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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

, 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

The Professional Musicians of Central New York

Number and street (or P.O. box, if mail is not delivered to street address)

Room/suite

3009 Burnet Ave

City or town, state or province, country, and ZIP or foreign postal code

Syracuse, N.Y. 13306-2420

D Employer identification number

15-0465260

E Telephone number

315 433-9807

F Group Exemption
Number ▶**G** Accounting Method: ☒ Cash ☐ Accrual ☐ Other (specify) ▶**I** Website: ▶ www.cnymusicians.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)(3) ☒ 501(c)() (insert no.) ☐ 4947(a)(1) or ☐ 527**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	0
	2	Program service revenue including government fees and contracts	2	0
	3	Membership dues and assessments	3	63343
	4	Investment income	4	18801
	5a	Gross amount from sale of assets other than inventory	5a	0
	5b	Less: cost or other basis and sales expenses	5b	0
	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) (B-2373, LABELS 75, SIGN. M. V. 65, SCHOL. 9)	6a	2604
	6b	Gross income from fundraising events (not including \$ 0 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	2604	
Expenses	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	84748
	10	Grants and similar amounts paid (list in Schedule O)	10	28644
	11	Benefits paid to or for members	11	0
Net Assets	12	Salaries, other compensation, and employee benefits	12	18206
	13	Professional fees and other payments to independent contractors	13	1000
	14	Occupancy, rent, utilities, and maintenance	14	10760
	15	Printing, publications, postage, and shipping	15	3999
	16	Other expenses (describe in Schedule O)	16	10534
	17	Total expenses. Add lines 10 through 16	17	73143
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	11605
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	467663	
20	Other changes in net assets or fund balances (explain in Schedule O) INVESTMENTS	20	1169	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	480437	

For Paperwork Reduction Act Notice, see the separate instructions.

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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	348900	22 361674
23 Land and buildings	114363	23 114363
24 Other assets (describe in Schedule O)	4400	24 4400
25 Total assets		25
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	467663	27 480437

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 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.

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations; 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 WORK CONDITIONS</u> (Grants \$) 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 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
<u>PHILIP MACARTHUR</u> <u>PO BOX 303 PLAINVILLE, NY</u>	<u>PRESIDENT</u> <u>PART TIME</u>	<u>0</u>	<u>0</u>	<u>389</u>
<u>WILLIAM HARRIS</u> <u>200 E. GENESEE ST. FAYETTEVILLE, NY</u>	<u>VICE PRESIDENT</u> <u>PART TIME</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>JOSEPH CARFANO</u> <u>200 SWANSEA AVE SYRACUSE NY</u>	<u>SECRETARY</u> <u>FULL TIME</u>	<u>14400</u>	<u>0</u>	<u>14400</u>
<u>CAROL DUMKA</u> <u>202 GANDY AVE LIVERPOOL NY</u>	<u>TREASURER</u> <u>PART TIME</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>LEONARD COLELLA</u> <u>4772 FAUN HILL SYRACUSE NY</u>	<u>SGT AT ARMS</u> <u>PART TIME</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>JOHN ALLIS</u> <u>6391 E. SENECA TURNPIKE JAMESVILLE, NY</u>	<u>MEMBER AT LARGE</u> <u>PART TIME</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>DAVID ABRAMS</u> <u>PO BOX 15086 SYRACUSE NY</u>	<u>MEMBER AT LARGE</u> <u>PART TIME</u>	<u>0</u>	<u>0</u>	<u>0</u>

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
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		X
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)		X
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)?		X
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
c 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		
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		X
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?		X
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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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		X
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>13206-2420</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)? If "Yes," enter the name of the foreign country: ▶ <u>N/A</u> See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		X
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶ <u>N/A</u>		X
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		
44a 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 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
c Did the organization receive any payments for indoor tanning services during the year?		X
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
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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
46		<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
47		
48		
49a		
49b		

- 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."

(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 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

Date

JOSEPH CARFAGNA
Type or print name and title

EXECUTIVE SECRETARY

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☒ if self-employed

PTIN

James A. Lamica III

James A. Lamica III

2/19/15

P01496165

Firm's name ▶ LAMICA TAX SERVICE

Firm's EIN ▶

Firm's address ▶ 331 NORTHFIELD WAY CAMILLUS, NY 13031

Phone no. 315 699-6843

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

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.

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

The Professional Musicians of Central New York

Employer identification number

15-0465260

Part I Line 10

AFM WORK DUES \$ 3791.80

AFM FIF \$ 715.00

AFM PER CAPITA \$ 24137.00

\$ 28643.80 \Rightarrow \$ 28644

Part I Line 16

TIME WARNER \$ 764.49

VERIZON \$ 843.76

CHASE CARD OFFICE \$ 569.11

CLAMBAKE \$ 4298.40

HONORARIUM CLAMBAKE \$ 156.25

LIABILITY / INSURANCE \$ 696.46

NYS DB INSURANCE 45.00

NYSIF WORKERS COMP \$ 382.90

CHASE CARD COMPUTER \$ 626.09

AFL-CIO DUES \$ 120.00

OFFICE SUPPLIES \$ 435.13

UNION REP EXPENSE \$ 45.00

ICSON DELEGATE EXPENSE \$ 1162.64

UTICA Sym Nego EXPENSE \$ 389.45

\$ 10534.68 \Rightarrow \$ 10534

Name of the organization

The Professional Musicians of Central New York

Employer identification number

15-0465260

Part 1 Line 20

INVESTMENTS

	ACCOUNT #	GAIN/LOSS	GAIN TRANSFERABLE TO CASH ACCOUNT	NET DIFF
①	8010-6239 mf	<1587.75>	\$ 1700.00	112.2
②	3903-1821 mf	<4468.70>	\$ 5939.00	1470.3
③	1782-1206 mf	<2399.51>	\$ 2090.00	<309.5
④	4822-9309 eq	+ <103.46>	+ 0	+ <103.4
		<8559.42>	\$ 9729.00	\$ 1169.5

↓
\$1169