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 | | | |
| ● If this ap Plar Plar Plar art II - Au The bo Teleph | pplication is for an extension of time to file Form 5330, y n Name | i zations (TH, STE | see instructions) 190 - BIRMIGNHAM, AL 35205 Fax No. | | | |
| If this application If this application Plan Plan< | pplication is for an extension of time to file Form 5330, y n Name | iizations (TH, STE s in the Ur | see instructions) 190 - BIRMIGNHAM, AL 35205 Fax No hited States, check this box | | | |
| If this applies of the second s | pplication is for an extension of time to file Form 5330, y n Name | iizations (TH, STE s in the Ur Group Exe | see instructions) 190 - BIRMIGNHAM, AL 35205 Fax No. ited States, check this box | f this is fo | r the whole grou | p, check this |
| 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. |
| If this applies of the set of t | pplication is for an extension of time to file Form 5330, y n Name | iizations (TH, STE s in the Ur Group Exe and atta VEMBER 1 | see instructions) 190 - BIRMIGNHAM, AL 35205 Fax No. ited States, check this box mption Number (GEN) If ch a list with the names and TINs of L5, 2024, to file | f this is fo all memb | r the whole grou bers the extensio | p, check this n is for. |
| If this applies of the set of t | pplication is for an extension of time to file Form 5330, y n Name | iizations (TH, STE s in the Ur Group Exe and atta VEMBER 1 | see instructions) 190 - BIRMIGNHAM, AL 35205 Fax No. ited States, check this box mption Number (GEN) If ch a list with the names and TINs of L5, 2024, to file | f this is fo all memb | r the whole grou bers the extensio | p, check this n is for. |
| If this applies of the set of t | pplication is for an extension of time to file Form 5330, y n Name | iizations (TH, STE s in the Ur Group Exe and atta VEMBER 1 anization's | see instructions) 190 - BIRMIGNHAM, AL 35205 Fax No inted States, check this box emption Number (GEN) If ch a list with the names and TINs of 1.5, 20 24, to file is return for: | f this is fo i all memb the exem | r the whole grou vers the extensio npt organization | p, check this n is for. return for |
| If this ap Plar Plar Plar Plar Plar Tlar Plar The bo Teleph If the o If the o If this is box [1 I recent the the plan Plan Plan Plan Plan Plan Plan Plan P | pplication is for an extension of time to file Form 5330, y n Name | iizations (TH, STE s in the Ur Group Exe and atta VEMBER 1 anization's | see instructions) 190 - BIRMIGNHAM, AL 35205 Fax No inted States, check this box emption Number (GEN) If ch a list with the names and TINs of 1.5, 20 24, to file is return for: | f this is fo i all memb the exem | r the whole grou vers the extensio npt organization | p, check this n is for. return for |
| If this applies of the set of the s | pplication is for an extension of time to file Form 5330, y n Name | iizations (TH, STE s in the Ur Group Exe and atta VEMBER 1 anization's | see instructions) 190 - BIRMIGNHAM, AL 35205 Fax No. inted States, check this box emption Number (GEN) I ch a list with the names and TINs of L5, 20 24, to file s return for:, and ending | f this is fo all memb the exem | r the whole grou pers the extensio npt organization | p, check this n is for. return for |
| If this application If this application Plar Plar Plar art II - Au The bo 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 n Name | iizations (TH, STE s in the Ur Group Exe and atta VEMBER 1 anization's , 20 heck reas | see instructions) 190 - BIRMIGNHAM, AL 35205 Fax No. inited States, check this box emption Number (GEN) ch a list with the names and TINs of 15 ,20 24 , to file s return for: , and ending on: Initial return | f this is fo all memb the exem | r the whole grou pers the extensio npt organization | p, check this n is for. return for |
| If this application If this application If the book Telephine If the oblication If this is book If this is b | pplication is for an extension of time to file Form 5330, y n Name | iizations (TH, STE s in the Ur Group Exe and atta VEMBER 1 anization's , 20 heck reas | see instructions) 190 - BIRMIGNHAM, AL 35205 Fax No. inited States, check this box emption Number (GEN) ch a list with the names and TINs of 15 ,20 24 , to file s return for: , and ending on: Initial return | f this is fo all memb the exem | r the whole grou pers the extensio npt organization | p, check this n is for. return for , 20 |
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| If this applate the set of the set | pipication is for an extension of time to file Form 5330, y n Name | iizations (TH, STE s in the Ur Group Exe and atta VEMBER 1 anization's , 20 heck reas | see instructions) 190 - BIRMIGNHAM, AL 35205 Fax No. inted States, check this box emption Number (GEN) ch a list with the names and TINs of 15 , 20 24 , to file s return for: , and ending on: Initial return e tentative tax, less y refundable credits and | f this is fo i all memb the exem Final retur 3a | r the whole grou pers the extensio npt organization | p, check this n is for. return for , 20 0 |
| 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.

and anding



Department of the Treasury Internal Revenue Service

For the 2022 colordor year

or toy yoor beginning

| | | | 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 |
| 332003 | | | 990 | (2023) |

13450508 786654 18128

4 2023.03040 ALABAMA TRAILS FOUNDATION,

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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 |
| 450 | 508 786654 18128 2023.03040 ALABAMA TRATLS FOUNDATION | 1.81 | 128 | 1 |

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Page 4

46-0843052

| | | (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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6 2023.03040 ALABAMA TRAILS FOUNDATION, 18128_1

| _ | 990 (2023) ALABAMA TRAILS FOUNDATION, INC. | 46-0843053 | | | ag |
|-----|---|------------------------------|----------|------------|----|
| 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) |
|--|--------------------------|-----------|----------|----------------------|-----------|--------------|---------------|--------------|--------------|-----------|------------------------|
| hours per veck inc. unset per veck inc. interpretation compensation compensation compensation compensation other (1) DAVID PERRY 1.00 interpretation interpretation <td></td> <td></td> <td colspan="4">Position</td> <td></td> <td>one</td> <td></td> <td></td> <td></td> | | | Position | | | | | one | | | |
| Week (list ary organizations organizations below line) Inon (list ary set set set set set set set set set set | | hours per | box | ox, unless person is | | n is both an | | compensation | compensation | amount of | |
| (1) DAVID PERRY 1.00 x 0. 0. 0. 0. PRESIDENT 1.00 x 0. 0. 0. 0. 1ST VICE PRESIDENT x 0. 0. 0. 0. 0. 1ST VICE PRESIDENT x 0. 0. 0. 0. 0. (3) WENDY JACKSON 1.00 x 0. 0. 0. 0. (4) MAGGIE CUNNINGHAM 1.00 x 0. 0. 0. 0. (5) ANN HAAS 1.00 x 0. 0. 0. 0. 0. (6) TOM CARRUTHERS 1.00 x 0. 0. 0. 0. 0. BOARD MEMBER x 0. | | week | | cer ar | ndad I | irecto | or/trus | tee) | | | |
| (1) DAVID PERRY 1.00 x 0. 0. 0. 0. PRESIDENT 1.00 x 0. 0. 0. 0. 1ST VICE PRESIDENT x 0. 0. 0. 0. 0. 1ST VICE PRESIDENT x 0. 0. 0. 0. 0. (3) WENDY JACKSON 1.00 x 0. 0. 0. 0. (4) MAGGIE CUNNINGHAM 1.00 x 0. 0. 0. 0. (5) ANN HAAS 1.00 x 0. 0. 0. 0. 0. (6) TOM CARRUTHERS 1.00 x 0. 0. 0. 0. 0. BOARD MEMBER x 0. | | | rector | | | | | | | | |
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| (2) PAUL DEMARCO 1.00 X 0. | (1) DAVID PERRY | , | - | - | | - | 1 0 | | | | |
| 1ST VICE PRESIDENT X 0. 0. 0. 0. (3) WENDY JACKSON 1.00 X 0. 0. 0. 0. 2ND VICE PRESIDENT X 0. 0. 0. 0. 0. SECRETARY X 0. 0. 0. 0. 0. 0. (5) ANN HAAS 1.00 X 0. 0. 0. 0. 0. (6) TOM CARRUTHERS 1.00 X 0. 0. 0. 0. 0. (6) TOM CARRUTHERS 1.00 X 0. </td <td>PRESIDENT</td> <td></td> <td>1</td> <td></td> <td>x</td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>Ο.</td> | PRESIDENT | | 1 | | x | | | | 0. | 0. | Ο. |
| (3) WENDY JACKSON 1.00 X 0. 0. 0. 2ND VICE PRESIDENT X 0. 0. 0. 0. (4) MAGGIE CUNNINGHAM 1.00 X 0. 0. 0. SCRETARY X 0. 0. 0. 0. 0. (5) ANN HAAS 1.00 X 0. 0. 0. 0. (6) TOM CARUTHERS 1.00 X 0. 0. 0. 0. (6) TOM CARUTHERS 1.00 X 0. 0. 0. 0. 0. (7) KATHERINE AVANTS 1.00 X 0. 0. 0. 0. 0. BOARD MEMBER X 0. 0. 0. 0. 0. 0. 0. BOARD MEMBER 1.00 X 0. 0. 0. 0. 0. 0. 0. BOARD MEMBER X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. </td <td>(2) PAUL DEMARCO</td> <td>1.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> | (2) PAUL DEMARCO | 1.00 | | | | | | | | | |
| 2ND VICE PRESIDENT X 0. 0. 0. 0. (4) MAGGIE CUNINGHAM 1.00 X 0. 0. 0. 0. SECRETARY X 0. 0. 0. 0. 0. 0. SECRETARY X 0. 0. 0. 0. 0. 0. TREASURER 1.00 X 0. 0. 0. 0. 0. (6) TOM CARRUTHERS 1.00 X 0. < | 1ST VICE PRESIDENT | | | | х | | | | 0. | Ο. | 0. |
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| | | 1.00 | | | | | | | | | |
| | BOARD MEMBER | | X | | | | | | 0. | 0. | 0. |
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332007 12-21-23

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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 |
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| 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 |
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| | 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 |

332008 12-21-23

| 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.

332009 12-21-23

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)

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13450508 786654 18128

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| Form 990 | (2023) |
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| 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) |
| | | | | | | | | | | |
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| | (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

13450508 786654 18128

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Page 4

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

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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2023.03040 ALABAMA TRAILS FOUNDATION, 18128_1

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Schedule A (Form 990) 2023

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

ALABAMA TRAILS FOUNDATION, INC.

46-0843052 Page **5**

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

18

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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

332027 12-21-23

| 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

332028 12-21-23

Schedule B

(Form 990)

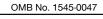
Department of the Treasury Internal Revenue Service

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) |

13450508 786654 18128

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 | | | |
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| | | | | | | |
| | | | | | | |
| ŀ | (e) Transfer of gift | | | | | |
| | | | | | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | | | |
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| | | | | | | |
|) No. | | 1 | | | | |
| rom Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | |
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| ŀ | | (a) Transfor of sift | | | | |
| | (e) Transfer of gift | | | | | |
| | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to transferee | | | |
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|) No. | | | | | | |
| rom Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | |
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| ł | (e) Transfer of gift | | | | | |
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| | Transferee's name, address, a | Transferee's name, address, and ZIP + 4 | | | | |
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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 nift | | | | |
| | | (e) Transfer of gift | | | | |
| | Transferee's name, address, a | | Relationship of transferor to transferee | | | |
| | Transferee's name, address, a | | Relationship of transferor to transferee | | | |
| | Transferee's name, address, a | | Relationship of transferor to transferee | | | |
| | Transferee's name, address, a | | Relationship of transferor to transferee | | | |

2023.03040 ALABAMA TRAILS FOUNDATION, 18128_1

| 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

26 2023.03040 ALABAMA TRAILS FOUNDATION, 18128_1