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**Short Form**

**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

- For organizations with gross receipts less than $100,000 and total assets less than $250,000 at the end of the year.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

**A** For the 2004 calendar year, or tax year beginning **Nov. 1, 2003**, and ending **Oct. 31, 2004**

**B** Check if applicable
- Address change
- Name change
- Initial return
- Final return
- Amended return
- Application pending
- **C** Name of organization: Alliance of Communities Transforming Syracuse

**D** Employer identification number: **37-96045**

**E** Telephone number: ( )

**F** Group Exemption Number

- **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

**G** Accounting method:
- Cash □
- Accrual □
- Other (specify) □

**H** Check □ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**I** Website: □

**J** Organization type (check only one) — □ 501(c) (3) □ (insert no.) □ 4947(a)(1) or □ 527

**K** Check □ if the organization's gross receipts are normally not more than $25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

**L** Add lines 5b, 6b, and 7b to line 9 to determine gross receipts; if $100,000 or more, file Form 990 instead of Form 990-EZ

$79,279

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**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 37 of the instructions.)**

<table>
<thead>
<tr>
<th></th>
<th>Revenue</th>
<th></th>
<th>Expense</th>
<th></th>
<th>Net Assets</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Contributions, gifts, grants, and similar amounts received</td>
<td>$57,500</td>
<td>2</td>
<td>Program service revenue including government fees and contracts</td>
<td>$11,906</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Membership dues and assessments</td>
<td>$10,303</td>
<td>4</td>
<td>Investment income</td>
<td>$1,199</td>
<td></td>
</tr>
<tr>
<td>5a</td>
<td>Gross amount from sale of assets other than inventory</td>
<td>$0</td>
<td>5b</td>
<td>Less: cost or other basis and sales expenses</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>6a</td>
<td>Gross revenue (not including $ of contributions reported on line 1)</td>
<td>$0</td>
<td>6b</td>
<td>Less: direct expenses other than fundraising expenses</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>6c</td>
<td>Net income (or loss) from special events and activities (line 6a less line 6b)</td>
<td>$0</td>
<td>7</td>
<td>Gross sales of inventory, less returns and allowances</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>7a</td>
<td>Less: cost of goods sold</td>
<td>$0</td>
<td>7b</td>
<td>Gross profit (or loss) from sales of inventory (line 7a less line 7b)</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Other revenue (describe □)</td>
<td>$0</td>
<td>9</td>
<td>Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)</td>
<td>$79,279</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Grants and similar amounts paid (attach schedule)</td>
<td>$0</td>
<td>11</td>
<td>Benefits paid to or for members</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Salaries, other compensation, and employee benefits</td>
<td>$98,829</td>
<td>13</td>
<td>Professional fees and other payments to independent contractors</td>
<td>$3,986</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Occupancy, rent, utilities, and maintenance</td>
<td>$80,854</td>
<td>15</td>
<td>Printing, publications, postage, and shipping</td>
<td>$18,247</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Other expenses (describe □)</td>
<td>$7,730</td>
<td>17</td>
<td>Total expenses (add lines 10 through 16)</td>
<td>$72,923</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Excess or (deficit) for the year (line 9 less line 17)</td>
<td>$74,356</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>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</td>
<td>$83,700</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Other changes in net assets or fund balances (attach explanation)</td>
<td>$0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Net assets or fund balances at end of year (combine lines 18 through 20)</td>
<td>$15,775</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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**Part II Balance Sheets—If total assets on line 25, column (B) are $250,000 or more, file Form 990 instead of Form 990-EZ**

**A** Beginning of year | **B** End of year
---|---
22 | $15,275 |
23 | $0 |
24 | $500 |
25 | $15,775 |
26 | $0 |
27 | $15,775 |

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For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 105421

Form 990-EZ (2004)
Part III - Statement of Program Service Accomplishments (See page 41 of the instructions.)

What is the organization's primary exempt purpose?  

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

28 Working with local churches the organization provided ongoing training to grassroots leaders to develop the skills needed to put their faith values into action. (Grants $)

28a $72,423

29 N/A

29a 0

30 N/A

30a 0

31 Other program services (attach schedule) (Grants $)  

31a 0

32 Total program service expenses (add lines 28a through 31a)  

32 $72,423

Part IV - List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 41 of the instructions.)

(A) Name and address

(B) Title and average hours per week devoted to position

(C) Compensation (If not paid, enter 0)

(D) Contributions to employee benefit plans & deferred compensation

(E) Expense account and other allowances

Rev. Larry Howard - President  
Happ's Memorial CME Church  Syracuse

Rev. Craig Schone - Secretary  
Plymouth Congregational Church  Syracuse

Mrs. Nancy Guin - Vice President  
Plymouth Congregational Church  Syracuse

Part V - Other Information (Note the attachment requirement in General Instruction V, page 14.)

Yes  No

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.

34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conforming copy of the changes.

35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.

a Did the organization have unrelated business gross income of $1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?

b If "Yes," has it filed a tax return on Form 990-T for this year?

36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement).

b Did the organization file Form 1120-POL for this year?

38b 0

38b Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or any such loans made in a prior year and still unpaid at the start of the period covered by this return?

b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved.

39 501(c)(7) organizations. Enter a description of the organization.

39a 0

39b Gross receipts, included on line 9, for public use of club facilities

40a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911; section 4912; section 4913; section 4914; section 4915

40b 0

40a b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation.

b Amount of tax imposed on organization managers or disqualified persons during the year under section 4956, 4958, etc.

c d Enter: Amount of tax on line 40c, above, reimbursed by the organization

41 List the states with which a copy of this return is filed.

New York

42 The books are in care of Gerald Alcorn  Telephone no. (315) 988-1387

Located at  506 N. Orchard Rd.  Syracuse, NY 13209  ZIP + 4  13209-9022

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 0

Please Sign Here

Signature of officer: Craig R. French, Treasurer

Date: 7/21/06

Type or print name and title:

Craig R. French

Preparer's Use Only

Preparer's signature N/A

Date  □

Check if self-employed □

Preparer's SSN or PTIN (See Gen. Inst. W)  □

Firm's name (or yours if self-employed), address, and ZIP + 4  □

EIN  □

Phone no. □