

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

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

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

OMB No 1545-0047
2006
Open to Public Inspection

A For the 2006 calendar year, or tax year beginning 01-01-2006 and ending 12-31-2006

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

C Name of organization
 MOHAWK VALLEY NETWORK INC

Number and street (or P O box if mail is not delivered to street address) Room/suite
 PO BOX 4308

City or town, state or country, and ZIP + 4
 UTICA, NY 135044308

D Employer identification number
 22-3124162

E Telephone number
 (315) 738-6200

F Accounting method Cash Accrual
 Other (specify) ▶

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

G Web site: ▶ WWW.MVNHEALTH.COM

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

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

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 10,798,986

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes" enter number of affiliates ▶

H(c) Are all affiliates included? Yes No
 (If "No," attach a list See instructions)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number ▶

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

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

REVENUE	1	Contributions, gifts, grants, and similar amounts received			
	a	Contributions to donor advised funds	1a		
	b	Direct public support (not included on line 1a)	1b		
	c	Indirect public support (not included on line 1a)	1c		
	d	Government contributions (grants) (not included on line 1a)	1d		
	e	Total (add lines 1a through 1d) (cash \$ _____ noncash \$ _____)	1e		
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		10,342,952
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4		
	5	Dividends and interest from securities	5		
	6a	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		33,734	
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
	Less cost or other basis and sales expenses	8a			
	Gain or (loss) (attach schedule)	8b			
c	Net gain or (loss) Combine line 8c, columns (A) and (B)	8c			
d	Net gain or (loss) Combine line 8c, columns (A) and (B)	8d			
9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
	a Gross revenue (not including \$ _____ of contributions reported on line 1b)	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			
10a	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		422,300	
12	Total revenue Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		10,798,986	
EXPENSES	13	Program services (from line 44, column (B))	13		9,657,945
	14	Management and general (from line 44, column (C))	14		244,927
	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		9,902,872
NET ASSETS	18	Excess or (deficit) for the year Subtract line 17 from line 12	18		896,114
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		1,904,896
	20	Other changes in net assets or fund balances (attach explanation) <input type="checkbox"/>	20		10,059
	21	Net assets or fund balances at end of year Combine lines 18, 19, and 20	21		2,811,069

Part II Statement of Functional Expenses

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach Schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule) <input type="checkbox"/>	25a	197,405	197,405	
b Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	25b			
c Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c			
26 Salaries and wages of employees not included on lines 25a, b and c	26	2,288,805	2,273,501	15,304
27 Pension plan contributions not included on lines 25a, b and c	27			
28 Employee benefits not included on lines 25a - 27	28			
29 Payroll taxes	29	57,489	55,726	1,763
30 Professional fundraising fees	30			
31 Accounting fees	31	33,263	21,418	11,845
32 Legal fees	32	8,184	2,490	5,694
33 Supplies	33	109,060	109,060	
34 Telephone	34	48,196	47,307	889
35 Postage and shipping	35	29,257	28,473	784
36 Occupancy	36	325,307	120,699	204,608
37 Equipment rental and maintenance	37	171,665	171,665	
38 Printing and publications	38	36,693	36,693	
39 Travel	39	87,488	87,488	
40 Conferences, conventions, and meetings	40	34,264	34,264	
41 Interest	41	16,661	16,661	
42 Depreciation, depletion, etc (attach schedule) <input type="checkbox"/>	42	112,901	112,901	
43 Other expenses not covered above (itemize)				
a See Additional Data Table	43a			
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g	43g			
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	9,902,872	9,657,945	244,927
				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 (See the instructions.)

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

What is the organization's primary exempt purpose? PROMOTE THE PROVISION OF HIGH QUALITY HEALTH CARE SERVICES TO THE COMMUNITY 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 TO IMPROVE THE QUALITY OF SERVICES DELIVERED BY THE HOSPITALS AND OTHER TAX-EXEMPT AFFILIATES WHICH ARE HEALTH CARE PROVIDERS WHILE AVOIDING DUPLICATION OF EFFORT AND FOSTERING ECONOMIES OF SCALE (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	775,393
b PROVIDES MEDICAID MANAGED CARE TO SENIORS LOCATED IN ONEIDA AND HERKIMER COUNTIES (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	6,973,208
c PROVIDES RESPIRATORY, INFUSION AND OTHER HOME CARE EQUIPMENT AND SERVICES IN THE GREATER UTICA AREA (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	1,909,344
d _____ _____ (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
e Other program services (attach schedule) (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)	9,657,945

Part IV Balance Sheets (See the instructions.)

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

		(A)		(B)		
		Beginning of year		End of year		
Assets	45 Cash—non-interest-bearing		43,472	45	43,988	
	46 Savings and temporary cash investments			46		
	47a Accounts receivable	47a	70,793			
	b Less allowance for doubtful accounts	47b		120,802	47c	70,793
	48a Pledges receivable	48a				
	b Less allowance for doubtful accounts	48b			48c	
	49 Grants receivable				49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)				50a	
	b Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)				50b	
	51a Other notes and loans receivable (attach schedule)	51a				
	b Less allowance for doubtful accounts	51b			51c	
	52 Inventories for sale or use				52	
	53 Prepaid expenses and deferred charges			8,193	53	3,430
	54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV				54a	
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV				54b	
55a Investments—land, buildings, and equipment basis	55a					
b Less accumulated depreciation (attach schedule)	55b			55c		
56 Investments—other (attach schedule)			1,871,756	56	2,928,096	
57a Land, buildings, and equipment basis	57a	435,783				
b Less accumulated depreciation (attach schedule)	57b	428,780	9,959	57c	7,003	
58 Other assets, including program-related investments (describe <input type="checkbox"/> _____)				58		
59 Total assets (must equal line 74) Add lines 45 through 58			2,054,182	59	3,053,310	
Liabilities	60 Accounts payable and accrued expenses		149,286	60	242,241	
	61 Grants payable			61		
	62 Deferred revenue			62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)				63	
	64a Tax-exempt bond liabilities (attach schedule)				64a	
	b Mortgages and other notes payable (attach schedule)				64b	
	65 Other liabilities (describe <input type="checkbox"/> _____)				65	
66 Total liabilities Add lines 60 through 65			149,286	66	242,241	
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		1,904,896	67	2,811,069	
	68 Temporarily restricted			68		
	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)			1,904,896	73	2,811,069
	74 Total liabilities and net assets / fund balances Add lines 66 and 73			2,054,182	74	3,053,310

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	1,932,748
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	
3	Recoveries of prior year grants	b3	
4	Other (specify) <input type="checkbox"/> _____	b4	36,383
	Add lines b1 through b4	b	36,383
c	Subtract line b from line a	c	1,896,365
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) <input type="checkbox"/> _____	d2	8,902,621
	Add lines d1 and d2	d	36,383
e	Total revenue (Part I, line 12) Add lines c and d	e	10,798,986

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

a	Total expenses and losses per audited financial statements	a	1,026,575
b	Amounts included on line a but not on Part I, line 17		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify) <input type="checkbox"/> _____	b4	26,324
	Add lines b1 through b4	b	26,324
c	Subtract line b from line a	c	1,000,251
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) <input type="checkbox"/> _____	d2	8,902,621
	Add lines d1 and d2	d	8,902,621
e	Total expenses (Part I, line 17) Add lines c and d	e	9,902,872

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
See Additional Data Table				

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

Table with 3 columns: Question (75a-75d), Yes, No. 75a: Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings. 75b: Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s). 75c: Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization". 75d: Does the organization have a written conflict of interest policy?

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

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation (If not paid enter -0-), (D) Contributions to employee benefit plans and deferred compensation plans, (E) Expense account and other allowances.

Part VI Other Information (See the instructions.)

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

Part VI Other Information (continued)

Form 990 (2006) Part VI Other Information (continued)
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?
82b If "Yes," you may indicate the value of these items here
83a Did the organization comply with the public inspection requirements for returns and exemption applications?
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84a Did the organization solicit any contributions or gifts that were not tax deductible?
84b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?
85b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85c Dues assessments, and similar amounts from members
85d Section 162(e) lobbying and political expenditures
85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85h 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?
86 501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12
86b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) orgs. Enter a Gross income from members or shareholders
87b Gross income from other sources
88a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?
88b At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)?
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911, section 4912, and section 4955
89b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?
89c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
89d Enter Amount of tax on line 89c, above, reimbursed by the organization
89e All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter transaction?
89f All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?
89g 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?
90a List the states with which a copy of this return is filed
90b Number of employees employed in the pay period that includes March 12, 2006
91a The books are in care of KEITH A FENSTEMACHER Telephone no (315) 624-5115
PO BOX 4308
Located at UTICA, NY ZIP + 4 13504
91b 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)?

Part VI Other Information (continued)

Yes **No**

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** **Yes** **No**

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

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here

and enter the amount of tax-exempt interest received or accrued during the tax year **92**

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a RENTAL OF IMAGING EQUIP					219,990
b SR NETWORK HEALTH LLC					8,059,861
c MOHAWK VALLEY HOME CARE					2,063,101
d					
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					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b non debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					33,734
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 MANAGEMENT FEES					357,720
b RECOVERY OF BAD DEBT					20,069
c MISCELLANEOUS					44,511
d					
e					
104 Subtotal (add columns (B), (D), and (E))					10,798,986
105 Total (add line 104, columns (B), (D), and (E))					10,798,986

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

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

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

See Additional Data Table

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

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	Na
MOHAWK VALLEY HOMECARE LLC 430 COURT ST UTICA, NY13502 16-1460332	10000 00 %	HOME CARE EQU
SENIOR NETWORK HEALTH LLC PO BOX 4215 UTICA, NY13504 16-1603689	10000 00 %	PROVIDES MANA
	%	
	%	

Part X Information Regarding Transfers Associated with instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay pre

(b) Did the organization, during the year, pay premiums, directly or indirectly

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)*

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	Yes	No
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------	-----------

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

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	Yes	No
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	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?	Yes	No
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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	2007-11-14 Date
michael J Haile CFO Type or print name and title	

Paid Preparer's Use Only	Preparer's signature JOSEPH J SCHLEGEL	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
	Firm's name (or yours if self-employed), address, and ZIP + 4 FUST CHARLES CHAMBERS LLP 5784 WIDEWATERS PARKWAY SYRACUSE, NY 13214			EIN Phone no (315) 446-3600

**SCHEDULE A
(Form 990 or
990EZ)**

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information—(See separate instructions.)

OMB No 1545-0047

2006

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

Department of the
Treasury
Internal Revenue
Service

Name of the organization
MOHAWK VALLEY NETWORK INC

Employer identification number

22-3124162

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000				

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

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

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

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

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

Yes No

<p>1 During the year, has the organization attempted to influence national, state, or local legislation, include any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶\$ _____(Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)</p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities</p>	1		No
<p>2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) 📄</p> <p>a Sale, exchange, or leasing property?</p>	2a	Yes	
<p>b Lending of money or other extension of credit?</p>	2b	Yes	
<p>c Furnishing of goods, services, or facilities?</p>	2c	Yes	
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	2d		No
<p>e Transfer of any part of its income or assets?</p>	2e		No
<p>3a Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)</p>	3a		No
<p>b Did the organization have a section 403(b) annuity plan for its employees?</p>	3b		No
<p>c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement</p>	3c		No
<p>d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	3d		No
<p>4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g</p>	4a		No
<p>b Did the organization make any taxable distributions under section 4966?</p>	4b		
<p>c Did the organization make a distribution to a donor, donor advisor, or related person?</p>	4c		
<p>d Enter the total number of donor advised funds owned at the end of the tax year ▶ _____</p>			
<p>e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____</p>			
<p>f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ <u>0</u></p>			
<p>g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ <u>0</u></p>			

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

I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box)

- 5** A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6** A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7** A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8** A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9** A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state** ▶
- 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b** A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12** An organization that normally receives **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions—subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)
- 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization
 - Type I
 - Type II
 - Type III - Functionally Integrated
 - Type III - Other

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

(a) Name(s) of supported organization(s)	(b) Employer identification number	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support?
			Yes	No	
FAXTON-ST LUKE'S HEALTHCARE	161576637	7	X		0
Total				▶	

- 14** An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions)

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

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

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)					
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					
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					
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					
23 Total of lines 15 through 22					
24 Line 23 minus line 17					
25 Enter 1% of line 23					
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24					26a
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts					26b 0
c Total support for section 509(a)(1) test Enter line 24, column (e)					26c
d Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____					26d
e Public support (line 26c minus line 26d total)					26e
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f
27 Organizations described on line 12:					
a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person " Do not file this list with your return. Enter the sum of such amounts for each year (2005) _____ (2004) _____ (2003) _____ (2002) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2) , enter the sum of these differences (the excess amounts) for each year (2005) _____ (2004) _____ (2003) _____ (2002) _____					
c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c
d Add Line 27a total _____ and line 27b total _____					27d
e Public support (line 27c total minus line 27d total)					27e
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15					

Part V Private School Questionnaire (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
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 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		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)

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

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

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred)

(a)
Affiliated group
totals

(b)
To be completed
for all electing
organizations

36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38	Total lobbying expenditures (add lines 36 and 37)	38		
39	Other exempt purpose expenditures	39		
40	Total exempt purpose expenditures (add lines 38 and 39)	40		
41	Lobbying nontaxable amount Enter the amount from the following table— If the amount on line 40 is— The lobbying nontaxable amount is— Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000	41		
42	Grassroots nontaxable amount (enter 25% of line 41)	42		
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43		
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44		

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

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
See the instructions for lines 45 through 50 on page 13 of the instructions)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

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

Yes	No	Amount

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

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

2006

Attachment Sequence No 67

See separate instructions. Attach to your tax return.

Name(s) shown on return MOHAWK VALLEY NETWORK INC

Business or activity to which this form relates Form 990 Page 2

Identifying number 22-3124162

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 rows for Part I calculations: 1 Maximum amount, 2 Total cost, 3 Threshold cost, 4 Reduction in limitation, 5 Dollar limitation.

Table with 13 rows for Part II calculations: (a) Description of property, (b) Cost, (c) Elected cost, 7 Listed property, 8 Total elected cost, 9 Tentative deduction, 10 Carryover, 11 Business income limitation, 12 Section 179 expense deduction, 13 Carryover.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

Table with 3 rows for Part II calculations: 14 Special allowance, 15 Property subject to election, 16 Other depreciation (including ACRS).

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

Table with 2 rows for Part III calculations: 17 MACRS deductions, 18 Grouping assets.

Table with 7 columns: (a) Classification, (b) Month/year, (c) Basis, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows include 19a-f (3-25 year property), h (Residential rental), i (Nonresidential real).

Section C—Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation System

Table with 3 rows for Section C calculations: 20a Class life, b 12-year, c 40-year.

Part IV Summary (see instructions)

Table with 3 rows for Part IV calculations: 21 Listed property, 22 Total, 23 Section 263A costs.

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A-Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation/deduction, (i) Elected section 179 cost. Includes rows 25-29.

Section B-Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table with 6 main columns: (a) Vehicle 1, (b) Vehicle 2, (c) Vehicle 3, (d) Vehicle 4, (e) Vehicle 5, (f) Vehicle 6. Includes rows 30-36 with sub-columns for Yes/No.

Section C-Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

Table with 2 columns: Question (37-41) and Yes/No. Includes a Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 42-44.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2006 Compensation Schedule

Name: MOHAWK VALLEY NETWORK INC

EIN: 22-3124162

Name	Related Organization		Relationship	Compensation Amount	Benefit Plan Contributions	Expense Account	Compensation Description
	Name	EIN					
LEO P GRIFFIN	FAXTON-ST LUKE'S HOSPITAL	16-1576637	supported organization	79,875	13,106		Roughly 25% of Leo P Griffen's time is spent in the general management of Mohawk Valley Network The remainder of his time is spent at Faxton-St Luke's Hospital Mohwak Valley Network is charged for 25% of his salary by Faxton-St Luke's Hospital
KEITH A FENSTEMACHER	FAXTON-ST LUKE'S HOSPITAL	16-1576637	supported organization	417,988	93,140		
MICHAEL J HAILE	FAXTON-ST LUKE'S HOSPITAL	16-1576637	supported organization	248,763	188,555		
DIANNE G FREDSELL	FAXTON-ST LUKE'S HOSPITAL	16-1576637	Supported organization	50,245	4,610		
william parker md	faxton-ST LUKE'S HOSPITAL	16-1576637	physician at supported organization	227,403	18,118		salary for physician services
james frederick md	fAXTON-ST LUKE'S HOSPITAL	16-1576637	physician at supported organization	200,219	16,684		salary for physician services

TY 2006 Investments - Other Schedule

Name: MOHAWK VALLEY NETWORK INC

EIN: 22-3124162

Description	Book Value	Cost/FMV
MOHAWK VALLEY HOME CARE LLC	919,596	F
CMIC PARTNERSHIP	266,000	C
SENIOR NETWORK HEALTH LLC	1,716,098	F
VHA EMPIRE STATE	6,333	F
UNY HEALTH	20,069	F

TY 2006 Land etc. Schedule

Name: MOHAWK VALLEY NETWORK INC

EIN: 22-3124162

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
MVN EQUIPMENT	435,783	428,780	7,003

TY 2006 Officer Compensation Schedule

Name: MOHAWK VALLEY NETWORK INC

EIN: 22-3124162

LEO P GRIFFIN

	Compensation	EE Benefit Plans	Expense Acct
Program Services	19,969	3,277	
Mgmt & General			
Fundraising			

CAROL CANTOR

	Compensation	EE Benefit Plans	Expense Acct
Program Services	91,175	6,673	
Mgmt & General			
Fundraising			

MARY KATE ROLF

	Compensation	EE Benefit Plans	Expense Acct
Program Services	68,045	8,266	
Mgmt & General			
Fundraising			

TY 2006 Other Changes in Net Assets Schedule**Name:** MOHAWK VALLEY NETWORK INC**EIN:** 22-3124162

Description	Amount
UNREALIZED GAIN ON INVESTMENTS	10,059

TY 2006 Other Expenses Included Schedule

Name: MOHAWK VALLEY NETWORK INC

EIN: 22-3124162

Description	Amount
GRANTS	26,324

**TY 2006 Other Expenses
Not Included Schedule****Name:** MOHAWK VALLEY NETWORK INC**EIN:** 22-3124162

Description	Amount
MOHAWK VALLEY HOME CARE EXPENSES	1,909,344
SENIOR NETWORK HEALTH EXPENSES	6,973,208
RECOVERY OF BAD DEBT	20,069

TY 2006 Other Investment Income Schedule**Name:** MOHAWK VALLEY NETWORK INC**EIN:** 22-3124162

Description	Amount
CMIC PARTNERSHIP INVESTMENT INCOME	33,734

TY 2006 Other Revenues Included Schedule

Name: MOHAWK VALLEY NETWORK INC

EIN: 22-3124162

Description	Amount
GRANTS	26,324
UNREALIZED GAIN ON INVESTMENTS	10,059

**TY 2006 Other Revenues
Not Included Schedule****Name:** MOHAWK VALLEY NETWORK INC**EIN:** 22-3124162

Description	Amount
MOHAWK VALLEY HOME CARE REVENUE	1,909,344
SENIOR NETWORK HEALTH REVENUE	6,973,208
RECOVERY OF BAD DEBT	20,069

TY 2006 Self Dealing Statement

Name: MOHAWK VALLEY NETWORK INC

EIN: 22-3124162

Line Number	Explanation
2a	2A,2B,2C - CMIC IS A LIMITED PARTNERSHIP RELATED PARTY THAT PROVIDES MAGNETIC RESONANT IMAGING SERVICES AND UNY HEALTH IS A LIMITED LIABILITY COMPANY RELATED PARTY WHICH PROVIDES ACCESS TO HOSPITALS AND PHYSICIAN GROUPS FOR A FEE.

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

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	THE RENTAL OF MEDICAL EQUIPMENT AND PROVISION OF MANAGEMENT SERVICES
93B	PROVIDES HEALTHCARE SERVICES TO SENIORS
93C	PROVIDES HOMECARE SERVICES
99	LIMITED PARTNERSHIP WHICH PROVIDES MAGNETIC RESONANT IMAGING SERVICES AND A LIMITED LIABILITY COMPANY WHICH PROVIDES ADMINISTRATIVE SERVICES TO FREE STANDING REHABILITATION CENTERS
103A	MANAGEMENT SERVICES FOR PROGRAM PROVIDING COMMUNITY BASED ALTERNATIVE TO RESIDENTIAL NURSING HOME CARE
103B	CO-OP PURCHASING REBATES AIDED IN THE PROMOTION OF HIGH QUALITY HEALTH

Form 990, Part VI, Line 80b - If "Yes", enter the name of the organization and whether it is exempt or nonexempt:

Name of the Organization	Exempt	Nonexempt
faxton-st luke's healthcare	X	
faxton-st luke's healthcare foundation	X	
STLUKES Residential Health Care Facility Inc	X	

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
WALEED ALBERT MD FACP PO BOX 4308 UTICA, NY 13504	DIRECTOR 1 00	0	0	0
MARTIN BULL PO BOX 4308 UTICA, NY 13504	DIRECTOR 1 00	0	0	0
GARY GILDERSLEEVE PO BOX 4308 UTICA, NY 13504	DIRECTOR 1 00	0	0	0
RICHARD TANTILLO PO BOX 4308 UTICA, NY 13504	DIRECTOR 1 00	0	0	0
CAROL CANTOR PO BOX 4308 UTICA, NY 13504	EXECUTIVE DIRECTOR-SNH 1 00	91,175	6,673	0
MARY KATE ROLF PO BOX 4308 UTICA, NY 13504	EXECUTIVE DIRECTOR-MVHC 1 00	68,045	8,266	0

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
LEROY COOLEY MD PO BOX 4308 UTICA, NY 13504	DIRECTOR 1 00	0	0	0
GREGORY MCLEAN PO BOX 4308 UTICA, NY 13504	TREASURER 1 00	0	0	0
JOHN L CROSSLEY PO BOX 4308 UTICA, NY 13504	DIRECTOR 1 00	0	0	0
ROGER MCREYNOLDS PO BOX 4308 UTICA, NY 13504	DIRECTOR 1 00	0	0	0
MICHAEL DAMSKY PO BOX 4308 UTICA, NY 13504	DIRECTOR 1 00	0	0	0
RICHARD NOTEBAERT JR PO BOX 4308 UTICA, NY 13504	DIRECTOR 1 00	0	0	0
ELAINE FALVO PO BOX 4308 UTICA, NY 13504	DIRECTOR 1 00	0	0	0
WILLIAM M PARKER MD PO BOX 4308 UTICA, NY 13504	DIRECTOR 1 00	0	0	0
JAMES E FREDERICK MD PO BOX 4308 UTICA, NY 13504	DIRECTOR 1 00	0	0	0
TODD HUTTON PHD PO BOX 4308 UTICA, NY 13504	DIRECTOR 1 00	0	0	0

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
LEO P GRIFFIN PO BOX 4308 UTICA, NY 13504	VICE-PRESPUBLIC RELATIONS 37 50	19,969	3,277	0
KEITH A FENSTEMACHER PO BOX 4308 UTICA, NY 13504	PRESIDENT 2 00	0	0	0
MICHAEL J HAILE PO BOX 4308 UTICA, NY 13504	CFO SENIOR VICE PRESIDENT 2 00	0	0	0
JAMES B STEWART PO BOX 4308 UTICA, NY 13504	CHAIRMAN 1 00	0	0	0
MILTON J BLOCH PO BOX 4308 UTICA, NY 13504	CHAIRMAN 1 00	0	0	0
LAWRENCE T GILROY III PO BOX 4308 UTICA, NY 13504	SECRETARY 1 00	0	0	0
JOAN W COMPSON PO BOX 4308 UTICA, NY 13504	VICE CHAIRMAN 1 00	0	0	0
WILLIAM ABRAHAM PO BOX 4308 UTICA, NY 13504	DIRECTOR 1 00	0	0	0
DOMENIC P AIELLO MD PO BOX 4308 UTICA, NY 13504	DIRECTOR 1 00	0	0	0
SIDNEY J BLATT MD PO BOX 4308 UTICA, NY 13504	DIRECTOR 1 00	0	0	0

Additional Data**Software ID:****Software Version:****EIN:** 22-3124162**Name:** MOHAWK VALLEY NETWORK INC**Form 990, Part II, Line 43 - Other expenses not covered above (itemize):**

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
a BAD DEBTS	43a	159,945	159,945		
b SUPPLIESMEDICATIONS	43b	584,652	584,652		
c INSURANCE	43c	18,729	14,689	4,040	
d AUTO EXPENSE	43d	340,950	340,950		
e PUBLIC RELATIONS	43e	85,765	85,765		
f OUTSIDE SERVICES	43f	4,069,297	4,069,297		
g REPAIRSMAINTENANCE	43g	9,230	9,230		
h MISCELLANEOUS	43h	410,945	410,945		
i MANAGEMENT FEES	43i	293,557	293,557		
j FINANCE EXPENSE	43j	32,952	32,952		
k CONSULTING	43k	334,370	334,370		
l LICENSES AND PERMITS	43l	5,020	5,020		
m BUILDING SECURITY	43m	17	17		
n PURCHASE SERVICES AFFILIATES	43n	805	805		