

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)

2017**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.

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning 1/1, 2017, and ending 12/31, 2017

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) 3009 Burnet Ave
 City or town, state or province, country, and ZIP or foreign postal code Syracuse, N.Y. 13206-2420

D Employer identification number 15-0465260

E Telephone number 315 433-9807

F Group Exemption Number 05

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:

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 ☒

Line	Description	Amount
1	Contributions, gifts, grants, and similar amounts received	0
2	Program service revenue including government fees and contracts	0
3	Membership dues and assessments	64,384
4	Investment income	21,145
5a	Gross amount from sale of assets other than inventory	0
5b	Less: cost or other basis and sales expenses	0
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	0
6	Gaming and fundraising events	
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	3977
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)	0
6c	Less: direct expenses from gaming and fundraising events	0
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	3977
7a	Gross sales of inventory, less returns and allowances	0
7b	Less: cost of goods sold	0
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	0
8	Other revenue (describe in Schedule O)	0
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	225,062
10	Grants and similar amounts paid (list in Schedule O)	2,113
11	Benefits paid to or for members	2,000
12	Salaries, other compensation, and employee benefits	15,172
13	Professional fees and other payments to independent contractors	0
14	Occupancy, rent, utilities, and maintenance	12,297
15	Printing, publications, postage, and shipping	2,777
16	Other expenses (describe in Schedule O)	15,480
17	Total expenses. Add lines 10 through 16	75,662
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	138,444
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)	458,194
20	Other changes in net assets or fund balances (explain in Schedule O)	30,756
21	Net assets or fund balances at end of year. Combine lines 18 through 20	502,794

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2017)

SCANNED MAY 10 2018

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	339431	22 384031
23	Land and buildings	114363	23 114363
24	Other assets (describe in Schedule O)	4400	24 4400
25	Total assets	458194	25 502794
26	Total liabilities (describe in Schedule O)	—	26 —
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	458194	27 502794

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	NEGOTIATE AGREEMENTS WITH EMPLOYER PURCHASERS REPRESENT MEMBERS IN GRIEVANCES, ARBITRATION, DISPUTES, PUBLISH NEWSLETTER TO AROUND 400 MEMBERS, ESTABLISH AND MAINTAIN MINIMUM WAGES AND WORK CONDITIONS		
29	(Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	28a	0
30	(Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	29a	
31	Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	30a	
32	Total program service expenses (add lines 28a through 31a) ▶	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 ☐

[illegible]

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	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	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)?	35a	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	35b	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	35c	
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	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?	37b	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?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	N/A
b Gross receipts, included on line 9, for public use of club facilities	39b	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	40b	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	40e	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 TB</u> Telephone no. <u>(315) 433-9807</u> Located at <u>3009 BURNETT 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>See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</u>	42b	X
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: <u></u>	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 <u>43</u>		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	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	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	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	44d	N/A
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	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)	45b	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 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

	Yes	No
48		

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

	Yes	No
49a		

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

	Yes	No
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."

(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 JOSEPH CARFAGNO Date 03/21/2018
Type of print name and title EXECUTIVE SECRETARY

Paid Preparer Use Only Preparer's name JAMES A. LAMICA-III Preparer's signature [Signature] Date 1/18 Check ☒ if self-employed PTIN P01496165
Firm's name LAMICA TAX SERVICE Firm's EIN
Firm's address 381 NORTHELD WAY CAMILLUS, NY 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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

**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 PER CAPITA \$ 22799.50
AFM WORK DUES \$ 3832.24
AFM FIF \$ 1105.00
\$ 27736.74

LINE 14 BKG FUND TOTAL DISBURSEMENTS
FIRST HALF \$ 6588.90
SECOND HALF \$ 5708.20
\$ 12297.10

LINE 11 DEATH BENEFIT BENEFICIARIES
FIRST HALF \$ 1000.00
SECOND HALF \$ 1000.00
\$ 2000.00

LINE 15 PRINTING, PUB, POSTAGE, SHIPPING
PJ GREEN \$ 818.95
VS POSTMASTER \$ 375.00
POSTAGE \$ 390.94
TRI KOLOR PRINTING \$ 1392.12
\$ 2977.01

Name of the organization

Employer identification number

THE PROFESSIONAL MUSICIANS OF CENTRAL N.Y.

15-0465260

PART 1 LINE 12 SALARIES, OTHER COMP, EB

EMP FED WITH TAX	\$1800.00
EMP SS TAX	\$ 892.80
EMP MED TAX	\$ 208.80
EMPLR SS TAX	\$ 892.80
EMPLR MED TAX	\$ 208.80
1/2 NYS TAX (INC S/C)	\$ 93.60
SEC'Y SALARY NET	\$11076.00
	<u>\$ 15172.80</u>

PART 1 LINE 16 OTHER EXPENSES

TIME WARNER	\$849.48	
VERIZON	\$ 725.90	SS RELIEF FUND \$705.00
CHASE CARD OFFICE	\$ 257.78	SSMA \$ 175.00
CHASE CARD COMPUTER	\$ 831.80	MISC PORT & SVC FEES \$1297.35
CLAMBAKE/DEPOSIT	\$5219.64	<u>\$ 15479.91</u>
LIABILITY INS	\$ 638.38	
DB INS.	\$ 60.00	
NYS IF	\$ 394.84	
AFRM - EF F	\$1517.28	
AUDITOR EXPENSE	\$ 592.00	
CONF. DEL. EXP	\$1322.48	
APL CIO DUES	\$120.00	
CHECK FEES	\$ 272.98	
SCHOLARSHIP	\$ 500.00	