

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Department of the Treasury

# **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)

2015

OMB No. 1545-1150

▶ 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.

Open to Public Inspection

A Cartha 2015 asland		And E a store of	r year, or tax year beginning //// , 2015, an		nd endino		12/31/.2015		
			C Name of organization		,		D Emok	yer ide	ntification number
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==	mended		City or town, state or province, country, and ZIF	or foreign postal code	- A		F Grou	•	•
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G A	ccount	ting Method:	Cash Accrual Other (specify)	<b>&gt;</b>		Н		-	f the organization is not
1 W	/ebsite	ะ⊭ั่⊍น	ow. chymusicians.or	-9			•		ach Schedule B
J Ta	x-exen		eck only one) - 501(c)(3) 501(c) (	~) ◀ (insert no.) ☐ 49-	47(a)(1) or	<b>□527</b>	(Form 9	90, 990	)-EZ, or 990-PF).
KF	orm of	organization	: Corporation Trust		Other				
LA	dd line	s 5b, 6c, and	i 7b to line 9 to determine gross receipts. If	gross receipts are \$20	0,000 or m	ore, or if tota	ıl assets		
(Par	t II, col	umn (B) belo	w) are \$500,000 or more, file Form 990 Inste	ad of Form 990-EZ .				<b>▶</b> \$	
Ρá	art I	Revenu	ie, Expenses, and Changes in Ne	t Assets or Fund	Balance	s (see the	Instruc	tions	for Part I)
		Check if	f the organization used Schedule O to	o respond to any qu	uestion i	n this Part	١		<u> </u>
	1		ons, gifts, grants, and similar amounts					1	<del>-</del>
	2		service revenue including government f					2	-4)-
			hip dues and assessments					3	60969
		Investmen	•		• • •			4	17414
``	5a		ount from sale of assets other than inve	entory	5a	· · · · · ·	• •	100	
B Checks Address Name Initial r Applic G Accord I Webs J Tax-en K Form L Add ii (Part ii, C Part ii, C 11 2 3 4 5 6 9 10 11 12 13 14 15 16 17 17 18 19 10 11 11 11 11 11 11 11 11 11 11 11 11	ь		t or other basis and sales expenses .	•	5b				
	c		oss) from sale of assets other than invel		المستنبسا	na 5a)		5c	
	6	,	nd fundraising events	itory (Gubhact into c		110 Jaj	• •		
	a	_	come from gaming (attach Schedule	G if greater tha	ın			AMPLE OF	
25	•	\$15,000)	CB-12630 S.M\$4-0 IN	\$ 9/P. \$30		27	00		
\$	b		ome from fundralsing events (not include			contributio	ns		
2			alsing events reported on line 1) (atta		16 ,				
	· .		ch gross income and contributions exc	•	6b	<u>-</u>			
	C		ct expenses from gaming and fundrals		6c	<u> </u>	اسر		
	d		ne or (loss) from gaming and fundrals	ing events (add line	s 6a and	l 6b and su	ibtract		
		line 6c)	1 1		• . • •			6d	2700
	7a	Gross sale	es of inventory, less returns and allowa	nces	7a				•
	b	Less: cost	t of goods sold		7b			5	
	C	. Gross pro	fit or (loss) from sales of inventory (Sub	tract line 7b from lin	ne 7a) .			7c	<u>-0-</u>
,	8	Other reve	enue (describe in Schedule O) . 👈 🧢					8	
	9	Total reve	enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, a	nd 8			. ▶	9	81083
	10	Grants an	d similar amounts paid (list in Schedule	0)				10	29034
	11 .		pald to or for members ,					11	-0-
	12	Salaries, o	other compensation, and employee ber	nefits				12	19779
75	13		nal fees and other payments to indeper					13	-6-
> 🖁	14	Occupano	cy, rent, utilities, and maintenance					14	24-2.73
<sup>3</sup> 型	15		publications, postage, and shipping					15	3422
٠.,	16	Other exp	enses (describe in Schedule O)					16	18120
=	17	•	enses. Add lines 10 through 16					17	93648
·	18	Excess or	(deficit) for the year (Subtract line 17 fi	om line 9)				18	< 12565)
# ## ## ## ## ## ## ## ## ## ## ## ## #	19	Net asset	s or fund balances at beginning of ye	ar (from line 27. col	lumn (All	(must agre			S O S YO V
Net Assets Expenses	]	end-of-ye	ar figure reported on prior year's return	)		,	• •	19	480437
<b>a</b>	20		inges in net assets or fund balances (ex	t .				20	Z18462>
Z	21		s or fund balances at end of year. Com					21	444410
For	Paper		tion Act Notice, see the separate instruc			No, 10642i	<del></del>		Form 990-EZ (2015)

	Care David IA		1											
Part II Balance Sheets (see the instructions	for Part II)	ne menadian in this	Dort II	. п										
Check if the organization used Schedule	O to respond to a	ny question in this	(A) Beginning of year	(B) End of year										
		ł		22 3,306 47										
22 Cash, savings, and investments				23 /14363										
23 Land and buildings				24 4400										
24 Other assets (describe in Schedule O) 25 Total assets		· · · · · · · · · · · · · · · · · · ·		25 44 74610										
26 Total liabilities (describe in Schedule O)				26										
27 Net assets or fund balances (line 27 of column		n line 21)		27 449410										
Part III Statement of Program Service Accom														
				Expenses										
What is the experience primary exempt purposed. Set the Asia Telegraphy of the Asia Telegra														
				501(c)(3) and 501(c)(4)										
Describe the organization's program service accompliance as measured by expenses. In a clear and concise measured by expenses, in a clear and concise measured by expenses, in a clear and concise measured by expenses.	nanner, describe the			organizations; optional for others.)										
		ARSENT MEMB	ERSIN											
GOLDVAMORS ARBITRATION DISPITES.	28 NEGOTIATE ACCEPTENTS WITH EMPLOYER PURCHASERS, REPRESENT MEMBERS IN GRIEVANCES, ARBITRATION, DISPUTES, PUBLISH NEWSLETTER TO AROUND 400													
MEMBERS, ESTABLISHAND MAINTAI	N MINIMUM WA	GES AND WORK	CONDITIONS											
(Grants \$ ) If this amount	Includes foreign gra	ints, check here	▶□	28a										
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(Grants \$ ) If this amount	includes foreign gra	ants, check here .	▶□	30a										
31 Other program services (describe in Schedule O)														
(Grants \$ ) if this amount	includes foreign gra	ints, check here	▶ □	31a										
32 Total program service expenses (add lines 28a	through 31a)			32										
Part IV List of Officers, Directors, Trustees, and Ker	y Employees (list eacl	n one even if not com	pensated-see the In	32 structions for Part (V)										
32 Total program service expenses (add lines 28a	y Employees (list eacl	n one even if not com	pensated-see the In	32   structions for Part (V)										
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Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part '		
	Did the consulation of the consu		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	33		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)	34		*
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)?	35a		V
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	35b	N	<u> </u>
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	35c		7
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	36		×
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?	37b	2	/A
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			<b>E-12</b>
ь	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  If "Yes," complete Schedule L, Part II and enter the total amount involved	38a	10000000	X
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions Included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► NA ; section 4912 ► NA ; section 4955 ► NA			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4058			a port
	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	40b	^	Δ
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	12.5		720
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	400 reimbursed by the organization			
44	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	40e		×
41 42a	List the states with which a copy of this return is filed			
740	The organization's books are in care of AFM LOCAL 78  Located at >3009 BURNET AVE SYRACUSE. N.Y  Telephone no. > 3/5  ZIP+4 > 13.20/			
Ь	Located at ≥ 3009 BURNET AVE SYARCUSE, LLY  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 hard-	6-2	42	0
L.	a mandati account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No
	If "Yes," enter the name of the foreign country: ▶	3000	1000	STATE
	See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and			
	mancia: Accounts (FBAH).			THE REAL PROPERTY.
	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		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		. •	
44a	<u> </u>	F	Yes	No
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		製
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		
a	Did the organization receive any payments for indoor tanning services during the year?  If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If the barrante and the payments of the payments.	44c	E11.056 12	X
	or production outdoor of the control	44d		X
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	1	元
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)			
		45b		$\mathbf{x}$

`. 00	, 10-EZ (20	15)				Page 4			
46	Did th	e organization engage, directly or in	directly, in political ca	impaign activities on l	behalf of or in or	yes No			
Part	VI	Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51. Check if the organization used Sci	only s must answer ques	stions 47–49b and 5	2, and comple	ete the tables for lines			
47	Did th	ne organization engage in lobbying	activities or have a s	ection 501(h) election	n in effect during	g the tax			
48 49a b 50	is the Did th If "Ye Comm	organization a school as described in the organization make any transfers the s," was the related organization a second this table for the organization's	n section 170(b)(1)(A)(ii) o an exempt non-cha ection 527 organizatio s five highest compens	ritable related organiz n?	ation?	48			
	emple	oyees) who each received more than	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	ization. If there i (d) Health benefit contributions to emp benefit plans, and do compensation	its, ployee (e) Estimated amount of other compensation			
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f 51	Com	number of other employees paid over the organization and of compensation from the organization from the organi	's five highest compe	. Densated independent one, enter "None."	contractors who	each received more than			
	(a)	Name and business address of each independ	dent contractor	(b) Type of servi	сь	(c) Compensation			
	4				,				
•	·								
<del></del>	<del></del>			, (					
d	Total	number of other independent contra	actors each receiving	over \$100,000	<b></b>				
52	Did t	the organization complete Schedoleted Schedule A		•	nizations must	attach a ►□ Yes □ No			
Inder rue, co	penalties orrect, an	of perjury, I declare that I have examined this disconplete. Declaration of preparer (other that	return, including accompant n officer) is based on all info	ying schedules and stateme rmation of which preparer h	nts, and to the best ones any knowledge.	of my knowledge and belief, it is			
Sign Here		Signature of officer CAS CAS	NO	Execu	Date S	ECAETARY			
Pald		Type or print name and title Print/Type preparer's name	Preparer's signature	Da		eck S # PTIN			
Prep	oarer Only	Firm's name - LAMICA TIT	Y SERVICE	amuca IIII )	/27// sel Firm's EN	f-employed   Po14-96 165			
May 1	he IRS	Firm's address ➤ 7/1/ \(\text{A}\) \(\text{A}\) \(\text{A}\)		millions	Phone no	.315 644-6×45			

Form 990-EZ (2015)

#### SCHEDULE O (Form 990 or 990-EZ)

## 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ➤ 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.

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Employer Identification number Name of the organization vsicians of Centra 15-0465260 nine 10 3865.72 \$ AFM 390.00 AFM PER CAPITA ine 16 \$ 797.39 TIME WARNER VERIZON 333.52 CHASE CARD OFFICE Ì CARD COMPUTER CLAMBAKE, HONDANAIUM, DEFOSIT LIABILITY INSURANCE 45.00 MISSURANCE NYSIE WORKERS COMP 396.57 5 592.00 AUDITOR EXPENSE NYS COM 101.00 AF1-C10 120.00 OFFICE ICSOM BEL EXP Ϋ́ SCHOLARSHIP FUND EXP 500.00 1230.00 Computer INVESTMENT FEES 2218.00

### **SCHEDULE 0** (Form 990 or 990-EZ)

### 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.

OMB No. 1545-0047 2015

Employer identification number 15-0465-260

Department of the Treasury Internal Revenue Service Name of the organization

► 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.

Open to Public Inspection

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