Form 990

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)

OMB No 1545-0047

2002

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public

inte		evenue Service		organization may have to use a copy of this	return to 3a				, mapection.
	_	For the 2002 calenda				, 2002, and end			, 20
	В	Check if applicable	Please use IRS	C Name of organization			D Employer ide		
	H.	Address change	label or	ALABAMA TREASURE FORI	ALABAMA TREASURE FOREST ASSOCIATION 63-10				
	□ :	Name change	print or type.	Number and street (or P.O. box if mail is not delive	umber				
	□ .	Initial return	See Specific	P O BOX 13220) 44	2-2424			
		Final return	Instruc-	City or town state or country, and ZIP + 4			F Accounting m	ethod.	🔀 Cash 🗌 Accrual
		Amended return	tions.	MOBILE, AL 36663-0220	0		Other (spe	cify) 🏓	<u> </u>
		Application pending		n 501(c)(3) organizations and 4947(a)(1) nonexempt ch		Hand I are not app	licable to section 527	organiz	ations
			trusta n	nust attach a completed Schedule A (Form 990 or 99	0-EZ).	H(a) Isthisagro	up return for affillates	7	🗌 Yes 💹 No
						H(b) If Yes ente	r number of affillates		•
	G W	eb site: 🕨				H(c) Are all affilla	tes included?		Yes No
J 0	rganiz	zation type (check only one	s) ► [X 501(c)β) ∢ (Insert no)	r 527	(if "No," atta	ch a list. See instruction	ons)	
	heck I			gross receipts are normally not more than \$25,000. T		H(d) is this a sep organization	arate return filed by ai covered by a group re	n Jiling?	🗌 Yes 🗓 No
orga	nizat)		-	out if the organization received a Form 990 Package		1 Enter 4-dig			_=
				il data. Some states require a complete return.			X if the organizat	on is f	not required
_		ecelpts Add lines 6b 8b 9		205 540		1	Sch B (Form 990		
	art	~ 		and Changes in Net Assets or F	und Bala				
ب	1			d similar amounts received		(000 0			94 14 7
	a	_	•			l 1a			
	<u>-</u>			•		1b	33,270		
				into)		1c	302,986		
	6		_			\ <u> </u>	302,300		336,256
	٥		_		Dart VII. Ima	<u></u> /		1d	330,230
	2			ding government fees and contracts (from	ran vii, ime	: 93)	•	2	41 220
	3	Membership dues a				•		3	41,320
	-	•		rary cash investments				4	2,973
	5	Dividends and intere	est from se	curities		1 1	•	5	
	6a		•	•		. 6a	_		
	6	•				6b		_	
	_c			btract line 6b from line 6a)				6c	
F	1 _	Other investment inc	-		(-) -)	7	
v	04		sales of as অবসম	sets other	(A) Secu		(B) Other		
Ĉ	_	Than inventory		•		8a			
ļn L		HECEPANTH.				8b			
ر ا		Gain or (loss) (attac				8c		1	
	¥ la	LVAR HOSAL 03 (150003)	ombine lini	e 8c, columns (A) and (B))				8d	
2	Pos	Special events and							
5		Gross revenue (not	including	\$ of		1 - 1			
	li .	Owinipape to	ed on line	1a)		9a	6,489		
APR		•		an fundraising expenses		9b	704		
~				cial events (subtract line 9b from line 9a)		1 1		9c	5,785
\circ	1			returns and allowances		10a			
Ш	6	Less cost of goods		•		10b			
Z	C	•		s of inventory (attach schedule) (subtract li	ne 10b from	line 10a) .	•	10c	
\$	11	Other revenue (from	n Part VII, I	ine 103)				11	9,510
SCANNED	12	Total revenue (add	lines 1d, 2	2, 3, 4 5, 6c, 7, 8d, 9c 10c and 11)				12	395,844
(y) E	13	Program services (fi	rom line 44	I, column (B))			•	13	<u>258,457</u>
P	14	Management and g	eneral (fro	m line 44 column (C))				14	69,779
e 1	15	Fundraising (from li	ne 44, colu	ımn (D))				15	
9	16	Payments to affiliate	s (attach s	chedule)				16	
5 5	17			and 44, column (A))				17	328,236
N	18			(subtract line 17 from line 12)				18	67,608
Ē. ▲	19			t beginning of year (from line 73, column (A	.))	•		19	208,820
Net Associ	20			r fund balances (attach explanation)				20	
Ē	21			t end of year (combine lines 18, 19, and 20))			21	276,428
_4	-								

Pai			column (A) Columns (B) It charitable trusts but op			
	Do not include amounts reported on line 6b, 8b 9b, 10b, or 16 of Part I	((A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)	11	· · · · · · · · ·			
_	(cash \$ noncash \$)	22			/ · · · · · · · · · · · · · · · · · · ·	,
23	Specific assistance to individuals (attach schedule)	23			, , , , , , , , , , , , , , , , , , ,	S 1 18
24	Benefits paid to or for members (attach schedule)	24				
25	Compensation of officers, directors etc .	25	71,637	71,637		
26	`	26	76,604	29,808	46,796	
		27	13,359	13,359		
27	Pension plan contributions	28				
28	Other employee benefits	1	10,099	10,099		
29	Payroll taxes	29	11,789	8,068	3,721	
30	Professional fundraising fees	30				<u> </u>
31	Accounting fees	31	762	<u> </u>	762	
32	Legal fees	32				
33	Supplies .	33	14,150	<u>14,150</u>		
34	Telephone .	34	7,717		7,717	
35	Postage and shipping	35	6,853		6,853	
36	Occupancy	36			-	
37	Equipment rental and maintenance	37				
38	Printing and publications .	38	17,080	17,080	-	
39	Travel	39	35,391	35,391		
		40		13,458		
40	Conferences, conventions, and meetings		13,458	13,450		
41	Interest	41		<u>.</u>		
42	Depreciation, depletion etc (attach schedule)	42				
43	Other expenses not covered above (itemize): a	43a				
ь	SEE ATTACHED SCHEDULE	43b	49,337	45,407	3,930	
C		43c		<u> </u>		
d		43d				
•		43e				
44	Total functional expenses (add lines 22 through 43) Organizations			<u></u>		
	completing columns (B)-(D), carry these totals to lines 13-15	44	328,236	258,457	69,779	ı
Are a If "Ye (III) t	Costs Check ► ☐ If you are following SOP 98-2 iny joint costs from a combined educational campaign and fust," enter (i) the aggregate amount of these joint costs \$, (ii) the amour , and (iv) the amount	nt allocated to Progr t allocated to Fundra	ram services \$ alsing \$	► Yes No
	rt III Statement of Program Service Accomp				ge 24)	
Wha	t is the organization's primary exempt purpose? PROMO	OTE	FORESTRY MA	ANAGEMENT	_	Program Service
of cli	ganizations must describe their exempt purpose achievement ents served publications issued, etc. Discuss achievements nizations and 4947(a)(1) nonexempt charitable trusts must als	that are	not measurable (S	ection 501(c)(3) and	i (4)	Expenses tequired for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others)
а	USING EDUCATIONAL METHODS TO PRIVATE ALABAMA FORESTS TO PRORECREATION, ENVIRONMENT AND A	DVID	E TIMBER,			
	(Grants and	allocatio	ons \$)	
Þ	SUSTAINED USUABLE RESOURCE					
c	(Grants and	allocatio	ons \$)	258,457
d	(Grants and	allocatio	ons \$)	
-	(Grants and	allocate	ons \$,	
_					<u>'</u>	
	Other program services (attach schedule) (Grants and				<u> </u>	250 455
	Total of Program Service Expenses (should equal line 44,	column			<u></u>	258,457
			1	EEA		Form 990 (2002

P	art IV	Balance Sheets (See Specific Instructions on	page 24)				
Note		Where required, attached schedules and amounts within	(A)		(B)		
		column should be for end-of-year amounts only		Beginning of year		End of year	
	45	Cash - non-interest-bearing .	•	4,805	45	956	
	46	Savings and temporary cash investments	204,015	46	275,472		
	47 a	Accounts receivable .	47a		[
	ь	Less allowance for doubtful accounts	47b	1	47c		
	48 a	Pledges receivable .	48a	1			
	b	Less allowance for doubtful accounts .	48b	1	48c		
	49	Grants receivable .					
	50	Receivables from officers, directors trustees and key er	nployees				
		(attach schedule)	·		50		
Α	51 a	Other notes and loans receivable (attach					
s		schedule)	51a				
s	b	Less allowance for doubtful accounts	51b		51c		
e	52	Inventories for sale or use			52		
t	53	Prepaid expenses and deferred charges			53		
s	54	Investments - securities (attach schedule)	► Cost FMV		54		
	55 a	Investments - land, buildings, and					
		equipment basis .	55a		ĺ		
	b	Less accumulated depreciation (attach					
		schedule)	55b		55c		
	56	Investments - other (attach schedule)	•		56		
	57 a	Land, buildings, and equipment basis	57a				
	Ь	Less accumulated depreciation (attach					
	<u> </u>	schedule)	57b		57c		
	58	Other assets (describe)		58		
						<u>- </u>	
	59	Total assets (add lines 45 through 58) (must equal line	74)	208,820	59	276,428	
	60	Accounts payable and accrued expenses	•		60		
i	61	Grants payable , .	•		61		
a	62	Deferred revenue		62			
D	63	Loans from officers, directors, trustees, and key employe					
i		schedule)			63		
!		Tax-exempt bond liabilities (attach schedule)	•		64a	<u></u>	
ι.		Mortgages and other notes payable (attach schedule)	•		64b		
l e	65	Other liabilities (describe)		65		
s							
	66	Total liabilities (add lines 60 through 65)			66		
	Orga	inizations that follow SFAS 117, check here	and complete lines				
	67	67 through 69 and lines 73 and 74		200 020		276 420	
NF	67 68	Unrestricted Temporarily restricted		208,820	67 68	276,428	
e u	69	• •			69		
d		Permanently restricted .			63		
A s B		inizations that do not follow SFAS 117, check here complete lines 70 through 74	and				
s a	70	Capital stock, trust principal, or current funds			70		
) i	71	Paid-in or capital surplus or land, building, and equipm	ent fund		71		
a	72	Retained earnings, endowment, accumulated income, o			72		
c	73	Total net assets or fund balances (add lines 67 through		_	1		
e S		70 through 72	ni vy Ottimes				
		column (A) must equal line 19, column (B) must equal !	ine 21)	208,820	73	276,428	
	74	Total liabilities and net assets / fund balances (add li		208,820	74	276,428	
	1 -	::: :::: =:::: =::=: / · · · · · · · · · · · · · · · · · ·			1		

Form 990 is available for public inspection and, for some people serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Rever				Part		econciliation			
Financial Statements w			•			ınancial State	ments with	1 Ex	penses per
Return (See Specific Instruct	ions)		R	eturn	·		
a Total revenue, gains, and other support		N/A	, ,	а	Total expens	ses and losses pe	г		N/A
per audited financial statements	a			1		ncial statements		а	
b Amounts included on line a but not on		<	,	þ		luded on line a bi	ut not	١	
line 12 Form 990		l			on line 17, F			`	**************************************
(1)Net unrealized gains				(1)	Donated ser				
on investments , \$				ļ <u>,</u> ,	and use of f	·			
(2) Donated services		Ī	100	(2)	Prior year ac	· -			
and use of facilities \$		ļ ·			reported on	line 20,			
(3) Recoveries of prior				ĺ.,	Form 990	\$			
year grants . \$				(3)	Losses repo				•
(4) Other (specify)				l	line 20, Forn				
				(4)	Other (speci	ity)			
<u> </u>		ŧ				 _			
Add amounts on lines (1) through (4)	þ			Į		\$,
				ļ	Add amount	ts on lines (1) thro	ugh (4) ►	þ	
c Line a minus line b	C	ļ		С	Line a minus		•	С	
d Amounts included on line 12		l		d		luded on line 17			
Form 990 but not on line a		1	1.5	.		ut not on line a			
(1) Investment expenses	-	•		(1)	Investment e	expenses			
not included on line					not included	l on line			
6b, Form 990 \$				1	6b, Form 99	o \$			
(2) Other (specify)	[•		(2)	Other (speci	fy)			
	1	1		ł					
\$		•	,			\$			
Add amounts on lines (1) and (2)	d]	Add amount	is on lines (1) and	(2) ▶	d	
e Total revenue per line 12, Form 990				е	Total expens	ses per line 17 Fo	rm 990		
(line c plus line d) ▶	e				(line c plus l		•	e	
Part V List of Officers, Directors,	Tru	stees, a	and Ke	y Em	ployees (L	ist each one even	if not comper	sate	d see Specific
Instructions on page 26)						·	[
(A) Name and address		ŀ			ge hours per	(C) Compensation (If not paid, enter	(D) Contributio employee ben plans & deferr compensation	ns to efit	(E) Expense account and other
					o position	-0-)	compensation	on	allowances
JAMES MALONE			EXEC	:0.1.T /	E DIR		<u> </u>		_
MOBILE, AL					0	71,636	7,1	.60	0
CHAD FINCHER			COOR	DIN					
MOBILE, AL					0	29,808	2,7	50	0
ROBERT PITTMAN			BOAR	D PE	RES	_		_	_
GRAND BAY, AL					0	0		0	
JAKE HARPER			BOAR	D V	PRES				
CAMDEN, AL					0	0	·	0	0
RANDY GILMORE			BOAR	D TI	REAS				
MC CALLA, AL					0	0		0	0
	_						i		
· -									
				<u>-</u>			<u> </u>		
			_					_	
75 Did any officer, director trustee, or key emp	loye	evieses	aggregat	e comp	ensation of m	ore than \$100,000	0 from your	_	
organization and all related organizations, o	f whi	ch more t	han \$10,	000 wa	s provided by	the related organ	nizations?	▶ 「	Yes X No
If "Yes," attach schedule - see Specific Inst	uctio	ns on pag	ge 27					_	

	990,(2002)		F	age 5				
Par	t VI Other Information (See Specific Instructions on page 27)	,	Yes	No				
76	Did the organization engage in any activity not previously reported to the (RS? If "Yes," attach a detailed description of each activity	76		X				
	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		X				
	If "Yes" attach a conformed copy of the changes	78a		X				
	- · · · · · · · · · · · · · · · · · · ·							
	If "Yes" has it filed a tax return on Form 990-T for this year?	78b		X				
	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		x				
	If "Yes," enter the name of the organization	000						
-	and check whether it is exempt or nonexempt							
81a	Enter direct or indirect political expenditures. See line 81 instructions . 81a	1 1						
ь	Did the organization file Form 1120-POL for this year?	81ь		Х				
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge							
	or at substantially less than fair rental value?	82a	Х					
Ь	If "Yes," you may indicate the value of these items here. Do not include this amount							
	as revenue in Part I or as an expense in Part II (See instructions in Part III)] ,						
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a		X				
Ь	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83Ь	_	X				
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	171	Х				
	If "Yes," did the organization include with every solicitation an express statement that such contributions			}				
	or gifts were not tax deductible?	84b		 				
	501(c)(4) (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a 85b		₩				
	b Did the organization make only in-house lobbying expenditures of \$2 000 or less?							
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year							
С	Dues, assessments, and similar amounts from members	1 : 1						
d	Section 162(e) lobbying and political expenditures							
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices . 85e	1						
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f	1						
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		′				
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its							
	reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h						
				-				
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12							
ь	Gross receipts included on line 12, for public use of club facilities . 86b							
87	501(c)(12) orgs. Enter a Gross income from members or shareholders	_ ^						
Ь	Gross income from other sources (Do not net amounts due or paid to other							
	sources against amounts due or received from them)							
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or							
	partnership, or an entity disregarded as separate from the organization under Regulations sections							
89a	301 7701-2 and 301 7701-3? If "Yes," complete Part IX 501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under	88		 				
034	section 4911 ► , section 4912 ► section 4955 ►		,	,				
ь	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction	┤╶┊		1				
•	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach							
	a statement explaining each transaction	89ь		х				
С	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under							
	sections 4912, 4955, and 4958							
d	Enter Amount of tax on line 89c, above, reimbursed by the organization							
90a	List the states with which a copy of this return is filed							
ь	Number of employees employed in the pay period that includes March 12, 2002 (See instructions)			4				
91	The books are in care of ► ALABAMA TREASURE FOREST Telephone no ► 251-44	2-2	424					
	Located at ► MOIBLE, AL ZIP+4 ►							
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here			▶ 📗				
	and enter the amount of tax-exempt interest received or accrued during the tax year - 92							

	Enter gross amounts unless otherwise	Unrelated bus		- 	Excluded by section 512 513, or 514	
indicated		(A)	(B)	(c)	(D)	(E) Related or
93	Program service revenue	Business code	Amount	Exclusion code	Amount	exempt function
а	1.09.2					income
ь		-				
c		- 	 			
d		- -		 		
_						
e f	Medicare/Medicaid payments	_			<u> </u>	
•		 				· <u>-</u>
9 94	Fees and contracts from government agencies	<u> </u>			· · · · · · · · · · · · · · · · · · ·	41 22
95	Membership dues and assessments				<u> </u>	41,32
	Interest on savings and temporary cash investmen	15				2,97
96	Dividends and interest from securities			<u> </u>		
97	Net rental income or (loss) from real estate					
a	debt-financed property .					
ь	not debt-financed property					
98	Net rental income or (loss) from personal property	<u> </u>				
99	Other investment income					
00	Gain or (loss) from sales of assets other than inver	itory				
01	Net income or (loss) from special events .					5,78
02	Gross profit or (loss) from sales of inventory					
03	Other revenue a DONATIONS	_				1,22
Ь	VENDOR REBATE	_				9:
C	EXPENSE REIMBURSEMENTS	_				5,74
d	OTHER	_				2,45
8						
04	Subtotal (add columns (B), (D), and (E))					59,58
05	Total (add line 104, columns (B), (D) and (E))				•	59,58
	ine 105 plus line 1d, Part I, should equal the amou					
	VIII Relationship of Activities to the A		OI EXCIIIP			tions on page 32
Line I	Explain how each activity for which income in of the organization's exempt purposes (other		(E) of Part VII	contributed impo		
	of the organization's exempt purposes (other	than by providing fu	(E) of Part VII	contributed impo purposes)	tantly to the accon	nplishment
▼	of the organization's exempt purposes (other	than by providing fu	(E) of Part VII nds for such Disregard	contributed imporpurposes) ed Entities (Se	tantly to the accon	nplishment
₽art	of the organization's exempt purposes (other IX Information Regarding Taxable S (A) lame, address, and EIN of corporation,	ubsidiaries and (8) Percentage of	(E) of Part VII nds for such Disregard	contributed impo purposes)	tantly to the accon	ions on page 33 (E) End-of-year
₽art	of the organization's exempt purposes (other IX Information Regarding Taxable S (A) lame, address, and EIN of corporation,	ubsidiaries and (8) Percentage of ownership interest	(E) of Part VII nds for such Disregard	contributed imporpurposes) ed Entities (Se	re Specific Instruct	ions on page 33
▼ Part	of the organization's exempt purposes (other IX Information Regarding Taxable S (A) lame, address, and EIN of corporation,	ubsidiaries and (8) Percentage of wnership interest %	(E) of Part VII nds for such Disregard	contributed imporpurposes) ed Entities (Se	re Specific Instruct	ions on page 33 (E) End-of-year
▼ Part	of the organization's exempt purposes (other IX Information Regarding Taxable S (A) lame, address, and EIN of corporation,	ubsidiaries and (8) Percentage of ownership interest %	(E) of Part VII nds for such Disregard	contributed imporpurposes) ed Entities (Se	re Specific Instruct	ions on page 33 (E) End-of-year
₽art	of the organization's exempt purposes (other IX Information Regarding Taxable S (A) lame, address, and EIN of corporation,	ubsidiaries and (8) Percentage of ownership interest % %	(E) of Part VII nds for such Disregard	contributed imporpurposes) ed Entities (Se	re Specific Instruct	ions on page 33 (E) End-of-year
Part	of the organization's exempt purposes (other IX Information Regarding Taxable S (A) lame, address, and EIN of corporation, partnership, or disregarded entity	ubsidiaries and (8) Percentage of ownership interest % % %	(E) of Part VII nds for such Disregard Nature of	ed Entities (Se	ee Specific Instruct	ions on page 33 (E) End-of-year assets
Part N	of the organization's exempt purposes (other IX Information Regarding Taxable S (A) Iame, address, and EIN of corporation, partnership, or disregarded entity X Information Regarding Transfers Associated	ubsidiaries and (8) Percentage of swnership interest % % % % % led with Personal Be	Disregard Nature of	ed Entities (Section of activities	ee Specific Instruct (D) Total income	ions on page 33 (E) End-of-year assets
Part Part (a)	of the organization's exempt purposes (other IX Information Regarding Taxable S (A) Iame, address, and EIN of corporation, partnership, or disregarded entity X Information Regarding Transfers Associate Did the organization, during the year, receive any funds dire	ubsidiaries and (8) Percentage of swnership interest % % % % % ced with Personal Beactty or indirectly, to pay in	Disregard Nature of the contraction of the contrac	ed Entitles (Second Second Sec	ee Specific Instruct (D) Total income	ions on page 33 (E) End-of-year assets e 33) Yes No
Part (a) (b)	of the organization's exempt purposes (other IX Information Regarding Taxable S (A) Iame, address, and EIN of corporation, partnership, or disregarded entity X Information Regarding Transfers Associate Did the organization, during the year, receive any funds dire Did the organization during the year pay premium	ubsidiaries and (8) Percentage of winership interest % % % % ed with Personal Beauty or indirectly, to pay instructions.	Disregard Nature of the contraction of the contrac	ed Entitles (Second Second Sec	ee Specific Instruct (D) Total income	ions on page 33 (E) End-of-year assets
Part (a) (b)	of the organization's exempt purposes (other X Information Regarding Taxable S Iame, address, and EIN of corporation, partnership, or disregarded entity X Information Regarding Transfers Associat Did the organization, during the year, receive any funds dire that Tyes' to (b), file Form 8870 and Form 4720 (see	wbsidiaries and (8) Percentage of ownership interest % % % % ied with Personal Beauty or indirectly or indirectly or indirectly instructions)	Disregard Nature of Part VIII	ed Entitles (Sec.) cts (See Specific I personal benefit contractions)	re Specific Instruct (D) Total income	ions on page 33 (E) End-of-year assets e 33) Yes No
Part (a) (b)	of the organization's exempt purposes (other IX Information Regarding Taxable S (A) Iame, address, and EIN of corporation, partnership, or disregarded entity X Information Regarding Transfers Associate Did the organization, during the year, receive any funds dire Did the organization during the year pay premium	wbsidiaries and (8) Percentage of swnership interest % % % % led with Personal Beauty or indirectly or indirectly or indirectly instructions) ned this return, including	Disregard Nature of Market Contractions on a person accompanying s	ed Entitles (Section of activities cts (See Specific Intersonal benefit contractional benefit contractional benefit contractional benefit and statements are statements.	ee Specific Instruct (D) Total income instructions on pagest?	ions on page 33 (E) End-of-year assets e 33) Yes No
Part (a) (b)	of the organization's exempt purposes (other X Information Regarding Taxable S (A) Iame, address, and EIN of corporation, partnership, or disregarded entity X Information Regarding Transfers Associate Did the organization, during the year, receive any funds dire Did the organization during the year pay premium If "Yes" to (b), file Form 8870 and Form 4720 (see Under penalties of perjury I declare that I have examinant bellef, has true correct, and complete Declaration	wbsidiaries and (8) Percentage of swnership interest % % % % led with Personal Beauty or indirectly or indirectly or indirectly instructions) ned this return, including	Disregard Nature of Part VIII	ed Entitles (Section of activities cts (See Specific Intersonal benefit contractional benefit contractional benefit contractional benefit and statements are statements.	ee Specific Instruct (D) Total income instructions on pagest?	ions on page 33 (E) End-of-year assets e 33) Yes No

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),

501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information -- (See separate instructions.)

2002

OMB No 1545-0047

Internal Revenue Service

Department of the Treasury ▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ Name of the organization Employer identification number ALABAMA TREASURE FOREST ASSOCIATION 63-1051439 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See page 1 of the instructions. List each one. If there are none enter "None.") (d) Contributions to (e) Expense (a) Name and address of each employee paid more (b) Title and average hours (c) Compensation employee benefit plans & account and other than \$50 000 per week devoted to position deferred compensation allowances NONE Total number of other employees paid over \$50,000 Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms). If there are none enter "None") (a) Name and address of each independent contractor paid more than \$50 000 (b) Type of service (c) Compensation NONE

For Paperwork Reduction Act Notice see the Instructions for Form 990 and Form 990-EZ.

Total number of others receiving over \$50,000 for

þ

SCHE	OUID A	(Form 990 or 990-EZ) 2002		F	age
Pa	rt III	Statements About Activities (See page 2 of the instructions)		Yes	No
1	or inc	g the year, has the organization attempted to influence national, state, or local legislation, including any upt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid curred in connection with the lobbying activities (Must equal amounts on line 38, VI-A, or line i of Part VI-B)	1		х
2	organ the lo Durin subst	nizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other nizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of libbying activities g the year has the organization, either directly or indirectly, engaged in any of the following acts with any lantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with			
a	princi	exable organization with which any such person is affiliated as an officer, director trustee, majority owner or pal beneficiary? (If the answer to any question is "Yes" attach a detailed statement explaining the transactions) exchange, or leasing of property?	2a		х
b	Lend	ing of money or other extension of credit?	2b		х
c	Furni	shing of goods, services, or facilities?	2c		x
d	Paym	ent of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	Х	<u> </u>
e	Trans	fer of any part of its income or assets?	2e		х
3		the organization make grants for scholarships fellowships, student loans letc? (See Note below) by have a section 403(b) annuity plan for your employees?	3		X
Note	Attac	h a statement to explain how the organization determines that individuals or organizations receiving grants m it in furtherance of its charitable programs "qualify" to receive payments	-	<u>!</u>	
	rt IV	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)	<u> </u>		
5 6 7 8 9	□ A A A A A A A A A A A A A A A A A A A	ration is not a private foundation because it is. (Please check only ONE applicable box.) Inchurch, convention of churches, or association of churches. Section 170(b)(1)(A)(ii). Inchurch, convention of churches, or association of churches. Section 170(b)(1)(A)(ii). Inches section 170(b)(1)(A)(iii). Inches section 170(b)(1)(A)(A)(iii). Inches section 170(b)(1)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)	70(b)(<i>(</i>)
11 b 12 13	A received by A d	community trust. Section 170(bX1XAXvi). (Also complete the Support Schedule in Part IV-A.) in organization that normally receives. (1) more than 33 1/3% of its support from contributions, membership fees, and excepts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 is support from gross investment income and unrelated business taxable income (less section 511 tax) from businesse by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.) in organization that is not controlled by any disqualified persons (other than foundation managers) and supports organization (1) lines 5 through 12 above, or (2) section 501(c)(4), (5) or (6), if they meet the test of section 509(a)(2) section 509(a)(3).)	1/3% o s acqu	ıred	
	_	Provide the following information about the supported organizations (See page 5 of the instructions)		_	
	_	(a) Name(s) of supported organization(s) (b) Line from	numb above		
	_				
	-				
14	Па	n organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)			

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting

Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Cale	ndar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15	Gifts, grants, and contributions received (Do					
	not include unusual grants See line 28)	272,839			117,19	
16	Membership fees received .	41,481	51,594	31,956	14,05	139,090
17	Gross receipts from admissions,	,				
	merchandise sold or services performed, or turnishing of facilities in any activity		j			
	that is related to the organization's					
	charitable, etc., purpose					
18	Gross income from interest, dividends					
	amounts received from payments on securities loans (section 512(a)(5)), rents royalties and					
	unrelated business taxable income (less		1			
	section 511 taxes) from businesses acquired					
	by the organization after June 30, 1975	10,847	8,126	5,463	2,09	26,535
19	Net income from unrelated business					
	activities not included in line 18					
20	Tax revenues levied for the organization s					
	benefit and either paid to it or expended on					
	rts behalf	 				
21	The value of services or facilities furnished to the organization by a governmental unit					
	without charge. Do not include the value of	ļ				
	services or facilities generally furnished to the					
22	public without charge					
22	Other income Attach a schedule Do not include gain or (loss) from sale of capital assets		ļ			
23	Total of lines 15 through 22	325,167	319,284	225,539	133 35	511,003,341
24	Line 23 minus line 17	325,167		225,539		511,003,341
 25	Enter 1% of line 23	3,252		2,255	1,33	
 26	Organizations described on lines 10 or 11 a					Sa 20,067
	Prepare a list for your records to show the name of					20,00
_	governmental unit or publicly supported organizati				ne l	
	amount shown in line 26a Do not file this list wit	_	_			б ы п
		•				
c	Total support for section 509(a)(1) test. Enter line 2	24, column (e)			▶ 20	5c 1,003,341
d	Add Amounts from column (e) for lines 18	26,535	19			
	22		26b		▶ 20	36 ,535
8	Public support (line 26c minus line 26d total)				▶ 20	se 976,806
	Public support percentage (line 26e (numerator				▶ 2	
27	Organizations described on line 12 a For amo	ounts included in lin	es 15, 16, and 17 t	that were received	from a "disqua	lified
	person prepare a list for your records to show the Do not file this list with your return. Enter the su			ın each year fron	n, each disqua	litied person
	•		•			
	(2001) (2000) For any amount included in line 17 that was received.	.	(1999)		(1998)	
Ь	For any amount included in line 17 that was received show the name of land amount received for each	red from each perso	on (other than "disc	qualified persons")), prepare a list	for your records to
	(Include in the list organizations described in lines	5 through 11, as w	ell as individuals)	Do not file this lis	it with your rei	turn After computing
	the difference between the amount received and t amounts) for each year	he larger amount de	escribed in (1) or (2), enter the sum o	of these differer	nces (the excess
			(1000)		(1000)	
	(2001)(2000)		(1999)		(1998)	
_	Add Amounts from column (e) for lines 15		16			
С	Add Amounts from Column (#) for lines 15		16 21		- 1 2°	7c
d	17 20 Add Line 27a total .	and line 27b total		<u> </u>	├	7d
A	Public support (line 27c total minus line 27d total)) 	7e
ſ	Total support for section 509(a)(2) test. Enter amo		tumn (e)		-	,
g	Public support percentage (line 27e (numerator			<u> </u>	2	7g %
h	Investment income percentage (line 18, column	_			_	7h %
 28	Unusual Grants For an organization described in					
	prepare a list for your records to show, for each ye		-	_		
	description of the nature of the grant. Do not file t				•	

		Exempt Organ	izations (See	page 12 of the instructions)	•			
51	Did t				ig with any other organization described in	section		
	501(c) of the Code (other tha	an section 501(c	(3) organizations) or in section 52	7, relating to political organizations?		_	
a		•	organization to a	a noncharitable exempt organization	on of		Yes	No
		Cash .	•			51a(ı)		<u> </u>
	(n)	Other assets				a(11)	_	
Ь		r transactions						
				ncharitable exempt organization	• • •	b (ı)		<u> </u>
	****	Purchases of assets fro		· •	•	p(11)		<u> </u>
	,	Rental of facilities, equip	-	assets .	• •	b (m)		<u> </u>
		Reimbursement arrange			•	p(in)		<u> </u>
		Loans or loan guarante			}	P(A)	_	<u> </u>
				or fundraising solicitations	}			
C				other assets, or paid employees	· [C	-6 45 -	L
d				-	lumn (b) should always show the fair marke nization received less than fair market value		or the	
	-		-		other assets or services received	THI CITY		
_			Jennent Show in			_		
	(a) e no	(b) Amount involved	Name of none	(c) :haritable exempt organization	(d) Description of transfers transactions and sha	ring arran	cam en	ts
	-						•	
-		· · · · ·						
								
						•		
					-			
		· · -						
			<u> </u>				-	
-						-		
							-	
					<u> </u>			
		-						
52a	ls th	e organization directly o	r indirectly affilial	ted with, or related to, one or more	tax-exempt organizations			
				er than section 501(c)(3)) or in sec	tion 527? ▶ L	Yes	X	No
ь	If "Y	es," complete the follow	ing schedule		, — · · · · · · · · · · · · · · · · · ·			
		(a)		(b)	(c)			
	,. _	Name of organizat	tion	Type of organization	Description of relations	hip_		
<u>, N</u>	/ <u>A</u>							
	_				<u> </u>			
			 					
			<u>_</u>					
	-							
								
				· · · · · · · · · · · · · · · · · · ·				
								
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							-	
								
				 				
			 			•	-	
				 				

Alabama Treasure Forest Association 63-1051439 12/31/02 form 990

Part II, line 43, other expenses	Total	-		_	
Sustainable Forestry Initiative Leadership development and conference Classroom in the forest Certified members supplies Membership dues rebates, refunds	\$ 600 21,827 2,584 3,615 7,050	\$ 600 21,827 2,584 3,615 7,050	\$ -		
Insurance Awards Promotional materials Workshop Other	1,551 600 7,498 1,633 2,379	600 7,498 1,633	1,551 2,379		
	\$ 49,337	\$ 45,407	\$ 3,930		