

**CitizenAudit.org**

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)

- Sponsoring organizations and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements.

2008

Open to Public Inspection

Form 990-EZ

Department of the Treasury Internal Revenue Service

A For the 2008 calendar year, or tax year beginning 01-01-2008, and ending 12-31-2008

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: GENEVA BUSINESS DISTRICT MANAGEMENT ASSOCIATION INC. Number and street (or P.O. box, if mail is not delivered to street address): ONE FRANKLIN SQUARE No 324. City or town, state or country, and ZIP + 4: GENEVA, NY 144560905

D Employer identification number: 41-1563357. E Telephone number: (315) 789-0102. F Group Exemption Number: [blank]

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

G Accounting method: [checked] Cash [ ] Accrual. Other (specify): [blank]

I Website: WWW.DOWNTOWNGENEVA.ORG

H Check [checked] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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

K Check [ ] if the organization is not a section 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 Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. Total: \$ 228,261

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

Table with 21 rows for Revenue, Expenses, and Net Assets. Revenue total: 215,451. Expenses total: 142,562. Net Assets total: 108,004.

Part II Balance Sheets—If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

Table with 7 rows for Balance Sheets. Total assets: 108,004. Total liabilities: 0. Net assets or fund balances: 108,004.

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III )		<b>Expenses</b> (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others )	
What is the organization's primary exempt purpose? TO PROMOTE AN ATTRACTIVE AND ECONOMICALLY VIABLE DOWNTOWN THAT IS HIGH QUALITY IN APPEARANCE AND DESIGN, SAFE AND ATTRACTIVE TO PROPERTY OWNERS, BUSINESS PEOPLE, TENANTS, SHOPPERS, AND VISITORS			
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.			
<b>28</b> ARCHITECTURAL DESIGN AND PRESERVATION, ECONOMIC PLANNING AND DEVELOPMENT, BUSINESS RECRUITMENT, RETENTION, MARKETING, PROMOTION, AND UNIFICATION (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>		142,562
<b>29</b> (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>		
<b>30</b> (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>		
<b>31</b> Other program services (attach schedule) <input type="checkbox"/> (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>		
<b>32 Total program service expenses</b> (add lines 28a through 31a) <input type="checkbox"/>	<b>32</b>		142,562

<b>Part IV List of Officers, Directors, Trustees, and Key Employees.</b> List each one even if not compensated (See the instructions for Part IV )				
(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	(e) Expense account and other allowances
See Additional Data Table				

**Part V Other Information** (Note the statement requirements in the instructions for Part VI.)

		<b>Yes</b>	<b>No</b>
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .	<b>33</b>		No
<b>34</b> 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 . . . . .	<b>34</b>		No
<b>35</b> <i>If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T</i>			
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements? . . . . .	<b>35a</b>		No
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>35b</b>		
<b>36</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? <i>If "Yes," complete applicable parts of Schedule N</i> . . . . .	<b>36</b>		No
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <b>▶</b> <span style="float:right; border: 1px solid black; padding: 2px;"><b>37a</b> 0</span>			
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>37b</b>		
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still unpaid at the start of the period covered by this return? . . . . .	<b>38a</b>		No
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	<b>38b</b>		
<b>39</b> <i>501(c)(7) organizations.</i> Enter			
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . .	<b>39a</b>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . .	<b>39b</b>		
<b>40a</b> <i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911 <b>▶</b> _____, section 4912 <b>▶</b> _____, section 4955 <b>▶</b> _____			
<b>b</b> <i>Section 501(c)(3) and (4) organizations.</i> 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? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .	<b>40b</b>		No
<b>c</b> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . <b>▶</b> _____ 0			
<b>d</b> Enter amount of tax on line 40c reimbursed by the organization . . . . . <b>▶</b> _____ 0			
<b>e</b> <i>All organizations.</i> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? . . . . .	<b>40e</b>		No
<b>41</b> List the states with which a copy of this return is filed <b>▶</b> <u>NY</u>			
<b>42a</b> The books are in care of <b>▶</b> <u>The Organization</u> Telephone no <b>▶</b> <u>(315) 789-0102</u> ONE FRANKLIN SQUARE No 324 Located at <b>▶</b> <u>GENEVA, NY</u> ZIP + 4 <b>▶</b> <u>144560905</u>			
<b>b</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 <b>▶</b> _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>	<b>42b</b>	<b>Yes</b>	<b>No</b>
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country <b>▶</b> _____	<b>42c</b>		No
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . <b>▶</b> <span style="border: 1px solid black; padding: 2px;"><b>43</b></span>			
<b>44</b> Did the organization maintain any donor advised funds? <i>If "Yes", Form 990 must be completed instead of Form 990-EZ.</i>	<b>44</b>		No
<b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? <i>If "Yes", Form 990 must be completed instead of Form 990-EZ.</i>	<b>45</b>		No

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and

complete the tables for lines 50 and 51.

	Yes	No
<b>46</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		
<b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
<b>48</b> Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "yes," complete Schedule E		
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?		
<b>49b</b> If "Yes," was the related organization(s) a section 527 organization?		

**50** Complete this table for the five highest compensated employees (other than officers, directors, trustees, and key employees) who received more than \$100,000 of compensation from the organization. If there are none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(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 \$100,000				

**51** Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there are none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors receiving over \$100,000		

**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: \*\*\*\*\* Date: 2009-07-08

Sherrn Geary INTERIM EXECUTIVE DIRECTOR  
Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature: Vincent P Sinicropi CPA Date: \_\_\_\_\_ Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: Sinicropi & Healy LLP  
503 Murray Street  
Newark, NY 145131089

Preparer's PTIN (See Gen Inst X): \_\_\_\_\_  
EIN: \_\_\_\_\_  
Phone no: (315) 331-1750

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

**SCHEDULE G  
(Form 990 or 990-EZ)**

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

Department of the  
Treasury  
Internal Revenue  
Service

▶ **Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.**

Name of the organization  
GENEVA BUSINESS DISTRICT MANAGEMENT  
ASSOCIATION INC

**Employer identification number**  
41-1563357

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a**  Mail solicitations
  - b**  Email solicitations
  - c**  Phone solicitations
  - d**  In-person solicitations
  - e**  Solicitation of non-government grants
  - f**  Solicitation of government grants
  - g**  Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?  Yes  No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b>						

**3** List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<b>CRUISIN' NIGHT</b> (event type)	<b>LIGHT UP GENEVA AUCTION</b> (event type)	<b>1</b> (total number)	(Add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .	8,269	8,479	4,465	21,213
	<b>2</b> Less Charitable contributions . . . . .	0	0		
	<b>3</b> Gross revenue (line 1 minus line 2) . . . . .	8,269	8,479	4,465	21,213
<b>Direct Expenses</b>	<b>4</b> Cash Prizes . . . . .				
	<b>5</b> Non-cash Prizes . . . . .				
	<b>6</b> Rent/Facility costs . . . . .				
	<b>7</b> Other direct expenses . . . . .	5,543	2,715	4,552	12,810
	<b>8</b> Direct expense summary Add lines 4 through 7 in column (d) . . . . . ▶				12,810
<b>9</b> Net income summary Combine lines 3 and 8 in column (d) . . . . . ▶				8,403	

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
		<b>1</b> Gross revenue . . . . .			
<b>Direct Expenses</b>	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Non-cash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶					
<b>8</b> Net gaming income summary Combine lines 1 and 7 in column (d) . . . . . ▶					

		Yes	No
<b>9</b>	Enter the state(s) in which the organization operates gaming activities _____		
<b>a</b>	Is the organization licensed to operate gaming activities in each of these states? . . . . .	<b>9a</b>	
<b>b</b>	If "No," Explain _____ _____		
<b>10a</b>	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	<b>10a</b>	
<b>b</b>	If "Yes," Explain _____ _____		
<b>11</b>	Does the organization operate gaming activities with nonmembers? . . . . .	<b>11</b>	
<b>12</b>	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .	<b>12</b>	

**13** Indicate the percentage of gaming activity operated in

- a** The organization's facility . . . . . **13a**
- b** An outside facility . . . . . **13b**

**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .

- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c** If "Yes," enter name and address

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

**17** Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .

- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

	Yes	No
<b>13a</b>		
<b>13b</b>		
<b>14</b>		
<b>15a</b>		
<b>16</b>		
<b>17a</b>		



**TY 2008 Other Assets Schedule**

**Name:** GENEVA BUSINESS DISTRICT MANAGEMENT  
ASSOCIATION INC

**EIN:** 41-1563357

Description	Beginning of Year Amount	End of Year Amount
Prepaid Expenses	1,546	0
Other Depreciable Assets	1,446	1,611

## TY 2008 Other Expenses Schedule

**Name:** GENEVA BUSINESS DISTRICT MANAGEMENT  
ASSOCIATION INC

**EIN:** 41-1563357

Description	Amount
PAYROLL TAXES	6,281
EMPLOYEE BENEFITS	4,072
HOLIDAY DECORATIONS	5,460
GAS OIL AND VEHICLE EXPENSE	1,264
BANK SERVICE CHARGES	297
DUES AND SUBSCRIPTIONS	539
EQUIPMENT RENTAL	1,940
MEALS - ENTERTAINMENT	351
SUPPLIES	3,775
New York Main Street Grant-Rehab Specialist	4,013
ADVERTISING	1,903
SMALL TOOLS AND EQUIPMENT	326
MISCELLANEOUS EXPENSES	2,016
Repairs	94
Travel - Mileage Reimbursments	441
Recruitment & Retention Study	11,000

## TY 2008 Other Liabilities Schedule

**Name:** GENEVA BUSINESS DISTRICT MANAGEMENT  
ASSOCIATION INC

**EIN:** 41-1563357

Description	Beginning of Year Amount	End of Year Amount
Escrow - NYS Grant - Due to Property Owners	9,868	0

## TY 2008 Other Revenues Schedule

**Name:** GENEVA BUSINESS DISTRICT MANAGEMENT  
ASSOCIATION INC

**EIN:** 41-1563357

Description	Amount
RESTITUTION INSURANCE & LEGAL CLAIMS	57,118
MISCELLANEOUS	1,029
SUBLET RENTAL INCOME	2,400
MAINTENANCE SERVICES BILLED	582

**TY 2008 Transfers Personal Benefits  
Contracts Declaration**

**Name:** GENEVA BUSINESS DISTRICT MANAGEMENT  
ASSOCIATION INC

**EIN:** 41-1563357

**Declaration:** The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract. The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.

**Additional Data****Software ID:****Software Version:****EIN:** 41-1563357**Name:** GENEVA BUSINESS DISTRICT MANAGEMENT  
ASSOCIATION INC**Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation</b>	<b>(E) Expense account and other allowances</b>
MICHAEL FULTS 43 CLINTON STREET SENECA FALLS, NY 13148	PRESIDENT 2 00	0	0	0
JOSEPH FRAGNOLI LAKE ROAD FAYETTE, NY 13065	VICE PRESIDENT 2 00	0	0	0
MICHELA SCHULTZ 1023 E LAKE RD DUNDEE, NY 14837	SECRETARY 2 00	0	0	0
LARRY WETHERBEE 348 WASHINGTON STREET GENEVA, NY 14456	TREASURER 2 00	0	0	0
ROB SOLLENNE 41 SLOSSON LANE GENEVA, NY 14456	DIRECTOR 1 00	0	0	0
CHARLES BAUDER 138 OAK STREET GENEVA, NY 14456	DIRECTOR 1 00	0	0	0
TARA CLARK 20 JOHN STREET GENEVA, NY 14456	DIRECTOR 1 00	0	0	0
JASON HAGERMAN 64 SENECA STREET GENEVA, NY 14456	DIRECTOR 1 00	0	0	0
DAVID BUNNELL 1045 LOCHLAND ROAD GENEVA, NY 14456	DIRECTOR 1 00	0	0	0
ROB GLADDEN PO BOX 587 GENEVA, NY 14456	DIRECTOR 1 00	0	0	0
MATT HORN 47 CASTLE STREET GENEVA, NY 14456	DIRECTOR 1 00	0	0	0
DAVID LINGER 100 MADISON STREET SYRACUSE, NY 13202	DIRECTOR 1 00	0	0	0
NICK DAVOLI 156 CASTLE STREET GENEVA, NY 14456	DIRECTOR 1 00	0	0	0
THOMAS BURRALL 50 LINDEN STREET GENEVA, NY 14456	DIRECTOR 1 00	0	0	0
ROBERT STIVERS EXCHANGE STREET GENEVA, NY 14456	DIRECTOR 1 00	0	0	0
CARA-LEIGH BATTAGLIA 3010 GARDEN ST EXT SENECA FALLS, NY 13148	EXECUTIVE DIRECTOR 40 00	19,169	0	969
SHERRI GUERI 552 UNDERWOOD AVENUE ELMIRA, NY 14905	INTERIM EXEC DIRECTOR 40 00	10,660	0	0