

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 private foundations)

OMB No 1545-1150

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning 01-01-2014, and ending 12-31-2014

B Check if applicable

- Address change
Name change
Initial return
Final return/terminated
Amended return
Application pending

C Name of organization: GENESEE VALLEY BREEDERS ASSOCIATION INC
Number and street (or P O box, if mail is not delivered to street address): PO BOX 186
Room/suite
City or town, state or province, country, and ZIP or foreign postal code: WEST FALLS, NY 14170

D Employer identification number

16-0911412

E Telephone number

(585) 615-1188

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: NYBREDS.COM/GVBA

J Tax-exempt status (check only one): [] 501(c)(3) [X] 501(c)(5) (insert no) [] 4947(a)(1) or [] 527

K Form of organization: [X] Corporation [] Trust [] Association [] Other

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 65,943

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 21 rows and 2 columns. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Values range from 5,571 to 184,862.

Part II Balance Sheets (see the instructions for Part II)

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	199,210	22 184,862
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	199,210	25 184,862
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)	199,210	27 184,862

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

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, optional for others)

What is the organization's primary exempt purpose?

BREEDING INSTRUCTION AND ASSISTANCE TO IMPROVE CONDITIONS FOR BREEDERS AND HORSES
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 FAIR CLASSES ARE TAUGHT WHICH EDUCATE BREEDERS ON THE METHODS OF FAIR HORSE HUSBANDY THE FAIR PROVIDES A FORUM FOR ALL BREEDERS, MEMBERS OR NOT (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	0
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) <input type="checkbox"/>	32	

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 title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
RANDY KOZLOWSKI DIRECTOR	2 00	0	0	0
LINDA J READING TREASURER	10 00	0	0	0
MIRA BOYCZUK SECRETARY	10 00	0	0	0
ERICA WAITE VICE PRESIDENT	10 00	0	0	0
JOHN BARTHOMEW DIRECTOR	2 00	0	0	0
SARA DONAHUE PRESIDENT	10 00	0	0	0
DR GILLIAN PERKINS DIRECTOR	2 00	0	0	0
ANNE MORSS DIRECTOR	2 00	0	0	0
JACK FROHM DIRECTOR	2 00	0	0	0
THEA KILLEEN DIRECTOR	2 00	0	0	0
SARAH BATZING DIRECTOR	2 00	0	0	0
AMY SNYDER DVM DIRECTOR	2 00	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

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

Table with columns for question number, question text, and Yes/No columns. Rows include questions 33 through 40e regarding organizational activities, financials, and tax matters.

41 List the states with which a copy of this return is filed
42a The organization's books are in care of LINDA READING Telephone no (716) 949-8112
Located at 1662 READING RD WEST FALLS, NY ZIP +4 14170

Table with columns for question number, question text, and Yes/No columns. Rows include questions 42b and 42c regarding foreign financial accounts and offices.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year

Table with columns for question number, question text, and Yes/No columns. Rows include questions 44a through 45b regarding donor advised funds, hospital facilities, tanning services, and controlled entities.

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

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

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

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

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

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

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 "

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation.

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 "

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation.

d Total number of other independent contractors each receiving over \$10

52 Did the organization complete Schedule A? NOTE. All Section 501(c)(3) completed Schedule A

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 the taxpayer) is based on information furnished by the taxpayer. Declaration of preparer (other than the taxpayer) is based on information furnished by the taxpayer.

Sign Here ***** Signature of officer LINDA READING TREASURER Type or print name and title

Paid Preparer Use Only Print/Type preparer's name GARY A NACCA CPA Preparer's signature Firm's name GARY A NACCA CPA Firm's address 210 BRONZE LEAF TRAIL ROCHESTER, NY 14612

May the IRS discuss this return with the preparer shown above? See instructions

TY 2014 Transfers Personal Benefits Contracts Declaration

Name: GENESEE VALLEY BREEDERS ASSOCIATION INC

EIN: 16-0911412

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.

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 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2014

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Name of the organization
GENESEE VALLEY BREEDERS ASSOCIATION INC

Employer identification number

16-0911412

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION INTEREST AMOUNT 461 DESCRIPTION DIVIDENDS AMOUNT 2,930 TOTAL INCLUDED ON FORM 990-EZ, LINE 4 3,391
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION ANNUAL DINNER AND MEETINGS AMOUNT 3,484 DESCRIPTION INSURANCE AMOUNT 35 0 DESCRIPTION SPONSORSHIPS AMOUNT 4,675 DESCRIPTION WEBSITE MAINTENANCE AMOUNT 1,3 60 DESCRIPTION INVESTMENT FEES AMOUNT 2,114 DESCRIPTION MISCELLANEOUS SHOW EXPENSES AMOUNT 726 DESCRIPTION PRIZES, TROPHIES AND AWARDS AMOUNT 9,156 DESCRIPTION OFFICE SUPPLIES AMOUNT 672 DESCRIPTION SCHOLARSHIP AMOUNT 1,000 DESCRIPTION BANK CHARGES AMOUNT 25 DESCRIPTION MISCELLANEOUS AMOUNT 169 TOTAL TO FORM 990-EZ, LINE 16 23,731