BORLAND BENEFIELD, P.C. 800 SHADES CREEK PKWY, STE 875 BIRMINGHAM, AL 35209

> ALABAMA TRAILS FOUNDATION, INC. 2311 HIGHLAND AVENUE SOUTH, STE 190 BIRMINGHAM, AL 35205

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CLIENT'S COPY

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

Department of the Treasury Internal Revenue Service

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

must use	Form 7004 to request an extension of time to file incom	e las relui	113.			
Part I - Id	entification					
Type or	Name of exempt organization, employer, or other filer	r identification nu	umber (TIN)			
Print						
File by the	ALABAMA TRAILS FOUNDATION, INC.				46-0843052	
due date for	Number, street, and room or suite no. If a P.O. box, s	ee instruc [.]	tions.			
filing your return. See	2311 HIGHLAND AVENUE SOUTH, STE 190					
instructions.	City, town or post office, state, and ZIP code. For a for					
	BIRMINGHAM, AL 35205					
Enter the	Return Code for the return that this application is for (file	e a separa	te application for each return)			0 1
Applicatio	on Is For	Return	Application Is For			Return
		Code				Code
- orm 990	or Form 990-EZ	01	Form 4720 (other than individual)			09
- orm 4720	0 (individual)	03	Form 5227			10
-orm 990	PF	04	Form 6069			11
orm 990-	T (sec. 401(a) or 408(a) trust)	05	Form 8870			12
orm 990-	T (trust other than above)	06	Form 5330 (individual)			13
orm 990-	T (corporation)	07	Form 5330 (other than individual)			14
orm 104 ⁻	1-A	08				
Plar	pplication is for an extension of time to file Form 5330, y Name		C C			
● If this ap Plar Plar Plar Plar	oplication is for an extension of time to file Form 5330, y n Name n Number n Year Ending (MM/DD/YYYY)					
● If this ap Plar Plar Plar art II - Au	oplication is for an extension of time to file Form 5330, y n Namen n Numbern n Year Ending (MM/DD/YYYY) itomatic Extension of Time To File for Exempt Organ					
● If this ap Plar Plar Plar art II - Au	oplication is for an extension of time to file Form 5330, y n Name n Number <u>Year Ending (MM/DD/YYYY)</u> Itomatic Extension of Time To File for Exempt Organ oks are in the care of <u>ANN HAAS</u>	iizations (see instructions)			
● If this ap Plar Plar Plar tart II - Au The bo	oplication is for an extension of time to file Form 5330, y n Name n Number n Year Ending (MM/DD/YYYY) Itomatic Extension of Time To File for Exempt Organ oks are in the care of <u>ANN HAAS</u> 2311 HIGHLAND AVENUE SOUT	iizations (see instructions) 190 - BIRMIGNHAM, AL 35205			
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 If this applies of the second s	pplication is for an extension of time to file Form 5330, y n Name	izations (TH, STE s in the Ur Group Exe] and atta	see instructions) 190 – BIRMIGNHAM, AL 35205 Fax No ited States, check this box emption Number (GEN) I ch a list with the names and TINs of	f this is fo all memb	r the whole grou bers the extensio	p, check this n is for.
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 If this ap Plar Plar Plar rart II - Au The bo Teleph If the o If the o If this is box	pplication is for an extension of time to file Form 5330, y Name	iizations (TH, STE s in the Ur Group Exe and atta VEMBER 1 anization's , 20 heck reas , enter the payment a		f this is fo i all memb the exem Final retur	r the whole grou pers the extensio npt organization	p, check this n is for. return for

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

Form	9	9	0

EXTENDED TO NOVEMBER 15, 2024 Return of Organization Exempt From Income Tax

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.

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Department of the Treasury Internal Revenue Service

For the 2022 colordor year

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			rending		ation much an
B C a	heck if pplicab	e: C Name of organization		D Employer identific	ation number
	Addre	ss ALABAMA TRAILS FOUNDATION, INC.			
	Name			46-0843052	
	_chang _Initial _returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
			STE 190	205-599-7073	
	Lreturr termii ated		<u> </u>	G Gross receipts \$	1,283,731.
	Amer	ded DIDNINGUAN AL 25005			, ,
	_lreturr]Appli			H(a) Is this a group re	? Yes X No
	pendi	sAME AS C ABOVE		H(b) Are all subordinates in	
<u> </u>		empt status: \boxed{X} 501(c)(3) $\boxed{501(c)()}$ 501(c)() (insert no.) $\boxed{4947(a)(1)}$	or 527		list. See instructions
-	Vebsi			H(c) Group exemption	
		organization: X Corporation Trust Association Other	I Vear		State of legal domicile: AL
	nrt I	Summary			State of legal dofinitie, 211
	1	Briefly describe the organization's mission or most significant activities: THE MI	ISSTON OF	THE ALABAMA	
JCe	'	TRAILS COMMISSION IS TO GUIDE AND PROMOTE THE DEVELOPMENT OF			
nar	2	Check this box if the organization discontinued its operations or dispo		than 25% of its not as	sots
ver	3	Number of voting members of the governing body (Part VI, line 1a)			12
ဗီ	4	Number of independent voting members of the governing body (Part VI, line 1a)			12
s S	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)		·····	0
itie	6	Total number of volunteers (estimate if necessary)		·····	10
Activities & Governance		Total unrelated business revenue from Part VIII, column (C), line 12			0.
¥		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		411,796.	1,283,272.
nue	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	459.
č	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		411,796.	1,283,731.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Ś	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
nse		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses		Total fundraising expenses (Part IX, column (D), line 25)	0.		
ŵ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		283,095.	299,767.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		283,095.	299,767.
	19	Revenue less expenses. Subtract line 18 from line 12		128,701.	983,964.
or				ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		318,622.	1,302,586.
dBå		Total liabilities (Part X, line 26)		0.	0.
Fund		Net assets or fund balances. Subtract line 21 from line 20		318,622.	1,302,586.
_		Signature Block	· I	, I	, ,
Und	er pen	Ities of periury. I declare that I have examined this return, including accompanying schedul	es and statem	ents, and to the best of my	knowledge and belief, it is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer			Date					
Here	ANN HAAS, TREASURER								
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN				
Paid	JEFFREY D. CHANDLER, CPA	JEFFREY D. CHANDLER, CPA	05/08/24	4 self-employed	₽00764759				
Preparer	Firm's name BORLAND BENEFIELD, P.C.			Firm's EIN 63-0	721243				
Use Only	Firm's address 800 SHADES CREEK PKWY, STI	E 875							
	BIRMINGHAM, AL 35209 Phone no.205-802-7212								
May the II	RS discuss this return with the preparer shown abo	ove? See instructions			X Yes	No			
LHA For	Paperwork Reduction Act Notice, see the separ	rate instructions. 332001 12-21-23			Form 990) (2023)			

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	t III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		Г
1	Briefly describe the organization's mission:		L
•	THE MISSION OF THE ALABAMA TRAILS COMMISSION IS TO GUIDE AND PROMOTE		
	THE DEVELOPMENT OF TRAILS BY CONNECTING CITIZENS AND COMMUNITIES WITH		
	THEIR HISTORICAL AND NATURAL RESOURCES FOR THE BETTERMENT OF ALABAMA		
2	Did the organization undertake any significant program services during the year which were not listed on the		
-	prior Form 990 or 990-EZ?		Yes 🛛
	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 service	s?	Yes 🛛
	If "Yes," describe these changes on Schedule O.		
1	Describe the organization's program service accomplishments for each of its three largest program services,	as measured by expe	nses
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o		
	revenue, if any, for each program service reported.		co, and
1a		venue \$	
та	100 ALABAMA MILES CHALLENGE -AN ONGOING PROGRAM DESIGNED TO INSPIRE	-enue \$	
	ALABAMIANS TO WALK, RUN, HIKE, BIKE, SWIM, PADDLE, RIDE, OR ROLL 100		
	MILES EACH YEAR AND TO DO SO BY EXPLORING THE THOUSANDS OF MILES OF		
	TRAILS AVAILABLE AT ALABAMA'S PARKS, NATURE PRESERVES, AND RIVERS.		
	AND RIVERS AN ADDRESS OF AND ADDRESS AND ADDRES		
1b		venue \$	
	THE ALABAMA PINHOTI TRAIL IS THE FOUNDATION'S FLAGSHIP PROJECT. AFTER A		
	2018 RAPID ASSESSMENT REVEALED THE TRAIL LACKED BASIC INVENTORY AND A		
	COMPREHENSIVE PLAN TO ADDRESS THE LACK OF CONSISTENCY IN DESIGN AND		
	MANAGEMENT, THE FOUNDATION COMPLETED AND RELEASED THE PINHOTI MASTER		
	PLAN ("ALABAMA PINHOTI TRAIL BUILT ENVIRONMENT MASTER PLAN"). THE		
	PINHOTI MASTER PLAN, A COMPREHENSIVE DOCUMENT THAT ANALYZES THE		
	170-MILE WILDLAND TRAIL AND PROVIDES BEST PRACTICES RECOMMENDATIONS FOR		
	ITS IMPROVEMENT. THE PINHOTI MASTER PLAN PROVIDES GUIDELINES FOR THE		
	TRAIL TO BECOME A SUSTAINABLE TRAIL; ESTABLISHES CHARACTER UNIQUE TO		
	THE PINHOTI; LINKS THE TRAIL TO COMMUNITIES; SETS STANDARDS FOR THE		
	TRAIL TO BE ACCESSIBLE, INCLUSIVE, AND SAFE; AND RESPECTS THE		
	ENVIRONMENT AND CULTURE.		
4c	(Code:) (Expenses \$ 1,027. including grants of \$) (Rev	venue \$	
	CAHABA BLUEWAY - THE FOUNDATION PROVIDES A MINIMAL AMOUNT OF		
	ADMINISTRATIVE SUPPORT FOR THE CAHABA BLUEWAY PROJECT WITH THE GOAL OF		
	HELPING IT GROW INTO ITS OWN SIGNIFICANT PROGRAM. THE UNIVERSITY OF		
	ALABAMA CENTER FOR ECONOMIC DEVELOPMENT (UACED) LAUNCHED THE CAHABA		
	BLUEWAY INITIATIVE OVER SEVEN YEARS AGO DEDICATING STAFF AND RESOURCES		
	TO EMPOWER THE SUSTAINABLE MANAGEMENT OF ALABAMA'S LONGEST		
	SUBSTANTIALLY FREE-FLOWING RIVER AS A MARKETABLE OUTDOOR RECREATION		
	DESTINATION.		
	Other program services (Describe on Schedule O.)		
1d	(Expenses \$ including grants of \$) (Revenue \$)	
	Total program service expenses 292,284.		
4d 4e			
		For	m 990 (2

	990 (2023) ALABAMA TRAILS FOUNDATION, INC. 46-0843052		Р	age 3
Par	t IV 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)?		x	
2	If "Yes," complete Schedule A	1 2	X	
2	Did the organization required to complete schedule b,	2	л	
3	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	- U		
•	during the tax year? If "Yes," complete Schedule C, Part II	4		x
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		x
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		х
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		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>	8		x
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 debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
a	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? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i>	11d		x
<u>م</u>	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-		x
h	Schedule D, Parts XI and XII	12a		
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
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 foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	. –		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		x
18	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
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	19		X
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		x
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		x
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Form	000	(2023)
Form	990	(2023)

ALABAMA TRAILS FOUNDATION, INC.

Pa	t IV Checklist of Required Schedules (continued)			uge -
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100	110
LL	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23		x
24 2	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20		
24 a				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		x
	Schedule K. If "No," go to line 25a	24a		^
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	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? If "Yes," complete Schedule L, Part I	25a		X
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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	1		1
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
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 persons? If "Yes," complete Schedule L, Part III	27		X
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		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
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		х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		x
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? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
•••	Part V, line 1	34		x
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
50	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 50		
51	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	- 57		
30		38	x	
Pa		30	21	
	Check if Schedule O contains a response or note to any line in this Part V			
	טווסטו וו טטופטעוב ט טטוגמווס מ ובסטטוסב טו ווטנב נט מוזץ וווזב ווז גווס רמוג ע			
4 -	Enter the number reported in her 2 of Form 1000. Enter 0 if not any listly	1	Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 1a 1a 1b (b)	-		
		4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4	v	
	(gambling) winnings to prize winners?	1c	x 990	(2000
332004	[‡] 12-21-23 5	⊢orm	530	,2023
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Page 4

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		(2023) ALABAMA TRAILS FOUNDATION, INC.	46-0843052		P	age 5
Par	t V	Statements Regarding Other IRS Filings and Tax Compliance (continued)				
					Yes	No
2a	Ente	r 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	2a 0			
b		least one is reported on line 2a, did the organization file all required federal employment tax retur		2b		
3a				3a		x
b		es," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
		ny time during the calendar year, did the organization have an interest in, or a signature or other		30		
4 d				4-		x
		ncial account in a foreign country (such as a bank account, securities account, or other financial	account) ?	4a		~
b		es," enter the name of the foreign country				
		instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A				
5a		the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did a	any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?	5b		Х
С	lf "Ye	es" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does	s the organization have annual gross receipts that are normally greater than \$100,000, and did th	e organization solicit			
	any o	contributions that were not tax deductible as charitable contributions?		6a		х
b		es," did the organization include with every solicitation an express statement that such contribut				
	were	e not tax deductible?	-	6b		
7		anizations that may receive deductible contributions under section 170(c).				
а	•	ne organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		x
b		es," did the organization notify the donor of the value of the goods or services provided?		7b		
		the organization sell, exchange, or otherwise dispose of tangible personal property for which it w		10		
С				7-		x
		e Form 8282?		7c		~
d		es," indicate the number of Forms 8282 filed during the year	7d	_		
е		he organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		7e		
f		he organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		7f		
g	If the	e organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8899 as required?	7g		<u> </u>
h	If the	e organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza	ation file a Form 1098-C?	7h		
8	Spor	nsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
	spor	nsoring organization have excess business holdings at any time during the year?		8		
9	Spor	nsoring organizations maintaining donor advised funds.				
а	Did t	he sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did t	the sponsoring organization make a distribution to a donor, donor advisor, or related person? \dots		9b		
10		tion 501(c)(7) organizations. Enter:				
а		tion fees and capital contributions included on Part VIII, line 12	10a			
b		ss receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11		tion 501(c)(12) organizations. Enter:	100			
		ss income from members or shareholders	11a			
a b		s income from other sources. (Do not net amounts due or paid to other sources against				
D			446			
40		unts due or received from them.)	11b	10		
		tion 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
		es," enter the amount of tax-exempt interest received or accrued during the year	12b			
13		tion 501(c)(29) qualified nonprofit health insurance issuers.				
а		e organization licensed to issue qualified health plans in more than one state?		13a		
		e: See the instructions for additional information the organization must report on Schedule O.				
b	Ente	r the amount of reserves the organization is required to maintain by the states in which the				
	orga	nization is licensed to issue qualified health plans	13b			
с	Ente	r the amount of reserves on hand	13c			
14a				14a		Х
b		es," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b		
15		e organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				
-		ess parachute payment(s) during the year?		15		x
		es," see the instructions and file Form 4720, Schedule N.				
16		e organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		x
10				10		
47		es," complete Form 4720, Schedule O.				
17		tion 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac				1
		would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
		es," complete Form 6069.		F	0000	(0000
332005	5 12-21	1-23		Form	990	(2023)

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Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 to	-	a "No"	respo	ns
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule ([
200	Check if Schedule O contains a response or note to any line in this Part VI				
Sec				Yes	Γ
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 1	2	165	ł
Ĩ	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b 1	.2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi		-		
-	officer, director, trustee, or key employee?		2		ľ
3	Did the organization delegate control over management duties customarily performed by or under th				t
-	of officers, directors, trustees, or key employees to a management company or other person?	-	3		l
4	Did the organization make any significant changes to its governing documents since the prior Form 9				t
5	Did the organization become aware during the year of a significant diversion of the organization's as				t
6	Did the organization have members or stockholders?		6		t
	Did the organization have members, stockholders, or other persons who had the power to elect or a				t
	more members of the governing body?		7a		
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, s		74		t
	persons other than the governing body?		7b		l
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		15		t
	The governing body?		8a	x	ľ
	Each committee with authority to act on behalf of the governing body?		8b	x	t
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea		0.0		t
Ū	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		l
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R				
		/		Yes	Ι
10a	Did the organization have local chapters, branches, or affiliates?		10a		t
	If "Yes," did the organization have written policies and procedures governing the activities of such c				t
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		l
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod		11a	х	t
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	.) 201010 IIIIIIg 110 Ioiiii			t
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>		12a	х	L
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		12b		t
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y				t
	on Schedule O how this was done		12c		l
13	Did the organization have a written whistleblower policy?		13	х	t
14	Did the organization have a written document retention and destruction policy?				t
15	Did the process for determining compensation of the following persons include a review and approve				t
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				l
а	The organization's CEO, Executive Director, or top management official		15a		I
	Other officers or key employees of the organization		15b		t
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				t
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a			l
	taxable entity during the year?		16a		ľ
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua				t
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	• •			l
	exempt status with respect to such arrangements?		16b		ľ
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed NONE				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990-T (section 501(c)(3)s only) avail	a
	for public inspection. Indicate how you made these available. Check all that apply.		-,,	,	
		on Schedule O)			
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	,	and fina	ncial	
19	statements available to the public during the tax year.				
19					
		oks and records			
	State the name, address, and telephone number of the person who possesses the organization's bo	ooks and records			
	State the name, address, and telephone number of the person who possesses the organization's bo ANN HAAS - 205-994-5321	oks and records			
20	State the name, address, and telephone number of the person who possesses the organization's bo ANN HAAS - 205-994-5321 2311 HIGHLAND AVENUE SOUTH, STE 190, BIRMIGNHAM, AL 35205	oks and records	Form	990	()
20	State the name, address, and telephone number of the person who possesses the organization's bo ANN HAAS - 205-994-5321	oks and records	Form	990	(;

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Form 990 (2		46-0843052	Page 1
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	ompensated	
	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.

Name and title Average hours per liber and attrector values of the and attrector values between at attractor values between at attrector values between at at attrecor values between at a	(A)	(B)			(0	C)			(D)	(E)	(F)
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(12) TERRY SMILEY 1.00 x 0. 0. 0. BOARD MEMBER x 0 0. 0. 0.	(11) TAYLOR PURSELL	1.00									
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22007, 10 01 02											
	222007 10 01 02										Eorm 990 (2022)

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Form 990										46-08430	52		P	age 8
Part V			ploy	vees			ghe	st C						
	(A) Name and title	(B) Average hours per week (list any	box offic	not c , unle	Pos heck	more rson i	than is bot pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related		an	(F) stimate nount other	of
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC 1099-NEC)	>/	fr org an	pensa rom th anizat d relat anizati	e ion :ed
1b Su	btotal								0.		٥.			0.
c To	tal from continuation sheets to Part VI tal (add lines 1b and 1c)	I, Section A							0.		0. 0.			0. 0.
2 To	tal number of individuals (including but n mpensation from the organization								eceived more than \$100	0,000 of reportable				0
	·												Yes	No
	d the organization list any former officer, e 1a? If "Yes," complete Schedule J for s			-	•	-		Ŭ	phest compensated emp			3		x
4 Fo	r any individual listed on line 1a, is the su d related organizations greater than \$150	im of reportab	le co	omp	ensa	atior	n and	d otl	her compensation from	the organization		4		x
5 Dic	any person listed on line 1a receive or a	accrue comper	nsat	ion f	from	any	/ unr	elat	ed organization or indiv	idual for services				v
	ndered to the organization? <i>If</i> "Yes," <i>com</i> B. Independent Contractors	piete Schedule	eJī	or si	ucn	pers	son .					5		X
	mplete this table for your five highest co organization. Report compensation for										ens	ation	from	
	(A) Name and business		NO				<u></u>		(B) Description of s		С	(C ompe	;) nsatio	n
	tal number of independent contractors (i 00,000 of compensation from the organi:		ot lii	mite	d to	tho	se li: 0	stec	d above) who received n	nore than		F -	990 (0000

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Form	n 990) (2023) ALA	ABAMA TRA	AILS FO	UNDATION, IN	1C.		46 - 0843052	Page 9
Ра	rt V								
		Check if Schedule (O contains	a respon	ise or note to ar	ny line in this Part VIII _ (A)			
						(A) Total revenue	Related or exempt		Revenue excluded
nts	1 :	a Federated campaigns		1a					
Grai		b Membership dues		1b					
ts, (Am		c Fundraising events							
Gif		d Related organizations		1d					
Contributions, Gifts, Grants and Other Similar Amounts		e Government grants (cor				_			
utio er {	1	f All other contributions, gift							
Oth		similar amounts not includ			1,283,2	72.			
but		g Noncash contributions included				1 202 272			
a a		h Total. Add lines 1a-1f			Business Co		•		
ø	2	2							
Program Service Revenue		h							
Sei		ບ			_				
am eve		d			_				
ogr		e							
ď	1	f All other program servic	e revenue						
		g Total. Add lines 2a-2f							
	3	Investment income (inc	-						
		other similar amounts)				459	. 459	,	
	4	Income from investmen			•				
	5	Royalties		(i) Real	(ii) Person				
	6	a Gross rents	6a	(i) Hear					
		b Less: rental expenses							
		c Rental income or (loss)				_			
		d Net rental income or (los							
		a Gross amount from sales o		Securitie					
		assets other than inventory	/ 7a						
		b Less: cost or other basis							
evenue		and sales expenses							
еле		c Gain or (loss)							
<u>د</u>		d Net gain or (loss)			<u></u>			-	
Other	8	a Gross income from fundra							
0		including \$ contributions reported of	on line to	_					
		Part IV, line 18	-		82				
		b Less: direct expenses		F	8b	-			
		c Net income or (loss) from							
	9 :	a Gross income from gar		- F					
		Part IV, line 19	-		9a				
		b Less: direct expenses			9b				
		c Net income or (loss) from							
	10 :	a Gross sales of inventory							
		and allowances				_			
		b Less: cost of goods sol		····· L	10b				
		c Net income or (loss) from	m sales of i	nventory	Business Co				
snc	11 :	2							
nec		h			_		+		+
ella							1		+
Miscellaneous Revenue		d All other revenue					1		1
2		e Total. Add lines 11a-11							
	12	Total revenue. See instruc					. 459	. 0.	. 0.
33200	0 12	21-23							Form 990 (2023)

ALABAMA TRAILS FOUNDATION, INC.

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13450508 786654 18128

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Form **99**

2023.03040 ALABAMA TRAILS FOUNDATION, 18128__1

Page **9**

46-0843052

Page 10

(D)

Fundraising

expenses

ALABAMA TRAILS FOUNDATION. TNC 46 - 0843052Form 990 (2023) Part IX Statement of Functional Expenses 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 (A) (B) (C) Do not include amounts reported on lines 6b, Total expenses Management and general expenses Program service 7b, 8b, 9b, and 10b of Part VIII. expenses 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above to disgualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) Other employee benefits q Payroll taxes 10 Fees for services (nonemployees): 11 а Management b Legal 42 42. Accounting С d Lobbying Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, q 1,720 column (A), amount, list line 11g expenses on Sch O.) 1,720 Advertising and promotion 12 1,763 1,763 Office expenses 13 Information technology 14 Royalties 15 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 20 Interest Payments to affiliates _____ 21 Depreciation, depletion, and amortization 22 483 483 23 Insurance 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 0.) PINHOTI TRAIL 278,636 278,636 а 100 MILE 12,621 12,621 b

PRINTING & PRODUCTION 2,950 2,950 С CAHABA BLUEWAY INITIATI 1,027 1,027 d 525 525 е All other expenses 299,767 292,284 7,483 Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) Form 990 (2023)

332010 12-21-23

13450508 786654 18128

11 2023.03040 ALABAMA TRAILS FOUNDATION,

18128 1

0.

Form 990	(2023)
Part X	Bal

ALABAMA TRAILS FOUNDATION, INC.

orm 990 (Dort V	Balance Sheet		46-0843052	2 Page 11
Fail A				
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	318,622.	1	182,127
2	Savings and temporary cash investments		2	1,120,459
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
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	
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	
ទ្ឋ 7	Notes and loans receivable, net		7	
Assets	Inventories for sale or use		8	
ž 9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a			
b	Less: accumulated depreciation 10b		10c	
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	318,622.	16	1,302,586
17	Accounts payable and accrued expenses		17	
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	
ທ 22	Loans and other payables to any current or former officer, director,			
<u></u>	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		22	
- 23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
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	0.	26	0
ω	Organizations that follow FASB ASC 958, check here			
	and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	318,622.	27	1,302,586
28	Net assets with donor restrictions		28	
Ĕ	Organizations that do not follow FASB ASC 958, check here			
- -	and complete lines 29 through 33.			
Net Assets or Fund Balances 35 1 0 6 6 8 2 2 36 1 0 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	Capital stock or trust principal, or current funds		29	
) 30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ž 31	Retained earnings, endowment, accumulated income, or other funds		31	
2 32	Total net assets or fund balances	318,622.	32	1,302,586
33	Total liabilities and net assets/fund balances	318,622.	33	1,302,586

Form **990** (2023)

332011 12-21-23

Form	990 (2023) ALABAMA TRAILS FOUNDATION, INC.	46-0843052		Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				2
	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)	1	1	,283	,731.
2	Total expenses (must equal Part IX, column (A), line 25)	2		299	,767.
3	Revenue less expenses. Subtract line 2 from line 1	3		983	,964.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		318	,622.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1	,302	,586.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Cash Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or 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		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e 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 the				
	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 on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2023)

332012 12-21-23

(Form 990)

<u>Tot</u>al

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047
2023
Open to Public

		of the Treasury		At	ttach to Form 990 or Fo	orm 990-E	Ζ.			Open to Public
		nue Service		Go to www.irs.gov/	Form990 for instruction	ns and the	e latest in	formation.		Inspection
Nan	ne of t	the organizati							Employer	identification number
				A TRAILS FOUNDA						5-0843052
Pa	rt I	Reason	for Public	Charity Status.	(All organizations must c	omplete ti	his part.) S	see instructio	าร.	
The	organ				For lines 1 through 12, c		,			
1					on of churches described		on 170(b)(⁻	1)(A)(i).		
2		A school des	cribed in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990).)				
3	\square	•	•		anization described in s e			,		
4		A medical res	search organiz	ation operated in co	njunction with a hospita	l described	d in sectio	n 170(b)(1)(A	.)(iii). Enter	the hospital's name,
		city, and stat								
5		An organizat	ion operated f	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental	unit describ	bed in
				Complete Part II.)						
6	\square	A federal, sta	te, or local go	vernment or governr	nental unit described in	section 17	70(b)(1)(A)	(v).		
7					intial part of its support f	from a gov	ernmental	unit or from	the general	public described in
		section 170	b)(1)(A)(vi). (C	omplete Part II.)						
8	\square	A community	rtrust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9					in section 170(b)(1)(A)(
		or university	or a non-land-	grant college of agric	ulture (see instructions).	Enter the	name, cit	, and state o	f the colleg	e or
		university:								
10	X				than 33 1/3% of its sup					
					ct to certain exceptions;					
					(less section 511 tax) fr	om busine	esses acqu	ired by the o	rganization	after June 30, 1975.
				mplete Part III.)						
11	\square	-	-	-	ively to test for public sa	-				
12					ively for the benefit of, to					
			•••	•	ed in section 509(a)(1) o					FRECK THE DOX ON
_		-			of supporting organizatio					, aivina
а					upervised, or controlled gularly appoint or elect a					
				complete Part IV, Se		a majonty	or the dire			supporting
b					or controlled in connec	tion with it	te cunnort	od organizati	on(c) by bo	vina
, D	L			-	anization vested in the s			-		-
			-	at complete Part IV,		ame perso		ontroi or man	age the sup	porteu
с					g organization operated	in connoc	tion with	and function	lly intograt	od with
U	L		-		b). You must complete I				iny integrate	sa with,
d		- ··	0		porting organization oper	-		-	nted organi	zation(s)
ŭ					zation generally must sat				-	
					nplete Part IV, Sections				a an attorn	
е		- ·	·		written determination fro				ell Type III	
			•		nally integrated support			, po ., . , po	, i, i jpe ii	
f	Ente									
				n about the supporte						
		(i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed ing document?	(v) Amount c	f monetary	(vi) Amount of other
		organizatior	ו		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)

	(Complete only if you checke fails to qualify under the test			•	ion failed to qualify	under Part III. If th	e organization
50	ction A. Public Support	s listed below, plea	ase complete Fan				
	••	(-) 0010	(1-) 0000	(-) 0001	(-1) 0000	(-) 0000	(6) Tatal
	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						
	1 (
~	include any "unusual grants.")				-		
2	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
2	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
4							
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)						
6	Public support. Subtract line 5 from line 4.						
_	ction B. Total Support						
-	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	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.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities	, etc. (see instruct	ions)			12	
	First 5 years. If the Form 990 is for the					501(c)(3)	
	organization, check this box and stop						
	ction C. Computation of Pub						
14	Public support percentage for 2023 (%
15	Public support percentage from 2022						%
16a	a 33 1/3% support test - 2023. If the o	-					
	stop here. The organization qualifies						
k	33 1/3% support test - 2022. If the o						
	and stop here. The organization qua						
17a	a 10% -facts-and-circumstances tes						
	and if the organization meets the fac	ts-and-circumstan	ces test, check th	is box and stop h	ere. Explain in Parl	t VI how the organiz	zation
	meets the facts-and-circumstances to	-		• • • •			
k	o 10% -facts-and-circumstances tes						10% or
	more, and if the organization meets t				· ·		
	organization meets the facts-and-circ						
18	Private foundation. If the organization	on did not check a	box on line 13. 16	6a. 16b. 17a. or 1	7b. check this box	and see instruction	ns

ALABAMA TRAILS FOUNDATION, INC.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Schedule A (Form 990) 2023

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Schedule A (Form 990) 2023

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.)

Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 352,874 1,262,812 204,396 411,796 2,450,251. include any "unusual grants.") 218,373 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 218,373 204,396 352,874 411,796, 1,262,812 2,450,251. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and Ο. 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 0. 0. c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6.) 2,450,251. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (d) 2022 (c) 2021 (e) 2023 (f) Total 9 Amounts from line 6 218,373 204,396 352,874 411,796 1,262,812 2,450,251. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 459 459. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 459 459. c 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 loss from the sale of capital assets (Explain in Part VI.) 218,373. 204,396. 352,874. 411,796, 2,450,710. 1 263 271 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 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) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 99.98 % 15 15 100.00 16 Public support percentage from 2022 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f) .02 17 % 18 Investment income percentage from 2022 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not Х more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990) 2023 332023 12-21-23 16 18128 1

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^{2023.03040} ALABAMA TRAILS FOUNDATION,

Page 4

Yes No

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3a

3b

3c

4a

4b

4c

5a

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7

8

9a

9b

9c

10a

10b

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.)

Section A. All Supporting Organizations

- 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.
- 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).
- **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.*
- **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.*
- c 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.
- **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.*
- **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.
- **c** 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.*
- 5a 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 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).*
- 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).
- **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.**
- **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? *If* "Yes," *provide detail in* **Part VI.**
- **c** 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.**
- **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.*
 - **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.)

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Schedule A (Form 990) 2023

Schedule A	(Form 990) 2023	ALABAMA
Part IV	Supporting Or	nanizations /

ALABAMA TRAILS FOUNDATION, INC.

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1

2

Yes

No

		Yes	No
1 Has the organization accepted a gift or contribution from any of the following persons?			
a 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		
c 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 B. Type I Supporting Organizations

supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
--

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.

Section C.	Type II S	upporting	Organizations	

 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).
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			Yes	No
			res	INO
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 E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c _____ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a 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.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's 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.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

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3b | Schedule A (Form 990) 2023

2a

2b

За

Yes No

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Sche	edule A (Form 990) 2023 ALABAMA TRAILS FOUNDATION, INC.			46-0843052	Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Orgar	nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualify	ying trust on	Nov. 20, 1970 (explain	in Part VI). See instr	ructions.
	All other Type III non-functionally integrated supporting organizations mu	ust complete	Sections A through E.		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current (optiona	
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 (optiona	
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			

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		
Sec	tion 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 surrent year is the ergenization's first as a pap function	nolly intogra	tod Type III supporting org	nization (coo

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990) 2023

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Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions				Current Year		
1	Amounts paid to supported organizations to accomplish exe		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 purpose	es of supported organizatior	าร	3			
4	Amounts paid to acquire exempt-use assets			4			
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5			
6	Other distributions (describe in Part VI). See instructions.			6			
7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which the	he organization is responsiv	е				
	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2023 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount			10			
		(i)	(ii)		(iii)		
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2023	IS	Distributable Amount for 2023		
1	Distributable amount for 2023 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2023 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2023						
а	From 2018						
b	From 2019						
с	From 2020						
d	From 2021						
e	From 2022						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
h	Applied to 2023 distributable amount						
i	Carryover from 2018 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2023 from Section D,						
	line 7: \$						
а	Applied to underdistributions of prior years						
b	Applied to 2023 distributable amount						
c	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2023, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2023. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, <i>explain in</i>						
	Part VI. See instructions.						
7	Excess distributions carryover to 2024. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
a	Excess from 2019						
b	Excess from 2020						
c	Excess from 2021						
d	Excess from 2022						
е	Excess from 2023						

Schedule A (Form 990) 2023

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Schedule A (Form 990) 2023	ALABAMA TRAILS FOUNDATI	ON,	INC.		46-0843052	Pag
Part VI Supplemental Infor	rmation. Provide the explanation	onsı	required by Part II, line 10; F	Part II, line 17a or	17b; Part III, line 12;	
	, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b,					
line 1; Part IV, Section D,	lines 2 and 3; Part IV, Section E,	lines	s 1c, 2a, 2b, 3a, and 3b; Pa	rt V, line 1; Part V	, Section B, line 1e; P	Part V,
Section D, lines 5, 6, and	8; and Part V, Section E, lines 2,	5, a	nd 6. Also complete this pa	rt for any additior	nal information.	
(See instructions.)						

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Page 8

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Schedule B

(Form 990)

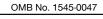
Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.



2023

Employer identification number

ALABAMA	TRATLS	FOUNDATION	TNC	

46-0843052	

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* religious is received *nonexclusively* religious.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Name of organization

Page 2

ALABAMA TRAILS FOUNDATION, INC.

Employer identification number

46-0843052

(a) No. (b) Name, address, and ZIP + 4 (c) Total contributions (d) Type of contr 1 ALABAMA COMMISSION ON HIGHER EDUCATION 100 NORTH UNTION STREET, STE 782 \$ 329,800. Person [Payrol] 100 NORTH UNTION STREET, STE 782 \$ 	
100 NORTH UNTION STREET, STE 782 \$ 329,800. Payroll MONTGOMERY, AL 36104 (b) (c) (d) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contr 2 HONDA FINANCIAL Person Payroll Noncash 1919 TORRANCE BLVD \$ 5,000. Person Payroll Noncash (a) (b) (c) (c) Complete Part Il noncash contributions Person Payroll Noncash Payroll Noncash [c] (a) (b) (c) (c) (c) (c] Noncash [c] [c] Noncash [c] [c] Noncash [c] [c] Noncash [c] [ribution
No.Name, address, and ZIP + 4Total contributionsType of contributions2HONDA FINANCIALPersonPayrollPayroll1919 TORRANCE BLVD\$5,000.PayrollNoncashTORRANCE, CA 90501(b)(c)(d)(a)(b)(c)(d)No.Name, address, and ZIP + 4Total contributionsType of contributions3THE CARING FOUNDATION\$10,000.Person450 RIVERCHASE PKWY EAST\$10,000.(Complete Part II Noncash	
1919 TORRANCE BLVD \$ 5,000. Payroll 1919 TORRANCE, CA 90501 \$ (C) Noncash (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contr 3 THE CARING FOUNDATION \$ 10,000. Person Payroll 450 RIVERCHASE PKWY EAST \$ 10,000. \$ (C) Complete Part II	ribution
No. Name, address, and ZIP + 4 Total contributions Type of contributions 3 THE CARING FOUNDATION Person Payroll 450 RIVERCHASE PKWY EAST \$ 10,000. Noncash (Complete Part II)	X Il for
3 THE CARING FOUNDATION Person 450 RIVERCHASE PKWY EAST \$	ribution
(a)(b)(c)(d)No.Name, address, and ZIP + 4Total contributionsType of contr	ribution
4 ALABAMA POWER Person Payroll 600 NORTH 18TH STREET \$ 150,000. Noncash [(Complete Part II) noncash contribution on contribution on contribution on contribution on contribution on contribution on contribution	
(a)(b)(c)(d)No.Name, address, and ZIP + 4Total contributionsType of contr	ribution
5 NIELSEN FAMILY FUND 2100 1ST AVE NORTH, STE 700 \$	
(a)(b)(c)(d)No.Name, address, and ZIP + 4Total contributionsType of contributions	ribution
6 UNIVERSITY OF ALABAMA CENTER FOR ECONOMIC DEVELOPMENT \$ 12,500. Person Payroll Noncash 621 GREENSBORO AVENUE \$ 12,500. (Complete Part In noncash contribution) 323452 12-26-23 Schedule B (Form	outions.)

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23 2023.03040 ALABAMA TRAILS FOUNDATION,

Schedule B (Form 990) (2023)

18128__1

Name of o	rganization		Employer identification number
ALABAMA	TRAILS FOUNDATION, INC.		46-0843052
Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is neede	d.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		\$	
323453 12-26	6-23 24		Schedule B (Form 990) (2023)

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Schedule B (Form 990) (2023)

2023.03040 ALABAMA TRAILS FOUNDATION,

18128__1

Page 3

	organization		Employer identification numb			
	TRAILS FOUNDATION, INC.		46-0843052			
art III	from any one contributor. Complete columns (a	through (e) and the following line entry	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the term or the stations			
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional		ss for the year. (Enter this info. once.) \$			
) No.						
rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
ŀ	(e) Transfer of gift					
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
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rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
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rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
ł	(e) Transfer of gift					
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art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
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		(e) Transfer of gift				
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	Transferee's name, address, a		Relationship of transferor to transferee			
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	Transferee's name, address, a		Relationship of transferor to transferee			

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SCHEDULE (C
(Form 990)	

Department of the Treasury

Internal Revenue Service Name of the organization

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 the latest information.



Employer identification number 46-0843052

ALABAMA TRAILS FOUNDATION, INC.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

BY CONNECTING CITIZENS AND COMMUNITIES WITH THEIR HISTORICAL AND

NATURAL RESOURCES FOR THE BETTERMENT OF ALABAMA

FORM 990, PART VI, SECTION B, LINE 11B:

A COPY OF THE RETURN IS PROVIDED TO THE TREASURER FOR REVIEW AND APPROVAL

PRIOR TO ELECTRONIC SUBMISSION

FORM 990, PART VI, SECTION C, LINE 19:

UPON REQUEST

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

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