

**Short Form**  
**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)

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year  
 ▶ The organization may have to use a copy of this return to satisfy state reporting requirements

**A For the 2005 calendar year, or tax year beginning** JAN 01, 2005, and ending DEC 31, 2005

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	<b>C Name of organization, number and street, city, town, street, and ZIP code</b> BOQUET RIVER ASSOCIATION  PO BOX 217 Elizabethtown NY 12932-	<b>D Employer identification number</b> 14-1667500
		<b>E Telephone number</b> 518-873-3688	
		<b>F Group Exemption Number</b> ▶	
		<b>G Accounting method</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> 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).**

**I Website:** ▶ boquetriver.org

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

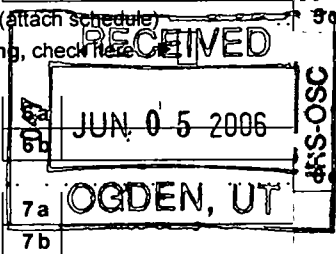
**H Check**  if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

**K Check**  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. **Some states require a complete return.**

**L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead of Form 990-EZ** ▶ \$ 72,792.

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	55,014.
	2	Program service revenue including government fees and contracts	2	13,914.
	3	Membership dues and assessments	3	3,800.
	4	Investment income	4	64.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	6	Special events and activities (attach schedule) If any amount is from gaming, check here	6	
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
	6b	Less direct expenses other than fundraising expenses	6b	
Expenses	7a	Gross sales of inventory, less returns and allowances	7a	
	7b	Less cost of goods sold	7b	
	7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c	
Net Assets	8	Other revenue (describe ▶ _____)	8	
	9	<b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	72,792.
	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	26,658.
	13	Professional fees and other payments to independent contractors	13	29,164.
	14	Occupancy, rent, utilities, and maintenance	14	952.
15	Printing, publications, postage, and shipping	15	732.	
16	Other expenses (describe ▶ <u>SUPPLIES, DEVELOP&amp;MARKETING, LABS</u> )	16	30,414.	
17	<b>Total expenses</b> (add lines 10 through 16)	17	87,920.	
18	Excess or (deficit) for the year (line 9 less line 17)	18	(15,128.)	
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	25,565.	
20	Other changes in net assets or fund balances (attach explanation)	20		
21	Net assets or fund balances at end of year (combine lines 18 through 20)	21	10,437.	



SCANNED JUL 24 2006

**Part II Balance Sheets** - If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ

(See instructions)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	25,565.	10,437.
23	Land and buildings		
24	Other assets (describe ▶ _____)		
25	<b>Total assets</b>	25,565.	10,437.
26	<b>Total liabilities</b> (describe ▶ _____)		
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	25,565.	10,437.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Handwritten marks: a large '8' and a '15'.

Part III Statement of Program Service Accomplishments (See instructions)		Expenses	
What is the organization's primary exempt purpose? <u>CONSERVATION MANAGMENT/PROTECT</u>		(Required for 501(c)(3) & (4) organizations and 4947(a)(1) trusts, optional for others)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title			
28	<u>ASSOCIATION PROVIDES TECHNICAL AND MANAGMENT SERVICES FOR THE CONERVATION&amp;RESTORATION ALONG BOQUET RIVER AND ITS TRIBUTARIES</u> (Grants \$ <u>46,466.</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	46,566.
29	 (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30	 (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (attach schedule) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	<b>Total program service expenses</b> (add lines 28a through 31a)	32	46,566.

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See instr)				
(A) Name and address	(B) Title & average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred comp	(E) Expense account and other allowances
CORDELIA SAND PO BOX 264 ESSEX NY BOARD OF DIRECTORS SEE ATTACHED	EXEC DIREC 40	19,620.		
	AS NEEDED			

Part V Other Information (Note the attachment requirement in General Instruction V)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement)		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions. <input type="checkbox"/> 37a <u>0</u>		
b	Did the organization file Form 1120-POL for this year?		
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved <input type="checkbox"/> 38 b		
39	501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9 <input type="checkbox"/> 39 a		
b	Gross receipts, included on line 9, for public use of club facilities <input type="checkbox"/> 39 b		
40 a	501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> , section 4912 <input type="checkbox"/> , section 4955 <input type="checkbox"/>		
b	501(c)(3) and (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 an explanation	40b	X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, & 4958 <input type="checkbox"/>		
d	Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/>		

**Part V Other Information** (Note the attachment requirement in General Instruction V) (Continued)

- 41 List the states with which a copy of this return is filed ▶
- 42a The books are in care of ▶ KATHERINE LENNAHAN Telephone no ▶ 518-873-3688  
 Located at ▶ COURT STREET ELIZABETHTOWN NY ZIP + 4 ▶ 12932-
- 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)? Yes No  
42b   X
- If "Yes," enter the name of the foreign country ▶ \_\_\_\_\_
- See the instructions for exceptions and filing requirements for Form TD F 90-22 1
- c At any time during the calendar year, did the organization maintain an office outside of the U S ? 42c   X
- If "Yes," enter the name of the foreign country ▶ \_\_\_\_\_
- 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶   
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ **43**

**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

Mark J Buckley Date  
 Signature of officer  
MARK BUCKLEY PRESIDENT  
 Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature	<u>Mark J Buckley</u>	Date	04/25/2006	Check if self-employed	<input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)	070-66-8997
Firm's name (or yours if self-employed), address, and ZIP + 4	DULACS BOOKKEEPING & TAX PREPARIN PO BOX 522 Lewis NY 12950-			EIN	▶		
				Phone no	▶ 518-873-9257		

**Boquet River Association**

c/o Essex County Government Center  
Post Office Box 217  
Elizabethtown, NY 12932  
www.boquetriver.org

Telephone: 518 873 3688  
Fax: 518.873.3751  
info@boquetriver.org

*Last update 5/12/06*

**2006 BOARD OF DIRECTORS**

**Town Representatives**

*Elizabethtown:* Michael McGinn

*Westport:*

Libby Treadwell  
P.O. Box 371  
Westport NY 12993  
*Home:* 962-4580  
momandabe@aol.com  
(Sandy Treadwell)  
Member since 1991

*Essex:*

Meredith Hanna  
121 Leaning Road  
Essex NY 12936  
*Home:* 963-4141  
*Cell:* 578-2045  
mhanna@westelcom.com  
(Joseph Hanna)  
Member since

*Willsboro:*

Mark Buckley  
P.O. Box 401  
Willsboro NY 12996  
*Home:* 963-4467  
*Office:* 563-9445  
*Cell:* 578-4741  
buckleym@willex.com  
Member since 1993

*Lewis:*

Joel Harwood  
258 Cutting Road  
Elizabethtown NY 12932  
*Home:* 873-9860  
*Cell:* 578-8550  
harwoodje@aol.com  
(Barbara Harwood)  
Member since 2003

**Directors at Large**

Tom Clark  
4852 Cascade Road  
P.O. Box 1325  
Lake Placid NY 12946  
*Home:* 523-2212  
*Cell:* 540-247-5408  
*Cell:* 802-233-0300  
*Fax:* 523-5788  
tomc@nct.org  
(Alison Riley-Clark)  
Member since 2006

Edward (Ted) Cornell  
154 Sayre Road  
Westport NY 12993  
*Home:* 962-4386  
cornelle@westelcom.com  
Member since 2003

Matthew Foley  
2351 County Rt. 10  
Wadhams NY 12996  
*Home/office:* 962-4514  
*Fax:* 962-4517  
riverat@igc.apc.org  
Member since 1987

M A

Lee Petty  
7176 N.Y.S. Rt. 9N  
P.O. Box 225  
Westport NY 12993  
*Home:* 962-8321  
*Camp:* 946-2162  
(Pete Petty)  
Member since 1998

Chris Maron  
Adirondack Land  
Trust/Adirondack Nature  
Conservancy  
P.O. Box 65  
Keene Valley NY 12943  
*Office:* 576-2082 x. 61  
*Home:* 962-4640  
cmaron@tnc.org  
(Michelle Bartz Maron)  
Member since 2001

Schelling (Schell) McKinley  
244 Wadhams Heights Lane  
Westport NY 12993  
*Home/office:* 962-8346  
smck10231@yahoo.com  
(Annie McKinley)  
Member since 2001

Alta Jo (A.J.) Longware  
709 Brainards Forge Road  
Westport NY 12993  
adklady1@westelcom.com  
(Brad Caldwell)  
Member since 1997

Bob McGoldrick  
735 N.Y.S. Rt. 22  
Westport NY 12993  
*Home:* 962-4941  
*Work:* 873-3670  
mcgoldrick@westelcom.com  
(Elaine Anne McGoldrick)  
Member since 2001

Jeff Kelly  
*H:* 51 Spring St.  
Port Henry, NY 12974  
*W:* 20 Excelsior Spring Ave.  
Saratoga Springs, NY 12866  
*Home:* 587 5819  
*Cell:* 518-222-1290  
*Fax:* 587-5819 (call first)  
[jkelly5@nycap.rr.com](mailto:jkelly5@nycap.rr.com)  
(Linda Smyth)  
Member since 2006

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### **Ex-Officio**

Anita Deming  
P.O. Box 37  
New Russia NY 12964  
*Office:* 962-4810  
*Fax:* 962-8241  
ald6@cornell.edu

Bill Johnston  
171 Merriam Forge Road  
Westport NY 12993  
*Home:* 962-4590  
johnst@westelcom.com

### **Officers:**

*President:* Schell McKinley  
*Vice President:* Bob McGoldrick  
*Secretary:* Libby Treadwell  
*Treasurer:* Mark Buckley

### **Terms:**

*Term expires at the end of 2006:*    *Term expires at the end of 2007:*    *Term expires at the end of 2008:*

Ted Cornell  
Chris Maron  
Lee Petty

Matt Foley  
Joel Harwood

Mark Buckley  
Tom Clark  
Meredith Hanna  
Schell McKinley

*All Area Codes are (518) unless otherwise indicated.*

# Application for Extension of Time to File an Exempt Organization Return

OMB No 1545-1709

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension** complete only **Part I** and check this box
  - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless you have already been granted an automatic 3-month extension of a previously filed Form 8868**

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

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

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

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

Type or print	Name of Exempt Organization <u>Boquet River Association INC</u>	Employer identification number <u>14-1667500</u>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P O box, see instructions. <u>PO Box 217</u>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <u>Elizabethtown NY 12932</u>	

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

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

- The books are in the care of ▶ Boquet River Associations OFFICE  
 Telephone No ▶ 518-873-3688 FAX No ▶ 518-873-3751
- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for **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-month, for a **Form 990-T corporation**) extension of time until November 15, 2006 to file the exempt organization return for the organization named above. The extension is for the organization's return for

▶  calendar year 2005 or

▶  tax year beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_

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

**3 a** 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. \$ 0

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

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

**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