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Short Form
Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2010**Open to Public Inspection**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)

► 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.

A For the 2010 calendar year, or tax year beginning 1-1-11, 2010, and ending 12-31, 2011

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

C Name of organization THE PROFESSIONAL MUSICIANS OF CENTRAL NEW YORK
 Number and street (or P.O. box, if mail is not delivered to street address) 3009 BURNET AVE. Room/suite _____
 City or town, state or country, and ZIP + 4 SYRACUSE, NY 13206-2420

D Employer identification number 15-0465260

E Telephone number 315 433 9807

F Group Exemption Number ►

G Accounting Method: ☒ Cash ☐ Accrual ☐ Other (specify) ►

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

I Website: www.cnymusicians.org

J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c)(5) (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 \$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 I, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$

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 ☐

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1		18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	2		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)
3	Membership dues and assessments	3	67900	20	Other changes in net assets or fund balances (explain in Schedule O)
4	Investment income	4	12527	21	Net assets or fund balances at end of year. Combine lines 18 through 20
5a	Gross amount from sale of assets other than inventory	5a			
5b	Less: cost or other basis and sales expenses	5b			
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0		
6	Gaming and fundraising events				
6a	Gross income from gaming (attach Schedule G if greater than \$15,000) <u>10057 1844 CB 2953 123301</u>	6a	5100		
6b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	0		
6c	Less: direct expenses from gaming and fundraising events	6c	0		
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	5100		
7a	Gross sales of inventory, less returns and allowances	7a			
7b	Less: cost of goods sold	7b			
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0		
8	Other revenue (describe in Schedule O)	8	0		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	85527		
10	Grants and similar amounts paid (list in Schedule O)	10	27938		
11	Benefits paid to or for members	11	3000		
12	Salaries, other compensation, and employee benefits	12	17688		
13	Professional fees and other payments to independent contractors	13	5232		
14	Occupancy, rent, utilities, and maintenance	14	10864		
15	Printing, publications, postage, and shipping	15	5008		
16	Other expenses (describe in Schedule O)	16	11999		
17	Total expenses. Add lines 10 through 16	17	81729		
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	3798		
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)	19	417978		
20	Other changes in net assets or fund balances (explain in Schedule O)	20	1701		
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	423477		

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No. 106421

Form **990-EZ** (2010)

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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	299,215	304,714
23 Land and buildings	114,363	114,363
24 Other assets (describe in Schedule O)	4,400	4,400
25 Total assets	427,978	423,477
26 Total liabilities (describe in Schedule O)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	417,978	423,477

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. ☐

What is the organization's primary exempt purpose? SERVING PROFESSIONAL MUSICIANS
 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.

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28 <u>NEGOTIATE AGREEMENTS WITH EMPLOYER PURCHASERS, REPRESENT MEMBERS IN GRIEVANCES, ARBITRATION, DISPUTES, PUBLISH NEWSLETTER TO OVER 400 MEMBERS, ESTABLISH AND MAINTAIN MINIMUM WAGES AND WORKING CONDITIONS</u> (Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	28a <u>0</u>
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 _____

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
PHILIP MACARTHUR PO BOX 303 PLAINVILLE, NY	PRESIDENT PART TIME	0	0	0
WILLIAM HARRIS 200 E. GENESSEE ST FULTON, NY	VICE PRESIDENT PART TIME	0	0	0
JOSEPH CARFASNO 200 SWANSEA AVE SYRACUSE, NY	SECRETARY FULL-TIME	14,395	1,883	282
JON GARLAND 345 FELLOWS AVE SYRACUSE, NY	TREASURER PART TIME	0	0	0
JOHN ALLIS 6391 E SENECA TRNPK, JVILLE, NY	SSE AT LARGE PART TIME	0	0	0
LYNN HAMSTER 301 PLEASANT AVE N. SYRACUSE, NY	MEMBER AT LARGE PART TIME	0	0	0
LEONARD COLELLA 4772 FAWN HILL SYRACUSE, NY	MEMBER AT LARGE PART TIME	0	0	0
CAROL DUMKA 203 GRANDY AVE LIVERPOOL, NY	MEMBER AT LARGE PART TIME	0	0	0

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 activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		<input checked="" type="checkbox"/>
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)		<input checked="" type="checkbox"/>
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.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		<input checked="" type="checkbox"/>
b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?		N/A
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		<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b Did the organization file Form 1120-POL for this year?		N/A
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?		<input checked="" type="checkbox"/>
b If "Yes," complete Schedule L, Part II and enter the total amount involved		N/A
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9		N/A
b Gross receipts, included on line 9, for public use of club facilities		N/A
40a Section 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 Section 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 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.		N/A
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		N/A
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		N/A
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.		<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed. ▶		
42a The organization's books are in care of ▶ <u>AFM LOCAL 78</u> Telephone no. ▶ <u>315 433-9807</u> Located at ▶ <u>3009 BURNET AVE SYRACUSE, NY</u> ZIP + 4 ▶ <u>13203-2420</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)?	Yes	No
If "Yes," enter the name of the foreign country: ▶ <u>N/A</u>		<input checked="" type="checkbox"/>
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?		<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country: ▶ <u>N/A</u>		
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 ▶ 43		<input type="checkbox"/>
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year?		<input checked="" type="checkbox"/>
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		N/A

- 45** Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?
- a** 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).
- 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.

	Yes	No
45		<input checked="" type="checkbox"/>
45a		<input checked="" type="checkbox"/>
46		<input checked="" type="checkbox"/>

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, 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 ☐

- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.
- 48** Is the organization a school as 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?
- b** 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."

	Yes	No
47		
48		
49a		
49b		

(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 JOSEPH CORRENO, EXECUTIVE SECRETARY Date 03/19/2012

Paid Preparer Use Only Print/Type preparer's name JAMES A. LAMICA III Preparer's signature James A. Lamica III Date 3/19/12 Check ☒ if self-employed PTIN P01496165

Firm's name LAMICA TAX SERVICE Firm's EIN

Firm's address 331 NORTHERND WAY CHARLOTTE, NC 28201 Phone no 315 699 6843

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

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.

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization

Employer identification number

THE PROFESSIONAL MUSICIANS OF CENTRAL NY 15-0465260

PART 1 LINE 10

AFM WORK DUES 6346

AFM FIF 780

AFM PER CAPITA 20812

27938

PART 1 LINE 16

TIME WARNER CABLE 659

VERIZON PHONE 816

CHASE CARD OFFICE SUP. 355

CLAMBAKE 4646

CLAMBAKE HONORARIUM 235

LIABILITY INSURANCE 744

NYS DISABILITY INS. 45

NYSIF WORKER COMP 344

NYS CONFERENCE EXP. 413

MEETING EXPENSE UTICA 25

COMPUTER REPAIR 175

SSO RELIEF FUND 2000

ICSOM EXPENSE 922

CNY LABOR FED-AFL-CIO DUES 120

SCHOLARSHIP 500

11999

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.

OMB No. 1545-0047

2011

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Name of the organization

THE PROFESSIONAL MUSICIANS OF CENTRAL NY

Employer identification number

15-0465260

PART I LINE 20

YEAR
END

WELLS FARGO MUTUAL FUND 5132-1635 < 1373 >

OPPENHEIMER MUTUAL FUND 552

WELLS FARGO COLUMBIA TRUST 5132-1651 3597

WELLS FARGO RUSSELL INV. CO. MF 5132-1651 < 1085 >

ALLIANCE BEANSTEIN MF 10

1701 NET
GAIN
OR
LOSS

PART II LINE 24

OFFICE EQUIPMENT ETC. 4400

(COMPUTER PRINTER FILE CABINETS DESKS
TABLE CHAIRS OFFICE FURNITURE ETC.)