

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2005

Open to Public Inspection

Department of the Treasury Internal Revenue Service

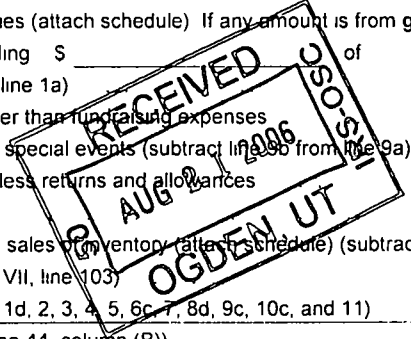
The organization may have to use a copy of this return to satisfy state reporting requirements

Form 990 header section including: A For the 2005 calendar year, or tax year beginning 2005, and ending 2005; B Check if applicable; C Name of organization, number and street, city, town, street, and ZIP code; D Employer identification number; E Telephone number; F Acctg. method; G Website; H(a) through H(d) questions; I Group Exemption Number; J Organization type; K Check here; L Gross receipts; M Check here.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions)

Main table with columns for Revenue, Expenses, and Net Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6 a Gross rents; 6 b Less rental expenses; 6 c Net rental income or (loss); 7 Other investment income; 8 a Gross amount from sales of assets other than inventory; 8 b Less cost or other basis & sales expenses; 8 c Gain or (loss); 8 d Net gain or (loss); 9 Special events and activities; 9 a Gross revenue; 9 b Less direct expenses; 9 c Net income or (loss); 10 a Gross sales of inventory, less returns and allowances; 10 b Less cost of goods sold; 10 c Gross profit or (loss); 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

SCANNED SEP 12 2005



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

Form 990 (2005)

914

**Part II Statement of Functional Expenses** All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions )

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	22			
23 Specific assistance to individuals (attach schedule) <input type="checkbox"/>	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc	25	10755.	10755.	
26 Other salaries and wages	26	10115.	10115.	
27 Pension plan contributions	27			
28 Other employee benefits	28			
29 Payroll taxes	29	3112.	3112.	
30 Professional fundraising fees	30			
31 Accounting fees	31	1780.	1780.	
32 Legal fees	32			
33 Supplies	33	1070.	1070.	
34 Telephone	34	736.	736.	
35 Postage and shipping	35	701.	701.	
36 Occupancy	36			
37 Equipment rental and maintenance	37			
38 Printing and publications	38	1130.	1130.	
39 Travel	39	301.	301.	
40 Conferences, conventions, and meetings	40	48970.	48970.	
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42			
43 Other expenses not covered above (itemize)				
a CONTRACT LABOR	43a	357.	357.	
b TECHNOLOGY	43b	4236.	4236.	
c ADVERTISING	43c	845.	845.	
d BANK FEES	43d	3406.	3406.	
e INSURANCE	43e	3294.	3294.	
f TRAINING	43f	2956.	2956.	
g _____	43g			
44 Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	93764.	93764.	

Joint Costs. Check  if you are following SOP 98-2  
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_,  
 (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments (See the instructions.)**

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives and organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? <b>▶ EDUCATION OF OUTDOOR LEADERS</b> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others.)
<b>a</b> THERE WERE MORE THAN 400 PEOPLE WHO TOOK WEA COURSES AND PRECONFERENCE WORKSHOPS DURING 2005 WE ALSO HELD A NATIONAL CONFERENCE AND PUBLISHED A NEWSPAPER  (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	35541.
<b>b</b>  (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>c</b>  (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>d</b>  (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>e</b> Other program services (attach schedule) (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) <b>▶</b>	35541.

**Part IV Balance Sheets** (See the instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	60,296.	45	97,257.
	46 Savings and temporary cash investments		46	17,132.
	47 a Accounts receivable	47 a		
	b Less allowance for doubtful accounts	47 b	47 c	
	48 a Pledges receivable	48 a		
	b Less allowance for doubtful accounts	48 b	48 c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51 a Other notes and loans receivable (attach schedule)	51 a		
	b Less allowance for doubtful accounts	51 b	51 c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 Investments - securities (attach schedule) <span style="float: right;">▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV</span>		54	
	55 a Investments - land, buildings, and equipment basis	55 a		
b Less accumulated depreciation (attach schedule)	55 b	55 c		
56 Investments - other (attach schedule)		56		
57 a Land, buildings, and equipment basis	57 a			
b Less accumulated depreciation (attach schedule)	57 b	57 c		
58 Other assets (describe ▶ _____)		58		
59 Total assets (must equal line 74) Add lines 45 through 58		60,296.	59	114,389.
Liabilities	60 Accounts payable and accrued expenses	1,022.	60	2,226.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64 a Tax-exempt bond liabilities (attach schedule)		64 a	
	b Mortgages and other notes payable (attach schedule)		64 b	
	65 Other liabilities (describe ▶ _____)		65	
66 Total liabilities (add lines 60 through 65)		1,022.	66	2,226.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	59,274.	67	95,031.
	68 Temporarily restricted		68	17,132.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	59,274.	73	112,163.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	60,296.	74	114,389.





<b>Part VI Other Information</b> (continued)		Yes	No
<b>82 a</b> Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	<b>82 a</b>	X	
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III)	<b>82 b</b>		2,400.
<b>83 a</b> Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>83 a</b>	X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<b>83 b</b>	X	
<b>84 a</b> Did the organization solicit any contributions or gifts that were not tax deductible?	<b>84 a</b>		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>84 b</b>		
<b>85</b> 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	<b>85 a</b>		
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>85 b</b>		X
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year			
c Dues, assessments, and similar amounts from members	<b>85 c</b>		
d Section 162(e) lobbying and political expenditures	<b>85 d</b>		
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	<b>85 e</b>		
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	<b>85 f</b>		
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	<b>85 g</b>		
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	<b>85 h</b>		
<b>86</b> 501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	<b>86 a</b>		
b Gross receipts, included on line 12, for public use of club facilities	<b>86 b</b>		
<b>87</b> 501(c)(12) orgs Enter a Gross income from members or shareholders	<b>87 a</b>		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	<b>87 b</b>		
<b>88</b> At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	<b>88</b>		X
<b>89 a</b> 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____			
b 501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	<b>89 b</b>		X
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d Enter Amount of tax on line 89c, above, reimbursed by the organization ▶ _____			
<b>90 a</b> List the states with which a copy of this return is filed ▶ IN			
b Number of employees employed in the pay period that includes March 12, 2005 (See instructions)	<b>90 b</b>		3
<b>91 a</b> The books are in care of ▶ MARY WILLIAMS Telephone no ▶ 812-885-4095 Located at ▶ 900 E 7TH ST BLOOMINGTON IN ZIP + 4 ▶ 47405-			
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	<b>91 b</b>		X
c At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶ _____	<b>91 c</b>		X
<b>92</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92			

**Part VII Analysis of Income-Producing Activities** (See the instructions)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>Note:</b> Enter gross amounts unless otherwise indicated					
93 Program service revenue					
a VARIOUS					35,541.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from govt agencies					
94 Membership dues & assessments					15,187.
95 Interest on savings and temporary cash investments					207.
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					(2,192.)
103 Other revenue					
a CONFERENCE					96,808.
b ROYALTY INCOME					911.
c					
d					
e					
104 Subtotal (add columns (B), (D), & (E))					146,462.
105 Total (add line 104, columns (B), (D), and (E))					146,462.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	LIST ATTACHED

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership int	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions)

- (a) Did the organization, during the yr, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

**Please Sign Here**

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.

Signature of officer: *Mary Williams* Date: 8.11.2006

Type or print name and title: MARY WILLIAMS NATIONAL OFFICE MANAGER

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**Paid Preparer's Use Only**

Preparer's signature: *[Signature]* Date: 08/14/2006 Check if self-employed:

Firm's name (or yours if self-employed) address, and ZIP + 4: PREMIUM TAX SERVICE INC, 5015 W ST RD 46 STE J2, BLOOMINGTON IN 47404-

Preparer's SSN or PTIN (See Gen Inst W): P00078697 EIN: 35-2123841 Phone no: 812-876-2100

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**  
(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust  
**Supplementary Information - (See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

**2005**

Name of the organization  
**WILDERNESS EDUCATION ASSOCIATION**

Employer identification number  
**83-0245256**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See the instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowance
NONE PAID OVER 50,000				

Total number of other employees paid over \$50,000 ▶

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See the instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE PAID OVER 50,000		

Total number of others receiving over \$50,000 for professional services ▶

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms If there are none, enter "None" See instructions )

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE PAID OVER THIS AMOUNT		

Total number of other contractors receiving over \$50,000 for other services ▶

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

Schedule A (Form 990 or 990-EZ) 2005

**Part III** Statements About Activities (See instructions)

	Yes	No
<p><b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B )</p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities</p>	1	X
<p><b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions )</p> <p><b>a</b> Sale, exchange, or leasing of property?</p>	2a	X
<p><b>b</b> Lending of money or other extension of credit?</p>	2b	X
<p><b>c</b> Furnishing of goods, services, or facilities?</p>	2c	X
<p><b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	2d	X
<p><b>e</b> Transfer of any part of its income or assets?</p>	2e	X
<p><b>3a</b> Do you make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments )</p>	3a	X
<p><b>b</b> Do you have a section 403(b) annuity plan for your employees?</p>	3b	X
<p><b>c</b> During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?</p>	3c	X
<p><b>4a</b> Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?</p>	4a	X
<p><b>b</b> Do you provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	4b	X

**Part IV** Reason for Non-Private Foundation Status (See instructions)

The organization is not a private foundation because it is (Please check only ONE applicable box )

- 5  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6  A school Section 170(b)(1)(A)(ii) (Also complete Part V )
- 7  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8  A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶ \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A )
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A )
- 11b  A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A )
- 12  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A )
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) Check the box that describes the type of supporting organization ▶  Type 1  Type 2  Type 3

Provide the following information about the supported organizations (See instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14  An organization organized and operated to test for public safety Section 509(a)(4) (See instructions)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	3096				3096
<b>16</b> Membership fees received	13019				13019
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	71201				71201
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
<b>23</b> Total of lines 15 through 22	87316				87316
<b>24</b> Line 23 minus line 17	16115				16115
<b>25</b> Enter 1% of line 23	873				

<b>26</b> Organizations described on lines 10 or 11. a Enter 2% of amount in column (e), line 24	▶	<b>26a</b>	
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	▶	<b>26b</b>	
c Total support for section 509(a)(1) test. Enter line 24, column (e)	▶	<b>26c</b>	
d Add: Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____	▶	<b>26d</b>	
e Public support (line 26c minus line 26d total)	▶	<b>26e</b>	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	▶	<b>26f</b>	%

**27** Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year

(2004) \_\_\_\_\_ (2003) \_\_\_\_\_ (2002) \_\_\_\_\_ (2001) \_\_\_\_\_

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for the year

(2004) \_\_\_\_\_ (2003) \_\_\_\_\_ (2002) \_\_\_\_\_ (2001) \_\_\_\_\_

c Add: Amounts from column (e) for lines 15 _____ 3096 16 _____ 13019 17 _____ 71201 20 _____ 21 _____	▶	<b>27c</b>	87316
d Add: Line 27a total _____ and line 27b total _____	▶	<b>27d</b>	
e Public support (line 27c total minus line 27d total)	▶	<b>27e</b>	87316
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)	▶	<b>27f</b>	87316
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	▶	<b>27g</b>	100.00 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	▶	<b>27h</b>	%

**28** Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See instructions )

(To be completed ONLY by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group Check **b** if you checked **a** and "limited control" provisions apply

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred )

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount Enter the amount from the following table -		
<b>If the amount on line 40 is -</b>		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
<b>The lobbying nontaxable amount is -</b>		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000	41	
\$225,000 plus 5% of the excess over \$1,500,000		
\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 )

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See instructions )

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h.)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

MA 4



FORM 990

2005

WILDERNESS EDUCATIONAL ASSOCIATION

83-0245256

PAGE 1, LINE 20

The year 2005 is the first year that we have had all of the records on QuickBooks. The \$191.00 difference is an unlocated difference for which an adjustment was made to the Form 990 to make the year 2005 reconcile to the year 2004.

FORM 990

WILDERNESS EDUCATION ASSOCIATION

83-0245256

PAGE 8 PART VIII

LINE 93a

THE WILDERNESS EDUCATION ASSOCIATION OFFERS COURSES (PROGRAMS) THAT ALIGN WITH OUR MISSION OF DEVELOPING COMPETENT OUTDOOR LEADERS. THESE COURSES ARE ANYWHERE FROM 3 HOURS TO 30 DAYS IN THE FIELD (WILDERNESS SETTING) WHERE WE TEACH STUDENTS USING THE WEA'S 18 POINT CURRICULUM AND WORK WITH THEM TO DEVELOP THEIR OUTDOOR SKILLS, LEADERSHIP ABILITIES AND THEIR ABILITY TO TEACH OTHERS IN A WILDERNESS SETTING. OUR PROGRAMING IS THE HEART OF THE WEA'S MISSION.

LINE 94

THE WILDERNESS EDUCATION ASSOCIATION IS A MEMBER BASED ORGANIZATION. AS SUCH, OUR MEMBERSHIP IS THE CONSTITUENCY THAT ELECTS AND VOTES ON BOARD MEMBERS AND THEY ALSO MAKE UP THE MANY VOLUNTEER COMMITTEES THAT HELP THE WEA FROM STRATEGIC PLANNING, TO CURRICULUM DEVELOPMENT ALL THE WAY TO OUR CONFERENCE COMMITTEE THAT HEADS UP THE EFFORTS TO PUT ON OUR NATIONAL CONFERENCE ON OUTDOOR LEADERSHIP.

LINE 95

THE WEA HAS STARTED A FUND FOR SCHOLARSHIPS TO HELP STUDENTS FINANCE WEA COURSES AS WELL AS TO PROVIDE FUNDING FOR THE PROFESSIONAL DEVELOPMENT OF OUR INSTRUCTORS. THE INTEREST NOTED IN THIS LINE GOES DIRECTLY TOWARDS THESE EFFORTS.

LINE 102

THE WEA PROVIDES A FEW ITEMS FOR SALE THAT ARE MARKED WITH THE WEA LOGO SUCH AS MUGS, T-SHIRTS, ETC. THESE ITEMS ARE SOLD AT A NOMINAL PRICE TO INCREASE THE SENSE OF COMMUNITY AND BELONGING, TO INCREASE THE BRAND IDENTITY OF THE WEA IN THE FIELD AS WELL AS TO PROVIDE A SMALL AMOUNT OF EXTRA INCOME THAT USUALLY GOES BACK INTO PURCHASING ADDITIONAL ITEMS FOR SALE.

LINE 103a

THE NATIONAL CONFERENCE ON OUTDOOR LEADERSHIP IS AN ANNUAL EVENT THAT ATTRACTS PROFESSIONALS, PRACTITIONERS, STUDENTS, LAND MANAGEMENT AGENCIES, ETC. THIS EVENT IS THE ONE TIME EACH YEAR THAT WE ARE ABLE TO OFFER A PLACE FOR WEA MEMBERS AND INSTRUCTORS TO GATHER IN THE SAME PLACE TO NETWORK, SHARE IDEAS AND THOUGHTS, HAVE MEETINGS, PRESENT WORKSHOPS, OFFER SHORT COURSES FOR PROFESSIONAL DEVELOPMENT, ETC. BECAUSE OF OUR DECENTRALIZED STRUCTURE, THIS CONFERENCE IS INTEGRAL TO THE CONTINUED SUCCESS AND COMMUNITY OF THE WEA.

103b

THE BACKCOUNTRY CLASSROOM IS A BOOK DERIVED FROM THE WEA'S 18 POINT CURRICULUM. WRITTEN BY LONGSTANDING MEMBERS AND INSTRUCTORS, THIS BOOK, NOW IN ITS SECOND EDITION, IS A GREAT RESOURCE TO OUR ORGANIZATION'S MEMBERS AND TO THE FIELD OF OUTDOOR RECREATION AND LEADERSHIP AS A WHOLE. THIS BOOK BRINGS ADDITIONAL INCOME TO THE WEA IN THE FORM OF ROYALTES.

Revised 8/17/2005

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# Application for Extension of Time to File an Exempt Organization Return

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension** complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Do not complete Part II unless you have already been granted an automatic 3-month extension of a previously filed Form 8868**

## **Part I Automatic 3-Month Extension of Time** - Only submit original (no copies needed)

**Form 990-T corporations** requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

**Electronic Filing (e-file)** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile)

Type or print  File by the due date for filing your return. See instructions	Name of Exempt Organization <b>WILDERNESS EDUCATION ASSOCIATION</b>	Employer identification number <b>83-0245256</b>
	Number, street, and room or suite no. If a P O box, see instructions <b>900 E 7TH ST</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>BLOOMINGTON IN 47405</b>	

Check type of return to be filed (file a separate application for each return)

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)     | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                             | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **MARY WILLIAMS**  
Telephone No ▶ **812-855-4095** FAX No ▶ \_\_\_\_\_
- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the **whole group**, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month, for a **Form 990-T corporation**) extension of time until     **AUG 15**    , 20    **06**     to file the exempt organization return for the organization named above. The extension is for the organization's return for

▶  calendar year 20    **05**     or

▶  tax year beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_

2 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

3 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ \_\_\_\_\_

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ \_\_\_\_\_

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions