## Form 990 - Return of Organization Exempt From Income Tax

### Part I - Summary

1. **Briefly describe the organization's mission or most significant activities:**
   - **CREATE, SUPPORT, AND PROTECT A THOUSAND-MILE FOOTPATH TRACING ICE AGE FORMATIONS ACROSS WISCONSIN.**

2. **Check this box ☑ if the organization discontinued its operations or disposed of more than 25% of its net assets.**
   - **18**

3. **Number of voting members of the governing body (Part VI, line 1a)**
   - **3**

4. **Number of independent voting members of the governing body (Part VI, line 1b)**
   - **4**

5. **Total number of individuals employed in calendar year 2019 (Part V, line 2a)**
   - **28**

6. **Total number of volunteers (estimate if necessary)**
   - **2376**

7a. **Total unrelated business revenue from Part VIII, column (C), line 12**
   - **0**

7b. **Net unrelated business taxable income from Form 990-T, line 39**
   - **0**

### Part II - Revenue

<table>
<thead>
<tr>
<th>Description</th>
<th>Prior Year</th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributions and grants (Part VIII, line 1h)</td>
<td>1,858,115</td>
<td>1,834,109</td>
</tr>
<tr>
<td>Program service revenue (Part VIII, line 2g)</td>
<td>67,305</td>
<td>61,267</td>
</tr>
<tr>
<td>Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td>
<td>27,401</td>
<td>135,492</td>
</tr>
<tr>
<td>Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td>
<td>77,559</td>
<td>86,302</td>
</tr>
<tr>
<td>Total revenue - add lines 6 through 11 (must equal Part VIII, column (A), line 12)</td>
<td>2,030,380</td>
<td>2,117,170</td>
</tr>
</tbody>
</table>

### Part II - Expenses

<table>
<thead>
<tr>
<th>Description</th>
<th>Prior Year</th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grants and similar amounts paid (Part IX, column (A), lines 1-3)</td>
<td>158,056</td>
<td>0</td>
</tr>
<tr>
<td>Benefits paid to or for members (Part IX, column (A), line 4)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)</td>
<td>835,344</td>
<td>930,447</td>
</tr>
<tr>
<td>Professional fundraising fees (Part IX, column (A), line 11e)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>b Total fundraising expenses (Part IX, column (D), line 25)</td>
<td>147,737</td>
<td></td>
</tr>
<tr>
<td>Other expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)</td>
<td>793,758</td>
<td>819,321</td>
</tr>
<tr>
<td>Revenue less expenses. Subtract line 18 from line 12</td>
<td>1,787,158</td>
<td>1,749,768</td>
</tr>
<tr>
<td>19 Revenue less expenses. Subtract line 18 from line 12</td>
<td>243,222</td>
<td>367,402</td>
</tr>
</tbody>
</table>

### Part II - Net Assets or Fund Balances

<table>
<thead>
<tr>
<th>Description</th>
<th>Beginning of Current Year</th>
<th>End of Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total assets (Part X, line 16)</td>
<td>10,354,815</td>
<td>10,639,188</td>
</tr>
<tr>
<td>Total liabilities (Part X, line 26)</td>
<td>1,081,944</td>
<td>889,746</td>
</tr>
<tr>
<td>Net assets or fund balances. Subtract line 21 from line 20</td>
<td>9,272,871</td>
<td>9,749,442</td>
</tr>
</tbody>
</table>

### Signature Block

**MICHAEL WOLLNER, EXECUTIVE DIRECTOR**

**Signature of officer**

**Date:** 8/20/2020

**Preparer:**

**Bruce Mayer, CPA**

**Preparer's signature:**

**Date:** 8/19/20

**PTIN:** P00187180

**Preparer's EIN:** 39-0974031

**Use Only:**

**Firm's address:**

**2921 LANDMARK PL STE 300**

**Firm's EIN:** 39-0974031

**Firm's name:** WEGNER CPAS, LLP

**Company's name:** ICE AGE TRAIL ALLIANCE, INC.

**Address:**

**2110 MAIN ST**

**City or town, state or province, country, and ZIP or foreign postal code:**

**CROSS PLAINS, WI 53526-9596**

**Telephone number:** 608-798-4453

**Fax number:**

**Gross receipts:** 2,450,921.

**H(a) Is this a group return for subordinates?**

**Yes**

**H(b) Are all subordinates included?**

**Yes**

**J Website:** www.iceagetrail.org

**K Form of organization:** Corporation

**Year of formation:** 1958

**State of legal domicile:** WI

For further details, please refer to the instructions provided by the IRS.