

CitizenAudit.org

Return of Organization Exempt From Income Tax

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the 2005 calendar year, or tax year beginning and ending

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

Please use IRS label or print or type See Specific Instructions

C Name of organization
GENEVA BUSINESS DISTRICT ASSOCIATION, INC.

D Employer identification number
 41-1563357

Number and street (or P O box if mail is not delivered to street address) Room/suite
P.O. BOX 905

E Telephone number
 315-789-0102

City or town, state or country, and ZIP + 4
GENEVA, NY 14456-0905

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).

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 ▶ N/A

H(c) Are all affiliates included? N/A Yes No (If "No," attach a list)

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

I Group Exemption Number ▶ N/A

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

G Website: WWW.DOWNTOWNGENEVA.ORG

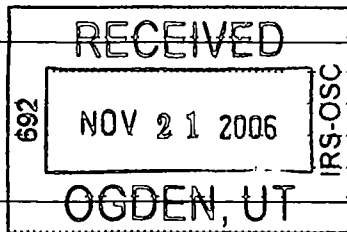
J Organization type (check only one) 501(c) (4) (insert no) 4947(a)(1) or 527

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

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 129,226.

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

		1a	1b	1c	1d
Revenue	1 Contributions, gifts, grants, and similar amounts received				
	a Direct public support				
	b Indirect public support				
	c Government contributions (grants)				
	d Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)				0.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)				19,300.
	3 Membership dues and assessments				95,225.
	4 Interest on savings and temporary cash investments				255.
	5 Dividends and interest from securities				
	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				
8a Gross amount from sales of assets other than inventory	(A) Securities	8a			
	(B) Other	8b			
	b Less cost or other basis and sales expenses	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 1a)	9a	8,530.			
b Less direct expenses other than fundraising expenses	9b	6,780.			
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c	SEE STATEMENT 1		1,750.	
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			5,916.	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12			122,446.	
Expenses	13 Program services (from line 44, column (B))	13			101,014.
	14 Management and general (from line 44, column (C))	14			45,427.
	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			146,441.
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18			-23,995.	
Net Assets	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19			29,472.
	20 Other changes in net assets or fund balances (attach explanation)	20			3,205.
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21			8,682.



SEE STATEMENT 2

SCANNED DEC 1 9 2005

P 24

GENEVA BUSINESS DISTRICT ASSOCIATION,
INC.

Form 990 (2005)

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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
22 Grants and allocations (attach schedule) (cash \$ <u>0</u> • noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>	22			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc. **	25 26,678.	16,007.	10,671.	0.
26 Other salaries and wages	26 48,152.	28,891.	19,261.	
27 Pension plan contributions	27			
28 Other employee benefits	28 12,797.	7,678.	5,119.	
29 Payroll taxes	29 7,492.	4,495.	2,997.	
30 Professional fundraising fees	30			
31 Accounting fees	31 710.		710.	
32 Legal fees	32			
33 Supplies	33 1,696.	1,357.	339.	
34 Telephone	34 3,925.	3,140.	785.	
35 Postage and shipping	35 1,263.	1,010.	253.	
36 Occupancy	36 4,281.	3,425.	856.	
37 Equipment rental and maintenance	37 3,562.	2,850.	712.	
38 Printing and publications	38			
39 Travel	39			
40 Conferences, conventions, and meetings	40 1,890.	1,512.	378.	
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42 1,282.	1,026.	256.	
43 Other expenses not covered above (itemize):				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e _____	43e			
f _____	43f			
g SEE STATEMENT 3	43g 32,713.	29,623.	3,090.	
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 146,441.	101,014.	45,427.	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 \$ N/A, (ii) the amount allocated to Program services \$ N/A,
 (iii) the amount allocated to Management and general \$ N/A, and (iv) the amount allocated to Fundraising \$ N/A

Form 990 (2005)

** SEE STATEMENT 4

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? ► SEE STATEMENT 5	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
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.)	
a ARCHITECTURAL DESIGN AND PRESERVATION; ECONOMIC PLANNING AND DEVELOPMENT; BUSINESS RECRUITMENT, RETENTION, MARKETING, PROMOTION, AND UNIFICATION.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	101,014.
b	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
c	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
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) ►	101,014.

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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	2,003.	45	1,924.	
	46	24,265.	46	4,836.	
	47 a	47a			
	b	47b	47c		
	48 a	48a			
	b	48b	48c		
	49		49		
	50		50		
	51 a	51a			
	b	51b	51c		
	52		52		
	53		53		
	54	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54		
	55 a	55a			
	b	55b	55c		
56		56			
57 a	57a	11,128.			
b	57b	9,206.	57c	1,922.	
58	Other assets (describe ▶ _____)		58		
59	Total assets (must equal line 74). Add lines 45 through 58	29,472.	59	8,682.	
Liabilities	60		60		
	61		61		
	62		62		
	63		63		
	64 a		64a		
	b		64b		
	65	Other liabilities (describe ▶ _____)		65	
66	Total liabilities. Add lines 60 through 65)	0.	66	0.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67		67		
	68		68		
	69		69		
	Organizations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 70 through 74.				
	70		0.	70	0.
	71		0.	71	0.
	72		29,472.	72	8,682.
	73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	29,472.	73	8,682.
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73	29,472.	74	8,682.

Form 990 (2005)

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

		Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ <u>14</u>		
b	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)	75b	X
c	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 this organization through common supervision or common control? Note. Related organizations include section 509(a)(3) supporting organizations. If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization	75c	X
d	Does the organization have a written conflict of interest policy?	75d	X

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.)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
NONE				

Part VI Other Information (See the instructions.)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
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.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	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?	80a	X
b	If "Yes," enter the name of the organization ▶ <u>N/A</u>		
and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt			
81 a	Enter direct or indirect political expenditures. (See line 81 instructions.) 81a <u>0.</u>		
b	Did the organization file Form 1120-POL for this year?	81b	X

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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?	82a	X	
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.)	82b		
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	X	
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		X
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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.	85b	X	
c Dues, assessments, and similar amounts from members	85c		N/A
d Section 162(e) lobbying and political expenditures	85d		N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		N/A
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?	85h		N/A
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a		N/A
b Gross receipts, included on line 12, for public use of club facilities	86b		N/A
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a		N/A
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b		N/A
88 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	88		X
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ <u>N/A</u> , section 4912 ▶ <u>N/A</u> , section 4955 ▶ <u>N/A</u>			
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	89b		X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0.
d Enter: Amount of tax on line 89c, above, reimbursed by the organization			0.
90 a List the states with which a copy of this return is filed ▶ <u>NY</u>			
b Number of employees employed in the pay period that includes March 12, 2005	90b		3
91 a The books are in care of ▶ <u>THE ORGANIZATION</u> Telephone no ▶ <u>315-789-0102</u> Located at ▶ <u>P.O. BOX 905, GENEVA, NY</u> ZIP + 4 ▶ <u>14456-0905</u>			
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>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b		X
c At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶ <u>N/A</u>	91c		X
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		N/A

Form 990 (2005)

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) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a CITY OF GENEVA CONTRACT					19,300.
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					95,225.
95 Interest on savings and temporary cash investments			14	255.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			01	1,750.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a MARKETING					4,463.
b DOWNTOWN PROMOTIONS AND					
c EVENTS					1,453.
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		2,005.	120,441.
105 Total (add line 104, columns (B), (D), and (E))					122,446.

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

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	SEE STATEMENT 8

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).

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: *CARA-LEIGH BATTAGLIA* Date: 11/13/06 Type or print name and title: CARA-LEIGH BATTAGLIA, EXECUTIV

Paid Preparer's Use Only: Preparer's signature: *[Signature]* Date: 11-13-06 Check if self-employed: Preparer's SSN or PTIN: _____

Firm's name (or yours if self-employed), address, and ZIP + 4: SIMICROPI & HEALY, LLP
503 MURRAY STREET
NEWARK, NY 14513-1089

EIN: _____ Phone no: 315-331-1750

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
11	TRANSPORTATION EQUIPMENT	01/02/2002	DBS	5.00	17	11,128.		0.	11,128.	7,924.	0.	1,282.
	* 990 PAGE 2 TOTAL					11,128.		0.	11,128.	7,924.	0.	1,282.
	TRANSPORTATION EQUIPMENT					11,128.		0.	11,128.	7,924.	0.	1,282.
	* GRAND TOTAL 990 PAGE 2 DEPR											

528102 01-06-06 (D) - Asset disposed * ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990	SPECIAL EVENTS AND ACTIVITIES				STATEMENT	1
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME	
CRUISIN' NIGHT & BLOCK PARTY	5,508.		5,508.	5,254.	254.	
LIGHT UP GENEVA AUCTION	3,022.		3,022.	1,526.	1,496.	
TO FM 990, PART I, LINE 9	8,530.		8,530.	6,780.	1,750.	

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	2
DESCRIPTION		AMOUNT	
PRIOR PERIOD ADJUSTMENTS		3,205.	
TOTAL TO FORM 990, PART I, LINE 20		3,205.	

FORM 990	OTHER EXPENSES			STATEMENT	3
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
PAYROLL PREPARATION	972.	0.	972.		
SMALL EQUIPMENT REPAIRS AND MAINTENANCE	365.	292.	73.		
DUES AND SUBSCRIPTIONS	2,224.	1,779.	445.		
ANNUAL DINNER MEETING	2,186.	1,749.	437.		
MARKETING-RETAIL RETENTION	2,156.	1,725.	431.		
WEB ACCESS	7,861.	7,861.	0.		
HOLIDAY DECORATIONS	725.	580.	145.		
DOWNTOWN GENEVA PROMOTIONS & EVENTS	812.	812.			
MISCELLANEOUS	12,475.	12,475.			
TOTAL TO FM 990, LN 43	2,937.	2,350.	587.		
	32,713.	29,623.	3,090.		

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 6

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
VEHICLE	11,128.	9,206.	1,922.
TOTAL TO FORM 990, PART IV, LN 57	11,128.	9,206.	1,922.

FORM 990 PART V-A - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 7

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
NED CLARK 5 SENECA STREET GENEVA, NY 14456	PRESIDENT 2.00	0.	0.	0.
MICHELA SCHULTZ 510 EXCHANGE STREET GENEVA, NY 14456	VICE PRESIDENT 2.00	0.	0.	0.
ROB SOLLENNE 2 SENECA STREET GENEVA, NY 14456	TREASURER 2.00	0.	0.	0.
JOSEPH FRAGNOLI 52 SENECA STREET GENEVA, NY 14456	SECRETARY 2.00	0.	0.	0.
CHARLES BAUDER 543 S. MAIN STREET GENEVA, NY 14456	DIRECTOR 1.00	0.	0.	0.
RICHARD RISING CITY HALL GENEVA, NY 14456	DIRECTOR 1.00	0.	0.	0.
TARA CLARK CITY HALL GENEVA, NY 14456	DIRECTOR 1.00	0.	0.	0.
JASON HAGERMAN 171 REED STREET GENEVA, NY 14456	DIRECTOR 1.00	0.	0.	0.

GENEVA BUSINESS DISTRICT ASSOCIATION, IN

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ALAINE ESPENSCHIED 9 GENESEE PK GENEVA, NY 14456	DIRECTOR 1.00	0.	0.	0.
MICHAEL FULTS 41 LAKEFRONT DR GENEVA, NY 14456	DIRECTOR 1.00	0.	0.	0.
BERNARD LYNCH 479 EXCHANGE STREET GENEVA, NY 14456	DIRECTOR 1.00	0.	0.	0.
JAMES COLIZZI 258 EXCHANGE STREET GENEVA, NY 14456	DIRECTOR 1.00	0.	0.	0.
SUE COHEN 486 EXCHANGE STREET GENEVA, NY 14456	DIRECTOR 1.00	0.	0.	0.
MARY VOIGT 218 GENESEE STREET GENEVA, NY 14456	DIRECTOR 1.00	0.	0.	0.
PAMELA THOMPSON 125 W.LAKE RD #11 PENN YAN, NY 14527	EXECUTIVE DIRECTOR 40.00	21,852.	0.	0.
CARA-LEIGH BATTAGLIA 3010 GARDEN ST EXT SENECA FALLS, NY 13148	EXECUTIVE DIRECTOR 40.00	4,826.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		26,678.	0.	0.

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 8
ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	CONTRACT ALLOWS ORGANIZATION TO SUSTAIN AND SUPPORT DOWNTOWN GENEVA BUSINESSES.
94	ASSESSMENTS ALLOW ORGANIZATION TO SUSTAIN AND SUPPORT DOWNTOWN GENEVA BUSINESSES.
103A	ALLOWS ORGANIZATION TO SUSTAIN AND SUPPORT DOWNTOWN GENEVA BUSINESS
103C	SAME AS 103A

FORM 8688

EXPLANATION FOR EXTENSION

STATEMENT 9

EXPLANATION

ORGANIZATION'S CPA WAS UNABLE TO COMPLETE THE TAX RETURN AND GAVE THE INFORMATION BACK TO THE EXECUTIVE DIRECTOR. ORGANIZATION THEN HAD TO HIRE A NEW CPA FIRM TO COMPLETE THE REQUIRED RETURNS.

• If you are filing for an **Additional (not automatic) 3-Month Extension, complete only Part II** and check this box

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.		
Type or print. File by the extended due date for filing the return See instructions	Name of Exempt Organization GENEVA BUSINESS DISTRICT ASSOCIATION, INC.	Employer identification number 41-1563357
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 905	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. GENEVA, NY 14456-0905	

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

- Form 990
 Form 990-EZ
 Form 990-T (sec. 401(a) or 408(a) trust)
 Form 1041-A
 Form 5227
 Form 8870
 Form 990-BL
 Form 990-PF
 Form 990-T (trust other than above)
 Form 4720
 Form 6069

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **THE ORGANIZATION**
Telephone No. **315-789-0102** 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 is for.
- I request an additional 3-month extension of time until **NOVEMBER 15, 2006**
- For calendar year **2005**, or other tax year beginning _____ and ending _____.
- If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- State in detail why you need the extension
SEE STATEMENT 9

- 8a** If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____
- b** If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____
- c Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ **N/A**

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature _____ Title **EXECUTIVE DIRECTOR** Date _____

Notice to Applicant - To Be Completed by the IRS

- We **have** approved this application. Please attach this form to the organization's return.
- We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We **cannot consider** this application because it was filed after the extended due date of the return for which an extension was requested.
- Other _____

Director _____ By _____ Date _____

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name
	Number and street (include suite, room, or apt. no.) or a P.O. box number
	City or town, province or state, and country (including postal or ZIP code)