990 . 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)

OMB No 1545-0047

2003

Department of the Treasury

Open to Public

		revenue service -		organization may have to use a copy or this				equilements		
	A	For the 2003 calendar	_			, 2003, and e	nding			, 20
	В	Check if applicable	Please use IRS	C Name of organization		~~~		D Employer ide		
		Address change	label or	ALABAMA TREASURE FOR	EST AS	SOCIATI	ON	63-1	<u>051</u>	439
		Name change	print or type.	Number and street (or P O box if mall is not deliv	vered to street	address) Roor	n/suite	E Telephone nu		
		Initial return	See	P O BOX 13220					<u> </u>	2-2424
		Final return	Specific Instruc-	City or town, state or country, and ZIP + 4				F Accounting me	thod:	X Cash Accrual
		Amended return	tions.	MOBILE, AL 36663-022	0			Other (spec	ify) 🕨	·
- (Application pending		n 501(c)(3) organizations and 4947(a)(1) nonexempt cl		Hand I are not	applicat	ole to section 527	organiza	ations
			trusts	must attach a completed Schedule A (Form 990 or 9	90-EZ).	H(a) isthisa	group re	turn for affillates?	•	🗌 Yes 🗓 No
						H(b) If "Yes,"	enter nu	mber of affiliates		>
G W	ebsi	ite: ►				H(c) Arealiat	filiates i	ncluded?		Yes No
J Or	gan	ization type (check only one) 🕨	∑ 501(c) β)	r 527			list See instruction	•	
K CI	neck	there I if the org	janization's	gross receipts are normally not more than \$25,000	The	H(d) Isthisa organiza	separate tion cove	return filed by an ered by a group ru	ling?	Yes No
or	gani	zation need not file a return	with the IR	S, but if the organization received a Form 990 Packa	ge			n Number ▶		
	-			ncial data. Some states require a complete return.	•	M Check	<u>▶ 🗓</u> ı	the organization	on is n	ot required
		receipts Add lines 6b, 8b, 9				1		B (Form 990, 9		
	ari			and Changes in Net Assets or F	und Bala					
<u></u>	1	<u> </u>		d sımılar amounts received			Page]	′
						1a	1			
	ŀ						+			
	l			ants)			+	346,510		
	l								4.4	246 510
	l _			c) (cash \$ 346,510 noncash \$					1d	346,510
	2	•		iding government fees and contracts (from					2	44 470
	3			ments					3	44,479
	4			orary cash investments					4	2,160
	5			ecurities			1		5	
	6	6a Gross rents 6a b Less rental expenses 6b								
									-	
		c Net rental income or	(loss) (su	btract line 6b from line 6a)					6c	
R	7	Other investment inc	ome (des	cribe ►)	7	
e v	8	a Gross amount from			(A) Secu	rities	(B) Other		
e		than inventory				8a				
n	ĺ	b Less cost or other b	asis and	sales expenses		8b			-	
u e		c Gain or (loss) (attach	schedule	e)		8c			•	
Ī		d Net gain or (loss) (co	ombine lin	e 8c, columns (A) and (B))					8d	
	9	Special events and a	activities (attach schedule) If any amount is from gan	ning, check	here ► 🗌				
	1	a Cross revenue (not	ncluding-	• of	•				1	
		contribution & Com	NEU.	of 1a)		9a		6,881		
		b Less direct expense	s other th	aក្សាក្នុdraising expenses		9b		1,262		
	1	c Netuncolple of (loss)	framane	cial events (subtract line 9b from line 9a)				_,	9c	5,619
*	10	la (loss sales of inven	TUU4	cial vents (subtract line 9b from line 9a) returns and allowances		102				2,022
+ 007	l	b Less cost of goods	cold-	<u>K </u>		10h	+			
<u> </u>			J. T.L.	es of inventory (attach schedule) (subtract li	 na 10h from	line 102)			10c	
_				ine 103)					11	18,537
2	11	-		2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)					12	417,305
3-	12			2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)					13	
X	13			m line 44, column (C))						200,682
$\supset_{\mathbf{e}}^{\mathbf{p}}$	14			m line 44, column (C))					14	92,113
Ψļn	15	rungraising (from lin	ie 44, coll	ımn (D))				• • • • • • •	15	
Ş	16								16	202 705
S	17	lotal expenses (ad	a lines 16	and 44, column (A))			• • •	• • • • • •	17	292,795
) e	18	Excess or (deficit) fo	r the year	(subtract line 17 from line 12)					18	124,510
Ď.	15	Net assets or fund b	alances a	t beginning of year (from line 73, column (A	())		• • •		19	276,428
O NOT X Penses Net Assets	20			r fund balances (attach explanation)					20	100 000
ť	21	Net assets or fund b	alances a	t end of year (combine lines 18, 19, and 20)	<u> </u>			21	400,938 r

Form 990 (2003) Statement of Part II All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations **Functional Expenses** and section 4947(a)(1) nonexempt charitable trusts but optional for others (See page 22 of the instructions.) Do not include amounts reported on line (B) Program (C) Management (A) Total (D) Fundraising 6b, 8b, 9b, 10b, or 16 of Part I services and general 22 Grants and allocations (attach schedule) 22 (cash \$ noncash \$ 23 Specific assistance to individuals (attach schedule) 23 24 Benefits paid to or for members (attach schedule) 24 25 76,987 76,987 25 68,254 26 26 17,625 50,629 27 27 11,944 11,944 8,152 28 28 8,152 29 12,385 8,068 29 4,317 30 30 762 31 31 762 2,12532 32 2,125 33 33 11,731 11,731 5,059 34 34 5,059 5,551 35 35 5,551 36 36 37 37 38 38 15,113 15,113 23,275 39 23,275 39 40 Conferences, conventions, and meetings 40 12,405 12,405 41 41 42 Depreciation, depletion, etc (attach schedule)..... 42 43 Other expenses not covered above (itemize) a 43a SEE ATTACHED SCHEDULE 43b 39,052 35,478 3,574 43c 43d 43e Total functional expenses (add lines 22 through 43) Organizations 292,795 200,682 92,113 completing columns (B)-(D), carry these totals to lines 13-15 44 Joint Costs. Check ▶ ☐ If you are following SOP 98-2 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? > 🗌 Yes 🖾 No If "Yes," enter (i) the aggregate amount of these joint costs \$, (ii) the amount allocated to Program services \$; and (iv) the amount allocated to Fundraising \$ (iii) the amount allocated to Management and general \$ Part III Statement of Program Service Accomplishments (See page 25 of the instructions) What is the organization's primary exempt purpose? ► PROMOTE FORESTRY MANAGEMENT **Program Service** Expenses All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional of clients served, publications issued, etc Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others) for others) USING EDUCATIONAL METHODS TO PROMOTE MANAGEMENT OF PRIVATE ALABAMA FORESTS TO PROVIDE TIMBER, RECREATION, ENVIRONMENT AND AESTHERICS FOR A (Grants and allocations \$ SUSTAINED USUABLE RESOURCE (Grants and allocations \$ (Grants and allocations \$

(Grants and allocations \$

(Grants and allocations \$ Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶

Other program services (attach schedule)

	art IV	-d	(A)	TT	(B)
	Note:	Where required, attached schedules and amounts within the description			• •
	AE	column should be for end-of-year amounts only.	Beginning of year 956	AE	End of year
	45	Cash - non-interest-bearing		45	30,906
	46	Savings and temporary cash investments	275,472	46	370,032
	47 2	Accounts receivable			
		Less allowance for doubtful accounts		47c	
	В	Less allowance for doubling accounts		4/6	
	40 a	Pledges receivable			
		Less allowance for doubtful accounts 48b		48c	
	49	Grants receivable		49	
	50	Receivables from officers, directors, trustees, and key employees		49	
	30	(attach schedule)		50	
A	E1 -	Other notes and loans receivable (attach		30	
s	JIA	schedule)			
s		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	444.4	54	
•	٠.	Investments - land, buildings, and	 		
		equipment basis			
	ь	Less accumulated depreciation (attach			
	_	schedule)		55c	
	56	Investments - other (attach schedule)	 	56	
	57 a	Land, buildings, and equipment basis 57a			
	l	Less accumulated depreciation (attach			
		schedule)		57c	
	58	Other assets (describe)		58	
	59	Total assets (add lines 45 through 58) (must equal line 74)	276,428	59	400,938
	60	Accounts payable and accrued expenses		60	
i	61	Grants payable		61	,
a	62	Deferred revenue		62	
Þ	63	Loans from officers, directors, trustees, and key employees (attach			
i		schedule)		63	
į		Tax-exempt bond liabilities (attach schedule)		64a	
t .	ь	Mortgages and other notes payable (attach schedule)		64b	
i	65	Other liabilities (describe)		65	
e s					
	66	Total liabilities (add lines 60 through 65)		66	
j	Orga	nizations that follow SFAS 117, check here ► X and complete lines			
		67 through 69 and lines 73 and 74	006 100		400 000
ł F	67	Unrestricted	276,428	67	400,938
u	68	Temporarily restricted	· · · · · · · · · · · · · · · · · · ·	68	
d	69	Permanently restricted		69	
A S B	Orga	anizations that do not follow SFAS 117, check here			
; a	70	complete lines 70 through 74		70	
• I	70	Capital stock, trust principal, or current funds		71	
a	71 72	Paid-in or capital surplus, or land, building, and equipment fund		72	
С	73	Total net assets or fund balances (add lines 67 through 69 or lines		''-	
e	′3	70 through 72,			
5		column (A) must equal line 19; column (B) must equal line 21)	276,428	73	400,938
	74	Total liabilities and net assets / fund balances (add lines 66 and 73)	276,428	74	400,938
				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 Revenue per Audited			Part IV-B Reconciliation of Expenses per Audited					
Financial Statements with	th Reven	ue per	F	inancial State	ments with E	xpenses per		
Return (See page 27 of the in			F	leturn				
a Total revenue, gains, and other support	N/A	•		ses and losses per	T .	N/A		
per audited financial statements >	a		 	ncial statements	ļ			
b Amounts included on line a but not on	 		1	cluded on line a bu	it not			
line 12, Form 990	[on line 17, F					
(1) Net unrealized gains			(1) Donated se					
on investments \$				facilities - \$				
(2) Donated services			(2) Prior year a	•				
and use of facilities . \$			reported on					
(3) Recoveries of prior year grants \$			(3) Losses repo	\$				
(4) Other (specify)			1	m 990 \$				
(4) Other (specify)			(4) Other (spec					
			(4) Other (spec	.шу/				
Add amounts on lines (1) through (4) .	ь]		i ———					
you amounts on mics (1) through (4)			Add amoun	ts on lines (1) throi	ıgh (4) . ▶ h			
c Line a minus line b ▶	_c			sline b	· —			
d Amounts included on line 12,			-	cluded on line 17,				
Form 990 but not on line a:]		1	ut not on line a:				
(1) Investment expenses			(1) Investment	expenses				
not included on line			not included	d on line				
6b, Form 990 \$			6b, Form 99	30 \$				
(2) Other (specify).			(2) Other (spec	ify).				
<u></u> \$				\$				
Add amounts on lines (1) and (2) >	d		4	its on lines (1) and				
e Total revenue per line 12, Form 990				ses per line 17, Fo	1			
(line c plus line d)▶	e		(line c plus	line d)	▶ e			
Part V List of Officers, Directors,	ı rustees,	and Ke	ey Employees (L	ist each one even	if not compensate	ed, see page 27 of		
the instructions)				(0) 0	(D) Contributions to	1 (5)		
(A) Name and address		1 ' '	ind average hours per devoted to position	(C) Compensation (If not paid, enter	employee benefit	account and other		
JAMES MALONE	_		UTIVE DIR	-0)	compensation	allowances		
MOBILE, AL			0	76,987	، ا			
ROBERT PITTMAN		BOAR	D PRES	70,307		1		
GRAND BAY, AL			0	0	(
JAKE HARPER	·	BOAR	D V PRES	<u> </u>				
CAMDEN, AL		1	0	o		ol o		
RANDY GILMORE		BOAR	D TREAS					
MC CALLA, AL			0] 0	(o c		
				ļ		<u> </u>		
						}		
				 		 		
								
		-						
		1						
· · · · ·				 		 		
		1		1				
75 Did any officer, director, trustee, or key emple	OVAA PACOUIO) addredat	e compensation of	nore than \$100 coo	l from your			
organization and all related organizations, of						Yes X No		
If "Yes," attach schedule - see page 28 of the			ooo maa provided b	, the related brigan	rations.	☐ 163 ☑ 140		
		-						

Form	990 (2003)		P	age 5			
Pa	1 VI Other Information (See page 28 of the instructions)		Yes	No			
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X			
77	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	g						
ь 79	If "Yes," has it filed a tax return on Form 990-T for this year?	78b		X			
75 80a	Is the organization related (other than by association with a statewide or nationwide organization) through common	79					
ooa	membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		х			
b	If "Yes," enter the name of the organization	-	•				
	and check whether it is exempt or nonexempt		-				
81a	Enter direct and indirect political expenditures. See line 81 instructions						
þ	Did the organization file Form 1120-POL for this year?	81b		X			
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	X				
D	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) 82b						
83a		83a	X	l			
ь	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b		 			
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions						
	or gifts were not tax deductible?	84b	· '	1			
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a					
Ь	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b					
	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						
C C	Dues, assessments, and similar amounts from members						
d	Section 162(e) lobbying and political expenditures			ĺ			
e f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		-				
g g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	-	ĺ			
h							
	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 86a			ĺ			
b	Gross receipts, included on line 12, for public use of club facilities						
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			İ			
88	sources against amounts due or received from them)	1 1		İ			
•	partnership, or an entity disregarded as separate from the organization under Regulations sections						
	301 7701-2 and 301 7701-3? If "Yes," complete Part IX	88		İ			
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:			***************************************			
	section 4911 ▶, section 4912 ▶, section 4955 ▶						
b	501(c)(3) and 501(c)(4) orgs. 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						
	a statement explaining each transaction	89b		X			
С	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under						
	sections 4912, 4955, and 4958						
d 90a	Enter Amount of tax on line 89c, above, reimbursed by the organization						
b	Number of employees employed in the pay period that includes March 12, 2003 (See instructions) 90b			4			
91	The books are in care of ► ALABAMA TREASURE FOREST Telephone no ► 251-44	2-2	424				
	Located at ► MOIBLE, AL ZIP+4 ►	<u> </u>					
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						
			. 000	(2002)			

Part '	VII Analysis of Income-Producing	Activities (See	page 33 of the in	structions)		
Note:	Enter gross amounts unless otherwise	Unrelated t	ousiness income	Excluded by sec	tion 512, 513, or 514	(E)
indicate		(A)	(B)	(C) Exclusion code	(D) Amount	Related or exempt function
93	Program service revenue	Business code	Amount	Exclusion code	Amount	Iricome
a	· · · · · · · · · · · · · · · · · · ·	_				
b				+		
С.		_				
d						·
e		-				
	Medicare/Medicaid payments			1		
_	Fees and contracts from government agencies					44,479
94 95	Interest on savings and temporary cash investmen					2,160
	Dividends and interest from securities	-		-		2,100
96 97	Net rental income or (loss) from real estate	• •				
					-	
	debt-financed property			-		
	Net rental income or (loss) from personal property					
98 99	Other investment income					
100	Gain or (loss) from sales of assets other than inver					<u> </u>
101	Net income or (loss) from special events	·				5,619
102	Gross profit or (loss) from sales of inventory					3,013
102	Other revenue a DONATIONS	• •			1	2,706
	EXPENSE REIMBURSEMENTS	_			1	6,383
	ENDOWMENT & REIMBURSEMTS					7,889
d	ROYALTIES	-				622
e	OTHER	_	<u> </u>			937
104	Subtotal (add columns (B), (D), and (E))	_				70,795
105	Total (add line 104, columns (B), (D), and (E)) .	• • [l	<u> </u>	, 1	70,795
	ine 105 plus line 1d, Part I, should equal the amou				• •	101155
	VIII Relationship of Activities to the A			Purposes (S	ee page 34 of the	nstructions.)
Line N	······································					
▼	of the organization's exempt purposes (other				•	•
Part	IX Information Regarding Taxable S	ubsidiaries ar	nd Disregard	ed Entities (S	ee page 34 of the	nstructions)
	(A) lame, address, and EIN of corporation,	(B) Percentage of		C) of activities	(D) Total income	(E)
		wnership interest	Nature	or activities	Total meditie	End-of-year assets
		%				
		%				
		%				
		%				
Part	X Information Regarding Transfers Associa	ed with Personal	Benefit Contrac	cts (See page 34	of the instructions)
(a)	Did the organization, during the year, receive any funds, dire	ectly or indirectly, to p	ay premiums on a pe	ersonal benefit contra	ct?	Yes No
(P)	Did the organization, during the year, pay premiun	ns, directly or indire	ectly, on a perso	nal benefit contrac	ct?	Yes No
Note	e: If "Yes" to (b), file Form 8870 and Form 4720 (see	instructions)				
	Under penalties of perjury, I declare that I have exam and belief, It is true, correct, and complete Declaration	ned this return, included	ling accompanying s han officer) is based	chedules and statem i on all information of	ents, and to the best of which preparer has a	of my knowledge ny knowledge
Dlose			nan omicon, io bacco			
Pleas	e James D. Waler	<u> </u>			ال ال	11/04
			- ,.	n ,	Date	
		ŀ	xecutive 1	Virector		
						
			Date	Check if	Preparer's SSN or P	TIN (See Gen Inst. W)

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.)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

2003

Name of the organization ,	Employer identification number					
ALABAMA TREASURE FOREST ASSO	63-1051439					
Part I Compensation of the Five High (See page 1 of the instructions List each	Other Than Officers, Directors, and Trustees "None")					
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances		
NONE						
		;				
Total number of other employees paid over						
\$50,000						
Part II Compensation of the Five High (See page 2 of the instructions List each	-			vices		
(a) Name and address of each independent contractor	paid more than \$50,000	(b) Type	of service	(c) Compensation		
NONE						
Total number of others receiving over \$50,000 for professional services ▶						

sche	dule	A (Form 990 or 990-EZ) 2003		F	Page T
Pa	rt III	Statements About Activities (See page 2 of the instructions.)		Yes	N
	Dur	ing the year, has the organization attempted to influence national, state, or local legislation, including any		 	\vdash
	atte	mpt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid	1	}	1
		ncurred in connection with the lobbying activities ►\$ (Must equal amounts on line 38,			
		t VI-'A, or line i of Part VI-B)	1		1
		panizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other			
	org	anizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of		1	
	•	lobbying activities		Ī	
2		ing the year, has the organization, either directly or indirectly, engaged in any of the following acts with any		ł	
		stantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with		1	
		taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or		İ	
	•	icipal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		ŧ	
a	-	e, exchange, or leasing of property?	2a		[]
					T
b	Ler	ding of money or other extension of credit?	2b] :
С	Fur	nishing of goods, services, or facilities?	2c	<u> </u>	[2
_	_				
d	Pay	ment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X	├-
_	T		1	Ì	١,
		nsfer of any part of its income or assets?	2e	 	-
а		you make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how			Ι,
		determine that recipients qualify to receive payments)	3a	 	Ŀ
Þ	υo	you have a section 403(b) annuity plan for your employees?	3Ь	 	-
ļ	Diq	you maintain any separate account for participating donors where donors have the right to provide advice			l
•		the use or distribution of funds?	4		2
_			1	Ļ	1
на	rt IV	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)			
he i	orgai	nization is not a private foundation because it is (Please check only ONE applicable box)		4:	
5		A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)			
5		A school Section 170(b)(1)(A)(ii) (Also complete Part V)			
7		A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii)			
3		A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)			
3		A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's	name,	city,	
	_	and state >			
)		An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 1	70(b)(1)(A)(r	v)
		(Also complete the Support Schedule in Part IV-A)			
la	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general put	plic		
		Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)			
lЬ		A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)			
2		An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and			
		receipts from activities related to its charitable, etc., 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 businesse	s acqu	ııred	
		by the organization after June 30, 1975 See section 509(a)(2). (Also complete the Support Schedule in Part IV-A)			
}		An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organization	nizatıoı	าร	
		described in (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)	(See		
		section 509(a)(3))			
		Provide the following information about the supported organizations (See page 5 of the instructions)			
		(a) Name(s) of supported organization(s)			
		from	abov)	

14 An 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 a	converting from the	accrual to the cas	h method of acco	unting	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15	Gifts, grants, and contributions received (Do					
	not include unusual grants See line 28)	336,256	272,839	259,564	188 1	201,056,779
16	Membership fees received	41,320	41,481	51,594	31,9	
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose			0-,02-		30 130,331
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 section 511 taxes) from businesses acquired by the organization after June 30, 1975	2,973	10,847	8,126	5,4	63 27,409
19	Net income from unrelated business				•	<u> </u>
	activities not included in line 18					
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22	Other income Attach a schedule Do not					
	include gain or (loss) from sale of capital assets					
23	Total of lines 15 through 22	380,549	325,167	319,284	225,5	391,250,539
24	Line 23 minus line 17	380,549	325,167	319,284		391,250,539
25	Enter 1% of line 23	3,805	3,252	3,193	2,2	
26	Organizations described on lines 10 or 11: a E Prepare a list for your records to show the name of				▶ [_	26a 25,011
С	governmental unit or publicly supported organization amount shown in line 26a. Do not file this list with Total support for section 509(a)(1) test. Enter line 2	your return. Ente		ese excess amoun	ts ▶	26b 26c 1,250,539
ď	Add Amounts from column (e) for lines 18	27,409	19			
	22 .		26b		▶ 🔯	26d 27,409
е	Public support (line 26c minus line 26d total)					26e 1,223,130
f	Public support percentage (line 26e (numerator)	divided by line 26	ic (denominator))	· · · · · · · · · · · ·	▶	26f 97.81%
27	Organizations described on line 12: a For amount person," prepare a list for your records to show the Do not file this list with your return. Enter the sur	name of, and total	amounts received	hat were received in each year from	from a "dısqı n, each "dısqu	ualified alified person "
	(2002) (2001) For any amount included in line 17 that was received		(2000)		(1999)	
b	For any amount included in line 17 that was received show the name of, and amount received for each y (Include in the list organizations described in lines 5 the difference between the amount received and the amounts) for each year	ear, that was more through 11, as we	than the larger of ell as individuals)	(1) the amount or Do not file this lis	n line 25 for th I t with your r	ne year or (2) \$5,000 eturn. After computing
	(2002)(2001)		(2000)		(1999)	
с	Add Amounts from column (e) for lines 15 20 Add Line 27a total	· · · · · · · · · · · · · · · · · · ·	16 21	_		27c
d	Add Line 27a total	and line 27b total .	•	—		27d
e	Public support (line 2/c total minus line 2/c total).				🟲 📗	27e
f	Total support for section 509(a)(2) test Enter amou	nt from line 23. coli	umn (e)	▶ 27f	F F	
g	Public support percentage (line 27e (numerator)	divided by line 27	f (denominator))			27g %
h	Investment income percentage (line 18, column	-			_	27h %
28	Unusual Grants: For an organization described in					
	prepare a list for your records to show, for each year			=	_	~
	description of the nature of the grant. Do not file th				•	

Sche	dule .	A (Form 990 or 990-EZ)						age 6
Pai	t VI		•		s and Relationships With Nonc	harital	ole	
				page 12 of the instructions)			-	
51			•	,	g with any other organization described in	section		
				l(3) organizations) or in section 52 <i>i</i> i noncharitable exempt organizatio	7, relating to political organizations?		Yes	N _a
а		. •		51a(i)	ies	No		
(i) Cash							-	-
h	,	er transactions				a(ii)	 	
. •			assets with a nor	ncharitable exempt organization		b (i)	1	ļ
		•		·		b(ii)		
(jij) Rental of facilities, equipment, or other assets								
(iv) Reimbursement arrangements								
	(v)	Loans or loan guarante	es			b(v)		
	(vi)	Performance of services	s or membership	or fundraising solicitations		b(vi)	<u> </u>	
C		•	_			_ c	<u>l</u>	<u> </u>
d		•		· ·	lumn (b) should always show the fair mark			
					nization received less than fair market valu	ie in any		
	tran	saction or sharing arrang	gement, show in	column (d) the value of the goods	other assets, or services received			
	a)	(b)	N	(c) haritable exempt organization	(d) Description of transfers, transactions, and sh			•-
Line	no	Amount involved	Name of nonc	maritable exempt organization	Description of transfers, transactions, and st		ilgenten	
								<u> </u>
52a b	des		of the Code (othe	red with, or related to, one or more er than section 501(c)(3)) or in sec	tion 527?	Yes	X	No
		(a)		(b)	(c)			
N	/ A	Name of organization	tion	Type of organization	Description of relation	istiib		
<u> </u>		<u> </u>	····					
_	-							
							-	
			<u>-</u>					

Alabama Treasure Forest Association 63-1051439 • 12/31/03 form 990

Part II, line 43, other expenses:	<u>Total</u>	Program Services	Management <u>& General</u>	
Sustainable Forestry Initiative	\$ 400	\$ 400	\$ -	
Leadership development and conference	5,658	5,658		
Classroom In The Forest	12,171	12,171		
Endowment Fund expense	2,404	2,404		
Membership dues rebates, refunds	5,725	5,725		
Insurance	1,683		1,683	
Awards	1,205	1,205		
Promotional materials	7,915	7,915		
Other	1,891		1,891	
	\$ 39,052	\$ 35,478	\$ 3,574	