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**Return of Organization Exempt From Income Tax**

**2013**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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. By law, the IRS generally cannot redact the information on the form.  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A** For the 2013 calendar year, or tax year beginning Jul 01, 2013, and ending Jun 30, 2014

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization Alliance Charitable Foundation  
 Doing Business As  
 Number & street (or P O box if mail is not delivered to street address) Room/suite  
Market Square  
 City or town, state or province, country, and ZIP or foreign postal code  
Amesbury MA 01913

**D** Employer identification number  
04-3466801

**E** Telephone number  
978-388-3178

**F** Name and address of principal officer David Mansfield  
Market Square Amesbury MA 01913

**G** Gross receipts \$ 73967.

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included? If "No," attach a list (see instructions)  Yes  No  
**H(c)** Group exemption number

**I** Tax-exempt status  501(c)(3)  501(c)( ) (insert no )  4947(a)(1) or  527

**J** Website:

**K** Form of organization  Corporation  Trust  Association  Other

**L** Year of formation **M** State of legal domicile

ENVELOPE POSTMARK DATE MAY 14 2015  
SCANNED JUN 09 2015

**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities	<u>This organization was formed to beautify the downtown area as well as other parts of town</u>	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	<u>3</u>	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<u>4</u>	
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<u>5</u>	
	6	Total number of volunteers (estimate if necessary)	<u>6</u>	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u>	
7b	Net unrelated business taxable income from Form 990-T, line 34	<u>7b</u>		
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)		
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>12004.</u>	<u>10704.</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>15926.</u>	<u>17269.</u>
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>25433.</u>	<u>45994.</u>
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>53363.</u>	<u>73967.</u>
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
Expenses	b	Total fundraising expenses, (Part IX, column (D), line 25)	<u>4636.</u>	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>28062.</u>	<u>27050.</u>
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>28062.</u>	<u>27050.</u>
	19	Revenue less expenses Subtract line 18 from line 12	<u>25301.</u>	<u>46917.</u>
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	<u>780034.</u>	<u>829894.</u>
	22	Net assets or fund balances. Subtract line 21 from line 20	<u>267955.</u>	<u>270898.</u>
			<u>512079.</u>	<u>558996.</u>

**Part II Signature Block**

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: Paul Gagliardi Date: 05/12/2015  
 Chairman

**Paid Preparer Use Only**  
 Print/Type preparer's name: Laurie H Knapp CPA Preparer's signature: Laurie H Knapp Date: 05/12/2015 Check  if self-employed PTIN: P00712912  
 Firm's name: Laurie H Knapp CPA PC Firm's EIN: 04-3200023  
 Firm's address: AMESBURY MA 01913- Phone no: 978-388-6661

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission: This organization was formed to work with citizens of Amesbury to beautify the downtown area as well as other parts of town

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses

4a (Code ) (Expenses \$ 22381. including grants of \$ ) (Revenue \$ )

To work with the Citizens of Amesbury to Beautify the downtown

4b (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O ) (Expenses \$ including grants of \$ )(Revenue \$ )

4e Total program service expenses 22381.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. 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		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		X
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, and XII	X	
b Was the organization included in consolidated, independent audited financial statement for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Input box for Schedule O

Main table with columns for line numbers (1a-14b), Yes, and No. Contains questions about Form 1096, W-2G, Form W-3, foreign accounts, and other IRS filings.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

Table with columns for line numbers, descriptions, and Yes/No checkboxes. Includes questions 1a through 9 regarding governing body members, relationships, and documentation.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with columns for line numbers, descriptions, and Yes/No checkboxes. Includes questions 10a through 16b regarding local chapters, conflict of interest policies, whistleblower policies, and joint ventures.

Section C. Disclosure

- List of disclosure questions 17 through 20 regarding public inspection of forms, governing documents, and records.

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII.

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
  - List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors; institutional trustees, officers, key employees, highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				
(1) Paul Gagliardi Chairman	5			X				0	0	0	
(2) Woodbury Camme Vice chair	5			X				0	0	0	
(3) Matt Sherrill Secretary	3			X				0	0	0	
(4) Wayne Barbaro Treasurer	3			X				0	0	0	
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											
(11)											
(12)											
(13)											
(14)											

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				
(15)											
(16)											
(17)											
(18)											
(19)											
(20)											
(21)											
(22)											
(23)											
(24)											
(25)											
<b>1b Sub-total</b>								0	0	0	
<b>c Total from continuation sheets to Part VII, Section A</b>								0	0	0	
<b>d Total (add lines 1b and 1c)</b>								0	0	0	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns <b>1a</b>					
	<b>b</b> Membership dues <b>1b</b>					
	<b>c</b> Fundraising events <b>1c</b>					
	<b>d</b> Related organizations <b>1d</b>					
	<b>e</b> Government grants (contributions) <b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>					
	<b>g</b> Noncash contributions included in lines 1a-1f \$					
	<b>h</b> <b>Total.</b> Add lines 1a-1f					
<b>Program Service Revenue</b>	<b>2a</b> Program Income <b>Business Code</b>	10704.	10704.			
	<b>b</b>					
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g</b> <b>Total.</b> Add lines 2a-2f	10704.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	17269.	17269.			
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
	<b>6a</b> Gross rents	(i) Real				
		(ii) Personal				
	<b>b</b> Less rental expenses					
	<b>c</b> Rental income or (loss)					
	<b>d</b> Net rental income or (loss)					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
	<b>b</b> Less cost or other basis and sales expenses					
	<b>c</b> Gain or (loss)					
	<b>d</b> Net gain or (loss)					
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 <b>a</b>					
	<b>b</b> Less direct expenses <b>b</b>					
<b>c</b> Net income or (loss) from fundraising events						
<b>9a</b> Gross income from gaming activities See Part IV, line 19 <b>a</b>						
<b>b</b> Less direct expenses <b>b</b>						
<b>c</b> Net income or (loss) from gaming activities						
<b>10a</b> Gross sales of inventory, less returns and allowances <b>a</b>						
<b>b</b> Less cost of goods sold <b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory						
Miscellaneous Revenue <b>Business Code</b>						
<b>11a</b> Gain on Invst	45994.	45994.				
<b>b</b>						
<b>c</b>						
<b>d</b> All other revenue						
<b>e</b> <b>Total.</b> Add lines 11a-11d	45994.					
<b>12</b> <b>Total revenue.</b> See instructions	73967.	73967.				

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
a				
b				
c				
d				
e				
f				
g				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
a	22381.	22381.		
b	33.		33.	
c	4636.			4636.
d				
e				
25	27050.	22381.	33.	4636.
26				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	7531.	<b>1</b>	28923.
	<b>2</b> Savings and temporary cash investments		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net		<b>3</b>	
	<b>4</b> Accounts receivable, net		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		<b>6</b>	
	<b>7</b> Notes and loans receivable, net	144252.	<b>7</b>	144252.
	<b>8</b> Inventories for sale or use		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b>		
	<b>b</b> Less accumulated depreciation	<b>10b</b>		<b>10c</b>
	<b>11</b> Investments - publicly traded securities		<b>11</b>	
	<b>12</b> Investments - other securities See Part IV, line 11	628251.	<b>12</b>	656719.
	<b>13</b> Investments - program-related See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11		<b>15</b>	
<b>16</b> Total assets. Add lines 1 through 15 (must equal line 34)	780034.	<b>16</b>	829894.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	21178.	<b>17</b>	21928.
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	246777.	<b>23</b>	248970.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		<b>25</b>	
	<b>26</b> Total liabilities. Add lines 17 through 25	267955.	<b>26</b>	270898.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	96361.	<b>27</b>	143278.
	<b>28</b> Temporarily restricted net assets		<b>28</b>	
	<b>29</b> Permanently restricted net assets	415718.	<b>29</b>	415718.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances	512079.	<b>33</b>	558996.	
<b>34</b> Total liabilities and net assets/fund balances	780034.	<b>34</b>	829894.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	73967.
2	Total expenses (must equal Part IX, column (A), line 25)	2	27050.
3	Revenue less expenses. Subtract line 2 from line 1	3	46917.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	512079.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	558996.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selected process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047

**2013**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**Open to Public  
Inspection**

Name of the organization: **Alliance Charitable Foundation Inc.**  
Employer identification number: **04-3466801**

**Part I Reason for Public Charity Status** (All organizations must complete this part) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state.
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9  An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III - Functionally integrated
  - d  Type III - Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	19177.	23025.	12576.	12004.	10704.	77486.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	19177.	23025.	12576.	12004.	10704.	77486.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						77486.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	19177.	23025.	12576.	12004.	10704.	77486.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	46563.	13623.	12576.	15926.	17269.	105957.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						183443.
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	42.24	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	42.91	%
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II  
If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	19177.	23025.	12576.	12004.	10704.	77486.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	19177.	23025.	12576.	12004.	10704.	77486.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000, or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						77486.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	19177.	23025.	12576.	12004.	10704.	77486.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	46563.	57720.	19082.	41359.	63263.	227987.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	46563.	57720.	19082.	41359.	63263.	227987.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)	65740.	80745.	31658.	53363.	73967.	305473.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	25.37 %
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	42.91 %

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	74.63 %
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	57.09 %

19a 33 1/3 % support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3 % support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

OMB No 1545-0047

2013

Open to Public Inspection

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization Alliance Charitable Foundation Inc. Employer identification number 04-3466801

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form for Part II Conservation Easements, including questions 1-9 and a table for 'Held at the End of the Tax Yr.' with rows 2a-2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions 1a-1b and 2a-2b.

For Paperwork Reduction Act Notice, see the instructions for Form 990.

Schedule D (Form 990) 2013



**Alliance Charitable  
Foundation, Inc.**

Financial Statements

June 30, 2014

**Alliance Charitable Foundation, Inc.**

Contents  
June 30, 2014

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**FRITZ DEGUGLIELMO LLC**  
*CERTIFIED PUBLIC ACCOUNTANTS  
& BUSINESS ADVISORS*

INDEPENDENT ACCOUNTANT'S REVIEW REPORT

To the Board of Directors of  
Alliance Charitable Foundation, Inc.  
Amesbury, Massachusetts

We have reviewed the accompanying statement of financial position of Alliance Charitable Foundation, Inc. (a nonprofit organization) as of June 30, 2014, and the related statements of activities, functional expenses, and cash flows for the year then ended. A review includes primarily applying analytical procedures to management's financial data and making inquiries of Organization management. A review is substantially less in scope than an audit, the objective of which is the expression of an opinion regarding the financial statements as a whole. Accordingly, we do not express such an opinion.

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America and for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the financial statements.

Our responsibility is to conduct the review in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. Those standards require us to perform procedures to obtain limited assurance that there are no material modifications that should be made to the financial statements. We believe that the results of our procedures provide a reasonable basis for our report.

Based on our review, we are not aware of any material modifications that should be made to the accompanying financial statements in order for them to be in conformity with accounting principles generally accepted in the United States of America.

*Fritz Deguglielmo LLC*

Certified Public Accountants  
December 29, 2014

**Alliance Charitable Foundation, Inc.**

Statement of Financial Position

June 30, 2014

ASSETS

Cash	\$ 28,923
Loan receivable - Amesbury Carriage Alliance	144,252
Investment - Amesbury Carriage Alliance	100,000
Investment - Lamppost and Bench Adoption	<u>556,719</u>
Total Assets	<u>\$ 829,894</u>

LIABILITIES AND NET ASSETS

Accounts payable	\$ 21,928
Due to related party	4,718
Loan payable - Amesbury Industrial Foundation, Inc.	<u>244,252</u>
Total Liabilities	<u>270,898</u>
Net Assets	
Unrestricted	143,278
Permanently restricted	<u>415,718</u>
Total Net Assets	<u>558,996</u>
Total Liabilities and Net Assets	<u>\$ 829,894</u>

See accompanying notes and independent accountant's review report.

**Alliance Charitable Foundation, Inc.**

Statement of Activities

For the year ended June 30, 2014

	<u>Unrestricted</u>	<u>Permanently Restricted</u>	<u>Total</u>
Public Support and Revenue			
Special events and activities	<u>\$ 10,704</u>	<u>\$ -</u>	<u>\$ 10,704</u>
Total Public Support and Revenue	<u>10,704</u>	<u>-</u>	<u>10,704</u>
Expenses			
Program services	22,381	-	22,381
Management and general	33	-	33
Fundraising	<u>4,636</u>	<u>-</u>	<u>4,636</u>
Total Expenses	<u>27,050</u>	<u>-</u>	<u>27,050</u>
Change in Net Assets, before investment activity	(16,346)	-	(16,346)
Investment income	17,269		17,269
Net unrealized and realized gain on investments	<u>45,994</u>		<u>45,994</u>
Change in Net Assets	46,917	-	46,917
Net Assets – Beginning of Year	<u>96,361</u>	<u>415,718</u>	<u>512,079</u>
Net Assets – End of Year	<u>\$ 143,278</u>	<u>\$ 415,718</u>	<u>\$ 558,996</u>

See accompanying notes and independent accountant's review report.

Alliance Charitable Foundation, Inc.

Statement of Functional Expenses

For the year ended June 30, 2014

	Program Services	Management and General	Fundraising	Total
Lamppost and bench adoption expense	\$ 22,381	\$ -	\$ -	\$ 22,381
Event expense	-	-	4,636	4,636
Bank service charges	-	33	-	33
Total Expenses	<u>\$ 22,381</u>	<u>\$ 33</u>	<u>\$ 4,636</u>	<u>\$ 27,050</u>

See accompanying notes and independent accountant's review report.

**Alliance Charitable Foundation, Inc.**

Statement of Cash Flows

For the year ended June 30, 2014

Operating Activities

Change in net assets:	\$ 46,917
Adjustments to reconcile increase in net assets to net assets provided by operating activities:	
Net unrealized gain on investments	(39,576)
Changes in operating assets and liabilities:	
Accounts payable	750
Due to related party	2,193
	<hr/>
Net Cash Provided by Operating Activities	10,284

Investing Activities

Proceeds from the sale of investments	61,386
Purchases of investments	(50,278)
	<hr/>
Net Cash Provided by Investing Activities	11,108
Net increase in cash and cash equivalents	21,392
Cash and cash equivalents, beginning of year	7,531
	<hr/>
Cash and cash equivalents, end of year	\$ 28,923

Taxes paid	<hr/>
Interest paid	<hr/>

See accompanying notes and independent accountant's review report.

## Alliance Charitable Foundation, Inc.

### Notes to Financial Statements

June 30, 2014

#### NOTE A – SIGNIFICANT ACCOUNTING POLICIES

##### Organization

The Alliance Charitable Foundation, Inc. was formed in 2000 to promote the beautification of the downtown area of Amesbury, Massachusetts. In addition, the Organization provides academic scholarships for local students. Its main support is from the adoption of light poles and benches located in the downtown area and the Riverwalk. The Organization is responsible for the upkeep of the plants on the light poles.

##### Method of Accounting

The Alliance Charitable Foundation, Inc. prepares its financial statements in accordance with the Financial Accounting Standards Board Accounting Standards Codification (FASB ASC 958) (formerly SFAS No. 117, "*Financial Statements of Not-for-Profit Organizations*"). Under FASB ASC 958, the Organization is required to report information regarding its financial position and activities according to three classes of net assets as defined below:

*Unrestricted Net Assets* – consists of assets, public support and program revenues, which are available and used for operations and programs. Contributions are considered available for unrestricted use unless specifically restricted by the donor.

*Temporarily Restricted Net Assets* – includes funds with donor-imposed restrictions, which permit the donee organization to expend the assets as specified and is satisfied either by the passage of time or by actions of the organization. Resources of this nature originate from gifts, grants, bequests, contracts and investment incomes earned on restricted funds.

*Permanently Restricted Net Assets* – includes resources, which have a permanent donor-imposed restriction, which stipulates that the assets are to be maintained permanently, but permits the organization to expend part or all of the income derived from the donated assets.

##### Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

##### Income Taxes

The Alliance Charitable Foundation, Inc. is considered a non-profit organization by the Internal Revenue Service under Section 501(c) (3). The organization is exempt from income taxes.

##### Contributions and Lamppost Adoptions

All contributions are considered to be available for unrestricted use unless specifically restricted by the donor. Contributions and grants received with donor stipulations that limit the use of donated assets are treated as temporarily restricted net assets. When the purpose of the restriction is accomplished, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions. Contributions received that stipulate the assets are to be maintained permanently are held as permanently restricted net assets. Restricted contributions whose

**Alliance Charitable Foundation, Inc.**

Notes to Financial Statements

June 30, 2014

**NOTE A – SIGNIFICANT ACCOUNTING POLICIES (continued)**

Contributions and Lamppost Adoptions (continued)

restrictions are met in the same fiscal year in which the asset was received are recorded as unrestricted support or revenue.

Advertising Expense

Advertising costs are expensed as they are incurred.

Fair Value Measurements

Management has adopted the criteria of FASB ASC 820-10, (formerly SFAS No. 157, "*Fair Value Measurements*"). FASB ASC 820-10 defines fair value, establishes a framework for measuring fair value under generally accepted accounting principles, and expands disclosure about fair value measurements. FASB ASC 820-10 establishes a fair value framework that prioritizes the inputs and assumptions used to measure fair value. The three levels of the fair value framework under FASB ASC 820-10 are as follows:

Level 1 – Inputs that reflect unadjusted quoted prices in active markets for identical assets or liabilities at the measurement date.

Level 2 – Inputs other than quoted market prices in active markets that are observable for the asset either directly or indirectly, including inputs in markets that are not considered to be active.

Level 3 – Inputs that are unobservable.

An asset or liability's level within the framework is based upon the lowest level of any input that is significant to the fair value measurement.

Subsequent Events

Subsequent events have been evaluated through December 29, 2014, which is the date the financial statements were available to be issued.

**NOTE B – PERMANENTLY RESTRICTED NET ASSETS**

Permanently restricted net assets as of June 30, 2014 consist of investments in the amount of \$415,718, on which the income earned on these investments is used for the care and decorating of the light poles and benches under the adoption program.

**NOTE C – INVESTMENTS**

During fiscal 2004, the Organization invested \$100,000 in the Amesbury Carriage Alliance Inc. The Amesbury Carriage Alliance Inc. is a joint venture between the Organization and the Amesbury Carriage Museum Inc., to acquire property and construct a visitor center/ carriage museum in one of the lower mill yard structures in Amesbury. In accordance with the bylaws of the Amesbury Carriage Alliance Inc., in

## Alliance Charitable Foundation, Inc.

### Notes to Financial Statements

June 30, 2014

#### NOTE C – INVESTMENTS (continued)

the event the Organization desires to terminate its participation in the Amesbury Carriage Alliance Inc., the Organization will receive its share of the fair market value of the assets held by the Amesbury Carriage Alliance Inc.

At June 30, 2014, the Organization also had investments with a cost and fair value of \$450,889 and \$556,719, respectively. Net unrealized gains on investments were \$39,576 for the year ended June 30, 2014. Net realized gains on the sale of investments were \$6,418 for the year ended June 30, 2014. Investment management fees were \$5,417 for the year ended June 30, 2014 and have been recorded as reduction to investment income.

All outside investments are classified in level 1 of the fair value hierarchy.

#### NOTE D – LOAN RECEIVABLE AND LOAN PAYABLE

In addition to the \$100,000 investment in the Amesbury Carriage Alliance Inc., as discussed in Note C, the organization has loaned \$144,252 to the Amesbury Carriage Alliance Inc. for construction related expenses, as of June 30, 2014.

The organization borrowed the funds for the \$100,000 investment and \$144,252 loan to the Amesbury Carriage Alliance Inc. from the Amesbury Industrial Foundation, Inc., a related party. Accordingly, the Organization had a loan payable to the Amesbury Industrial Foundation, Inc. of \$244,252 as of June 30, 2014. The loan receivable and the loan payable do not earn interest and the amounts are due on demand.

#### NOTE E – RELATED PARTIES

The Alliance Charitable Foundation, Inc., Amesbury Chamber of Commerce & Industrial Foundation, Inc. (“the Chamber”), and the Amesbury Industrial Foundation, Inc. share a common Board of Directors. During fiscal 2014, the Chamber collected fundraising event revenues and paid fundraising event expenses on behalf of the Organization. At June 30, 2014, the Organization owed the Chamber \$4,718, which is recorded as “Due to related party” in these financial statements.

#### NOTE F – TAX POSITION

The Organization has adopted the application of the provisions of FASB ASC 740-10 (formerly FASB Interpretation No. 48, “*Accounting For Uncertainty in Income Taxes*”). The primary tax positions made by the Organization are the existence of Unrelated Business Income Tax and the Organization’s status as an exempt organization under Section 501(c)(3) of the Internal Revenue Code. The Organization currently evaluates all tax positions, and makes determinations regarding the likelihood of those positions being upheld under review. For the years presented, and as a result of adoption, the Organization has not recognized any tax benefits or loss contingencies for uncertain tax positions based on its evaluations. The Organization’s Forms 990, *Return of Organization Exempt from Income Tax*, for the years ending June 30, 2014, 2013, 2012 and 2011 are subject to examination by the IRS. Returns are generally subject to examination for three years after they are filed.

For calendar year 2013 or tax year beginning Jul 01, 2013 and ending Jun 30, 2014

Name Alliance Charitable Foundation Inc. EIN 04-3466801  
 Name line 2: \_\_\_\_\_  
 Address: Market Square Telephone No 978-388-3178  
 City, State, and Zip Code Amesbury MA 01913

Email address \_\_\_\_\_

Web site address \_\_\_\_\_

Fiduciary name, if applicable. \_\_\_\_\_

Name of officer signing return Paul Gagliardi

Title of officer/trustee/fiduciary signing return Chairman

Group exemption number \_\_\_\_\_

Check if exemption application is pending

Accounting method Cash  Accrual  Other  Specify \_\_\_\_\_

List states desired \_\_\_\_\_

Type of exempt organization:

- Organization exempt under section 501(c), 527 or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) (Form 990)
- Organization exempt under section 501(c), 527 or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year (Form 990-EZ)
- Private foundation or section 4947(a)(1) nonexempt charitable trust treated as a private foundation (Form 990-PF)
- Exempt organization with unrelated business income (Form 990-T)

Preparer ID lhk1113  
 Preparer name Laurie H Knapp CPA  
 Preparer SSN: \_\_\_\_\_  
 Firm's name: Laurie H Knapp CPA PC  
 Address: P O Box 14  
 City, State, ZIP Code AMESBURY MA 01913-

Time in this return 52 minutes  
 Date 05/12/2015  
 PTIN P00712912  
 Self-employed   
 Firm's EIN: 04-3200023  
 Phone: 978-388-6661

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).  
Enter filer's identifying number, see instructions

Type or print  File by the due date for filing your return See instructions	Name of exempt organization or other filer, see instructions <b>Alliance Charitable Foundation Inc.</b>	Employer identification number (EIN) or <b>04-3466801</b>
	Number, street, and room or suite no. If a P O box, see instructions <b>Market Square</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code For a foreign address, see instructions <b>Amesbury MA 01913</b>	

Enter the Return code for the return that this application is for (file a separate application for each return): 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of ► Wayne Barbaro  
Telephone No ► 978-388-3178 Fax No ► \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until MAY 15, 20 15

5 For calendar year \_\_\_\_\_, or other tax year beginning Jul 01, 20 13, and ending Jun 30, 20 14

6 If the tax year entered in line 5 is for less than 12 months, check reason.  Initial return  Final return  
 Change in accounting period

7 State in detail why you need the extension \_\_\_\_\_

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$
8c Balance due. Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	\$

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ► \_\_\_\_\_ Title ► Chairman Date ► \_\_\_\_\_

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed). Enter filer's identifying number, see instructions

Type or print  File by the due date for filing your return See instructions	Name of exempt organization or other filer, see instructions <b>Alliance Charitable Foundation Inc.</b>	Employer identification number (EIN) or <b>04-3466801</b>
	Number, street, and room or suite no If a P.O box, see instructions <b>Market Square</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code For a foreign address, see instructions <b>Amesbury MA 01913</b>	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
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Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of **Wayne Barbaro**  
Telephone No **978-388-3178** Fax No.
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for
- 4 I request an additional 3-month extension of time until **MAY 15, 2015**
- 5 For calendar year \_\_\_\_\_, or other tax year beginning **Jul 01, 2013**, and ending **Jun 30, 2014**
- 6 If the tax year entered in line 5 is for less than 12 months, check reason  Initial return  Final return  
 Change in accounting period
- 7 State in detail why you need the extension **Additional time is needed to compile all necessary data**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b \$
c <b>Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c \$

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature  Title **Chairman** Date