

CitizenAudit.org

Form 990-EZ

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$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

OMB No 1545-1150

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2011 calendar year, or tax year beginning 01-01-2011, and ending 12-31-2011

- 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 14456

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

G Accounting method: [X] Cash [] Accrual [] Other (specify)

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

I Website: WWW.DOWNTOWNGENEVA.ORG

J Tax-Exempt status (check only one): [] 501(c)(3) [X] 501(c)(4) (insert no) [] 4947(a)(1) or [] 527

K Check [] if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 178,714

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

Check if the organization used Schedule O to respond to any question in this Part I [X]

Table with 3 main sections: Revenue (lines 1-9), Expenses (lines 10-17), and Net Assets (lines 18-21). Includes sub-rows for detailed revenue and expense items.

Part II Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II

(See the instructions for Part II)

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	94,699	22	74,462
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	785	24	372
25 Total assets	95,484	25	74,834
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	95,484	27	74,834

Part III Statement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this 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 the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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	113,751
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 (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	113,751

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this 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 V.)

Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		No
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, explain in Schedule O why the organization did not report the income on Form 990-T		
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		No
35b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
35c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		No
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		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> 37a <input type="text" value="0"/>		
37b	Did the organization file Form 1120-POL for this year?		
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 tax year covered by this return?		No
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	<i>Section 501(c)(7) organizations.</i> Enter		
39a	Initiation fees and capital contributions included on line 9		
39b	Gross receipts, included on line 9, for public use of club facilities		
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"/> _____		
40b	<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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		No
40c	<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="text" value="0"/>		
40d	<i>Section 501(c)(3) and 501(c)(4) organizations.</i> Enter amount of tax on line 40c reimbursed by the organization <input type="text" value="0"/>		
40e	<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		No
41	List the states with which a copy of this return is filed <input type="checkbox"/> <u>NY</u>		
42a	The organization's books are in care of <input type="checkbox"/> <u>THE ORGANIZATION</u> Telephone no <input type="checkbox"/> <u>(315) 789-0102</u> ONE FRANKLIN SQUARE NO 211 Located at <input type="checkbox"/> <u>GENEVA, NY</u> ZIP + 4 <input type="checkbox"/> <u>14456</u>		
42b	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 <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.	Yes	No
42c	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 <input type="checkbox"/> _____		No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="text" value="43"/>		
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	Yes	No
44b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		No
44c	Did the organization receive any payments for indoor tanning services during the year?		No
44d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		

Yes **No**

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

46	No
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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 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

Yes **No**

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

47		
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48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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b If "Yes," was the related organization a section 527 organization?

49b		
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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

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

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

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A **Yes** **No**

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.

Sign Here	***** Signature of officer	2012-05-09 Date
	JOHN T HICKS EXECUTIVE DIRECTOR Type or print name and title	

Paid Preparer's Use Only	Preparer's signature <input type="checkbox"/> DOUGLAS J FORGUE CPA	Date	Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (See instructions) P00104814
	Firm's name (or yours if self-employed), address, and ZIP + 4 <input type="checkbox"/> EFP ROTENBERG LLP 503 MURRAY STREET NEWARK, NY 145131089			EIN <input type="checkbox"/> 26-4298079
				Phone no <input type="checkbox"/> (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

2011

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.

- 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 and address 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 CRUISIN' NIGHT (event type)	(b) Event #2 LIGHT UP GENEVA AUCTION (event type)	(c) Other Events 5 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	22,470	8,247	11,624	42,341
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	22,470	8,247	11,624	42,341
Direct Expenses	4 Cash prizes	975			975
	5 Non-cash prizes	275			275
	6 Rent/facility costs	2,608		1,975	4,583
	7 Food and beverages			1,370	1,370
	8 Entertainment	4,950		4,211	9,161
	9 Other direct expenses	5,367	1,111	10,893	17,371
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(33,735)
11 Net income summary Combine lines 3 and 10 in column (d) ▶				8,606	

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 and 7 in column (d) ▶					

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? Yes No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," Explain _____

- 11** Does the organization operate gaming activities with nonmembers? Yes No
- 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? Yes No

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? Yes No

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? Yes No
- 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 ▶ \$ _____

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization
GENEVA BUSINESS DISTRICT MANAGEMENT
ASSOCIATION INC

Employer identification number

41-1563357

Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	INTEREST EARNINGS 508
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	DESCRIPTION MAINTENANCE SERVICES BILLED AMOUNT 996
OCCUPANCY, RENT, UTILITIES AND MAINTENANCE	FORM 990-EZ, PART I, LINE 14	DESCRIPTION DEPRECIATION AMOUNT 116 DESCRIPTION OTHER EXPENSES AMOUNT 11,106 TOTAL TO FORM 990-EZ, LINE 14 11,222
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION ADVERTISING AMOUNT 1,357 DESCRIPTION BANK SERVICE CHARGES AMOUNT 100 DESCRIPTION CONTRIBUTIONS AMOUNT 1,886 DESCRIPTION DIRECTOR'S DISCRETIONARY EXPENSES AMOUNT 1,682 DESCRIPTION DISTRICT BEAUTIFICATION - BANNERS, MURAL AMOUNT 4,023 DESCRIPTION DUES AND SUBSCRIPTIONS AMOUNT 426 DESCRIPTION TRAVEL- MILEAGE REIMBURSEMENTS AMOUNT 669 DESCRIPTION VEHICLE EXPENSE AMOUNT 1,043 DESCRIPTION SUPPLIES AMOUNT 4,123 DESCRIPTION PAYROLL PROCESSING FEES AMOUNT 1,491 DESCRIPTION HOLIDAY DECORATIONS AMOUNT 8,420 DESCRIPTION MARKETING - RECRUITMENT AMOUNT 2,361 DESCRIPTION MEALS - ENTERTAINMENT AMOUNT 232 DESCRIPTION MISCELLANEOUS EXPENSES AMOUNT 1,098 DESCRIPTION DEPRECIATION AMOUNT 297 TOTAL TO FORM 990-EZ, LINE 16 29,208
OTHER CHANGES IN NET ASSETS	FORM 990-EZ, PART I, LINE 20	AMOUNT -564
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 785 END OF YEAR AMOUNT 372

**TY 2011 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 990-EZ, Special Condition Description:****Special Condition Description****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
ROBERT STIVERS 401 BOODY HILL LANE GENEVA, NY 14456	DIRECTOR AND PRESIDENT 2 00	0	0	0
DAVID LINGER 60 SENECA STREET GENEVA, NY 14456	DIRECTOR AND VICE PRESIDENT 2 00	0	0	0
THOMAS BURRALL 50 LINDEN STREET GENEVA, NY 14456	DIRECTOR AND SECRETARY 2 00	0	0	0
LARRY WETHERBEE 348 WASHINGTON STREET GENEVA, NY 14456	DIRECTOR AND TREASURER 2 00	0	0	0
ROB SOLLENNE 470 EXCHANGE STREET GENEVA, NY 14456	DIRECTOR 1 00	0	0	0
CHARLES BAUDER 138 OAK STREET GENEVA, NY 14456	DIRECTOR 1 00	0	0	0
JEFFREY FRIEND 399 EXCHANGE STREET GENEVA, NY 14456	DIRECTOR 1 00	0	0	0
JASON HAGERMAN 108 LEWIS STREET GENEVA, NY 14456	DIRECTOR 1 00	0	0	0
DAVID BUNNELL 1045 LOCHLAND ROAD GENEVA, NY 14456	DIRECTOR 1 00	0	0	0
SPIKE HERZIG 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
JOSEPH FRAGNOLI 52 SENECA STREET GENEVA, NY 14456	DIRECTOR 1 00	0	0	0