

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ICE AGE TRAIL ALLIANCE, INC. Doing business as		D Employer identification number 39-6076028
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2110 MAIN ST		E Telephone number 608-798-4453
	City or town, state or province, country, and ZIP or foreign postal code CROSS PLAINS, WI 53528-9596		G Gross receipts \$ 2,450,921.
	F Name and address of principal officer: MICHAEL WOLLMER SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.ICEAGETRAIL.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1958
			M State of legal domicile: WI

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>CREATE, SUPPORT, AND PROTECT A THOUSAND-MILE FOOTPATH TRACING ICE AGE FORMATIONS ACROSS WISCONSIN.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	18
	4	Number of independent voting members of the governing body (Part VI, line 1b)	18
	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.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 1,858,115. Current Year: 1,834,109.
	9	Program service revenue (Part VIII, line 2g)	67,305. 61,267.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	27,401. 135,492.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	77,559. 86,302.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,030,380. 2,117,170.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	158,056. 0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	835,344. 930,447.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
	16b	Total fundraising expenses (Part IX, column (D), line 25)	147,737.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	793,758. 819,321.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,787,158. 1,749,768.
	19	Revenue less expenses. Subtract line 18 from line 12	243,222. 367,402.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year: 10,354,815. End of Year: 10,639,188.
	21	Total liabilities (Part X, line 26)	1,081,944. 889,746.
	22	Net assets or fund balances. Subtract line 21 from line 20	9,272,871. 9,749,442.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <i>Michael Wollmer</i>	Date 8/20/2020
	MICHAEL WOLLMER, EXECUTIVE DIRECTOR	Type or print name and title
Paid Preparer Use Only	Print/Type preparer's name BRUCE MAYER, CPA	Preparer's signature <i>Bruce Mayer</i>
	Firm's name WEGNER CPAS, LLP	Date 8/19/20
	Firm's address 2921 LANDMARK PL STE 300 MADISON, WI 53713-4236	Check if self-employed <input type="checkbox"/> PTIN P00187180
		Firm's EIN 39-0974031
		Phone no. 608-274-4020

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No