

Form **990**

OMB No 1545-0047

# Return of Organization Exempt From Income Tax

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

**2000**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A For the 2000 calendar year, or tax year period beginning** \_\_\_\_\_, **and ending** \_\_\_\_\_

<b>B</b> Check if applicable: <input type="checkbox"/> Change of address <input type="checkbox"/> Change of name <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input checked="" type="checkbox"/> Amended return	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization <b>DOGWOOD ALLIANCE, INC.</b>	<b>D</b> Employer ID number <b>56-2139120</b>
		Number and street (or P O box if mail is not delivered to street address) Room/suite <b>P. O. BOX 7645</b>	<b>E</b> Telephone number <b>828-251-2525</b>
		City or town, state or country, and ZIP code <b>ASHEVILLE NC 28802</b>	<b>F</b> Check <input type="checkbox"/> if application pending

**G** Org type (check only one)  501(c) ( **3** )  527 or  4947(a)(1)

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

**J** Accounting method  Cash  Accrual  Other (specify)

**MODIFIED CASH**

**K** Check here  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.

Note: H and I are not applicable to section 527 orgs

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** If "Yes," enter number of affiliates  Yes  No

**H(c)** Are all affiliates included?  Yes  No (If "No," att a list See instr)

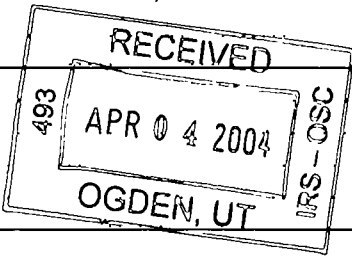
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I** Enter 4-digit group exemption no (GEN)

**L** Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ)

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16.)

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received:				
	<b>a</b> Direct public support		<b>1a</b>	<b>431,961</b>	
	<b>b</b> Indirect public support		<b>1b</b>		
	<b>c</b> Government contributions (grants)		<b>1c</b>		
	<b>d</b> Total (add lines 1a through 1c) (cash \$ <b>431,961</b> noncash \$ _____ )		<b>1d</b>	<b>431,961</b>	
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)		<b>2</b>		
	<b>3</b> Membership dues and assessments		<b>3</b>	<b>7,341</b>	
	<b>4</b> Interest on savings and temporary cash investments		<b>4</b>	<b>2,344</b>	
	<b>5</b> Dividends and interest from securities		<b>5</b>		
	<b>6a</b> Gross rents		<b>6a</b>		
	<b>b</b> Less rental expenses		<b>6b</b>		
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)		<b>6c</b>		
<b>7</b> Other investment income (describe _____ )		<b>7</b>			
<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
		<b>8a</b>			
		<b>8b</b>			
<b>c</b> Gain or (loss) (attach schedule)		<b>8c</b>			
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))		<b>8d</b>			
<b>9</b> Special events and activities (attach schedule)					
<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1a)		<b>9a</b>			
<b>b</b> Less direct expenses other than fundraising expenses		<b>9b</b>			
<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)		<b>9c</b>			
<b>10a</b> Gross sales of inventory, less returns and allowances		<b>10a</b>			
		<b>10b</b>			
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)		<b>10c</b>		
<b>11</b> Other revenue (from Part VII, line 103)		<b>11</b>			
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)		<b>12</b>	<b>441,646</b>		
<b>13</b> Program services (from line 44, column (B))		<b>13</b>	<b>288,810</b>		
<b>14</b> Management and general (from line 44, column (C))		<b>14</b>	<b>73,662</b>		
<b>15</b> Fundraising (from line 44, column (D))		<b>15</b>	<b>7,095</b>		
<b>16</b> Payments to affiliates (attach schedule)		<b>16</b>			
<b>17</b> Total expenses (add lines 16 and 44, column (A))		<b>17</b>	<b>369,567</b>		
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)		<b>18</b>	<b>72,079</b>		
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))		<b>19</b>	<b>157,559</b>		
<b>20</b> Other changes in net assets or fund balances (attach explanation)		<b>20</b>			
<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)		<b>21</b>	<b>229,638</b>		



SCANNED APR 16 2004

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**Part II Statement of Functional Expenses**

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See Specific Instructions on page 20 )

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) <b>STMT 1</b> (cash \$ <b>39,500</b> non-cash \$ )	39,500	39,500		
23	Specific assistance to individuals				
24	Benefits paid to or for members				
25	Compensation of officers, directors, etc.	29,750	22,146	7,045	559
26	Other salaries and wages	141,331	105,207	33,467	2,657
27	Pension plan contributions				
28	Other employee benefits	20,208	14,954	4,850	404
29	Payroll taxes	15,125	11,192	3,630	303
30	Professional fundraising fees	8,481	6,935		1,546
31	Accounting fees	4,724		4,724	
32	Legal fees	354	354		
33	Supplies	5,950	2,993	2,880	77
34	Telephone	20,876	14,196	6,296	384
35	Postage and shipping	5,231	3,071	1,878	282
36	Occupancy	10,299	7,619	2,475	205
37	Equipment rental and maintenance				
38	Printing and publications	9,702	8,723	848	131
39	Travel	32,195	29,697	2,015	483
40	Conferences, conventions, and meetings	9,672	9,672		
41	Interest				
42	Depreciation, depletion, etc. (att sch )	3,189	2,360	765	64
43	Other expenses (itemize): a				
	b <b>SEE STATEMENT 2</b>	12,980	10,191	2,789	
	c				
	d				
	e				
44	<b>Total functional expenses</b> (add lines 22 - 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	369,567	288,810	73,662	7,095

**Reporting of Joint Costs.** Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation?  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_, (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments** (See Specific Instructions on page 23.)

What is the organization's primary exempt purpose?	Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others.)
<p>► <b>SOUTHERN U.S. FOREST PROTECTION - PLEASE SEE ATTACHMENT 2</b></p> <p>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number 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.)</p>	
<p>a <b>NETWORK SUPPORT - ADVISE GROUP AND ORGANIZATIONS THAT BELONG TO DOGWOOD ALLIANCE ABOUT EFFECTIVE WAYS TO WAGE CAMPAIGNS AND BUILD THEIR ORGANIZATION. 60 GROUPS TOTAL.</b></p> <p>(Grants and allocations \$ <b>39,500</b> )</p>	<b>92,419</b>
<p>b <b>OUTREACH &amp; EDUCATION - CONDUCTING PRESENTATIONS, SETTING UP EDUCATIONAL TABLES, CREATING A WEBSITE, PRODUCING REPORTS.</b></p> <p>(Grants and allocations \$ )</p>	<b>63,538</b>
<p>c <b>SEE STATEMENT 3</b></p> <p>(Grants and allocations \$ )</p>	<b>132,853</b>
<p>d</p> <p>(Grants and allocations \$ )</p>	
<p>e Other program services (attach schedule)</p> <p>(Grants and allocations \$ )</p>	
<p>f <b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)</p>	<b>288,810</b>

**Part IV Balance Sheets** (See Specific Instructions on page 23.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		(A) Beginning of year		(B) End of year
<b>A s s e t s</b>	<b>45</b> Cash-non-interest-bearing	<b>157,603</b>	<b>45</b>	<b>221,410</b>
	<b>46</b> Savings and temporary cash investments		<b>46</b>	
	<b>47a</b> Accounts receivable	<b>47a</b>		
	<b>b</b> Less allowance for doubtful accounts	<b>47b</b>	<b>47c</b>	
	<b>48a</b> Pledges receivable	<b>48a</b>		
	<b>b</b> Less allowance for doubtful accounts	<b>48b</b>	<b>48c</b>	
	<b>49</b> Grants receivable		<b>49</b>	
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule)		<b>50</b>	
	<b>51a</b> Other notes and loans receivable (attach schedule)	<b>51a</b>		
	<b>b</b> Less allowance for doubtful accounts	<b>51b</b>	<b>51c</b>	
	<b>52</b> Inventories for sale or use		<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges		<b>53</b>	
	<b>54</b> Investments-securities <span style="float: right;">▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV</span>		<b>54</b>	
	<b>55a</b> Investments-land, buildings, and equipment basis	<b>55a</b>		
	<b>b</b> Less accumulated depreciation (attach schedule)	<b>55b</b>	<b>55c</b>	
<b>56</b> Investments-other (attach schedule)		<b>56</b>		
<b>57a</b> Land, buildings, and equipment basis	<b>15,306</b>			
<b>b</b> Less: accumulated depreciation (attach schedule) <span style="float: right;"><b>SEE STMT 4</b></span>	<b>3,570</b>	<b>57c</b>	<b>11,736</b>	
<b>58</b> Other assets (describe <span style="float: right;">▶ <b>SEE STMT 5</b></span> )		<b>1,263</b>	<b>58</b>	<b>10,861</b>
<b>59 Total assets</b> (add lines 45 through 58) (must equal line 74)		<b>165,628</b>	<b>59</b>	<b>244,007</b>
<b>L i a b i l i t i e s</b>	<b>60</b> Accounts payable and accrued expenses		<b>60</b>	
	<b>61</b> Grants payable		<b>61</b>	
	<b>62</b> Deferred revenue		<b>62</b>	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule)		<b>63</b>	
	<b>64a</b> Tax-exempt bond liabilities (attach schedule)		<b>64a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule)		<b>64b</b>	
	<b>65</b> Other liabilities (describe <span style="float: right;">▶ <b>SEE STMT 6</b></span> )		<b>8,069</b>	<b>65</b>
<b>66 Total liabilities</b> (add lines 60 through 65)		<b>8,069</b>	<b>66</b>	<b>14,369</b>
<b>N e t A s s e t s</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	<b>67</b> Unrestricted	<b>107,469</b>	<b>67</b>	<b>124,638</b>
	<b>68</b> Temporarily restricted	<b>50,090</b>	<b>68</b>	<b>105,000</b>
	<b>69</b> Permanently restricted		<b>69</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74			
	<b>70</b> Capital stock, trust principal, or current funds		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds		<b>72</b>	
<b>73 Total net assets or fund balances</b> (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)	<b>157,559</b>	<b>73</b>	<b>229,638</b>	
<b>74 Total liabilities and net assets / fund balances</b> (add lines 66 and 73)		<b>165,628</b>	<b>74</b>	<b>244,007</b>

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.

<b>Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return</b> (See Specific Instructions, page 25.)		<b>Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return</b>	
N/A	N/A	N/A	N/A
<b>a</b> Total revenue, gains, and other support per audited financial statements ▶	a	<b>a</b> Total expenses and losses per audited financial statements ▶	a
<b>b</b> Amounts included on line a but not on line 12, Form 990 (1) Net unrealized gains on investments \$ (2) Donated services and use of facilities \$ (3) Recoveries of prior year grants \$ (4) Other (specify) \$ Add amounts on lines (1) through (4) ▶	b	<b>b</b> Amounts included on line a but not on line 17, Form 990 (1) Donated services and use of facilities \$ (2) Prior year adjustments reported on line 20, Form 990 \$ (3) Losses reported on line 20, Form 990 \$ (4) Other (specify) \$ Add amounts on lines (1) through (4) ▶	b
<b>c</b> Line a minus line b. ▶	c	<b>c</b> Line a minus line b ▶	c
<b>d</b> Amounts included on line 12, Form 990 but not on line a: (1) Investment expenses not included on line 6b, Form 990 \$ (2) Other (specify). \$ Add amounts on lines (1) and (2) ▶	d	<b>d</b> Amounts included on line 17, Form 990 but not on line a: (1) Investment expenses not included on line 6b, Form 990 \$ (2) Other (specify). \$ Add amounts on lines (1) and (2) ▶	d
<b>e</b> Total revenue per line 12, Form 990 (line c plus line d) ▶	e	<b>e</b> Total expenses per line 17, Form 990 (line c plus line d) ▶	e

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated, see Specific Instructions on page 25 )

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contrib to employee benefit plans & deferred compensation	(E) Expense account and other allowances
DOUG SLOAN 715 8TH ST SE #2, WASHINGTONDC 20003	BOARD CHAIR 4	0	0	0
KELLY SHEEHAN 512 N GROVE ST, HENDERSONVILLE, NC	SECRETARY 2	0	0	11
SARAH HODGDON 134 FLINT ST, ASHEVILLE, NC 28802	EXECDIRECTOR 40	29,750	0	2,704
GARY PHILLIPS 5334-A CASTLE ROCK RD, PITTSBORO, NC	DIRECTOR 2	0	0	0
PETE MCDOWELL 105 W. MAIN ST, CARRABORO, NC 27510	DIRECTOR 2	0	0	0
DOUG DAIGLE 3931 CREEK SHADOW CT, BATON ROUGE, LA	DIRECTOR 2	0	0	435
DENNY HALDEMAN PO BOX 8811, CHATTANOOGA, TN 37414	DIRECTOR 2	0	0	0
LYNNE FALTRACO PO BOX 623, UNION MILLS, NC 28139	DIRECTOR 2	0	0	571
ALISON COCHRAN 8178 HASH RD, BLOOMINGTON IN 47408	DIRECTOR 2	0	0	186
SEE STATEMENT 7				

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ▶  Yes  No  
 If "Yes," attach schedule-see Specific Instructions on page 26.

**Part VI Other Information (See Specific Instructions on page 26.)**

		N/A	Yes	No
<b>76</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
<b>77</b>	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		X
<b>78a</b>	Did the organization have unrelated business gross inc of \$1,000 or more during the year covered by this return?	78a		X
<b>b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	N/A	78b	
<b>79</b>	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
<b>80a</b>	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
<b>b</b>	If "Yes," enter the name of the organization <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt			
<b>81a</b>	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81	81a		
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year?	N/A	81b	
<b>82a</b>	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
<b>b</b>	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 for reporting in Part III )	82b		
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	84b	
<b>85</b>	501(c)(4), (5), or (6) organizations <b>a</b> Were substantially all dues nondeductible by members?	N/A	85a	
<b>b</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	N/A	85b	
<b>c</b>	Dues, assessments, and similar amounts from members	85c		
<b>d</b>	Section 162(e) lobbying and political expenditures	85d		
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	N/A	85g	
<b>h</b>	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	85h	
<b>86</b>	501(c)(7) orgs. Enter <b>a</b> Initiation fees and capital contributions included on line 12	86a		
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities	86b		
<b>87</b>	501(c)(12) orgs Enter <b>a</b> Gross income from members or shareholders	87a		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	87b		
<b>88</b>	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 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		X
<b>89a</b>	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> 0 , section 4912 <input type="checkbox"/> 0 ; section 4955 <input type="checkbox"/> 0			
<b>b</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
<b>c</b>	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0
<b>d</b>	Enter Amount of tax on line 89c, above, reimbursed by the organization			0
<b>90a</b>	List the states with which a copy of this return is filed <input type="checkbox"/> NONE			
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2000 (See instructions)	90b		7
<b>91</b>	The books are in care of <input type="checkbox"/> HELEN POWELL Located at <input type="checkbox"/> ASHEVILLE, NC			
<b>92</b>	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			<input type="checkbox"/>

Telephone no.  828-251-2525  
ZIP code  28801

**Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 30.)**

	Unrelated business income		Excluded by sec 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
Enter gross amounts unless otherwise indicated.					
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					7,341
95 Interest on savings and temporary cash investments			14	2,344	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate.					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0		2,344	7,341
105 Total (add line 104, columns (B), (D), and (E))					9,685

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 31 )**

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
94	<b>MEMBERSHIP DUES CONTRIBUTE TO ACCOMPLISHING THE EXEMPT PURPOSE OF THE ORGANIZATION BY PAYING FOR PROGRAM, MANAGEMENT, AND FUNDRAISING EXPENSES.</b>

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 31 )**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on pg 31 )**

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

**Please Sign** 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 (Important: See General Instruction W, on page 14 )

Date: 3/30/04 Type or print name and title: Sarah Hodgdon, Exec. Director

CPA Date: 3/04/04 Check if self-employed:  Preparer's SSN or PTIN: P00046713

**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

**2000**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

Employer identification number

**DOGWOOD ALLIANCE, INC.**

**56-2139120**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "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 ben plans & deferred compensation	(e) Expense account and other allowances
<b>NONE</b>				
Total number of other employees paid over \$50,000 ▶				

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 1 of the instr. 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
<b>NONE</b>		
Total number of others receiving over \$50,000 for professional services ▶		

For Paperwork Reduction Act Notice, see page 1 of the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2000

**Part III Statements About Activities**

		Yes	No
<b>1</b>	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities <b>▶</b> \$ <u>2,573</u> Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities	<b>1</b>	<b>X</b>
<b>2</b>	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary		
<b>a</b>	Sale, exchange, or leasing of property?	<b>2a</b>	<b>X</b>
<b>b</b>	Lending of money or other extension of credit?	<b>2b</b>	<b>X</b>
<b>c</b>	Furnishing of goods, services, or facilities?	<b>2c</b>	<b>X</b>
<b>d</b>	Payment of compensation (or payment or reimbursement of exp if more than \$1,000)?	<b>2d</b>	<b>X</b>
<b>e</b>	Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions	<b>2e</b>	<b>X</b>
<b>3</b>	Does the organization make grants for scholarships, fellowships, student loans, etc.?	<b>3</b>	<b>X</b>
<b>4a</b>	Do you have a section 403(b) annuity plan for your employees?	<b>4a</b>	<b>X</b>
<b>b</b>	Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments (See pg 2 of the instr ) <b>ATTACHMENT 2</b>		

**Part IV Reason for Non-Private Foundation Status (See pages 2 through 5 of the instructions.)**

The organization is not a private foundation because it is (Please check only **ONE** applicable box )

- 5** A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6** A school Section 170(b)(1)(A)(ii) (Also complete Part V, page 5 )
- 7** A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8** A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9** A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state **▶**
- 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A )
- 11a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A )
- 11b** A community trust Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A )
- 12** 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 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 businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A )
- 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations 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)	(b) Line number from above

- 14** An organization organized and operated to test for public safety. Section 509(a)(4) (See page 5 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

Calendar year (or FY beginning in)	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
<b>15</b> Gifts, grants, & contrib. received (Do not incl. unusual grants See line 28 )	194,642				194,642
<b>16</b> Membership fees received					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a busn unrelated to the organization's chantable, etc. purpose					
<b>18</b> Gross inc from int, dividends, amounts received from pymt on securities loans (section 512(a)(5)), rents, royalties, & unrelated busn taxable inc (less sec 511 taxes) from businesses acquired by the organization after June 30, 1975					
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's ben & either paid to it or expended on its behalf					
<b>21</b> The value of services or fact furnished to the org by a governmental unit without charge Do not incl the value of serv or facilities generally furnished to the public without charge					
<b>22</b> Other income Attach a schedule Do not include gain or (loss) from sale of cap assets					
<b>23</b> Total of lines 15 through 22	194,642				194,642
<b>24</b> Line 23 minus line 17	194,642				194,642
<b>25</b> Enter 1% of line 23	1,946				

<b>26 Organizations described on lines 10 or 11:</b>	<b>a</b> Enter 2% of amount in column (e), line 24	▶	<b>26a</b>	3,893
<b>b</b> Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a Enter the sum of all these excess amounts	<b>SEE STMT 8</b>	▶	<b>26b</b>	154,570
<b>c</b> Total support for section 509(a)(1) test Enter line 24, column (e)		▶	<b>26c</b>	194,642
<b>d</b> Add: Amounts from column (e) for lines	18 _____ 19 _____		<b>26d</b>	154,570
	22 _____ 26b <u>154,570</u>		<b>26e</b>	40,072
<b>e</b> Public support (line 26c minus line 26d total)		▶	<b>26e</b>	40,072
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))		▶	<b>26f</b>	20.5875%

**27 Organizations described on line 12:** **a** For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each year from, each "disqualified person " Enter the sum of such amounts for each year **N/A**

(1999) (1998) (1997) (1996)

**b** For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year **N/A**

(1999) (1998) (1997) (1996)				
<b>c</b> Add: Amounts from column (e) for lines	15 _____ 16 _____		<b>27c</b>	
	17 _____ 20 _____	21 _____	<b>27d</b>	
<b>d</b> Add Line 27a total _____ and line 27b total _____			<b>27e</b>	
<b>e</b> Public support (line 27c total minus line 27d total)			<b>27f</b>	
<b>f</b> Total support for section 509(a)(2) test Enter amount on line 23, column (e)		▶	<b>27f</b>	
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))		▶	<b>27g</b>	%
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))		▶	<b>27h</b>	%

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not include these grants in line 15 (See page 5 of the instr )

**Part V Private School Questionnaire** (See page 5 of the instructions.)  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		N/A	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?			
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?			
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement )			
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?			
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?			
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?			
d	Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )			
33	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?			
b	Admissions policies?			
c	Employment of faculty or administrative staff?			
d	Scholarships or other financial assistance?			
e	Educational policies?			
f	Use of facilities?			
g	Athletic programs?			
h	Other extracurricular activities?  If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )			
34a	Does the organization receive any financial aid or assistance from a governmental agency?			
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement			
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation			

**Part VI-A Lobbying Expenditures by Electing Public Charities (See page 7 of the instructions.)**

(To be completed **ONLY** by an eligible organization that filed Form 5768) **N/A**

- Check here  **a** if the organization belongs to an affiliated group  
 Check here  **b** if you checked "a" above and "limited control" provisions apply

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	
<b>39</b> Other exempt purpose expenditures	<b>39</b>	
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	
<b>41</b> Lobbying nontaxable amount Enter the amount from the following table-		
<b>If the amount on line 40 is-</b>		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
<b>The lobbying nontaxable amount is-</b>		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000	<b>41</b>	
\$225,000 plus 5% of the excess over \$1,500,000		
\$1,000,000		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	
<b>43</b> Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>	
<b>44</b> Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>	

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below)

See the instructions for lines 45 through 50 on page 9 of the instructions )

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 9 of the instr.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a** Volunteers
- b** Paid staff or management (include compensation in expenses reported on lines c through h.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (add lines c through h)

Yes	No	Amount
<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>963</b>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>222</b>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>1,388</b>
		<b>2,573</b>

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

**ATTACHMENT 3**

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 9 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

- a Transfers from the reporting organization to a noncharitable exempt organization of (i) Cash (ii) Other assets
b Other transactions (i) Sales or exchanges of assets with a noncharitable exempt organization (ii) Purchases of assets from a noncharitable exempt organization (iii) Rental of facilities, equipment, or other assets (iv) Reimbursement arrangements (v) Loans or loan guarantees (vi) Performance of services or membership or fundraising solicitations

Table with 2 columns: Yes, No. Rows include 51a(i), a(ii), b(i), b(ii), b(iii), b(iv), b(v), b(vi), and c. 'No' column contains 'X' for all rows.

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

Table with 4 columns: (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1 contains 'N/A'.

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

Yes No (No is checked)

b If "Yes," complete the following schedule

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1 contains 'N/A'.

# Depreciation and Amortization

OMB No 1545-0172

Form **4562**

(Including Information on Listed Property)

**2000**

Department of the Treasury  
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach this form to your return.

Attachment Sequence No **67**

Name(s) shown on return **DOGWOOD ALLIANCE, INC.**

Identifying number  
**56-2139120**

Business or activity to which this form relates

## INDIRECT DEPRECIATION

### Part I Election To Expense Certain Tangible Property (Section 179)

**Note:** If you have any "listed property," complete Part V before you complete Part I.

1 Maximum dollar limitation. If an enterprise zone business, see page 2 of the instructions	1	\$20,000
2 Total cost of section 179 property placed in service See page 2 of the instructions	2	
3 Threshold cost of section 179 property before reduction in limitation	3	\$200,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0-. If married filing separately, see page 2 of the instructions	5	

(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6		
7 Listed property. Enter amount from line 27	7	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from 1999. See page 3 of the instructions	10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2001 Add lines 9 and 10, less line 12	13	

**Note:** Do not use Part II or Part III below for listed property (automobiles, certain other vehicles, cellular telephones, certain computers, or property used for entertainment, recreation, or amusement). Instead, use Part V for listed property.

### Part II MACRS Depreciation for Assets Placed in Service Only During Your 2000 Tax Year (Do not include listed property)

#### Section A-General Asset Account Election

14 If you are making the election under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check this box See page 3 of the instructions

#### Section B-General Depreciation System (GDS) (See page 3 of the instructions)

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
15a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

#### Section C-Alternative Depreciation System (ADS) (See page 5 of the instructions)

16a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

### Part III Other Depreciation (Do not include listed property.) (See page 5 of the instructions.)

17 GDS and ADS deductions for assets placed in service in tax years beginning before 2000	17	
18 Property subject to section 168(f)(1) election	18	
19 ACRS and other depreciation	19	<b>2,911</b>

### Part IV Summary (See page 6 of the instructions.)

20 Listed property. Enter amount from line 26	20	
21 <b>Total.</b> Add deductions from line 12, lines 15 and 16 in column (g), and lines 17 through 20 Enter here and on the appropriate lines of your return Partnerships and S corporations-see instructions	21	<b>2,911</b>
22 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	22	

For Paperwork Reduction Act Notice, see page 9 of the instructions.

Form **4562** (2000)

**Part V Listed Property-** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 23a, 23b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

**Section A-Depreciation and Other Information (Caution: See page 7 of the instructions for limits for passenger automobiles )**

23a Do you have evidence to support the busn /invest. use claimed?				Yes	No	23b If "Yes," is the evidence written?				Yes	No
(a) Type of prop (list vehicles first)	(b) Date placed in service	(c) Busn /invest use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)		(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost		
<b>24 Property used more than 50% in a qualified business use (See page 6 of the instructions )</b>											
		%									
		%									
<b>25 Property used 50% or less in a qualified business use (See page 6 of the instructions ):</b>											
		%					S/L-				
		%					S/L-				
<b>26 Add amounts in column (h) Enter the total here and on line 20, page 1</b>								<b>26</b>			
<b>27 Add amounts in column (i) Enter the total here and on line 7, page 1</b>										<b>27</b>	

**Section B-Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a)		(b)		(c)		(d)		(e)		(f)	
	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 5	Vehicle 6						
<b>28</b> Total business/investment miles driven during the year (do not include commuting miles-see page 1 of the instructions)												
<b>29</b> Total commuting miles driven during the year												
<b>30</b> Total other personal (noncommuting) miles driven												
<b>31</b> Total miles driven during the year. Add lines 28 through 30												
<b>32</b> Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>33</b> Was the vehicle used primarily by a more than 5% owner or related person?												
<b>34</b> Is another vehicle available for personal use?												

**Section C-Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons. See page 8 of the instructions.

	Yes	No
<b>35</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
<b>36</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See page 8 of the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
<b>37</b> Do you treat all use of vehicles by employees as personal use?		
<b>38</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
<b>39</b> Do you meet the requirements concerning qualified automobile demonstration use? See page 8 of the instructions		

**Note:** If your answer to 35, 36, 37, 38, or 39 is "Yes," do not complete Section B for the covered vehicles

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year	
<b>40 Amortization of costs that begins during your 2000 tax year (See page 8 of the instructions )</b>						
<b>41 Amortization of costs that began before 2000</b>					<b>41</b>	<b>280</b>
<b>42 Total. Add amounts in column (f) See page 9 of the instructions for where to report</b>					<b>42</b>	<b>280</b>

**Statement 1 - Form 990, Part II, Line 22 - Grants and Allocations**

Description	Cash Contribution	Noncash Contribution
APPALACHIAN ENVIRONMENTAL CONSULTANTS	\$ 2,000	\$
APPALACHIAN SCIENCE PUBLIC INTEREST	2,500	
CATHIE BERRY	500	
CONCERNED CITIZENS OF RUTHERFORD COUNTY	2,500	
CONCERNED CITIZENS OF SOUTHEASTERN NORTH CAROLINA	3,500	
COMMUNITIES FOR SUSTAINABLE FORESTRY	2,000	
COOSA RIVERBASIN	1,000	
COMMUNITIES FOR SUSTAINABLE FORESTRY	1,500	
HEALING HARVEST FOREST COALITION	500	
HEALING HARVEST FOREST FOUNDATION	1,500	
KAREN MOSKOWITZ	4,000	
KYM FARMER	2,000	
MARK TWAIN FOREST WATCHERS	1,500	
MO COALITION FOR THE ENVIRONMENT	1,000	
MO HEARTWOOD	3,500	
OZARK RIVERKEEPERS	2,500	
THE CENTER	3,000	
TURNING POINT	1,000	
VA FOREST WATCH	2,000	
WILD ALABAMA	1,500	
TOTAL	<u>\$ 39,500</u>	<u>\$ 0</u>

**Statement 2 - Form 990, Part II, Line 43 - Other Functional Expenses**

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
INDIRECT EXPENSE	\$	\$	\$	\$
SPECIAL PROJECTS EXPENSE	5,339	5,339		
OTHER TAXES	112		112	
BANK CHARGES	1,098		1,098	
TRAINING EXPENSE	4,852	4,852		
MISCELLANEOUS	517		517	
GENERAL INSURANCE	1,062		1,062	
TOTAL	<u>\$ 12,980</u>	<u>\$ 10,191</u>	<u>\$ 2,789</u>	<u>\$ 0</u>

**Statement 3 - Form 990, Part III, Line c - Statement of Program Service Accomplishments**

CAMPAIGNS - CAMPAIGNING TO PROTECT SOUTHERN FORESTS AND COMMUNITIES BY DOCUMENTING IMPACT OF CLEARCUTTING ON WATERSHEDS, CONDUCTING ECONOMIC AND POLICY RESEARCH, GENERATING MEDIA CONVERAGE ENGAGING NON-TRADITIONAL ALLIES AND MOBILIZING OUR MEMBERSHIP.

**Statement 4 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment**

<u>Description</u>	<u>Beginning of Year</u>	<u>Accum Deprec</u>	<u>End of Year</u>	<u>Accum Deprec</u>
COMPUTER EQUIPMENT	\$ 7,423	\$	\$ 15,306	\$
ACCUMULATED DEPRECIATION		661		3,570
TOTAL	<u>\$ 7,423</u>	<u>\$ 661</u>	<u>\$ 15,306</u>	<u>\$ 3,570</u>

**Statement 5 - Form 990, Part IV, Line 58 - Other Assets**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
ORGANIZATION COSTS	\$ 1,400	\$ 1,400
ACCUMULATED AMORTIZATION	-187	-467
DEPOSITS	50	1,200
PAYROLL TAXES & OTHER PREPAYMENTS		8,728
TOTAL	<u>\$ 1,263</u>	<u>\$ 10,861</u>

**Statement 6 - Form 990, Part IV, Line 65 - Other Liabilities**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
FEDERAL/FICA PAYABLE	\$ 6,831	\$ 12,469
STATE W/H PAYABLE	975	1,834
SUTA/FUTA PAYABLE	263	66
TOTAL	<u>\$ 8,069</u>	<u>\$ 14,369</u>

**Statement 7 - Form 990, Part V - List of Officers, Directors, Trustees, and Key Employees**

Name	Address	Average Hours	Compensation	Benefits	Expenses
Title					
JON COIFMAN	2805 18TH ST, WASHINGTON, DC 20009	2			303
BEA COVINGTON	6267 DELMAR 2E, ST. LOUIS, MO 63131	2			495
TRACY DAVIDS	PO BOX 3141, ASHEVILLE, NC 28802	2			
PAM JOBE	112 SCRUGGS LANE, GAFFREY, SC 29341	2			
TOM KRUZEN	STAR RT. BOX 70C, MT. VIEW, MO 65548	2			854
CARLA LEE	PO BOX 117, MOULTON, AL 35650	2			60
SHIREEN PARSONS	306 MILLER ST, CHRISTIANSBURG, VA	2			477

Attachment #1

## CHECKLIST C203

**Criteria for Determining Whether an Organization  
Is Publicly Supported under the Facts and Circumstances Test<sup>a</sup>**

(See Key Issue 19E)

ORGANIZATION Dogwood Alliance, Inc.DATE COMPLETED 05/10/01During the test period:<sup>b</sup>

	<u>Yes</u>	<u>No</u>
1. Did a high percentage of the organization's support come from governmental units and the public? <sup>c,d</sup>	_____	_____ <u>X</u>
2. Is the 10% test (see Key Issue 19E for details) satisfied by support from governmental units and from a number of unrelated donors (as opposed to support from members of a single family)? <sup>c</sup>	_____ <u>X</u>	_____
3. Did the organization's governing body represent the broad interests of the public rather than the personal or private interests of a limited number of donors?	_____ <u>X</u>	_____
4. Did the organization provide facilities or services directly for the benefit of the general public on a continuous basis (e.g., an educational organization that regularly publishes scholarly studies widely used by the public, colleges, or universities)?	_____ <u>X</u>	_____
5. Did members of the public having special knowledge or expertise, public officials, or civic or community leaders participate in or sponsor any programs of the organization?	_____ <u>X</u>	_____
6. Did the organization maintain a definitive program for accomplishing its charitable work in the community?	_____ <u>X</u>	_____
7. Did the organization receive a significant part of its funds from a public charity or governmental agency to which it is held accountable as a condition of the grant, contract, or contribution?	_____	_____ <u>X</u>
8. If the organization has dues-paying members:		
a. Did it solicit these members in a way designed to enroll a substantial number of persons in the community or area, or in a particular profession or field of special interest?	_____ <u>X</u>	_____
b. Was the price of the dues designed to make membership available to a broad cross section of the interested public (rather than to restrict membership to a limited number of persons)?	_____ <u>X</u>	_____
c. Were the activities of the organization likely to appeal to persons with broad common interests or purposes?	_____ <u>X</u>	_____

**Notes:**

- <sup>a</sup> Even if a Section 501(c)(3) organization fails the 33<sup>1</sup>/<sub>3</sub>% test of IRC Sec. 170(b)(1)(A)(vi), it will still be treated as a publicly supported organization if it can satisfy the facts and circumstances test [Reg. 1.170A-9(e)(3)]. As part of this test, the IRS considers whether the organization has the listed characteristics. However, an entity is normally not required to have all of these characteristics to be considered publicly supported [Reg. 1.170A-9(e)(3)]. (See Key Issue 19E for more details on the mechanics of the facts and circumstances test.)
- <sup>b</sup> The test period is normally the four tax years preceding the current year. (See Key Issues 19D and 19E for more details.)
- <sup>c</sup> When determining whether the organization satisfies the first two factors listed, facts pertinent to years preceding the normal four-year test period may be taken into consideration [Reg. 1.170A-9(e)(4)(ii)].
- <sup>d</sup> The percentage must be above 10%, but the closer it is to 33<sup>1</sup>/<sub>3</sub>%, the easier it will be to convince the IRS that the organization is publicly supported. If the percentage is 33<sup>1</sup>/<sub>3</sub>% or higher, the organization should be relying on the 33<sup>1</sup>/<sub>3</sub>% test rather than the facts and circumstances test. (See Key Issue 19D for more on the 33<sup>1</sup>/<sub>3</sub>% test.)

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Attachment #1

Checklist C203

DOGWOOD ALLIANCE  
Mini-Grant Application Guidelines  
56-2139120

Dogwood Alliance is comprised of organizations, community groups and individuals working to protect southern forests and communities against the rapid proliferation of high-capacity chip mills. Dogwood Alliance envisions stable, sustainable human communities that maintain and enhance the functioning resiliency of the region's native forests.

Dogwood Alliance periodically accepts grant proposals from organizations, community groups and individuals working to protect their forests and communities against the proliferation of chip mills. Proposals must demonstrate a commitment to the Alliance's mission, goals and strategies

Dogwood Alliance's mission is to protect Southern forests by stopping the proliferation of chip mills and the expansion of industrial forestry. The Alliance seeks adequate financial resources to support the implementation of both collaborative regional strategies and targeted local campaigns that further its mission.

Dogwood Alliance's goals are.

- To eliminate opportunities for the timber industry to expand without checks and balances,
- To reduce the demand for products made from wood chips, such as paper and chipboard,
- To increase the accessibility of information to private landowners about alternatives to clearcutting.

The Alliance, through its membership, has identified seven major strategies for reaching its goals:

- Strengthen, support and empower our network of forest protection advocates through hands-on, strategic assistance and training sessions; our newsletter; our web page, direct financial support, membership meetings, a database of regional contacts, and outreach tools such as maps, slides, and research reports.
- Document the ecological and economic impacts of industrial scale clearcutting by building and supporting ForestWatch programs.
- Promote reduction in the use of wood fiber for paper and chipboard products.
- Build statewide coalitions to push for forest protection policy.
- Challenge new chip mill permits.
- Organize and oversee the federal assessment of Southern forests.
- Align with and educate landowners about ecologically feasible alternatives to clearcutting.

Dogwood Alliance, Inc.  
2000 Amended Form 990  
Schedule A- Part VI-B

2000			
Activity	\$ amt		description of lobbying activities
a. Volunteers			
b. Paid staff or management			
c. Media advertisements			
d. Mailings to members, legislators, or the public			
e. Publications, or published or broadcast statements	963		press conference
f. Grants to other organizations for lobbying purposes			
g. Direct contact with legislators, their staffs, government officials, or a legislative body	222		securing a bill sponsor
h. Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
	1,388		building a coalition
Total	2,573		

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*Attachment 3*

Form **8868**  
(December 2000)  
Department of the Treasury  
Internal Revenue Service

### Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

#### Part I Automatic 3-Month Extension of Time- Only submit original (no copies needed)

Note: Form 990-T corporations requesting an automatic 6-month extension-check this box and complete Part I only   
All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization <b>DOGWOOD ALLIANCE, INC.</b>	Employer identification number <b>56-2139120</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>P. O. BOX 7645</b>	
	City, town or post office, state, and ZIP code For a foreign address, see instructions <b>ASHEVILLE NC 28801</b>	

Check type of return to be filed (file a separate application for each return)

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- 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 will cover.

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until 8/15/01 to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year 2000 or

▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

3a 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 \$ \_\_\_\_\_

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ \_\_\_\_\_

c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ \_\_\_\_\_

#### Signature and Verification

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 *R. Keith ...* Title CPA Date 5/14/01

For Paperwork Reduction Act Notice, see Instruction Form **8868** (12-2000)

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