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

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 of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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.

OMB No 1545-1150
2009
Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009, and ending 12-31-2009

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

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) Room/suite
 ONE FRANKLIN SQUARE No 211
 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

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 Cash Accrual
 Other (specify):

I Website: WWW.DOWNTOWNGENEVA.ORG
H Check if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
J Tax-Exempt status (check only one) 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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ **\$** 156,113

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

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1	21,230	10	Grants and similar amounts paid (attach schedule)
2	Program service revenue including government fees and contracts	2	9,250	11	Benefits paid to or for members
3	Membership dues and assessments	3	101,864	12	Salaries, other compensation, and employee benefits
4	Investment income	4	1,702	13	Professional fees and other payments to independent contractors
5a	Gross amount from sale of assets other than inventory	5a		14	Occupancy, rent, utilities, and maintenance
b	Less cost or other basis and sales expenses	5b		15	Printing, publications, postage, and shipping
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		16	Other expenses (describe)
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>	6a	20,543	17	Total expenses. Add lines 10 through 16
a	Gross revenue (not including \$ of contributions reported on line 1)	6b	9,631	18	Excess or (deficit) for the year (Subtract line 17 from line 9)
b	Less direct expenses other than fundraising expenses	6c	10,912	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)
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7a		20	Other changes in net assets or fund balances (attach explanation)
7a	Gross sales of inventory, less returns and allowances	7b		21	Net assets or fund balances at end of year. Combine lines 18 through 20
b	Less cost of goods sold	7c			
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	1,524		
8	Other revenue (describe)	9	146,482		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8				

Part II Balance Sheets—If total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	106,393	22 108,935
23 Land and buildings		23
24 Other assets (describe)	1,611	24 1,198
25 Total assets	108,004	25 110,133
26 Total liabilities (describe)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	108,004	27 110,133

Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations and section 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, and other relevant information for each program title			
28 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"/>		28a	143,703
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 Total program service expenses (add lines 28a through 31a)		32	143,703

Part IV List of Officers, Directors, Trustees, and Key Employees. 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

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

Yes No

<p>33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity</p>	<p>33</p>		<p>No</p>
<p>34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes</p>	<p>34</p>		<p>No</p>
<p>35 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 why the organization did not report the income on Form 990-T</p>			
<p>a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements?</p>	<p>35a</p>		<p>No</p>
<p>b If "Yes," has it filed a tax return on Form 990-T for this year?</p>	<p>35b</p>		
<p>36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N</p>	<p>36</p>		<p>No</p>
<p>37a Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> _____ 37a _____ 0</p>			
<p>b Did the organization file Form 1120-POL for this year?</p>	<p>37b</p>		
<p>38a 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 outstanding at the end of the period covered by this return?</p>	<p>38a</p>		<p>No</p>
<p>b If "Yes," complete Schedule L, Part II and enter the total amount involved</p>	<p>38b</p>		
<p>39 <i>Section 501(c)(7) organizations.</i> Enter</p>			
<p>a Initiation fees and capital contributions included on line 9</p>	<p>39a</p>		
<p>b Gross receipts, included on line 9, for public use of club facilities</p>	<p>39b</p>		
<p>40a <i>Section 501(c)(3) organizations.</i> 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"/> _____</p>			
<p>b <i>Section 501(c)(3) and 501(c)(4) organizations.</i> Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I</p>	<p>40b</p>		<p>No</p>
<p>c <i>Section 501(c)(3) and 501(c)(4) organizations</i> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . <input type="checkbox"/> _____ 0</p>			
<p>d <i>Section 501(c)(3) and 501(c)(4) organizations</i> Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/> _____ 0</p>			
<p>e <i>All organizations.</i> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T</p>	<p>40e</p>		<p>No</p>
<p>41 List the states with which a copy of this return is filed <input type="checkbox"/> NY _____</p>			
<p>42a The organization's books are in care of <input type="checkbox"/> The Organization Telephone no <input type="checkbox"/> (315) 789-0102 ONE FRANKLIN SQUARE No 211 Located at <input type="checkbox"/> GENEVA, NY ZIP + 4 <input type="checkbox"/> 144560905</p>			
<p>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)?</p>	<p>42b</p>	<p>Yes No</p>	<p>No</p>
<p>If "Yes," enter the name of the foreign country <input type="checkbox"/> _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</p>			
<p>c At any time during the calendar year, did the organization maintain an office outside of the U S ?</p>	<p>42c</p>		<p>No</p>
<p>If "Yes," enter the name of the foreign country <input type="checkbox"/> _____</p>			
<p>43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <input type="checkbox"/> <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . <input type="checkbox"/> 43 _____</p>	<p>43</p>		
<p>44 Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.</p>	<p>44</p>	<p>Yes No</p>	<p>No</p>
<p>45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.</p>	<p>45</p>		<p>No</p>

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 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		
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a Did the organization make any transfers to an exempt non-charitable related organization?		
49b If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is 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

50(f) Total number of other employees paid over \$100,000

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

51(d) Total number of other independent contractors each receiving over \$100,000

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.

Please Sign Here

Signature of officer: *****
Date: 2010-08-11
Type or print name and title: JOHN T HICKS EXECUTIVE DIRECTOR

Paid Preparer's Use Only

Preparer's signature: Vincent P Sinicropi CPA
Date: _____
Check if self-employed:
Preparer's identifying number (See instructions): _____
Firm's name (or yours if self-employed), address, and ZIP + 4: Sinicropi & Healy LLP, 503 Murray Street, Newark, NY 145131089
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

2009

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.

Department of the Treasury Internal Revenue Service

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. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations, b Internet and e-mail 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... 2b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (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. Includes a Total row at the bottom.

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
		<u>CRUISIN' NIGHT</u> (event type)	<u>LIGHT UP GENEVA AUCTION</u> (event type)	<u>1</u> (total number)	(Add col (a) through col (c))
Revenue	1 Gross receipts	10,177	9,026	1,340	20,543
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	10,177	9,026	1,340	20,543
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs	5,517	2,443		7,960
	7 Food and beverages			1,671	1,671
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				9,631
11 Net income summary Combine lines 3, column d, and line 10. ▶				10,912	

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))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6 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		
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary Combine lines 1, column d, and line 7 ▶					

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____		
a	Is the organization licensed to operate gaming activities in each of these states?	9a	
b	If "No," Explain _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If "Yes," Explain _____		
11	Does the organization operate gaming activities with nonmembers?	11	
12	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?	12	

		Yes	No
13 Indicate the percentage of gaming activity operated in			
a The organization's facility	13a		
b An outside facility	13b		
14 Enter 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?		15a	
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 ▶ _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> 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?		17a	
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 ▶ \$ _____			

TY 2009 Other Assets Schedule

Name: GENEVA BUSINESS DISTRICT MANAGEMENT
ASSOCIATION INC

EIN: 41-1563357

Description	Beginning of Year Amount	End of Year Amount
Other Depreciable Assets	1,611	1,198

TY 2009 Other Expenses Schedule

Name: GENEVA BUSINESS DISTRICT MANAGEMENT
ASSOCIATION INC

EIN: 41-1563357

Description	Amount
PAYROLL TAXES	6,899
EMPLOYEE BENEFITS	185
HOLIDAY DECORATIONS	390
GAS OIL AND VEHICLE EXPENSE	1,229
BANK SERVICE CHARGES	320
DUES AND SUBSCRIPTIONS	642
EQUIPMENT RENTAL	2,269
MEALS - ENTERTAINMENT	990
SUPPLIES	2,195
New York Main Street Grant-Rehab Specialist	18,915
ADVERTISING	774
SMALL TOOLS AND EQUIPMENT	2,377
MISCELLANEOUS EXPENSES	1,143
Repairs	1,728
Travel - Mileage Reimbursments	85
Recruitment & Retention Study	17,270
TEMPORARY LABOR SERVICES	14,091
CAPITAL PROJECTS EXCESS EXPENSES	64

TY 2009 Other Revenues Schedule

Name: GENEVA BUSINESS DISTRICT MANAGEMENT
ASSOCIATION INC

EIN: 41-1563357

Description	Amount
MISCELLANEOUS	694
SUBLET RENTAL INCOME	450
MAINTENANCE SERVICES BILLED	380

**TY 2009 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**

(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
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
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
SHERRI GUERI 552 UNDERWOOD AVENUE ELMIRA, NY 14905	INTERIM EXEC DIRECTOR 40 00	13,820	0	0
JOHN T HICKS PO BOX 142 SENECA CASTLE, NY 145470142	EXECUTIVE DIRECTOR 40 00	11,538	0	0