

Click on the question-mark icons to display help windows.

The information provided will enable you to file a more complete return and reduce the chances the IRS has to contact you.

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

2018**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 2018 calendar year, or tax year beginning 1-1, 2018, and ending 12-31, 2018**B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization **12**The Professional Musicians of Central New YorkNumber and street (or P.O. box, if mail is not delivered to street address) **12**3009 Burnet Ave.

Room/suite

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

Syracuse, N.Y. 13206-242005**D** Employer identification number **12**15-0465260**E** Telephone number**F** Group Exemption Number ▶ **23****G** Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶**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)) 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) **27**Check if the organization used Schedule O to respond to any question in this Part I. ☒

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21	
Revenue	1	Contributions, gifts, grants, and similar amounts received																												
	2	Program service revenue including government fees and contracts																												
	3	Membership dues and assessments																												
	4	Investment income																												
	5a	Gross amount from sale of assets other than inventory																												
	5b	Less: cost or other basis and sales expenses																												
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																												
	6	Gaming and fundraising events:																												
	6a	Gross income from gaming (attach Schedule O if greater than \$15,000) <u>TNS 60. Dec 115. 04.20. 06.20. 08.20. 10.20. 12.20. 14.20. 16.20. 18.20. 20.20. 22.20. 24.20. 26.20. 28.20. 30.20. 32.20. 34.20. 36.20. 38.20. 40.20. 42.20. 44.20. 46.20. 48.20. 50.20. 52.20. 54.20. 56.20. 58.20. 60.20. 62.20. 64.20. 66.20. 68.20. 70.20. 72.20. 74.20. 76.20. 78.20. 80.20. 82.20. 84.20. 86.20. 88.20. 90.20. 92.20. 94.20. 96.20. 98.20. 100.20. 102.20. 104.20. 106.20. 108.20. 110.20. 112.20. 114.20. 116.20. 118.20. 120.20. 122.20. 124.20. 126.20. 128.20. 130.20. 132.20. 134.20. 136.20. 138.20. 140.20. 142.20. 144.20. 146.20. 148.20. 150.20. 152.20. 154.20. 156.20. 158.20. 160.20. 162.20. 164.20. 166.20. 168.20. 170.20. 172.20. 174.20. 176.20. 178.20. 180.20. 182.20. 184.20. 186.20. 188.20. 190.20. 192.20. 194.20. 196.20. 198.20. 200.20. 202.20. 204.20. 206.20. 208.20. 210.20. 212.20. 214.20. 216.20. 218.20. 220.20. 222.20. 224.20. 226.20. 228.20. 230.20. 232.20. 234.20. 236.20. 238.20. 240.20. 242.20. 244.20. 246.20. 248.20. 250.20. 252.20. 254.20. 256.20. 258.20. 260.20. 262.20. 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1900.20. 1902.20. 1904.20. 1906.20. 1908.20. 1910.20. 1912.20. 1914.20. 1916.20. 1918.20. 1920.20. 1922.20. 1924.20. 1926.20. 1928.20. 1930.20. 1932.20. 1934.20. 1936.20. 1938.20. 1940.20. 1942.20. 1944.20. 1946.20. 1948.20. 1950.20. 1952.20. 1954.20. 1956.20. 1958.20. 1960.20. 1962.20. 1964.20. 1966.20. 1968.20. 1970.20. 1972.20. 1974.20. 1976.20. 1978.20. 1980.20. 1982.20. 1984.20. 1986.20. 1988.20. 1990.20. 1992.20. 1994.20. 1996.20. 1998.20. 2000.20. 2002.20. 2004.20. 2006.20. 2008.20. 2010.20. 2012.20. 2014.20. 2016.20. 2018.20. 2020.20. 2022.20. 2024.20. 2026.20. 2028.20. 2030.20. 2032.20. 2034.20. 2036.20. 2038.20. 2040.20. 2042.20. 2044.20. 2046.20. 2048.20. 2050.20. 2052.20. 2054.20. 2056.20. 2058.20. 2060.20. 2062.20. 2064.20. 2066.20. 2068.20. 2070.20. 2072.20. 2074.20. 2076.20. 2078.20. 2080.20. 2082.20. 2084.20. 2086.20. 2088.20. 2090.20. 2092.20. 2094.20. 2096.20. 2098.20. 2</u>																												

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	384031	346267
23	Land and buildings	114363	114363
24	Other assets (describe in Schedule O)	4400	4400
25	Total assets	502794	465030
26	Total liabilities (describe in Schedule O)		
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	502794	465030

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 EMPLOYERS PURCHASES REPRESENT DISAPPROPRIATE IN SRIEVANCES, ARBITRATION DISPUTES PUBLISH NEWSLETTER TO MEMBERS MEMBERS ESTABLISH ANNUAL MINIMUM WAGES AND OTHER COMPENSATION		
28a	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	0
29			
29a	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30			
30a	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O)		
31a	(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
DAVID ABRAMS P.O. BOX 15086 SYRACUSE NY	PART TIME	0	0	0
WILLIAM HARRIS 200 E. GENESEE ST. FAYETTEVILLE NY	VICE PRESIDENT	0	0	0
JOSEPH CARTAGNO 200 SWINGRA AVE SYRACUSE NY	SECRETARY	14400	0	0
CAROL DUMKA 202 GRANDY AVE LIVERPOOL NY	TREASURER	0	0	0
EDWARD O'ROURKE 36 NURSERY LANE SYRACUSE NY	MEMBER-AT-LARGE	0	0	0
RICHARD SCHAFFER 309 WARRING RD SYRACUSE NY	SGT AT ARMS	0	0	0
MARY SUGAR 758 STATE FAIR BLVD SYRACUSE NY	MEMBER-AT-LARGE	0	0	0
JESSICA KING 224 KENWOOD AVE SYRACUSE NY	MEMBER-AT-LARGE	0	0	0
(P) PAST (N) NEW (FOR 2018)				

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?	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 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	42b	X
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
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	42c	X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <input type="checkbox"/> 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	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		<input checked="" type="checkbox"/>

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

	Yes	No
48		<input checked="" type="checkbox"/>

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

	Yes	No
49a		<input checked="" type="checkbox"/>

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

	Yes	No
49b		<input type="checkbox"/>

- 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
N/A				

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 CARFAGNO

EXECUTIVE SECRETARY

Type or print name and title

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

3/27/19

10149165

Firm's name LAMICA TAX SERVICE

Firm's EIN

Firm's address 381 NORTHFIELD WAY JAMICUS, 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.
► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

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 \$ 22,003

AFM WORK DUES \$ 5,816

AFM FIF \$ 455

\$ 28,274

LINE 14 BDG FUND TOTAL DISBURSEMENTS

FIRST HALF \$ 6,211

SECOND HALF \$ 12,501

\$ 18,712

LINE 11 DEATH BENEFIT BENEFICIARIES

FIRST HALF \$ 3,000

SECOND HALF 0

\$ 3,000

LINE 15 PRINTING, PUB., POSTAGE, SHIPPING

PJ GREEN \$ 439

POSTAGE \$ 367

TRI KOLOR PRINTING \$ 639

\$ 1,445

Name of the organization

THE PROFESSIONAL MUSICIANS OF CENTRAL N.Y.

Employer identification number

15-1465260

PART I LINE 12 SALARIES, OTHER COMP, EB

EMP FED W/H TAX \$1800

EMP SS TAX \$893

EMP MED TAX \$209

EMPLR SS TAX \$893

EMPLR MED TAX \$209

1/2 NYS TAX (INC 1/2) \$99

SGC'Y SALARY NET \$11076

EMP NYS TAX \$422

\$15601

PART I LINE 20 OTHER CHARGES

PIN 4822-9309 <\$402>

PIN 1782-1206 <\$6426>

PIN 4417-6335 \$110

PIN 3903-1821 <\$18972>

PIN 8010-6239 <\$6195>

ANNUAL FEE <\$75>

ADVISORY FEES <\$3767>

<\$35727>

PART II LINE 16

TIME WARNER \$900

VERIZON \$743

CHASE CARD OFFICE \$357

CHASE CARD COMPUTER \$1607

CLAMBAKS / DEPOSIT \$4101

LIABILITY INS \$632

AB INS \$138

NYSIF \$397

AFM - EPF \$1517

AUDITOR EXPENSE \$592

CONF. DELEGATE EXP. \$327

AFL-CIO DUES \$120

CHECKS \$145

ICSOM DELEGATE \$1041

COMPUTER WEB EXP \$2356

SS RELIEF FUND \$722

MEETING EXP \$220

DELEGATE LODGING \$611

SYMPHONIA EXP \$69

LONG DIST CALLS \$19

\$16608