

Form **990EZ**
Department of the Treasury
Internal Revenue Service

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)

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No 1545-1150
2018
Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 01-01-2018, 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
UPSTATE MINORITY ECONOMIC ALLIANCE INC

Number and street (or P O box, if mail is not delivered to street address) Room/suite
115 WEST FAYETTE ST

City or town, state or province, country, and ZIP or foreign postal code
SYRACUSE, NY 13202

D Employer identification number
81-1046358

E Telephone number
(315) 470-1975

F Group Exemption Number ▶

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: ▶ WWW.UPSTATEMEA.COM

J Tax-exempt status (check only one) - 501(c)(3) 501(c)(6) ◀ (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 ▶ \$ 164,803

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

		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																139,050											
	2	Program service revenue including government fees and contracts																											
	3	Membership dues and assessments																14,013											
	4	Investment income																											
	5a	Gross amount from sale of assets other than inventory																											
	b	Less cost or other basis and sales expenses																											
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																											
	6	Gaming and fundraising events																											
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)																											
	b	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)																11,740											
	c	Less direct expenses from gaming and fundraising events																3,241											
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																8,499											
	7a	Gross sales of inventory, less returns and allowances																											
	b	Less cost of goods sold																											
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																											
	8	Other revenue (describe in Schedule O)																											
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶																161,562											
Expenses	10	Grants and similar amounts paid (list in Schedule O)																645											
	11	Benefits paid to or for members																											
	12	Salaries, other compensation, and employee benefits																86,690											
	13	Professional fees and other payments to independent contractors																30,727											
	14	Occupancy, rent, utilities, and maintenance																											
	15	Printing, publications, postage, and shipping																694											
	16	Other expenses (describe in Schedule O)																24,473											
	17	Total expenses. Add lines 10 through 16 ▶																143,229											
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																18,333											
	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)																15,051											
	20	Other changes in net assets or fund balances (explain in Schedule O)																0											
	21	Net assets or fund balances at end of year Combine lines 18 through 20																33,384											

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	20,559	22 24,285
23 Land and buildings		23
24 Other assets (describe in Schedule O)	2,757	24 20,507
25 Total assets	23,316	25 44,792
26 Total liabilities (describe in Schedule O).	8,265	26 11,408
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	15,051	27 33,384

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?
 THE UPSTATE MINORITY ECONOMIC ALLIANCE, INC IS A NOT-FOR-PROFIT ORGANIZATION WHOSE PRIMARY PURPOSE IS TO PROMOTE THE GENERAL WELFARE AND PROSPERITY OF UPSTATE NEW YORK THROUGH ENHANCED MINORITY ECONOMIC OPPORTUNITY, ADVANCE THE CIVIC, COMMERCIAL, ECONOMIC, INDUSTRIAL AND AGRICULTURAL INTERESTS OF THE MINORITY BUSINESS COMMUNITY IN UPSTATE NEW YORK, FOSTER TRADE, COMMERCE AND ECONOMIC ACTIVITY IN CENTRAL UPSTATE NEW YORK, PROMOTE, MAINTAIN AND SUSTAIN ECONOMIC PROGRESS FOR MINORITY BUSINESS ENTERPRISES IN UPSTATE NEW YORK, AND SUSTAIN ECONOMIC PROGRESS FOR MINORITY BUSINESS ENTERPRISES IN UPSTATE NEW YORK, AND SUPPORT YOUTH ENTREPRENEURSHIP WITH PROGRAMMING AND INTERNSHIPS

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

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

28
 See Additional Data Table

(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29		29a	
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>		
30		30a	
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>		
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	146,470

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
MANUEL A ARROYO	1 00	0	0	0
SECRETARY				
BISHOP RONALD DEWBERRY	1 00	0	0	0
DIRECTOR				
EDWARD CUELLO	1 00	0	0	0
PRESIDENT				
ME'SHAE BROOKS-ROLLING	1 00	0	0	0
VICE PRESIDENT				
HASAN STEPHENS	1 00	0	0	0
DIRECTOR				
RICKY T BROWN	40 00	0	0	0
EXECUTIVE DIRECTOR				
LAURA CUEVA	1 00	0	0	0
DIRECTOR				
TIM PENIX	1 00	0	0	0
DIRECTOR				
ROB SIMPSON	1 00	0	0	0
DIRECTOR				
JAUNITA PEREZ WILLIAMS	1 00	0	0	0
DIRECTOR				

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

Table with columns for question number, description, and Yes/No columns. Rows include 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39, 39a, 39b, 40a, 40b, 40c, 40d, 40e, 41.

42a The organization's books are in care of CENTERSTATE CEO Telephone no (315) 470-1800 Located at 115 WEST FAYETTE ST SYRACUSE, NY ZIP + 4 13202

Table with columns for question number, description, and Yes/No columns. Rows include 42b and 42c.

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

Table with columns for question number, description, and Yes/No columns. Rows include 44a, 44b, 44c, 44d, 45a, 45b.

		Yes	No
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	46		No

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

		Yes	No
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	47		
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b If "Yes," was the related organization a section 527 organization?	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	2019-11-12 Date
CALVIN CORRIDERS PRESIDENT Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name ANGELA M FRANCO	Preparer's signature	Date 2019-11-12	Check <input type="checkbox"/> if self-employed	PTIN P00589741
Firm's name ▶ FUST CHARLES CHAMBERS LLP			Firm's EIN ▶ 16-1226221		
Firm's address ▶ 5784 WIDEWATERS PARKWAY SYRACUSE, NY 13214			Phone no (315) 446-3600		

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

TY 2018 Transfers Personal Benefits Contracts Declaration

Name: UPSTATE MINORITY ECONOMIC ALLIANCE INC

EIN: 81-1046358

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

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.

▶ 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**

Department of the Treasury

Name of the organization

UPSTATE MINORITY ECONOMIC ALLIANCE INC

Employer identification number

81-1046358

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION INSURANCE AMOUNT 2,689 DESCRIPTION TRAVEL EXPENSE AMOUNT 2,428 DESCRIPTION DEPRECIATION EXPENSE AMOUNT 505 DESCRIPTION OFFICE EXPENSE AMOUNT 1,288 DESCRIPTION MEETINGS AMOUNT 15,333 DESCRIPTION MISCELLANEOUS AMOUNT 65 DESCRIPTION SPONSORSHIPS AMOUNT 2,165 TOTAL TO FORM 990-EZ, LINE 16 24,473

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION PREPAID EXPENSES BEG OF YEAR AMOUNT 1,495 END OF YEAR AMOUNT 2,997 DESCRIPTION ACCOUNTS RECEIVABLE BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 1,025 DESCRIPTION GRANTS RECEIVABLE BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 13,215 DESCRIPTION DUE FROM AFFILIATES BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 2,513 DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 1,262 END OF YEAR AMOUNT 757

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION ACCOUNTS PAYABLE AND ACCRUED EXPENSES BEG OF YEAR AMOUNT 18 END OF YEAR AMOUNT 3,196 DESCRIPTION DEFERRED REVENUE BEG OF YEAR AMOUNT 6,467 END OF YEAR AMOUNT 2,759 DESCRIPTION DUE TO STRATEGIC PARTNER BEG OF YEAR AMOUNT 1,780 END OF YEAR AMOUNT 5,453