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Form **990-EZ****Short Form****Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

**2013****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 private foundations)

▶ 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](http://www.irs.gov/form990).**A** For the 2013 calendar year, or tax year beginning 1-1-, 2013, and ending 12-31-, 2013**B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

**C** Name of organizationThe 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 province, country, and ZIP or foreign postal code

Syracuse, N.Y. 13206-2420**D** Employer identification number15-0465260**E** Telephone number315 433-9807**F** Group Exemption Number ▶**G** Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶**I** Website: ▶ www.cnymusicians.org**J** Tax-exempt status (check only one) - ☐ 501(c)(3) ☒ 501(c)( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**K** Form of organization: ☐ 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. ▶ \$**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	1	Contributions, gifts, grants, and similar amounts received	1	<u>0</u>
	2	Program service revenue including government fees and contracts	2	<u>0</u>
	3	Membership dues and assessments	3	<u>65078</u>
	4	Investment income	4	<u>13361</u>
	5a	Gross amount from sale of assets other than inventory	5a	<u>0</u>
	5b	Less: cost or other basis and sales expenses	5b	<u>0</u>
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	<u>0</u>
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000) <u>CG-2877, SCHOL-164, NALICO-60 REF-25</u>	6a	<u>3126</u>
b	Gross income from fundraising events (not including \$ <u>0</u> 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	<u>0</u>	
c	Less: direct expenses from gaming and fundraising events	6c	<u>0</u>	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	<u>3126</u>	
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	<u>0</u>	
8	Other revenue (describe in Schedule O)	8	<u>0</u>	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	<u>81565</u>	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	<u>27441</u>
	11	Benefits paid to or for members	11	<u>4000</u>
	12	Salaries, other compensation, and employee benefits	12	<u>17671</u>
	13	Professional fees and other payments to independent contractors	13	<u>1342</u>
	14	Occupancy, rent, utilities, and maintenance	14	<u>13481</u>
	15	Printing, publications, postage, and shipping	15	<u>6280</u>
	16	Other expenses (describe in Schedule O)	16	<u>15000</u>
	17	<b>Total expenses.</b> Add lines 10 through 16	17	<u>85115</u>
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<u>&lt;3550&gt;</u>
	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	<u>460410</u>
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	<u>10803</u>
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	<u>467663</u>

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2013)

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**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 ☐

	Yes	No
<b>33</b> 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 . . . . .		X
<b>34</b> 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) . . . . .		X
<b>35a</b> 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)? . . . . .		X
<b>b</b> If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O . . . . .	N/A	
<b>c</b> 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 . . . . .		
<b>36</b> 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 . . . . .		X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b> . . . . .		
<b>b</b> Did the organization file Form 1120-POL for this year? . . . . .	N/A	
<b>38a</b> 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? . . . . .		X
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	N/A	
<b>39</b> Section 501(c)(7) organizations. Enter: . . . . .		
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . .	N/A	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . .	N/A	
<b>40a</b> 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>b</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	
<b>c</b> 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 . . . . . ▶ <u>N/A</u> . . . . .		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ <u>N/A</u> . . . . .		
<b>e</b> 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 . . . . .		X
<b>41</b> List the states with which a copy of this return is filed ▶ . . . . .		
<b>42a</b> 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, N.Y.</u> ZIP + 4 ▶ <u>13206-2420</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)? . . . . .		X
If "Yes," enter the name of the foreign country: ▶ <u>N/A</u> . . . . . See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. . . . .		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside the U.S.? . . . . .		X
If "Yes," enter the name of the foreign country: ▶ <u>N/A</u> . . . . .		
<b>43</b> 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 . . . . . ▶ <b>43</b> . . . . . <input type="checkbox"/>		
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		X
<b>b</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 . . . . .		X
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? . . . . .		X
<b>d</b> 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	
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		X
<b>45b</b> 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) . . . . .		X

**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
<b>46</b>		<input checked="" type="checkbox"/>

**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 . . . . . ☐

**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 . . . . .

	Yes	No
<b>47</b>		

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

<b>48</b>		
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**49a** Did the organization make any transfers to an exempt non-charitable related organization? . . . . .

<b>49a</b>		
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**b** If "Yes," was the related organization a section 527 organization? . . . . .

<b>49b</b>		
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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 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."

(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 \$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 Carfagno Date 03/21/2014  
 Type or print name and title JOSEPH CARFAGNO, EXECUTIVE SECRETARY

**Paid Preparer Use Only**

Print/Type preparer's name James A. Lamica III Preparer's signature James A. Lamica III Date 2-15-14 Check ☒ if self-employed PTIN P01496165  
 Firm's name LAMICA TAX SERVICE Firm's EIN ▶  
 Firm's address 381 NORTFIELD WAY CAMILLUS, N.Y. 13031 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.

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

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

The Professional Musicians of Central NY

Employer identification number

15-0465260

Part 1 Line 10

AFM WORK DUES 4107.62

AFM FIF 455.00

AFM PER CAPITA 22878.00

27441

Part 1 Line 12

HEALTH INSURANCE DENTAL 372.00

EMP FED W/H TAX 1800.00

EMP SS TAX 892.80

EMP MED TAX 208.80

EMPLOYER SS TAX 892.80

EMPLOYER MED TAX 208.80

TUTA 42.00

EMP NYS TAX 422.40

U/E NYS TAX 216.00

AFM - EPF 1517.36

SECRETARY SALARY NET 11076.00

NYS U/E INSURANCE 21.60

17671

Part 1 Line 13

AUDITOR FEE 592.00

LEGAL FEE 650.00

1242

Name of the organization

Employer identification number

The Professional Musicians of Central NY

15-0465260

## Part 1 Line 15

DELLAS 'CARPENTERS' MAILING 1222.78

US POSTMASTER 590.00

CHASE CARD POSTAGE 852.55

TRI-KOLOR PRINTING 1092.14

POSTAGE 50.00

PRESS ARTCRAFT 403.92

MIDSTATE PRINTING 2106.00

6280

## Part 1 Line 16

CLAMBAKE / DEPOSIT 3976.56

HONORARIUM CLAMBAKE 275.25

NS DB INS 90.00

NYSIF WORKERS COMP. 380.44

DELEGATE EXPENSE (PES) 909.53

DELEGATE EXPENSE (V-P) 1165.17

SCHOLARSHIP 900.00

TIME WARNER 688.03

VERIZON PHONE 747.71

OFFICE SUPPLIES 830.64

WEBSITE 294.78

LIABILITY INSURANCE EE 714.61

NYS COM 153.25

ORCA COMM. ISCOM 1560.00

AFL CIO DUES 120.00

(CONT)

Name of the organization

The Professional Musicians of Central NY

Employer identification number

15-0465260

Part 1 Line 16

(CONT)

WEBSITE 1000.00

WEB POSTING 57.05

DELEGATE ISCOM 1032.27

INS CHECK CHG 25.00

INS CHECK 53.70

INS CHECK CHG 25.00

15000