990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2024

Department of the Treasury Internal Revenue Service Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Α	For the	2024 calend	dar year, or tax year beginn	ing , 2024, and end	aing		, 20			
В	Check if	applicable:	C Name of organization Dogw	ood Alliance, Inc.		D Emplo	yer identification number			
П	Address	change	Doing business as			56-21	L39120			
$\overline{\sqcap}$	Name ch	•	Number and street (or P.O. b	ox if mail is not delivered to street address)	Room/suite		none number			
$\overline{\Box}$	Initial ret	•	PO Box 7645	,		(828)	251-2525			
ī		rn/terminated								
H	Amended		Asheville, NC 2	e, country, and ZIP or foreign postal code 8802		G Gross	receipts \$3,866,258.			
H		on pending	F Name and address of principa		H(a) Is this		r subordinates? Yes X No			
ш	пррпоци	on ponding	1	Box 7645, Asheville, NC 2880	1		es included? Yes No			
ī	Tax-exer	npt status:	▼ 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 52			st. See instructions.			
<u>.</u>	Website		odalliance.org) (incore no.)		p exemption				
<u>.</u> К	_			ociation Other L Year of fo	, ,	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' 	of legal domicile: NC			
_	art I	Summa		ociationOther L real of to	mation. 193	o W State	or legal dornicile. IVC			
	_									
	1	-	=	ission or most significant activities:						
Ö				s environmental justice and		action				
ä				ices to protect southern fo	rests and					
ern			ties from industr							
Activities & Governance				n discontinued its operations or disposed		1 1				
۵	1			overning body (Part VI, line 1a)			14			
es				bers of the governing body (Part VI, line			14			
Ĭ				d in calendar year 2024 (Part V, line 2a)			19			
Act	1			e if necessary)		. 6	27			
•				, , , , , , , , , , , , , , , , , , , ,		. 7a	0.			
	b	Net unrela	ted business taxable incor	me from Form 990-T, Part I, line 11		. 7b	0.			
					Prior Y	ear/	Current Year			
Revenue	8	Contribution	2,066.	3,671,181.						
	9	Program s	ervice revenue (Part VIII, li							
eve	10	Investment	t income (Part VIII, columr	9	7,439.	195,077.				
Œ	11	Other reve	nue (Part VIII, column (A),							
	12	Total reven	ue-add lines 8 through 1	1 (must equal Part VIII, column (A), line 12)	2,74	9,505.	3,866,258.			
				urt IX, column (A), lines 1–3)		1,000.	265,162.			
				t IX, column (A), line 4)			,			
s	4-	-		ee benefits (Part IX, column (A), lines 5-10)		1,824,702.				
Expenses	16a			(, column (A), line 11e)		3,002.	1,011,1011			
þer	b		raising expenses (Part IX,							
ŭ	17		enses (Part IX, column (A),			3,723.	838,516.			
		-		ust equal Part IX, column (A), line 25)		7,762.	2,928,380.			
	19	-		e 18 from line 12		1,743.	937,878.			
_ «	3	- 1000110010	200 Oxportooo. Cubituot iiri	0 10 110111 11110 12	Beginning of C		End of Year			
Net Assets or Fund Balances	20	Total asset	ts (Part X, line 16)			0,089.	5,874,357.			
Asse	21		ities (Part X, line 26)			7,578.	133,968.			
Set L	22		or fund balances. Subtra	ct line 21 from line 20		2,511.	5,740,389.			
	art II		re Block		1,00	2,511.	3,740,307.			
				his return, including accompanying schedules and s	statements, and to	the best of a	my knowledge and bolief it is			
				than officer) is based on all information of which prep			ily knowledge and belief, it is			
		1			1.	00/00/0	0.0.5			
Si	an	Signature	of officer		•	09/02/2	025			
Sign Here		"	Signature of officer Date							
Damie Sesay, Treasurer Type or print name and title										
		<u> </u>		Dyen avan'a simt	Data		DTIN			
Pa	aid	Preparer's		Preparer's signature	Date	Check [T if PTIN			
Preparer Use Only		r 	Solomon, CPA	Slater Solomon, CPA	09/02/202		100130333			
		Y Firm's nar					20-2571677			
		Firm's add			28801 Ph	one no. (8	28)236-0206			
Ma	av the IR	S discuss :	this return with the prepar	er shown above? See instructions			. X Yes No			

Form 990 (2024) Page **2**

Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	Dogwood Alliance advances environmental justice and climate action
	by mobilizing diverse voices to protect southern forests and
	communities from industrial logging.
	Communities from industrial logging.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$378,814. including grants of \$0.) (Revenue \$0.)
	Campaigns: Policies passed at a national level over the past several years provide major
	new subsidies for the biomass industry. In 2024 we led an effort to stop Enviva from
	receiving IRA subsidies, organized a tour of wood pellet impacts for 5 federal
	agencies, met with top officials from CEQ, DOE, and the White House, and cultivated
	two congressional champions from the South. We continued to play a support role relative
	to the Cut Carbon Not Forest Campaign in the UK and other campaigns in Europe.
	We are also part of a coalition working to leverage the EU policy on deforestation
	to protect Southern forests. Our collective, sustained campaigning in Europe and
	the UK has tempered the biomass industry's expansion. While the UK and EU markets
	are still driving wood pellet exports from the US South, markets in Asia - primarily
	Japan - are driving new expansion of wood pellet production in the Gulf region.
41-	(Code: \(\(\(\begin{array}{cccccccccccccccccccccccccccccccccccc
4b	(Code:) (Expenses \$ 1,525,324. including grants of \$ 190,162.) (Revenue \$ 0.)
	Organizing: At the state, and local levels, North Carolina continued to be a top priority for our organizing in 2024. Our work coordinating the Impacted Communities Against Wood
	Pellets continued to achieve results. NCDAQ required Enviva to reduce the fugitive
	dust pollution from its export facility in Wilmington. We launched a new effort
	demanding that NCDAQ require Enviva to do the same at all of its wood pellet mills
	in North Carolina.
	We organized a conference in Georgia with 9 organizations attended by over 200
	people, Biomass was at the top of the agenda. Thus far, the organizing and legal
	strategies around the proposed wood pellet mills in Adel, Georgia have led to an
	indefinite delay in construction. This year we reached out to the community
	See Part III, Ln 4b statement
4c	(Code:) (Expenses \$326,935. including grants of \$75,000.) (Revenue \$0.)
	Conservation: Our work to proactively protect forests through establishing community-
	owned forests has been focused in the Pee Dee Watershed of South Carolina. Against the
	backdrop of a culture that has largely accepted the "working forest" conservation
	and economic model, Dogwood Alliance and our local partners are charting a new
	course that puts community-led forest protection at the center of our conservation
	and rural economic development agenda. This work gained significant momentum
	in 2024 with the acquisition of 305 acres of wetland forests, including old-growth
	cypress, on the Little Pee Dee River. In partnership with New Alpha Community
	Development Corporation, we also initiated the development of a Justice
	Conservation Fund for Southern Forests and Communities to expand the acquisition
	See Part III, Ln 4c statement
4d	Other program services (Describe on Schedule O.)
4-	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 2 231 073

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

Part	Checklist of Required Schedules (continued)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		×
c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		×
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
00	persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
05-	or IV, and Part V, line 1	34		×
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		×
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		×
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	×	
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10	×	

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 19			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	×	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×
b	If "Yes," enter the name of the foreign country			
5 0	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	F.o.		×
5a b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		×
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
	required to file Form 8282?	7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year	7.		
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7e 7f		×
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7		
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	-		
_ b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	_		
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a b	Gross income from other sources. (Do not net amounts due or paid to other sources			
-	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
_	the organization is licensed to issue qualified health plans			
с 14а	Enter the amount of reserves on hand	14a		×
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> .	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	. 70		
-	excess parachute payment(s) during the year?	15		×
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		×
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See in	struc	tions.
Secti	on A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year		Yes	No
b 2	Enter the number of voting members included on line 1a, above, who are independent . 1b 14 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	×	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .	3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		×
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets? . Did the organization have members or stockholders?	5 6		×
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		×
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
8	stockholders, or persons other than the governing body?	7b		×
а	The governing body?	8a	×	
b 9	Each committee with authority to act on behalf of the governing body?	8b	×	<u> </u>
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		×
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co		
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990.	11a	×	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	×	
b c	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12b 12c	×	
13	Did the organization have a written whistleblower policy?	13	×	
14 15	Did the organization have a written document retention and destruction policy?	14	×	
а	The organization's CEO, Executive Director, or top management official	15a	×	
b	Other officers or key employees of the organization	15b	×	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		×
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		<u> </u>
Secti	on C. Disclosure List the states with which a copy of this Form 990 is required to be filed See Part VI, Line 17 stm			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.		tion 5	501(c)
19	☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o and financial statements available to the public during the tax year.	f inter	est p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and reconstant states and telephone number of the person who possesses the organization's books and reconstant states are stated as a state of the person who possesses the organization's books and reconstant states are stated as a state of the person who possesses the organization's books and reconstant states are stated as a state of the person who possesses the organization's books and reconstant stated as a state of the person who possesses the organization's books and reconstant stated as a state of the person who possesses the organization's books and reconstant stated as a state of the person who possesses the organization of the person of the person who possesses the organization of the person of t			

Form 990 (2024)

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.											
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	Position (do not check more than one box, unless person is both an officer and a director/trustee) Former Key employee or director Institutional trustee		Position o not check more than one x, unless person is both an icer and a director/trustee)		(do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Margaret (Danna) Smith Executive Director	40.00			×				125,493.	0.	29,163.	
(2) Stephanie Powell Director of Finance & Operations	40.00			×				100,447.	0.	10,475.	
(3) Jacob Blass Chair	5.00	×		×				0.	0.	0.	
(4) Joe Jackson Vice Chair	5.00	×		×				0.	0.	0.	
(5) Abigail Rome Secretary	5.00	×		×				0.	0.	0.	
(6) Damie Sesay Treasurer	5.00	×		×				0.	0.	0.	
(7) John Beal Board Member	3.00	×						0.	0.	0.	
(8) Florence Aroruo Board Member	3.00	×						0.	0.	0.	
(9) Richie Harding Board Member	3.00	×						8,000.	0.	0.	
(10) Jonathan Phillips Board Member	3.00	×						0.	0.	0.	
(11) Amanda Starbuck Board Member	3.00	×						0.	0.	0.	
(12) Angela Hollowell Board Member	3.00	×						0.	0.	0.	
(13) Loretta Slater Board Member	3.00	×						0.	0.	0.	
(14) Rebekah Miel Board Member	3.00	×						0.	0.	0.	

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
		(C)											
	(A) Name and title	(B) Average hours	box, office	unles	neck ss pe	rson	e than of the state of the stat	n an	(D) Reportable compensation	(E) Reportable compensation		Estimat of	(F) ed amount other
		per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from relationg organizations 1099-MIS 1099-NE0	(W-2/ C/	fro organiz	ensation om the zation and rganizations
	anahita Ervin	3.00					ā						
(16) M	pard Member arvin Burns	3.00	×						0.		0.		0.
(17)	oard Member		×						0.		0.		0.
(18)													
(19)													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
1b c	Subtotal	VII. Sectio	n A		•				233,940.		0.		39,638.
d				IOSE	e list	ted	 above	e) w	233,940.	e than \$100	0.000	of	39,638.
	reportable compensation from the organi						3						Yes No
3	Did the organization list any former of employee on line 1a? If "Yes," complete s							-	loyee, or highes	-		3	×
4	For any individual listed on line 1a, is the organization and related organizations	greater th	an \$1	150,	,000	? /	nsatic <i>f "Ye</i>	on a s,"	and other compe	nsation fror	n the		
5	individual	or accrue co	ompe	nsat	tion	fro	m any	/ un	related organiza				×
Secti	on B. Independent Contractors	: 11 163, 0	Jorripi	CIC	301	ieut	ile o i	OI 3	such person .		•	5	×
1	Complete this table for your five high compensation from the organization. Repo												
	(A) (B) (C) Name and business address Description of services Compensation												
2	Total number of independent contractor received more than \$100,000 of compens	•	-				ted to	th	nose listed abov	e) who			

Part VIII Statement of Revenue

		Check if Schedule O contains a response	onse or note to ar	ny line in this Pa	art VIII		🗆
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants, and Other Similar Amounts	1a b c d	Federated campaigns	o c				
ntributions, d Other Sim	f g	All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in					
Co an	h	Total. Add lines 1a–1f		3,671,181.			
			Business Code				
Program Service Revenue	2a b c d e f	All other program service revenue					
	<u>g</u> 3	Total. Add lines 2a–2f					
	4	other similar amounts)	bond proceeds	195,077.	0.	0.	195,077.
	5 6a	Royalties	(ii) Personal				
	b	Less: rental expenses 6b					
	C	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7a	Gross amount from (i) Securities	(ii) Other				
	, u	sales of assets other than inventory 7a					
Revenue	b	Less: cost or other basis and sales expenses . 7b Gain or (loss) 7c					
_	d	Net gain or (loss)					
Other	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8	a				
	b	Less: direct expenses 8	-				
	с 9а	Net income or (loss) from fundraising e Gross income from gaming activities. See Part IV, line 19 . 9					
	b	Less: direct expenses 9)				
	С	Net income or (loss) from gaming activity	ties				
		Gross sales of inventory, less returns and allowances 10					
		Less: cost of goods sold 10					
	С	Net income or (loss) from sales of inver					
Sno	44		Business Code				
Miscellaneous Revenue	11a						
ıllar ven	b		.				
Sce	c d	All other revenue	-				
Ξ		Total. Add lines 11a–11d					
	12	Total revenue See instructions		3 . 866 . 258	0	0	195.077

Part IX Statement of Functional Expenses

fundraising solicitation. Check here [if

following SOP 98-2 (ASC 958-720)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX . . . (D) Fundraising expenses (B) Program service expenses Do not include amounts reported on lines 6b. 7b. (A) Total expenses Management and general expenses 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 265,162. 265,162. Grants and other assistance to domestic 2 individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 265,578. 191,216. 53,116. 21,246. 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages 1,260,184. 103,026. 907,129. 250,029. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 22,191. 17,000. 3,148. 2,043. 28,027. Other employee benefits 122,358. 9 165,531. 15,146. 10 Payroll taxes 111,218. 79,243. 22,753. 9,222. Fees for services (nonemployees): 11 Management 0. Legal 4,678. 3,698. 980. Accounting 46,414. 0. 46,414. 0. Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) 451,221. 66,268. 14,970. 369,983. 12 Advertising and promotion 73,494. 63,824. 3,068. 6,602. 13 12,758. 5,451. 2,166. 5,141. Office expenses Information technology 14 62,889. 49,590. 9,073. 4,226. 15 Occupancy 8,369. 6,285. 1,331. 753. 16 80,953. 74,235. 4,327. 17 2,391. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 35,560. 25,795. 6,653. 3,112. 20 21 Payments to affiliates 22 Depreciation, depletion, and amortization . 23 14,966. 11,325. 2,290. 1,351. Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) a Marketing & Education Printed Materials 4,360. 0. 634. 3,726. Program Events 16,745. 15,333. 0. 1,412. c Marketing & Education Supplies 4,749. 2,481. 55. 2,213. Dues and Subscriptions 8,477. 7,883. 475. 119. e All other expenses 12,883. 9,356. 33. 3,494. Total functional expenses. Add lines 1 through 24e 25 2,928,380. 2,231,073. 500,206. 197,101. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and

Р	art X				
		Check if Schedule O contains a response or note to any line in this Par	(A) Beginning of year		
	1 2	Cash—non-interest-bearing	161,633.	1 2	127,332.
	3 4	Savings and temporary cash investments	4,698,326. 50,130.	3 4	2,986,062. 1,708,375.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
Assets	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
Ass	8	Inventories for sale or use		8	3,607.
•	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a			3,007.
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	1,048,981.
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14 15	Intangible assets		14 15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	4,910,089.	16	5,874,357.
	17	Accounts payable and accrued expenses	106,578.	17	133,968.
	18	Grants payable	•	18	•
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	1 000		
jak	00		1,000.	22	
_	23 24	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties		23	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	107,578.	26	133,968.
nces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
sala	27	Net assets without donor restrictions	4,503,459.	27	3,710,687.
<u> </u>	28	Net assets with donor restrictions	299,052.	28	2,029,702.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
ts o	29	Capital stock or trust principal, or current funds		29	
sse	30	Paid-in or capital surplus, or land, building, or equipment fund		30 31	
t As	31 32	Retained earnings, endowment, accumulated income, or other funds. Total net assets or fund balances	4,802,511.	31	5,740,389.
Š	33	Total liabilities and net assets/fund balances	4,802,311.	33	5,874,357.
	,		-12201002.		Form 990 (2024

Form 990 (2024) Page **12**

Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	3,8	66,2	58.
2	Total expenses (must equal Part IX, column (A), line 25)	2,9	28,3	80.
3	Revenue less expenses. Subtract line 2 from line 1	9	37,8	78.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4	4,8	02,5	11.
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain on Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))	5,7	40,3	89.
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			X
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain of	n		
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		×
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled of	r		
	reviewed on a separate basis, consolidated basis, or both.			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	×	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on	a		
	separate basis, consolidated basis, or both.			
	⊠ Separate basis □ Consolidated basis □ Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	of		
	the audit, review, or compilation of its financial statements and selection of an independent accountant? .	2c	×	
	If the organization changed either its oversight process or selection process during the tax year, explain or	n		
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	е		
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	e		
	$required \ audit \ or \ audits, \ explain \ why \ on \ Schedule \ O \ and \ describe \ any \ steps \ taken \ to \ undergo \ such \ audits \ .$	3b		
	DEV 05/92/95 DDO		ຸ ໑໑ຐ	(000.4)

REV 05/23/25 PRO Form **990** (2024) Dogwood Alliance, Inc. 56-2139120

Additional Information From Form 990: Return of Organization Exempt from Income Tax

Form 990: Return of Organization Exempt from Income Tax Form 990, Page 2, Part III, Line 4b (continued)

Continuation Statement

Description

impacted by a wood pellet mill owned by FRAM in Lumber City which planned to expand production. The local opposition combined with a legal strategy resulted in the permit for that expansion being revoked.

Over 80 residents in the small town of Gloster showed up to the public hearing to oppose Drax's permit to expand production. Meanwhile, Enviva was denied a local economic development grant in Mississippi, shuttering plans to expand wood pellet production in the state.

Form 990: Return of Organization Exempt from Income Tax Form 990, Page 2, Part III, Line 4c (continued)

Continuation Statement

Description

of community forests throughout the South in areas impacted by the wood pellet biomass industry.

Form 990: Return of Organization Exempt from Income Tax Part VI. Line 17 (continued)

Continuation Statement

· air ri, = iii (
	States Where Copy of Return is Required	
AL		
AR		
CA		
co		
СТ		
DC		
FL		
GA		
IL		
KY		
MD		
MA		
MI		
MN		
MS		
мо		
NM		
NY		
NC		
ОН		
SC		
TN		
VT		
VA		

Dogwood Alliance, Inc. 56-2139120 2

Form 990: Return of Organization Exempt from Income Tax Part VI, Line 17 (continued)

Continuation Statement

		States Where Copy of Return is Required
WA		
WI		

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name	Name of the organization Employer identification number							
		Alliance, Inc.					56-2139120	
Par		Reason for Public Cha						ons.
The c	_	zation is not a private founda		`			,	
1		church, convention of churc	•				0(b)(1)(A)(i).	
2		school described in section		•	,	•	I) (A) (:::)	
3		hospital or a cooperative ho- medical research organization						(iii) Enter the
4	_ ho	ospital's name, city, and state	e:					
5		n organization operated for ection 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a government	al unit described in
6 7	X A	federal, state, or local govern n organization that normally escribed in section 170(b)(1)	receives a subs	tantial part of its sup				n the general public
8	\square A	community trust described i	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9	☐ Ai or ur	n agricultural research organ r university or a non-land-gra niversity:	ization described nt college of agr	d in section 170(b)(1) (iculture (see instruction	(A)(ix) op ons). Ente	r the nan	ne, city, and state of	the college or
10	re St	n organization that normally incepts from activities related upport from gross investment by the organization a	to its exempt fur t income and uni	nctions, subject to ce related business taxal	rtain exce ole incom	eptions; a ne (less se	and (2) no more than ection 511 tax) from	33 ¹ /3% of its
11	□ Aı	n organization organized and	operated exclus	sively to test for public	safety. S	See sect i	ion 509(a)(4).	
12		n organization organized and						
		ne or more publicly supported te box on lines 12a through 12	•				` '` '	` '` '
а		Type I. A supporting organ the supported organization						
		supporting organization. Y						
b		Type II. A supporting organization(s). You must	the supporting o	rganization vested in	the same			
С		Type III functionally integ its supported organization(ally integrated with,
d		Type III non-functionally integrated that is not functionally integrated in the state of the sta						
		requirement (see instruction			•		•	
е		Check this box if the organ functionally integrated, or						e II, Type III
f	Ente	er the number of supported of						
g	_	vide the following information		orted organization(s).				
	(i) Nar	me of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)	,							
(D)								
(E)								
Total								

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) **(b)** 2021 (c) 2022 (d) 2023 (a) 2020 **(e)** 2024 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 2,506,423. 2,983,768. 2,634,803. 2,652,066. 3,671,181. 14,448,241. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge **Total.** Add lines 1 through 3 4 2,506,423. 2,983,768. 2,634,803. 2,652,066. 3,671,181. 14,448,241. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 1,964,896. **Public support.** Subtract line 5 from line 4 12,483,345. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2020 **(b)** 2021 (c) 2022 (d) 2023 (e) 2024 (f) Total 2,506,423. 2,983,768. 2,634,803. 2,652,066. 3,671,181. 14,448,241. 7 Amounts from line 4 Gross income from interest, dividends, 8 payments received on securities loans, rents, royalties, and income from similar sources 17,142. 8,041. 19,075. 97,439. 195,077. 336,774. Net income from unrelated business 9 activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 44. 0. 0. 44. **Total support.** Add lines 7 through 10 14,785,059. 11 Gross receipts from related activities, etc. (see instructions) 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) 84.43% 14 Public support percentage from 2023 Schedule A, Part II, line 14 15 331/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support			, ,		,	
Calen	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	on B. Total Support		1	T	ı		
	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or						
12	loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the organization, check this box and stop he	•	•		•	ear as a sectio	(/ (/
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2024 (line 8						%
16	Public support percentage from 2023 Sch	nedule A, Part	III, line 15 .			16	%
Secti	on D. Computation of Investment In-	come Perce	ntage				
17	Investment income percentage for 2024 (•	. ,,		%
18	Investment income percentage from 2023						%
19a	331/3% support tests-2024. If the organ						
	17 is not more than 331/3%, check this box		-	-		-	_
b	33 ¹ / ₃ % support tests—2023. If the organiz						
	line 18 is not more than 331/3%, check this l		_		-		_
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b, o	check this box	and see instru	ctions . \square

Part IV **Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Se

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		

10b

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings.)

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI .	11c		
Section	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	netru	ctions	c)
a b c	 ☐ The organization satisfied the Activities Test. Complete line 2 below. ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity. 			
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's	La		
D	involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	OI-		
•		2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .	20		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
b	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

				9
Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g tru	st on Nov. 20, 1970 (exp	lain in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organ	nizat	ions must complete Sect	tions A through E.
Sect	ion A-Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
_ 7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional content.		intograted Type III augus	rting organization
1	(see instructions)	any I	integrated Type III Suppo	Tung Organization

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D-Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 5 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 Distributable amount for 2024 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (iii) (ii) **Underdistributions Distributable** Section E—Distribution Allocations (see instructions) **Excess Distributions** Pre-2024 Amount for 2024 Distributable amount for 2024 from Section C, line 6 2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2024 **a** From 2019 From 2020 **c** From 2021 **d** From 2022 From 2023 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2024 distributable amount Carryover from 2019 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2024 from 4 Section D, line 7: Applied to underdistributions of prior years Applied to 2024 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2025. Add lines 3j and 4c. Breakdown of line 7: Excess from 2020 . . . Excess from 2021 . . . Excess from 2022 . . . Excess from 2023 . . . Excess from 2024 . . .

Schedule A (Form 990) 2024

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Pt II Li	n 10: Other Income Part II, Line 10 Description: Rental Income 2020:
0. 2021	: 0. Description: Special Event Income, Gross 2020: 0. 2021: 0. Description:
	aneous 2020: 0. 2021: 0. 2022: 44.

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions), or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

• Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization **Employer identification number (EIN)** Dogwood Alliance, Inc. 56-2139120 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities." Volunteer hours for political campaign activities. See instructions Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955. 2 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . Yes No Yes No **b** If "Yes," describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function 2 Enter the amount of the filing organization's funds contributed to other organizations for section 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, Did the filing organization file Form 1120-POL for this year? Yes Enter the names, addresses, and EINs of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (c) EIN (a) Name (b) Address (d) Amount paid from (e) Amount of political filing organization's contributions received and funds. If none, enter -0-. promptly and directly delivered to a separate political organization. If none, enter -0-. (1) (2)(3) (4)(5) (6)

OCI	leddie 0 (1 01111 990) 2024					rage Z
P	art II-A Complete if the organization section 501(h)).	n is exempt u	ınder section 50	01(c)(3) and filed	d Form 5768 (ele	ection under
Α	Check ☐ if the filing organization belongs to EIN, expenses, and share of excellent.			art IV each affiliate	ed group member'	s name, address,
В	Check ☐ if the filing organization checked	box A and "limi	ted control" provi	sions apply.		
	Limits on Lobb	ying Expendit	ures		(a) Filing	(b) Affiliated
	(The term "expenditures" me	eans amounts	paid or incurred.)	organization's totals	group totals
	1a Total lobbying expenditures to influence			•	0.	
	b Total lobbying expenditures to influence	•	• '	-,	3,551.	
	c Total lobbying expenditures (add lines 1a	a and 1b) .			3,551.	
	d Other exempt purpose expenditures .				2,924,829.	
	e Total exempt purpose expenditures (add		,		2,928,380.	
	f Lobbying nontaxable amount. Enter	the amount fr	om the following	table in both		
	columns.				296,419.	
	IF the amount on line 1e, column (a) or (b), is:	THEN the lob	bying nontaxable a	mount is:		
	not over \$500,000		nount on line 1e.			
	over \$500,000 but not over \$1,000,000		15% of the excess			
	over \$1,000,000 but not over \$1,500,000		10% of the excess			
	over \$1,500,000 but not over \$17,000,000		5% of the excess of	ver \$1,500,000.		
	over \$17,000,000	\$1,000,000.				
	g Grassroots nontaxable amount (enter 25				74,105.	
	h Subtract line 1g from line 1a. If zero or le				0.	
	i Subtract line 1f from line 1c. If zero or les				0.	
	j If there is an amount other than zero reporting section 4911 tax for this year?			•		☐ Yes ☐ No
_					<u> </u>	<u> </u>
	(Some organizations that made a sec	ction 501(h) ele	Period Under Sec ection do not hav auctions for lines	e to complete all	of the five colum	ns below.
	Lobbying	Expenditures	During 4-Year Av	veraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
	2a Lobbying nontaxable amount	257,166.	283,229.	275,388.	296,419.	1,112,202.
	h Lobbying ceiling amount					

	Lobbying Expenditures During 4-Year Averaging Period							
	Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total		
2a	Lobbying nontaxable amount	257,166.	283,229.	275,388.	296,419.	1,112,202.		
b	Lobbying ceiling amount (150% of line 2a, column (e))					1,668,303.		
c	Total lobbying expenditures	3,844.	10,621.	6,975.	3,551.	24,991.		
d	Grassroots nontaxable amount	64,292.	70,807.	68,847.	74,105.	278,051.		
е	Grassroots ceiling amount (150% of line 2d, column (e))					417,077.		
f	Grassroots lobbying expenditures	1,081.	0.	0.	0.	1,081.		

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT f (election under section 501(h)).	iled	Form	า 5768		
For ea	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed	(a	a)		(b)	
	iption of the lobbying activity.	Yes	No	Aı	mount	t
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	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 i	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?					
j	Other activities? Total. Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	(5), (or se	ction		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	<u> </u>	
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the) (0)
Part	Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No;" OR (b) Part answered "Yes."				טונכ	<i>5</i>)(0)
1	Dues, assessments, and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid):	of				
а	Current year		2a			
b	Carryover from last year		2b			
C	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby					
	and political expenditures next year?		4			
5	Taxable amount of lobbying and political expenditures. See instructions		5			
Par						
	le the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro	up lis	t); Pai	rt II-A, I	ines 1	and
-	instructions); and Part II-B, line 1. Also, complete this part for any additional information.					
	I-B Line 1: During 2024, Dogwood Alliance staff members had direct			S		
	state and federal elected officials concerning policies and legisl					
	orest protection and climate change. Staff members also encouraged					
	supporters to communicate with elected officials concerning forest climate change.					
and	Climate Change.					
					-	

Part IV	Supplemental Information (continued)

Schedule C (Form 990) 2024

SCHEDULE D (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name o	f the organization		Employer identification number
Dog	wood Alliance, Inc.		56-2139120
Par		sed Funds or Other Similar Fund	ds or Accounts
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor a		
c	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, and only for charitable purposes and not for the benefit		
	conferring impermissible private benefit?		• • •
Dor			Yes No
Par		Vos" on Form 990 Part IV line 7	
1	Complete if the organization answered "` Purpose(s) of conservation easements held by the organization answered to the complete if the organization answered to the organization and		
ı	Preservation of land for public use (for example, recre		of a historically important land area
	Protection of natural habitat	•	of a certified historic structure
	Preservation of open space	i reservation e	of a certifica filotofic structure
2	Complete lines 2a through 2d if the organization hel	ld a qualified conservation contributio	n in the form of a conservation
	easement on the last day of the tax year.	·	Held at the End of the Tax Year
а	Total number of conservation easements		2 a
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified hi		
d	Number of conservation easements included on line	e 2c acquired after July 25, 2006, and	d not
	on a historic structure listed in the National Register	·	· · 2d
3	Number of conservation easements modified, trans		
	the organization during the tax year		
4	Number of states where property subject to conserv		
5	Does the organization have a written policy rega		
_	violations, and enforcement of the conservation eas		
6	Staff and volunteer hours devoted to monitoring,		•
7	3 ,		
7	Amount of expenses incurred in monitoring, in conservation easements during the year	specting, nandling of violations, a	
8	Does each conservation easement reported on line		Ψ
O	(i) and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports of		
•	sheet, and include, if applicable, the text of the foot		
	organization's accounting for conservation easemer		
Part	III Organizations Maintaining Collections	of Art, Historical Treasures, or	Other Similar Assets
	Complete if the organization answered "		
1a	If the organization elected, as permitted under FAS	B ASC 958, not to report in its revenu	ue statement and balance sheet works
	of art, historical treasures, or other similar assets	held for public exhibition, education	n, or research in furtherance of public
	service, provide in Part XIII the text of the footnote t	o its financial statements that describ	es these items.
b	If the organization elected, as permitted under FAS		
	art, historical treasures, or other similar assets held		search in furtherance of public service,
	provide the following amounts relating to these item	ns.	
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		\$
_	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art,	historical treasures, or other similar	assets for financial gain, provide the
	following amounts required to be reported under FA		Φ.
a	Revenue included on Form 990, Part VIII, line 1 .		\$

Part	Organizations Maintaining Coll	ections of Art, I	Historical	i reasures,	, or Otr	ier Similar Ass	ets (conti	nued)
3	Using the organization's acquisition, access collection items (check all that apply).	ssion, and other re	cords, che	ck any of the	e followi	ng that make sig	nificant us	se of its
а	☐ Public exhibition		d 🗌 Loar	or exchang	e progra	ım		
b	☐ Scholarly research		e 🗌 Othe	er				
С	☐ Preservation for future generations							
4	Provide a description of the organization's XIII.	collections and e	xplain how	they further	the orga	anization's exem _l	ot purpose	in Part
5	During the year, did the organization solicit assets to be sold to raise funds rather than						☐ Yes ☐	□ No
Part	IV Escrow and Custodial Arrange	ments						
	Complete if the organization answays 990, Part X, line 21.						ount on Fo	orm
1a	Is the organization an agent, trustee, custo included on Form 990, Part X?						☐ Yes ☐	No
b	If "Yes," explain the arrangement in Part XII	I and complete th	e following	table.		Am	ount	
С	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on	Form 990, Part X,	line 21, for	escrow or cu	ustodial	account liability?	☐ Yes	☐ No
b	If "Yes," explain the arrangement in Part XII	I. Check here if th	e explanation	on has been	provided	d in Part XIII .		
Par	V Endowment Funds							
	Complete if the organization answ	wered "Yes" on	Form 990,	Part IV, line	e 10.			
	(a)	Current year (b	Prior year	(c) Two year	rs back	(d) Three years back	(e) Four yea	ırs back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the cu	rrent year end bal	ance (line 1	g, column (a)) held a	s:		
а	Board designated or quasi-endowment	%	•		••			
b	Permanent endowment %							
С	Term endowment %							
	The percentages on lines 2a, 2b, and 2c sh	ould equal 100%.						
3a	Are there endowment funds not in the pos	session of the org	anization th	nat are held	and adn	ninistered for the		
	organization by:						Ye	s No
	(i) Unrelated organizations?						3a(i)	
	(ii) Related organizations?						3a(ii)	
b	If "Yes" on line 3a(ii), are the related organize	zations listed as re	quired on S	Schedule R?			3b	
4	Describe in Part XIII the intended uses of the	e organization's e	ndowment	funds.				
Part	VI Land, Buildings, and Equipmen	t						
	Complete if the organization answ	wered "Yes" on	Form 990,	Part IV, line	e 11a. S	See Form 990, F	Part X, line	e 10.
	Description of property	(a) Cost or other bas (investment)	1 ' '	or other basis (other)		ccumulated preciation	(d) Book va	lue
1a	Land							
b	Buildings							
c	Leasehold improvements							
d	Equipment							
e	Other							
	Add lines 1a through 1e. (Column (d) must e	qual Form 990, Pa	art X, line 10	Oc, column (E	3))			

	rm 990) (Rev. 12-2024)			Page
Part VII	Investments – Other Securities Complete if the organization answered "Yes" on Form	m 000 Port IV line	11h Coo Earm	2000 Port V line 12
	(a) Description of security or category	(b) Book value		thod of valuation:
	(including name of security)			l-of-year market value
(1) Financial				
	neld equity interests			
(D)				
/E\				
(G)				
(H)				
	mn (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII	Investments – Program Related			
	Complete if the organization answered "Yes" on For	m 990, Part IV, line	11c. See Form	990, Part X, line 13.
	(a) Description of investment	(b) Book value		thod of valuation:
			Cost or end	l-of-year market value
(1)				
(2)				
(3)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX	Other Assets			
	Complete if the organization answered "Yes" on For	m 990, Part IV, line	11d. See Form	
(4)	(a) Description			(b) Book value
(1)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(1) 15 000 B 1 V (1) 45 1 (D)			
	mn (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities	<u> </u>		
Part X	Complete if the organization answered "Yes" on For	m 000 Part IV line	11a or 11f Sa	e Form 990 Part Y
	line 25.	iii 990, i ait iv, iiie	116 01 111. 36	e i oiiii 990, i ait A,
1.	(a) Description of liability			(b) Book value
(1) Federal in				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

Par		<u>-</u>	Return	1
	Complete if the organization answered "Yes" on Form 990, I		<u> </u>	
1	Total revenue, gains, and other support per audited financial statements		1	3,866,258.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a	-	
b	Donated services and use of facilities	2b	_	
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	3,866,258.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	3,866,258.
Part	Reconciliation of Expenses per Audited Financial Statem		er Retu	ırn
	Complete if the organization answered "Yes" on Form 990, I	Part IV, line 12a.		
1			1	2,928,380.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	2,928,380.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.)	5	2,928,380.
Part	• •			
	the the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and			
z, Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional if	norman	on.
⊇t X	, Line 2: Dogwood is generally exempt from federal	l income taxes unde	er 501	.(c)(3)
	ha Tubawal Darawa Gada Hadaa bha Gada harrara			
DI T	he Internal Revenue Code. Under the Code, however,	Income from certa	ain ac	ctivities
	related to the organization's tax-exempt purpose m			
100	related to the organization's tax-exempt purpose m	may be subject to	Jaxati	.011
	nrelated business income. The organization had les		income	
15 U	interaced business income. The organization had res		LIICOIIIC	
 From	unrelated business activities in the year ended D	 December 31 2024 :	and wa	
			aria wo	
her	efore, not required to file Federal Form 990-T (Ex	empt Organization	Busir	 1ess
 Inco	me Tax Return). The organization believes that it	has appropriate s	ıpport	
11100	me Tax Redutily. The organization betreves that it	ilab appropriace be	<u>appor</u> c	
Eor	all tax positions taken, and as such, does not hav	re any uncertain ta	ax pos	itions
			-	
that	are material to the financial statements.			

	m 990) (Rev. 12-2024)		Page :
Part XIII	Supplemental Information (con	ntinued)	
	Соррания поставия (ос.		

SCHEDULE I (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Dogwood Alliance, Inc.						56-	2139120
Part I General Information	on Grants and	Assistance				·	
Does the organization maintage and the selection criteria useDescribe in Part IV the organ	ed to award the gra	nts or assistance	?				
	ssistance to Do	mestic Organiz	ations and Dom	estic Governm	ents. Complete if		wered "Yes" on Form 990,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Blue Ridge Environmental Defense League PO Box 2168 Franklin WV 26807	58-1624130		10,000.				Bioenergy
(2) Cultivator, Inc POB 704 Murfreesboro NC 27855	81-4840478		10,000.				Community Solutions
(3) EEECHO PO Box 7803 Gulfport MS 39506	47-3809502		20,000.				Bioenergy
(4) Gaston Youth 711 James Jones Rd Pleasant Hill NC 27866	81-2081558		10,000.				Community Solutions
(5) Georgia Interfaith Power and Light 701 S. Columbia Dr Campus Box #326 Decatur GA 30030	26-3446212		27,500.				Bioenergy
(6) KMartin Group PO Box 492 Gloster MS 39638	47-4572196		20,000.				Bioenergy
(7) New Alpha Community Development 1528 Palomar Pkwy Florence SC 29506	47-3582552		80,000.				Community Solutions
(8) Pee Dee Indian Tribe PO Box 568 Latta SC 29565	57-0706888		15,000.				Community Solutions
(9) Southern Vision Alliance PO Box 51698 Durham NC 27717	61-1639641		10,000.				Bioenergy
(10) The People's Justice Council 1500 Daniel Payne Drive Birmingham AL 35214	83-0784025		10,000.				Forest & Climate
(11) Blackbelt Women Rising 1124 Washington Street Uniontown AL 36786 (12) Lower Eastern Cherokee Nation SC	84-4087385		10,000.				Environmental Justice
3688 Warrior Creek Church Road Gray Court SC 29645		ernment organiza	10,000.	ine 1 table			Forest Protection
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table							

Schedule I (Form 990) (Rev. 12-2024)

W Supplemental information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Line 2: All grant partners so through an application process and are required to provide proof of 501(c)3 us, financial statements, and other background documentation prior to disbursement of funds, and memorandums inderstanding are signed with all grantees to govern the process. Grant goals are established during the leation process, and reported on in the end of year report; measures of success can be analytical or subjective.	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistan
Line 2: All grant partners go through an application process and are required to provide proof of 501(c)3 us, financial statements, and other background documentation prior to disbursement of funds, and memorandums nderstanding are signed with all grantees to govern the process. Grant goals are established during the						
Line 2: All grant partners go through an application process and are required to provide proof of 501(c)3 us, financial statements, and other background documentation prior to disbursement of funds, and memorandums nderstanding are signed with all grantees to govern the process. Grant goals are established during the						
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us, financial statements, and other background documentation prior to disbursement of funds, and memorandums Inderstanding are signed with all grantees to govern the process. Grant goals are established during the			<u> </u>			
nderstanding are signed with all grantees to govern the process. Grant goals are established during the						
			_			4

SCHEDULE O (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** 56-2139120 Dogwood Alliance, Inc. Pt VI, Line 11b: The 990 is prepared by independent accountants, reviewed by management, presented to the Treasurer and the finance committee for review, and once it is approved, shared with the entire Board for final approval or proposed revision. Pt VI, Line 12c: Enforced as necessary. Any Board Member with a conflict of interest on any specific issue informs the Board and abstains from voting on the issue. Pt VI, Line 15a: Dogwood Alliance follows best practices in determining compensation for its Executive Director, top management officials, and all employees by implementing a structured, transparent, and fair process. Compensation decisions are guided by our Compensation Philosophy, which emphasize fairness and market competitiveness. Our approach includes: Independent Review & Approval: Compensation structures, including executive salaries, are reviewed and approved based on established pay grades and benchmarking data, ensuring independent oversight. Comparability Data: Salaries are benchmarked against national and NC-based non-profit organizations with budgets between \$1 million and \$5 million, ensuring competitiveness within the sector. Dogwood Alliance aims to offer salaries at the 50th percentile of market data. Documented Deliberation: Compensation decisions are made using objective, measurable factors, including years of relevant experience, and are transparently documented and calculated to ensure consistency and fairness. Board Review: Our board reviewed and approved the salary framework. By aligning our compensation practices with these best practices, Dogwood Alliance ensures that all employees, including the Executive Director, are fairly compensated in a manner that supports organizational sustainability. Pt VI, Line 15b: Same process as for Part VI, line 15a listed above. Pt VI, Line 18: Form 1023 and forms 990 are available upon request. Pt VI, Line 19: Governing documents, conflict of interest policy and audited financial statements are available upon request. Pt XII, Line 2c: The board's finance committee is responsible for reviewing the audit, and the full board receives and reviews the written documents. Other: Dogwood gave to New Alpha Development which is a 501(c)(3) that Reverend Leo Woodbury is the ED. Pt VI, Line 2: Loretta Slater, a current board member, is the CFO of New Alpha Community Development Corp where Leo Woodberry, who was on the board in 2023, serves as Executive Director. Other: Richie Harding received \$8,000 for his work as a contracted Community Organizer after review under the Board Conflict of Interest Policy. Pt VI, Section C, Line 17: State: AR State: CA State: CO State: CT State: DC State: FL State: GA State: IL State: KY State: MD State: MA State: MI State: MN

SCHEDULE O (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization	Employer identification number
Dogwood Alliance, Inc.	56-2139120
State: MS	
State: MO	
State: NM	
State: NY	
State: NC	
State: OH	
State: SC	
State: TN	
State: VT	
State: VA	
State: WA	
State: WI	
Pt IX, Line 11g:	
Description: Consulting	
Total: \$187,328	
Program services: \$174,828	
Management and general: \$0	
Fundraising: \$12,500	
Description: Research and Consulting	
Total: \$263,893	
Program services: \$195,155	
Management and general: \$66,268	
Fundraising: \$2,470	

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

tor a lax Ex	cempt Entity	
For calendar year 2024, or fiscal year beginning	, 2024, and ending , 20	DE

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service	Do not send to the IRS. Keep for yo Go to <i>www.irs.gov/Form8879TE</i> for the I		
Name of filer		EIN or SSN	
Dogwood Alliand	e, Inc.	56-2139120	
Name and title of officer or p	•	-	
Damie Sesay, Tr	easurer		
Part I Type of	Return and Return Information		
8038-CP and Form 53: 3a, 4a, 5a, 6a, 7a, 8a, 3b, 4b, 5b, 6b, 7b, 8b,	return for which you are using this Form 8879-TE and east filers may enter dollars and cents. For all other forms, east, or 10a below, and the amount on that line for the return 9b, or 10b, whichever is applicable, blank (do not enter -0-to not complete more than one line in Part I.	nter whole dollars only. If you check being filed with this form was blank	the box on line 1a , 2a , then leave line 1b , 2b ,
1a Form 990 chec	k here 🗵 🛽 b Total revenue , if any (Form 990, Pa	art VIII, column (A), line 12)	1b 3,866,258.
2a Form 990-EZ o	heck here \square b Total revenue , if any (Form 990-EZ	'., line 9)	2b
3a Form 1120-POL	check here b Total tax (Form 1120-POL, line 22)		3b
4a Form 990-PF	heck here \ldots \square \square b Tax based on investment income	(Form 990-PF, Part V, line 5) .	4b
5a Form 8868 che	ck here . . . b Balance due (Form 8868, line 3c) .		5b
6a Form 990-T ch	eck here b Total tax (Form 990-T, Part III, line	4)	6b
7a Form 4720 che	ck here \square b Total tax (Form 4720, Part III, line 1)	7b
	ck here b FMV of assets at end of tax year	(Form 5227, Item D)	8b
9a Form 5330 che	ck here b Tax due (Form 5330, Part II, line 19	1)	9b
	heck here ... 🗌 b Amount of credit payment request e		10b
	tion and Signature Authorization of Officer or Pe		
	ıry, I declare that 🛛 I am an officer of the above entity or		ith respect to (name
of entity)	, (EIN)	and that I have exa	mined a copy of the
return, and the financia 1-888-353-4537 no late processing of the elect	e financial institution account indicated in the tax preparatic institution to debit the entry to this account. To revoke a part than 2 business days prior to the payment (settlement) date onic payment of taxes to receive confidential information needted a personal identification number (PIN) as my signature awal.	ayment, I must contact the U.S. Trea te. I also authorize the financial insti ecessary to answer inquiries and res	asury Financial Agent at tutions involved in the solve issues related to
PIN: check one box o	alv		_
		o enter my PIN 3 1 1 1 3 Enter five numbers, l	but
agency(ies) regul	024 electronically filed return. If I have indicated within this ating charities as part of the IRS Fed/State program, I also be consent screen.		
filed return. If I ha	erson subject to tax with respect to the entity, I will enter we indicated within this return that a copy of the return is beate program, I will enter my PIN on the return's disclosure c	eing filed with a state agency(ies) reg	
Signature of officer or perso	n subject to tax Damic Scsay	Date 09/02/	2025
	tion and Authentication		
	your six-digit electronic filing identification		
number (EFIN) followed	by your five-digit self-selected PIN.	9 7 8 2 1 5 1 6 7 7 Do not enter all zeros	
	numeric entry is my PIN, which is my signature on the 202 Irn in accordance with the requirements of Pub. 4163 , Mo Returns.		
ERO's signature		Date 09/02/2025	
	EDO Must Datain This Form C		
	EU/ Much Datain This Easter C.	aa matriiatiana	

ERO Must Retain This Form — See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So