

**TAX MATTERS, INC
122 WEST MAIN STREET, PO BOX 165
SUGARCREEK, OH 44681
(330) 852-7075
office@taxmatters.biz**

August 27, 2018

WILDERNESS EDUCATION ASSOCIATION
PO BOX 601
DRESDEN, OH 43821

Dear Client,

Enclosed is the 2017 U.S. Form 990-N, Electronic Notice for Tax-Exempt Organization not Required to File Form 990 or 990-EZ, for WILDERNESS EDUCATION ASSOCIATION for the tax year ending May 31, 2018.

Your 2017 U.S. Form 990-N, Electronic Notice for Tax-Exempt Organization not Required to File Form 990 or 990-EZ, return will be electronically filed.

We very much appreciate the opportunity to serve you. If you have any questions regarding this return, please do not hesitate to call.

Sincerely,

JERRY D MILLER EA

**TAX MATTERS, INC
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SUGARCREEK, OH 44681
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August 27, 2018

WILDERNESS EDUCATION ASSOCIATION
PO BOX 601
DRESDEN, OH 43821

Statement of Charges for Services Rendered:

Tax Preparation Fees:

Tax return preparation fee	\$	250.00
Total fee	\$	250.00

2017 Exempt Organization Business Tax Return
prepared by:

TAX MATTERS, INC
122 WEST MAIN STREET, PO BOX 165
SUGARCREEK, OH 44681

WILDERNESS EDUCATION ASSOCIATION
PO BOX 601
DRESDEN, OH 43821

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SUGARCREEK, OH 44681

WILDERNESS EDUCATION ASSOCIATION
PO BOX 601
DRESDEN, OH 43821

990-EZ, 990, 990-T and 990-PF
Information Worksheet

2017

Part I – Identifying Information

Employer Identification Number . 83-0245256

Name WILDERNESS EDUCATION ASSOCIATION

Doing Business As _____

Address PO BOX 601 Room/Suite . _____

City DRESDEN State . . . OH ZIP Code . . 43821

Province/State _____ Foreign Postal Code . . _____

Foreign Code _____ Foreign Country _____

Telephone Number (740) 607-9759 Extension _____

Fax _____ E-Mail Address . . nationaloffice@weainfo.org

Eligible for hurricane tax relief legislation benefits, check here

Part II – Type of Return

- | | |
|--|--|
| <input type="checkbox"/> Form 990-EZ only | <input type="checkbox"/> Form 990-EZ with Form 990-T |
| <input type="checkbox"/> Form 990 only | <input type="checkbox"/> Form 990 with Form 990-T |
| <input type="checkbox"/> Form 990-PF only | <input type="checkbox"/> Form 990-PF with Form 990-T |
| <input type="checkbox"/> Form 990-T only | <input checked="" type="checkbox"/> Form 990-N (gross receipts \$50,000 or less) for Electronic Filing only |

QuickBooks Import Users & 990 to 990-EZ Data Transfer Option: Check if you're filing the EZ & want 990 imported data copied to the EZ **OR** for those not importing from QuickBooks who transferred from prior year 990 and now qualify to file the EZ this year, check this box to transfer 990 data to the EZ.

IMPORTANT

Before transferring data from Form 990 to Form 990-EZ , refer to "How to transfer data from filing Form 990 to 990-EZ" listed above in the Most Common Support Questions or Tax Help for this line.

Part III – Type of Organization

- | | | |
|--|------------------------------|---|
| <input checked="" type="checkbox"/> 501(c) Corporation/Association | <u>3</u> (subsection number) | <input type="checkbox"/> 220(e) Trust |
| <input type="checkbox"/> 501(c) Trust | _____ (subsection number) | <input type="checkbox"/> 408A Trust |
| <input type="checkbox"/> 4947(a)(1) Trust | | <input type="checkbox"/> 529(a) Corporation |
| <input type="checkbox"/> 408(e) Trust | | <input type="checkbox"/> 529(a) Trust |
| <input type="checkbox"/> 401(a) Trust | | <input type="checkbox"/> 530(a) Trust |
| <input type="checkbox"/> Other _____ (describe) | Corporation/Association | <input type="checkbox"/> 527 Organization |
| | Or Trust | <input type="checkbox"/> 501(c) Association |

Part IV – Tax Year and Filing Information

- Calendar year
- Fiscal year — Ending month . . . 5
- Short year — Beginning date . . _____ Ending date . . . _____
- Check this box if the organization is enrolled in the Electronic Federal Tax Payment System (EFTPS)

Part V – 2017 Estimated Taxes Paid

Check this box if the organization is a private foundation

Form 990-T Form 990-PF

Amount of 2016 overpayment credited to 2017 estimated tax _____

Payment Quarters	Due Date	Form 990-T		Form 990-PF	
		Date Paid	Amount Paid	Date Paid	Amount Paid
1st Quarter Payment	09/15/17				
2nd Quarter Payment	11/15/17				
3rd Quarter Payment	02/15/18				
4th Quarter Payment	05/15/18				
Additional Payment 1					
Additional Payment 2					
Additional Payment 3					
Additional Payment 4					

Part VI - Taxpayer Signature Information

Officer's Name FRANCOIS GUILLEUX
 Officer's Title PRESIDENT

Part VII – Electronic Filing Information

IMPORTANT: Do **not** use the Miscellaneous Statement **or** Additional Information if filing Form 990 or Form 990-EZ. These statements will **not** be transmitted with the return. Use Schedule O or the applicable Supplemental Information for the appropriate Schedule.

QuickZoom to the Electronic Filing Information Worksheet ► _____

Electronic Filing:

- File the federal return electronically
- File the state(s) electronically

* Select the state or states to file electronically. (Multiple states can be entered)

State(s) *

File Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically

Practitioner PIN program:

- Sign this return electronically using the Practitioner PIN
- ERO entered PIN

Officer's PIN (enter any 5 numbers) . . 45256
 Date PIN entered _____

Electronic Filing of Extensions:

Check this box to file **Form 8868** (application for extension of time to file return) electronically

Electronic Filing of Amended Return:

- Check this box to file **amended return** electronically
 - Check this box to file the state and/or city amended return(s) electronically
- * Select the state and/or city amended return(s) to file electronically.

State(s) *

File Amended Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically

Part VIII – Electronic Funds Withdrawal Information (Form 990PF filers only)

- | | | |
|--------------------------|--------------------------|--|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | Use electronic funds withdrawal of federal balance due (EF only)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Use electronic funds withdrawal of Form 8868 balance due (EF only)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Use electronic funds withdrawal of amended return balance due (EF only)? |

Bank Information

Check to confirm transferred account information (which appears in green) is correct

Name of Financial Institution (optional) . . . _____

Check the appropriate box Checking Savings

Routing number _____

Account number _____

Payment Information

Enter the payment date to withdraw tax payment _____

Balance due amount from this return _____

Enter an amount to withdraw tax payment _____

If partial payment is made, the remaining balance due _____

Payment date for amended returns _____

Balance due amount for amended returns _____

Part IX – Information for Client Letter

	Form 990-EZ or Form 990	Form 990-PF	Form 990-T
Extended Due Date	_____	_____	_____

Letter Salutation . . _____

Part X – Return Preparer

Enter preparer code from Firm/Preparer Info (See Help) . . . 01

QuickZoom to Firm/Preparer Info ▶ _____

QuickZoom to Form 990-EZ, Pages 1 through 4 ▶ _____

QuickZoom to Form 990, Page 1 ▶ _____

QuickZoom to Form 990-PF, Page 1 ▶ _____

QuickZoom to Form 990-T, Page 1 ▶ _____

QuickZoom to Form 990-N, e-PostCard ▶ _____

QuickZoom to Client Status ▶ _____

Electronic Notice (e-Postcard) for Tax-Exempt Organization Not Required to File Form 990 or 990-EZ

For Electronic Filing Only DO NOT MAIL -- e-POSTCARD WILL BE SENT FOR YOU

Small tax-exempt organization with gross receipts of \$50,000 or less is required to use this form per enactment of the Pension Protection Act of 2006 (PPA)

For calendar year 2017, or tax year beginning Jun 1, 2017, ending May 31, 2018

Part I - Identifying Information

Name of Organization WILDERNESS EDUCATION ASSOCIATION
Address PO BOX 601
Room/Suite
City DRESDEN
State OH
ZIP Code 43821
Employer Identification Number 83-0245256

Part II - Required Information

- A [X] Check this box to verify that organization's annual receipts are normally \$50,000 or less
B Other Names Organization is Doing Business As
C Website:
D Principal Officer of the Organization FRANCOIS GUILLEUX
E [] Check this box if organization is going out of business

Form 990-N, also known as the e-Postcard, must be filed electronically with the Internal Revenue Service. There will be no paper form accepted by the Internal Revenue Service.

Do Not mail this form to the Internal Revenue Service.

IRS e-file Authentication Statement

2017

Keep for your records

Table with 2 columns: Name(s) Shown on Return (WILDERNESS EDUCATION ASSOCIATION) and Employer ID No. (83-0245256)

A - Practitioner PIN Authorization

QuickZoom to the Federal Information Worksheet to enter PIN information

Please indicate how the taxpayer(s) PIN(s) are entered into the program. Officer entered PIN, ERO entered Officer's PIN

B - Signature of Electronic Return Originator

ERO Declaration:

I declare that the information contained in this electronic tax return is the information furnished to me by the Corporation. If the Exempt Organization furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the Exempt Organization.

I am signing this Tax Return by entering my PIN below.

ERO's PIN (EFIN followed by any 5 numbers) EFIN349701 Self-Select PIN 11105

C - Signature of Officer

Perjury Statement:

Under penalties of perjury, I declare that I am an officer of the above Exempt Organization and that I have examined a copy of the Exempt Organization's 2017 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete.

Consent to Disclosure:

I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the Exempt Organization's return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Electronic Funds Withdrawal Consent (if applicable):

I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the Exempt Organization's federal taxes owed on this return, and the financial institution to debit the entry to this account.

I am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, by entering my self-selected PIN below.

Officer's PIN [Signature] 45256
Date 8/28/2018

Electronic Filing Information Worksheet

Keep for your records

2017

Name(s) shown on return
WILDERNESS EDUCATION ASSOCIATION

Identifying number
83-0245256

Part I - State Electronic Filing:

Check this box to force state only filing for all states selected to be filed electronically

Part II - Electronic Return Originator Information

The ERO Information below will automatically calculate based on the preparer code entered on the return.

For returns that are prepared as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP)
enter the EFIN for the ERO that is responsible for this return 349701

For returns that are marked as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP)
enter a PIN for the ERO that is responsible for filing return

ERO Name: TAX MATTERS, INC; ERO Electronic Filers Identification Number (EFIN): 349701
ERO Address: 122 WEST MAIN STREET, PO BOX 165; ERO Employer Identification Number: 27-3689596
City: SUGARCREEK, State: OH, ZIP Code: 44681; ERO Social Security Number or PTIN:
Country:

Part III - Paid Preparer Information

Firm Name: TAX MATTERS, INC; Preparer Social Security Number or PTIN: P01300182
Preparer Name: JERRY D MILLER EA; Employer Identification Number: 27-3689596
Address: 122 WEST MAIN STREET, PO BOX 165; Phone Number: (330) 852-7075; Fax Number: (330) 852-9318
City: SUGARCREEK, State: OH, ZIP Code: 44681; Preparer E-mail Address: office@taxmatters.biz
Country:

Part IV - Selection of Additional Amended Returns

Enter the payment date to withdraw tax payment
Amount you are paying with the amended return

- Check this box to file another federal amended return electronically
File another Amended Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically
Check this box to file another state and/or city amended return electronically

* Select the state and/or city amended return(s) to file electronically.

Table with columns for State/City and checkboxes. Row 1: California State Exempt

Part V - Name Control

Name Control, enter here to override default WILD