 48,024.	\$ 92,832.	\$ 135,022.	\$ 348,214.
LOSS ON DISPOSITION OF ASSETS	0.	-12,730.	0.	0.	-12,730.
TOTAL	<u>\$ 72,336.</u>	<u>\$ 35,294.</u>	<u>\$ 92,832.</u>	<u>\$ 135,022.</u>	<u>\$ 335,484.</u>

03-19-33

Form **8868**
(Rev April 2007)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury
Internal Revenue Service

▶ 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).

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Type or print <small>File by the due date for filing your return. See instructions</small>	Name of Exempt Organization MOHAWK VALLEY COMMUNITY ACTION AGENCY	Employer identification number 16-0918009
	Number, street, and room or suite number. 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 (section 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. ▶ _____ 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 section 501(c) corporation required to file Form 990-T) extension of time until 3/15, 20 08, to file the exempt organization return for the organization named above.
The extension is for the organization's return for:

- ▶ calendar year 20__ or
- ▶ tax year beginning 8/01, 20 06, and ending 7/31, 20 07.

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.	3a	\$	0.
3b 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	3b	\$	0.
3c 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	3c	\$	0.

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.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev 4-2007)