FOR TAX YEAR 2023

WILDLAND FIREFIGHTER FOUNDATION

Mike Tashman Tax & Accounting Svcs 1116 S Vista Ave Ste 375 Boise, ID 83705 (208)272-0563

Mike Tashman Tax & Accounting Svcs

1116 S Vista Ave Ste 375 Boise, ID 83705 mike@miketashmantax.com Phone: (208)272-0563 | Fax:

November 15, 2024

Wildland Firefighter Foundation 2393 W Airport Way Boise, ID 83705

Wildland Firefighter Foundation:

Enclosed is the 2023 federal return for a tax-exempt organization, prepared for Wildland Firefighter Foundation from the information provided. The return will be e-filed with the IRS once we receive a signed Form 8879-TE, IRS e-file Signature Authorization for an Exempt Organization.

The federal return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with the organization's tax return needs, contact our office at (208)272-0563.

Sincerely,

Michael Tashman, CPA, EA Mike Tashman Tax & Accounting Svcs

2023 Filing Instructions WILDLAND FIREFIGHTER FOUNDATION Tax year ending 12-31-2023

Form filed:

Form 990 and supplemental forms and schedules

Filing method:

The return will be e-filed once the signed and dated Form 8879-TE has been received by this office. Do not mail the return to the IRS.

Due date:

11-15-2024

The return reflects neither a refund nor a balance due.

Please note:

The Taxpayer First Act requires tax-exempt organizations to electronically file all information returns in the 990 series and related forms for tax years beginning after July 1, 2019. Mailing these returns is no longer allowed.



Department of the Treasury

Internal Revenue Service

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization **Return or Excise Taxes Related to Employee Benefit Plans**

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.

Part I - Id	entification	
Type or	Name of exempt organization, employer, or other filer, see instructions.	Taxpayer identification number (TIN)
print	WILDLAND FIREFIGHTER FOUNDATION	93-1266991
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.	
due date for	2393 W AIRPORT WAY	
filing your return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
instructions.	BOISE ID 83705	

Enter the Return Code for the return that this application is for (file a separate application for each return)

Application Is For		Application Is For	Return
	Code		Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name

Plan Number

Plan Year Ending (MM/DD/YYYY)

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

Telep • If the • If this for the	books are in the care of KENNETH B MINOR, 2393 W AIRPORT WAY BOISE ID 83705 books are in the care of KENNETH B MINOR, 2393 W AIRPORT WAY BOISE ID 83705 books are in the Care of States, check this box books are in the care of KENNETH B MINOR, 2393 W AIRPORT WAY BOISE ID 83705 books are in the Care of States, check this box books are in the Care of Care of States, check this box books are in the Care of Care of States, check this box books are in the Care of Care of States, check this box books are in the Care of Care of States, check this box books are of Care of Care of Care of States, check this box books are of Care o		. If this is
	I request an automatic 6-month extension of time until <u>11-15</u> , 20 <u>24</u> , to file the exen the organization named above. The extension is for the organization's return for: x calendar year 20 <u>23</u> or tax year beginning, 20, and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final Change in accounting period		_, 20
3a b c	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by	3a 3b	
	using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

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

Form 8879-TE

IRS E-file Signature Authorization for a Tax Exempt Entity

Do not send to the IRS. Keep for your records.

OMB No. 1545-0047

For calendar year 2023, or fiscal year beginning , 20

, 2023, and ending

2023

Department of the Treasury Internal Revenue Service

Name of filer

Go to www.irs.gov/Form8879TE for the latest information.

EIN or SSN 93-1266991

, 20

WILDLAND FIREFIGHTER FOUNDATION

Name and title of officer or person subject to tax

KENNETH B MINOR, EXEC DIRECTOR Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a**, **2a**, **3a**, **4a**, **5a**, **6a**, **7a**, **8a**, **9a**, or **10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, **5b**, **6b**, **7b**, **8b**, **9b**, or **10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I. **1a** Form **990** check here **... b Total revenue**, if any (Form 990, Part VIII, column (A), line 12) **... 1b 2**, **517**, **278 b Total revenue**, if any (Form 990-EZ, line 9) **... 2b**

3a	Form 1120-POL check here	b	Total tax (Form 1120-POL, line 22)			
4a	Form 990-PF check here	b	Tax based on investment income (Form 990-PF, Part V, line 5) 4b			
5a	Form 8868 check here	b	Balance due (Form 8868, line 3c)			
6a	Form 990-T check here	b	Total tax (Form 990-T, Part III, line 4) 6b			
7a	Form 4720 check here	b	Total tax (Form 4720, Part III, line 1) 7b			
8a	Form 5227 check here	b	FMV of assets at end of tax year (Form 5227, Item D) 8b			
9a	Form 5330 check here	b	Tax due (Form 5330, Part II, line 19) ••••••••••••••••••••••••••••••••••••			
10a	Form 8038-CP check here	b	Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10b			
Part	I Declaration and Signatu	re	Authorization of Officer or Person Subject to Tax			
Under p	enalties of perjury, I declare that	<u> </u>	am an officer of the above entity or 🛛 🗌 I am a person subject to tax with respect to (name			
of entity)		, (EIN) and that I have examined a copy of the			
2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. 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 federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.						

PIN: check one box only

	Mike Tashman Tax & Accounti	to enter my F	PIN 96451	as my signature
	ERO firm name		Enter five numbers do not enter all zero	,
agency(ies) r	ear 2023 electronically filed return. If I have indicated within this r regulating charities as part of the IRS Fed/State program, I also losure consent screen.		5	
filed return. If	or person subject to tax with respect to the entity, I will enter my f I have indicated within this return that a copy of the return is be ed/State program, I will enter my PIN on the return's disclosure of	eing filed with a state a		
ignature of officer or	r person subject to tax		Date 05-05-	-2024
Part III Cer	rtification and Authentication			
	Enter your six-digit electronic filing identification owed by your five-digit self-selected PIN.	822788 2	4833	
		Do no	ot enter all zeros	
	ove numeric entry is my PIN, which is my signature on the 2023 return in accordance with the requirements of Pub. 4163 , Model			
Providers for Busin	ness Returns.			

May the IRS discuss this return with the preparer shown above? See instructions
For Paperwork Reduction Act Notice, see the separate instructions.
EEA

Use Only

Firm's address

Form **990**

erwork Reduction	Act Notice	see the	separate	instructions	
ci work recuuction	AUL 1101100,	300 1110	Separate	mou douono.	

Phone no.

208-272-0563

X Yes

No

Form 990 (2023)

1116 S Vista Ave Ste 375

Boise ID 83705

•	Do not enter social security numbers on this form as it may be made public.					Open to Public									
-			Benue Service Go to www.irs.gov/Form990 for instructions and the latest information. ne 2023 calendar year, or tax year beginning , 2023, and ending						Inspection						
										and end	ling		, 20		
									loyer identification number						
_		ess cha	-	Doing busi						1		93-1266991			
=	Name	chan	ge). box if mail is not delivered	to street address)			Room/s	uite	E Telep	hone number		
=	Initial	return	1	2393	W AIRPO	ORT WAY							(208) 336-2996		
Ц	Final ı	return	/terminated	City or tow	n, state or provi	ince, country, and ZIP or for	eign postal code					G Gros	ss receipts		
Ц	Amen	ded re	eturn	BOIS	E, ID 83	3705						\$	2,841,462		
	Applic	ation	pending	F Name and	address of prin	cipal officer:					H(a) Is this a	group return	for subordinates? Yes X No		
											H(b) Are all	subordinat	tes included? Yes No		
<u> </u>	Tax-e	xempt	t status: X	501(c)(3)	501(c) () (insert no.)	4947(a)(1) or	5	27		lf "No,"	attach a li	st. See instructions		
J	Webs	ite:	WWW	.WFFOUN	DATION.C	DRG					H(c) Group	exemption	number		
				Corporation	Trust	Association Other		L	Year of format	ion: 19	99 м	State of le	gal domicile: OR		
Pa	rt I		Summar	У											
		1 E	Briefly descri	ibe the orga	nization's m	ission or most signific	ant activities:	PROV	IDING SU	PPORT	TO FAL	LEN A	ND/OR INJURED		
-		1	FIREFIGH	TERS ANI	THEIR	FAMILIES AND P	ROVIDING ED	JCAT	ION TO I	HE PU	BLIC AB	OUT W	ILDLAND FIRES AND		
лс		1	FIREFIGH	TERS.											
na		-													
Activities & Governance		2 (Check this b	ox 🗌 if the	e organizatio	on discontinued its ope	erations or dispose	d of m	ore than 25	% of its	net assets.				
õ					0	∙ overning body (Part V	•					3	8		
کە س				-	-	bers of the governing		1b)				4	8		
itie					-	d in calendar year 202						5	10		
ť												6	10		
Ac						m Part VIII, column (7a	0		
							- //					7a 7b	0		
	_	I G	vet unrelate	u business i	axable incor	me from Form 990-T,		• • •		····		10	0		
			0			(, , , , , , , , , , , , , , , , , , ,					Prior Year		Current Year		
a				-		ine 1h) • • • • • •					2,130),212	1,931,926		
nu			0			line 2g)							0		
Revenue	1					n (A), lines 3, 4, and 7						5,183	51,888		
Ř	1					, lines 5, 6d, 8c, 9c, 1						5,416	533,464		
	1					1 (must equal Part VI	. ,	,		_	2,371	L,811	2,517,278		
	1					art IX, column (A), line					634	1,527	699,095		
	1	4 E	Benefits paid	to or for m	embers (Par	t IX, column (A), line	4)						0		
s	1	5 3	Salaries, oth	er compens	ation, emplo	oyee benefits (Part IX,	, column (A), lines	5-10)			630),794	698,186		
xpenses	1	6a F	Professional	fundraising	fees (Part I)	X, column (A), line 11	e)						0		
per		b T	Total fundrais	sing expens	es (Part IX,	column (D), line 25)			63,014						
Ă	1	7 (Other expension	ses (Part IX	, column (A)	, lines 11a-11d, 11f-24	4e)				670	0,022	709,043		
	1	8 1	Total expens	es. Add line	es 13-17 (mi	ust equal Part IX, colu	ımn (A), line 25)				1,935	5,343	2,106,324		
	1	9 F	Revenue les	s expenses	. Subtract lin	e 18 from line 12						5,468	410,954		
2	ß									Beg	inning of Curr		End of Year		
Net Assets or	2 2	0 7	Total assets	(Part X, line	16)						-	5,418	5,857,758		
Ass	2	1 1	Total liabilitie	s (Part X, lii	ne 26)							7,769	1,155,141		
Net	2	2 1	Net assets o	r fund balan	ces. Subtra	ct line 21 from line 20						3,649	4,702,617		
	rt I	_		re Block							-/	,			
			<u> </u>			return, including accompany	ying schedules and state	ments,	and to the best	of my know	wledge and beli	ef, it is			
true,	corre	ect, an	id complete. De	claration of pre	parer (other that	n officer) is based on all info	rmation of which prepar	er has a	ny knowledge.						
			KENN												
Sig	n	5	Signature of offic	ETH B MI xer								Da	ate		
Hei			•			FO DIBROROD									
1101	•	H	KENN Type or print nar		LNOR, EX	EC DIRECTOR									
			Print/Type pre			Preparer's signature			Date				PTIN		
Pai	Ч										Check	—			
				Tashma		EAMichael Tas			11-15-20			nployed	P01864448		
Pre	pal	er	Firm's name		Mike I	'ashman Tax & 2	Accounting S	vcs			Firm's EIN				

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2023

Form	n 990 (2023) WILDLAND FIREFIGHTER FOUNDATION	93-1266991	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	· · · · 🔲
1	Briefly describe the organization's mission:		
	PROVIDING SUPPORT TO FALLEN AND/OR INJURED FIREFIGHTERS AND THEIR FAMILIES AND	PROVIDING	
	EDUCATION TO THE PUBLIC ABOUT WILDLAND FIRES AND FIREFIGHTERS.		
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	X No
	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		
	services?	🗌 Yes	🗴 No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers,	
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 1,562,179 including grants of \$ 699,095) (Revenue	\$)
	ASSISTANCE TO FAMILIES OF FALLEN AND/OR INJURED WILDLAND FIREFIGHTERS: WFF PRO	OVIDES DIREC	T GRANTS
	AND BENEVOLENT ASSISTANCE TO HELP INJURED FIREFIGHTERS AND THEIR FAMILIES, AS	WELL AS FAN	ILIES OF
	FALLEN FIREFIGHTERS, BEREAVEMENT ASSISTANCE AND COUNSELING, TRAVEL FOR MEDICAL	L AND FUNER	AL
	SERVICES, BENEVOLENT ASSISTANCE FOR BASIC LIVING NEEDS IN HARDSHIP CASES, AND	CHRISTMAS	
	ASSISTANCE FOR THE CHILDREN THROUGH THE SANTA'S HELPERS PROGRAM. DURING 2023,	WFF SUPPORT	ED OVER
	650 FIREFIGHTERS AND THEIR FAMILIES.		
4b	(Code:) (Expenses \$225,383 including grants of \$) (Revenue	\$)
	PUBLIC EDUCATION: WFF PROVIDES EDUCATION TO THE PUBLIC REGARDING THE NATURE OF	F WILDFIRES	AND THE
	DANGERS AND THE EFFECTS ON THE WILDLAND FIREFIGHTERS (THE MEN AND WOMEN WHO P	JT THEIR LIV	TES ON
	THE LINE). WFF OFFICES HOUSE A WILDLAND FIREFIGHTER MUSEUM, PROVIDING MEMORIA	SILIA, PHOTO	GRAPHS
	AND EDUCATIONAL MATERIALS ON DISPLAY TO THE PUBLIC. DURING 2023, WFF STAFF ALS	SO TRAVELED	TO A FEW
	LOCATIONS TO PROVIDE PUBLIC EDUCATION.		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4d	Other program services (Describe on Schedule O.)	,	
	(Expenses \$ including grants of \$) (Revenue \$)	
<u>4e</u>	Total program service expenses 1,787,562		m 000 (2023)

EEA

	Form 990 (2	2023
I	Part IV	

3) WILDLAND FIREFIGHTER FOUNDATION Checklist of Required Schedules

93-1266991	Page 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	x	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
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		х
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? <i>If "Yes," complete Schedule D, Part II</i>	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III			
•		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? <i>If "Yes," complete Schedule D, Part IV</i> · · · · · · · · · · · · · · · · · · ·	9		v
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	3		x
10	or in quasi-endowments? If "Yes," complete Schedule D, Part V	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				
	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
c				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		x
c	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? If "Yes," complete Schedule D, Part IX	11d		х
e		11e		х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
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		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
40	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	10		
17	assistance to 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	47		
10	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	10		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18	x	
13	If "Yes," complete Schedule G, Part III	19		v
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x x
zua b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		^
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? If "Yes," complete Schedule I, Parts I and II	21		x
_		<u> </u>		

Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		х
b	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		
d	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		х
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		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to 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? <i>If "Yes," complete Schedule L, Part II</i>	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
21	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		
20		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	00-		
		28a		<u>x</u>
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b		<u>x</u>
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		x
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		х
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		х
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		х
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		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			-
	controlled entity 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? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			Π
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		-	-
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
-	reportable gaming (gambling) winnings to prize winners?	1c		

WILDLAND FIREFIGHTER FOUNDATION

93-1266991

Page 4

Form 990 (2023)

	990 (2023) WILDLAND FIREFIGHTER FOUNDATION 93-12669	91	F	Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter 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 10			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	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)?	4a		x
b	If "Yes," enter the name of the foreign country			-
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50 50		
C Fo		50		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6.		
h	5	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	Ch		
-	-	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_		
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		x
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.) • • • • • • • • • • • • • • • • • • •			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	-		
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		┣──
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
45	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

-	n 990 (2023) WILDLAND FIREFIGHTER FOUNDATION 93-12669			age 6
Pa	Int VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, a	and fo	r a "N	0″
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. S	See in:	structi	ons.
	Check if Schedule O contains a response or note to any line in this Part VI			x
See	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a			
	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 in line 1a, above, who are independent 1 1 b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
	any other officer, director, trustee, or key employee?	2	х	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
о 7а	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			<u> </u>
74	one or more members of the governing body?	7a		v
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	10		<u>x</u>
D	stockholders, or persons other than the governing body?	7b		v
0	Did the organization contemporaneously document the meetings held or written actions undertaken during	10		<u>x</u>
8	the year by the following:			
•		0.0		
a ⊾	The governing body?	8a 01-	X	
b		8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
800	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Jec	tion D. Toncies (This Section D requests information about policies not required by the internal Revenue Code.)		Vee	
10-	Did the extensization have least charters branches as efflicted?	100	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		<u>X</u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	401		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	10		
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?	14	х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
b	Other officers or key employees of the organization	15b	х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
_	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed California			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			
	KENNETH B MINOR (208)336-2996, 2393 W AIRPORT WAY, BOISE, ID 83705			

Form 990 (202		93-1266991 Page	
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, I	lighest Compensated 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 Comp	ensated Employees	_
1a Complete t	his table for all persons required to be listed. Report compensation for the calendar year en	ding 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 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.

	eu organizati		iheu	Salet	u an	y curre			usiee.	
				(0	C)					
(A)	(B)			Pos				(D)	(E)	(F)
Name and title	Average	`	(do not check more than one box, unless person is both an				Reportable	Reportable	Estimated amount	
	hours		officer and a director/trustee)		compensation	compensation	of other			
	per week							from the	from related	compensation
	(list any	or In	n	0	Ā	역 표	F	organization (W-2/ 1099-MISC/	organizations (W-2/ 1099-MISC/	from the organization and
	hours for related	divic	stitu	Office	әу е	nplo	Former	1099-NEC)	1099-NEC)	related organizations
	organizations	ctor	tiona		Key employee	yee	ň			
	below	Individual trustee or director	nstitutional trustee		yee	mpe				
	dotted line)	e	stee			Highest compensated employee				
						ed				
(1) KENNETH B MINOR	L									
EXEC DIRECTOR		х				х		159,013	0	3,060
(2) DINA_PFEIFER										
FMR SECRETARY							х	102,600	0	3,675
(3) VICKI MINOR										
FMR PRESIDENT							х	70,000	0	0
(4) CURTIS STANLEY										
DIRECTOR		х						0	0	0
(5) JOEL KERLEY										
DIRECTOR		х						0	0	0
(6) LARRY LEASURE										
DIRECTOR		х						0	0	0
(7) ROBERT BELL										
DIRECTOR		х						0	0	0
(8) TODD_ABEL										
DIRECTOR		х						0	0	0
(9) BETH_LUND										
SECRETARY & DIRECTOR		х						0	0	0
(10)JULIE QUIGLEY										
PRESIDENT		х		х				0	0	0
(11)MARGARET_DOHERTY										
TREASURER		х		х				0	0	0
(12)RON RALEY										
VICE-PRESIDENT & FMR SECRETARY		x		х				0	0	0
(13)MARK_DEGREGORIO	L									
FMR DIRECTOR							х	0	0	0
(14)DAVID_CRUMB	L									
FMR DIRECTOR							х	0	0	0
EEV.										Form 990 (2023)

	990 (2023) WILDLAND FIREFIGH	TER FOUN	DATIC	ON						93	-12669	9 1 Pag	ge 8
Part	VII Section A. Officers, Directors, T	rustees, I	Key E	Emp	oloy	yee	s, an	d F	lighest Comp	ensated	Emplo	yees (continu	ued)
	(A) Name and title	(B) Average hours per week	box	, unles	Po: eck m s per	rson is	nan one s both ar /trustee)		(D) Reportable compensation from the	(E) Reportable compensation from related	tion ed	(F) Estimated amou of other compensation	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations 1099-MIS 1099-NEC	ic/	from the organization an related organizati	
<u>(15)</u>													
<u>(16)</u>													
<u>(17)</u>													
<u>(18)</u>													
<u>(19)</u>													
<u>(20)</u>													
<u>(21</u>)													
(22)													
<u>(23)</u>													
<u>(24)</u>													
(25)													
1b c	Subtotal	ion A .	· · · · · ·	•••	 	 	 	•					
d	Total (add lines 1b and 1c) Total number of individuals (including but not including but not							ho r	<u>331,613</u>	on \$100.00	0	6,73	35
2	reportable compensation from the organization		linose	e iist	eu	abu	ve) w		eceived more in	an \$100,00	JU 01		2
3	Did the organization list any former officer, directo		y empl	oyee	, or	high	est co	mpe	ensated			Yes	No
	employee on line 1a? If "Yes," complete Schedule										• • •	3 X	
4	For any individual listed on line 1a, is the sum of re organization and related organizations greater that												
	individual					••••						4 x	
5	Did any person listed on line 1a receive or accrue				unre	elate	d orga	aniza	ation or individual				
	for services rendered to the organization? If "Yes,"	complete Sc	chedule	e J fo	or su	ich p	erson					5	x
	ion B. Independent Contractors Complete this table for your five highest cor	monootod	indon	and	ont	000	troote	ore t	that received ma	ro than ¢1	00.000	of	
1	compensation from the organization. Repor	-	-										ar
	(A)	t oomponot					iddi j		(B)		ngamza	(C)	<u></u>
	Name and business addres	s							Description of service	es	(Compensation	
2	Total number of independent contractors (in received more than \$100,000 of compensation)	-					ose lis	sted	above) who				

Form 99	90 (202	23) WILDL	AND	FIREFIGH	ITER	FOUNDATION			93-12669	91 Page 9
Part	VIII	Statement of Rev	enu	ne						
		Check if Schedule C) coi	ntains a resp	ons	e or note to any li	ne in this Part V	111		[
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns .			1a	18,511				
<i>s</i>	b	Membership dues		[1b					
Contributions, Gifts, Grants and Other Similar Amounts	c	Fundraising events		[1c					
č, G	d	Related organizations •			1d					
Gifts Iar⊿	e	Government grants (contr	ibuti	ons)	1e					
ns, Simi	f	All other contributions, gif	-							
utio		and similar amounts not in			1f	1,913,415				
dt p	g	Noncash contributions inc								
and	L			L	1g	\$	1 001 006			
	n	Total. Add lines 1a-1f	• •		•••	Business Code	1,931,926			
	2a					Business Code				
vice	b									
Servine	c									
Program Service Revenue	d									
gra Re	e									
Pro	f	All other program service r	ever	ue	•					
	g	Total. Add lines 2a-2f .								
	3	Investment income (includi	ing d	ividends, inter	est, a	and				
		other similar amounts) .				F	51,888			51,888
		Income from investment of				F				
	5	Royalties	<u></u>		• •					
		a		(i) Real		(ii) Personal				
		Gross rents								
		Less: rental expenses • •								
		Rental income or (loss) Net rental income or (loss)	60							
		, , , , , , , , , , , , , , , , , , ,	Ē	(i) Securities		(ii) Other				
	/a	Gross amount from sales of assets			,					
		other than inventory	7a							
	b	Less: cost or other basis								
ne		and sales expenses	7b							
ven	c	Gain or (loss)	7c							
Re	d	Net gain or (loss)	• •		<u></u>					
Other Revenu	8a	Gross income from fundrai	-							
ð		events (not including \$_								
		of contributions reported or								
		1c). See Part IV, line 18			8a	857,648				
		Less: direct expenses			8b	324,184				
		Net income or (loss) from f Gross income from gaming		aising events	Ļ.		533,464			533,464
	Ja	activities. See Part IV, line			9a					
	Ь	Less: direct expenses .			9b					
		Net income or (loss) from g								
		Gross sales of inventory, le		ng dournoo						
	lua	returns and allowances			10a					
	b	Less: cost of goods sold			10b					
		Net income or (loss) from s								
						Business Code				
sn	11a									
ano nue	b									
Miscellanous Revenue	c									
Mis(R(All other revenue	• •		·					
		Total. Add lines 11a-11d								
	12	Total revenue. See instruct	ction	s			2,517,278	0	0	585,352

Form 990 (2023)

(2023) WILDLAND FIREFIGHTER FOUNDATION

Check if Schedule O contains a response or note to any line in this Part IX

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).

93-1266991

	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	b, and 10b of Part VIII.		expenses	general expenses	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	699,095	699,095		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16 • • • •				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	332,765	244,872	76,284	11,609
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	220,286	162,103	50,499	7,684
8	Pension plan accruals and contributions (include				.,
-	section 401(k) and 403(b) employer contributions)	6,735	5,253	1,145	337
9	Other employee benefits	93,923	69,034	21,602	3,287
10	Payroll taxes	44,477	32,690	10,230	1,557
11	Fees for services (nonemployees):		52,090	10,230	1,557
a	Management				
b	Accounting	06.012	10 701	C 100	0.40
C L	6	26,913	19,781	6,190	942
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17 • •				
f	Investment management fees	8,637		8,637	
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.) •••	52,263	39,324	815	12,124
12	Advertising and promotion	961	818	124	19
13	Office expenses	119,964	90,517	17,197	12,250
14	Information technology	14,281	11,581	2,343	357
15	Royalties				
16	Occupancy	92,799	74,033	17,672	1,094
17	Travel	79,934	75,023	3,905	1,006
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	8,859	8,221	554	84
20	Interest	66,096	51,555	11,236	3,305
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	132,723	103,525	22,563	6,635
23	Insurance	8,334	6,125	1,917	292
24	Other expenses. Itemize expenses not covered	.,	-,•	.,	
	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 O.)				
а	FALLEN FIREFIGHTER FAM PROG	75,625	75,625		
b	FLOWERS & GIFTS	9,378	9,265	98	15
c	BOARD & STAFF MEETINGS	12,276	9,205	2,737	417
d	DATE & OTHER MEETINGS	12,210	9,122	2,131	41/
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e • •	2 106 204	1 707 560	255 740	62 014
25	Joint costs. Complete this line only if the	2,106,324	1,787,562	255,748	63,014
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)				Earm 990 (2023)

Form	990 (20	,		93	3-12	66991 Page 11
Par	t X	Balance Sheet				
		Check if Schedule O contains a response or note to any line in this	Part X			
				(A)		(B)
				Beginning of year		End of year
	1	Cash - non-interest-bearing		607,669	1	831,695
	2	Savings and temporary cash investments		107,261	2	201,441
	3	Pledges and grants receivable, net		60,000	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	
s	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
As	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a 3,8	32,749			
	b		70,155	3,530,716	10c	3,462,594
	11	Investments - publicly traded securities			11	1,327,728
	12	Investments - other securities. See Part IV, line 11		12		
	13	Investments - program-related. See Part IV, line 11	1,066,472	13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		34,300	15	34,300
	16	Total assets. Add lines 1 through 15 (must equal line 33)		5,406,418	16	5,857,758
	17	Accounts payable and accrued expenses		55,089	17	26,807
	18	Grants payable			18	
	19				19	
	20	Tax-exempt bond liabilities	• • • •		20	
	21				21	
ies	22	Loans and other payables to any current or former officer, director,				
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%				
Liał		controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties		1,154,000	23	1,128,334
	24	Unsecured notes and loans payable to unrelated third parties	• • • •	31,156	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		17,524	25	
	26	Total liabilities. Add lines 17 through 25 Operational files. The following the fol		1,257,769	26	1,155,141
		Organizations that follow FASB ASC 958, check here				
ICe	07	and complete lines 27, 28, 32, and 33.			07	
ılan	27	Net assets without donor restrictions		4,143,649	27	4,543,818
ñ	28	Net assets with donor restrictions	• • • •	5,000	28	158,799
oun		Organizations that do not follow FASB ASC 958, check here				
Net Assets or Fund Balances	20	and complete lines 29 through 33. Capital stock or trust principal, or current funds			29	
si S	29				29 30	
sset	30	· ···· ·· · · · ······················	• • • •		30 31	
tAŝ	31 32	Retained earnings, endowment, accumulated income, or other funds		A 140 CAO	31	4 700 617
Ne	32			4,148,649	32	4,702,617

. . . . <u>.</u>

EEA

33

Total liabilities and net assets/fund balances

5,857,758 Form 990 (2023)

33

5,406,418

Form	990 (2023) WILDLAND FIREFIGHTER FOUNDATION	93-1266991		Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	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	2,	517,	278
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,	106,	324
3	Revenue less expenses. Subtract line 2 from line 1	3		410,	954
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,	148,	649
5	Net unrealized gains (losses) on investments	5		143,	487
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		((473)
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	4,	702,	617
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
		г		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	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 basis, consolidated basis, or both.				
	X 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 audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
•	Schedule O.				
за	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
P-	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		a.		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		0000

Form 990 (2023)

SCHE	DU	LE	A
(Form	990)	

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.

Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Internal Revenue Service Inspection Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification number WILDLAND FIREFIGHTER FOUNDATION 93-1266991 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt 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). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. а Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, С its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III е functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations f Provide the following information about the supported organization(s). g (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E) Total

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

OMB No. 1545-0047

	e A (Form 990) 2023 WILDLAND F:	IREFIGHTER	FOUNDATION			93-126699	
Part	II Support Schedule for Organiz	ations Desci	ribed in Sect	ions 170(b)(1)(A)(iv) and	170(b)(1)(A)	(vi)
	(Complete only if you checked the second	ne box on line	5, 7, or 8 of	Part I or if the	e organizatior	n failed to qua	alify under
	Part III. If the organization fails to						•
Secti	on A. Public Support			<i>,</i> 1	1	/	
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	(a) 2013	(b) 2020		(u) 2022	(e) 2023	
1							
	membership fees received. (Do not						
	include any "unusual grants.")	1,047,864	2,733,371	2,653,554	2,118,819	1,931,926	10,485,534
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	1,047,864	2,733,371	2,653,554	2,118,819	1,931,926	10,485,534
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)						25 010
6	Public support. Subtract line 5 from line 4						35,210
-	on B. Total Support						10,450,324
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,	1,047,864	2,733,371	2,653,554	2,118,819	1,931,926	10,485,534
0							
	payments received on securities loans,						
	rents, royalties, and income from						
•	similar sources	28,917	12,026	114,970	46,183	51,888	253,984
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						10,739,518
12	Gross receipts from related activities, etc.	(see instructio	ons)			12	2,426,306
13	First 5 years. If the Form 990 is for the or	ganization's fir	st, second, thir	d, fourth, or fift	h tax year as a	section 501(c)(3)
	organization, check this box and stop he	re					🔲
Secti	on C. Computation of Public Suppo	rt Percentag	е				
14	Public support percentage for 2023 (line 6	3, column (f), d	ivided by line 1	1, column (f))		14	97.31 %
15	Public support percentage from 2022 Sch	nedule A, Part I	I, line 14			15	97.63 %
16a	33 1/3% support test - 2023. If the organ	ization did not	check the box	on line 13, and	l line 14 is 33 1	/3% or more, o	
	box and stop here. The organization qua						
b	33 1/3% support test - 2022. If the organ	ization did not	check a box or	n line 13 or 16a	a, and line 15 is	33 1/3% or m	
	this box and stop here. The organization						
17a	10%-facts-and-circumstances test - 202						
	10% or more, and if the organization mee						
	Part VI how the organization meets the fa					•	
	organization			-	in qualified do t		
b	10%-facts-and-circumstances test - 202				n line 13 16a	16b or 17a on	ud line
D D	15 is 10% or more, and if the organization	•					
						-	-
	in Part VI how the organization meets the organization			-		is a publicity su	pporteu
10	Private foundation. If the organization di				or 17h chack	this box and a	···· []
18	0						_
	instructions						· · · · · · L

Part							
	(Complete only if you checked th						nder Part II.
	If the organization fails to qualify	under the te	sts listed belo	ow, please co	mplete Part I	l.)	
	on A. Public Support						
	dar 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 include any "unusual grants.")						
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						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
0	line 6.)						
	on B. Total Support	() 0040	(1) 0000	() 0004	(1) 0000	() 0000	(0 T)
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 10a	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
b	royalties, and income from similar sources • Unrelated business taxable income (less						
D	section 511 taxes) from businesses						
	acquired after June 30, 1975						
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			1	+		
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,		1				
	and 12.)						
14	First 5 years. If the Form 990 is for the or	ganization's fir	st, second, thir	d, fourth, or fif	th tax year as a	section 501	(c)(3)
	organization, check this box and stop her	e					
Secti	on C. Computation of Public Suppor		e				
15	Public support percentage for 2023 (line 8	, column (f), d	ivided by line 1	3, column (f))		15	%
16	Public support percentage from 2022 Sch				<u></u>	16	%
Secti	on D. Computation of Investment Inc						
17	Investment income percentage for 2023 (li		.,	y line 13, colur	nn (f))	17	%
18	Investment income percentage from 2022					18	%
19a	33 1/3% support tests - 2023. If the organ						
_	17 is not more than 33 1/3%, check this bo	-	-				
b	33 1/3% support tests - 2022. If the organization						· _
••	line 18 is not more than 33 1/3%, check this box	•	-	• •	• • • •	-	····· Ц
20	Private foundation. If the organization did	a not check a l	pox on line 14,	19a, or 19b, cl	neck this box a	nd see instru	ctions 🗌

WILDLAND FIREFIGHTER FOUNDATION

Schedule A (Form 990) 2023

Page 3

93-1266991

Schedule A (Form 990) 2023

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 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.)

Part V.)				
	Yes	No		
1				
2				
3a				
3b				
3c				
4a				
-				
4b				
4c				
5a				
5b				
5c				
6				
7				
7				
8				
9a				
Ja				
9b				
0-				
9c				
10a				
404				
10b				

	A (Form 990) 2023 WILDLAND FIREFIGHTER FOUNDATION 93-1266991		F	age 5
Part	V Supporting Organizations (continued)		Vaa	No
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
u	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 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
•	provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
-	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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,	•		
Socti	supervised, or controlled the supporting organization. on C. Type II Supporting Organizations	2		
Secu			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	
•	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).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
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? <i>If "No," explain in Part VI</i>	2		
3	how the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in line 2, above, did the organization's supported organizations have	2		
3	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		
Secti	on 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 year (see i	nstru	iction	s).
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions	s).		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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.	2a		
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	C 1		
~	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а	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 "Vec" or "No." provide details in Port VI	20		
h	trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3b		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	JN		

Schedule A (Form 990) 2023

EEA

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 1 2 2 Recoveries of prior-year distributions Other gross income (see instructions) 3 3 4 Add lines 1 through 3. 4 5 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection 6 of gross income or for management, conservation, or maintenance of 6 property held for production of income (see instructions) 7 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year (A) Prior Year Section B - Minimum Asset Amount (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a 1b b Average monthly cash balances 1c c Fair market value of other non-exempt-use assets 1d d Total (add lines 1a, 1b, and 1c) e 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 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 5 Multiply line 5 by 0.035. 6 6 Recoveries of prior-year distributions 7 7 Minimum Asset Amount (add line 7 to line 6) 8 8 Section C - Distributable Amount **Current Year** Adjusted net income for prior year (from Section A, line 8, column A) 1 1 2 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 3 3 4 Enter greater of line 2 or line 3. 4 5 Income tax imposed in prior year 5 Distributable Amount. Subtract line 5 from line 4, unless subject to 6 6 emergency temporary reduction (see instructions). 7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

WILDLAND FIREFIGHTER FOUNDATION

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

Page 6

93-1266991

	e A (Form 990) 2023 WILDLAND FIREFIGHTER FOUN		93-12		991 Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3	B) Supporting Organ	izations (continued	<i>1)</i>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex			1	
2	Amounts paid to perform activity that directly furthers exen	npt purposes of supporte	ed		
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required)	- provide 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 organization is resp	onsive		
	(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		1	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	s	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
C	From 2020				
d	From 2021				
е	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: \$				
a	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, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024 . Add lines 3j and 4c.				
8	Breakdown of line 7:				
 a	Even and from 2010				
a b	E				
	Evenes from 2021				
d	E				
e	Excess from 2022 Excess from 2023			-	
EEA					Schedule A (Form 990) 2023
					2020

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part II, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Schedule of Contributors

OMB No. 1545-0047

2023

Attach to Form 990, 990-EZ, or Form 990-PF.

Go to www.irs.gov/Form990 for the latest information.

Employer identification number

WILDLAND FIREFIGHTER B	FOUNDATION	93-1266991
Organization type (check one):		
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

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).

SCHE	DULE D
(Form	990)

Department of the Treasury

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

OMB No. 1545-0047 2023

Open to Public Inspection

Go to www.irs.gov/Form990 for instructions and the latest information.

	Revenue Service	Go to www.irs.gov/Form99	0 for instructions and the latest information	on.	Inspection	1
Name o	f the organization			Employer identific	identification number	
WILDI	AND FIREFIG	HTER FOUNDATION		93-1266	991	
Pa	rt I Organiz	ations Maintaining Donor Advised F	Funds or Other Similar Funds or Acco	ounts		
	Complet	te if the organization answered "Yes" o	n Form 990, Part IV, line 6.			
-			(a) Donor advised funds	(b) Fun	ds and other accounts	
1	Total number at e	end of year				
2		of contributions to (during year)				
3		of grants from (during year)				
4		at end of year				
5		tion inform all donors and donor advisors in v	writing that the assets held in donor advised			
	-	anization's property, subject to the organizat	-		Yes	∏ No
6	-		dvisors in writing that grant funds can be used	d		
	-	-	or or donor advisor, or for any other purpose			
					· · · Yes	
Par		rvation Easements				
		te if the organization answered "Yes" o	n Form 990. Part IV. line 7.			
1		nservation easements held by the organizati				
-		of land for public use (for example, recreatio		nistorically importa	ant land area	
	_	natural habitat	Preservation of a c	• •		
	Preservation of					
2	_	• •	ied conservation contribution in the form of a	conservation		
		last day of the tax year.			l at the End of the ⁻	Tax Year
а						
b						
с		ervation easements on a certified historic stru				
d		ervation easements included on line 2c, acqu				
		•		2d		
3			eased, extinguished, or terminated by the org		the	
	tax year			-		
4	Number of states	where property subject to conservation eas	ement is located			
5	Does the organiz	ation have a written policy regarding the per	iodic monitoring, inspection, handling of			
	violations, and er	nforcement of the conservation easements it	holds?		🗌 Yes	🗌 No
6	Staff and volunte	er hours devoted to monitoring, inspecting, I	nandling of violations, and enforcing conserva	ation easements o	luring the year	
7	Amount of expen	uses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	easements during	g the year	
8	Does each conse	ervation easement reported on line 2d above	e satisfy the requirements of section 170(h)(4)	(B)(i)		
	and section 170(h)(4)(B)(ii)?			🗌 Yes	🗌 No
9	In Part XIII, desc	ribe how the organization reports conservation	on easements in its revenue and expense sta	tement and balar	ice	
	sheet, and includ	le, if applicable, the text of the footnote to the	e organization's financial statements that desc	cribes the		
		counting for conservation easements				
Part	t III Organi	zations Maintaining Collections	of Art, Historical Treasures, or O	other Similar	Assets	
	Complet	te if the organization answered "Yes" o	on Form 990, Part IV, line 8.			
1a	If the organization	n elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and b	alance sheet wor	'ks	
	of art, historical t	reasures, or other similar assets held for pub	olic exhibition, education, or research in furthe	erance of public		
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.					
b	If the organization	n elected, as permitted under FASB ASC 95	8, to report in its revenue statement and balar	nce sheet works o	of	
	art, historical trea	asures, or other similar assets held for public	exhibition, education, or research in furthera	nce of public serv	vice,	
	•	ving amounts relating to these items:				
					;	
	(ii) Assets includ	ded in Form 990, Part X • • • • • • • • •		\$;	
2	If the organization	n received or held works of art, historical trea	asures, or other similar assets for financial ga	in, provide the		
	-	ts required to be reported under FASB ASC 9	÷			
а	Revenue include	d on Form 990, Part VIII, line 1 • • • • •		\$;	
b	Assets included i	n Form 990. Part X		\$	5	

	e D (Form 990) 2023 WILDLAND FIREFI			_		93-126		Page 2	
Par	t III Organizations Maintaining	Collections of A	Art, Historical T	reasures,	or Ot	her Similar A	vssets (C	continued)	
3	Using the organization's acquisition, accessi	ion, and other records	, check any of the fo	llowing that ma	ake sigr	nificant use of its			
	collection items (check all that apply):								
а	Public exhibition		d 🗌 Loan o	r exchange pro	odram				
b	Scholarly research		e 🗌 Other	5 1	5				
c									
_	Provide a description of the organization's co	olloctions and ovalain	how they further the	organization's	ovomn	t purposo in Port			
4	XIII.			organizations	ехеттр	n puipose in Fait			
-									
5	During the year, did the organization solicit c								
Dor	assets to be sold to raise funds rather than to t IV Escrow and Custodial Arra		rt of the organization	n's collection?	• • •		🗌 Ye	es 🗌 No	
Fai		-	on Form 000 D	ort IV/ line (anartad an ar	nount on	Form	
	Complete if the organization	answered tes o	511 FOITH 990, P	art iv, line s	9, OF 10	eponed an ar	nount on	FOILI	
	990, Part X, line 21.								
1a	Is the organization an agent, trustee, custod		-				_	_	
)				• • •		∐Ye	es 🗌 No	
b	If "Yes," explain the arrangement in Part XIII	and complete the follo	owing table.						
						A	mount		
С	Beginning balance				-	;			
d	Additions during the year				10	1			
е	Distributions during the year				1e				
f	Ending balance				1f				
2a	Did the organization include an amount on F				liabilit	/?	🗌 Ye	es 🗌 No	
b	If "Yes," explain the arrangement in Part XIII								
Par			F						
	Complete if the organization	answered "Yes"	on Form 990. P	art IV. line 1	0.				
			(b) Prior year	(c) Two years t		(d) Three years bac			
10	Beginning of year balance	(a) Current year						ur years back	
1a ⊾		1,066,472	1,298,535	475,		523,58	<u>></u>	447,833	
b	Contributions	(31,532)		715,	249				
С	Net investment earnings, gains, and								
-		237,490	45,962	114,	565	37,33	31 95,37		
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs		268,857			83,69	4	14,961	
f	Administrative expenses	7,420	9,168	7,	081	1,42	0	4,662	
g	End of year balance	1,265,010	1,066,472	1,298,	535	475,80	2	523,585	
2	Provide the estimated percentage of the cur	rent year end balance	(line 1g, column (a))) held as:					
а	Board designated or quasi-endowment	<u>100.00</u> %							
b	Permanent endowment %								
с	Term endowment %								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.							
3a	Are there endowment funds not in the posse		ion that are held and	administered	for the				
	organization by:							Yes No	
	(i) Unrelated organizations?						3a(i)		
	(ii) Related organizations?								
							3a(ii) X	
b	If "Yes" on line 3a(ii), are the related organiz				•••		3b		
	Describe in Part XIII the intended uses of the		ment funds.						
Par	t VI Land, Buildings, and Equip Complete if the organization		on Form 000 D	ort IV/ line 1	10 0	oo Form 000	Dort V	line 10	
	i								
	Description of property	(a) Cost or other		r other basis	• •	Accumulated	(d) Bo	ook value	
		(investmer	nt) (*	other)	d	epreciation			
1a	Land	••							
b	Buildings		3,	553,869		200,005	З,	353,864	
С	Leasehold improvements								
d	Equipment			278,880		170,150		108,730	
е	Other								
Total.	Add lines 1a through 1e. (Column (d) must eq	ual Form 990, Part X,	line 10c, column (B)				3,	462,594	
-									

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 WILDLAND FIREFIGHTER FOUNDA	93-1266991 Page 3	
Part VII Investments - Other Securities		
Complete if the organization answered "Yes" on Fo	rm 990, Part IV, line	e 11b. See Form 990, Part X, line 12.
(a) Description of security or category	(b) Book value	(c) Method of valuation:
(including name of security)		Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, line 12, col.(B))		
Part VIII Investments - Program Related		
Complete if the organization answered "Yes" on Fo	orm 990, Part IV, line	e 11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		

Total.	(Column	(b) mus	t equal	Form 990), Part X, lir	ne 13, col. (B))	

Part IX Other Assets

(5) (6) (7) (8) (9)

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(15MOKEY BEAR COLLECTION	30,000
(2)GOLD COIN	1,300
(3SECURITY DEPOSIT	3,000
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15 col. (B))	34,300
Part X Other Liabilities	

Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability		(b) Book value	
(1) Federal in	come taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b)) must equal Form 990. Part X. line 25 col. (E	3))		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

		93-1266	
Part		Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	2,984,949
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	_	
b	Donated services and use of facilities	_	
С	Recoveries of prior year grants	_	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	467,671
3	Subtract line 2e from line 1	3	2,517,278
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	_	
b	Other (Describe in Part XIII.) · · · · · · · · · · · · · · · · · · ·		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,517,278
Part		ber Reti	irn
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	2,106,324
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	_	
b	Prior year adjustments	_	
C	Other losses	_	
d	Other (Describe in Part XIII.) ••••••••••••••••••••••••••••••••••		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	2,106,324
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	_	
b	Other (Describe in Part XIII.) ••••••••••••••••••••••••••••••••••		
C	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>)	5	2,106,324
Part	••		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; F	art X, line	
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		
<u>01. (</u>	Other revenues not included on Form 990 (Part XI, line 2d)		
THIS	ADJUSTMENT IS TO SUBTRACT THE \$324,184 IN DIRECT FUNDRAISING EXPENSES (AS	REPORT	ED ON PART
VIII	, LINE 8B) FROM THE REVENUES TOTAL. THIS ADJUSTMENT IS NECESSARY GIVEN THAT	THE C	ALCULATION OF
THE 1	PART I, LINE 11, CURRENT YEAR AMOUNT INCLUDES THE PART VIII, LINE 8C AMOUNT	, RATH	ER THAN THE
PART	VIII, LINE 8A AMOUNT.		

SCH	EDULE G	Supplemen	OMB No. 1545-0047							
(Fori	n 990)	Complete in	organization enter	red more than	\$15,000 on Fo	, Part IV, line 17, 18, c orm 990-EZ, line 6a.	or 19, o	r if the	2023	
Department of the Treasury Attach to Form 990 or Form 990-EZ.								Open to Public		
Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identities								Employer identifie	Inspection	
	0									
	LAND FIREFIG				ation analy	uarad "Vaa" an		93-120		
Par		0-EZ filers are i	•	-		vered "Yes" on	гопп	990, Part IV		
1			•			es. Check all that a	oply			
'a	Mail solicitatio	0		any of the iolic	- ~	of non-government				
b	H	mail solicitations		f [of government grar				
c	Phone solicita			, Г д [-	idraising events	113			
d	In-person solicita			9 🗆						
2a	— ·		r oral agroomont w	ith any individ	lual (includin	g officers, directors,	tructo	00		
20	-		-	-		ional fundraising ser			☐ Yes ☐ No	
Ь						reements under whi				
b		east \$5,000 by the		indiaisers) pu	i suarit to ayi				C	
	compensated at i	east \$5,000 by the t	organization.							
							(1)	Amount paid to		
	(i) Name and addres		(III) A otivity (draiser have r control of	(iv) Gross receipts		or retained by)	(vi) Amount paid to (or retained by)	
	or entity (fund	draiser)	(ii) Activity		outions?	from activity		draiser listed in	organization	
					Na			col. (i)	-	
				Yes	No	-				
1										
2										
				_						
3										
									_	
4										
				_					-	
5										
6										
7										
8										
				_						
9										
10										
Total										
3	List all states in w	hich the organizatio	on is registered or I	icensed to sol	licit contributi	ions or has been no	tified it	is exempt from		
	registration or lice	ensing.								

Revenue

Direct Expenses

Revenue

Direct Expenses

Page 2

WILDLAND FIREFIGHTER FOUNDATION 93-1266991 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through FLATHEAD RIP-N-LIPS 18 col. (c)) (event type) (total number) (event type) 1 Gross receipts 184,444 112,378 560,826 857,648 2 Less: Contributions 17,000 45,162 62,162 3 Gross income (line 1 minus line 2) 139,282 95,378 560,826 795,486 4 Cash prizes 5 Noncash prizes 15,321 15,833 31,154 6 Rent/facility costs 7,821 2,400 10,221 7 Food and beverages 13,979 3,200 17,179 Entertainment 8 3,650 3,650 Other direct expenses 9 69,324 8,423 184,233 261,980 Direct expense summary. Add lines 4 through 9 in column (d) 10 324,184 Net income summary. Subtract line 10 from line 3, column (d) 11 471,302 Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses % % Yes % Yes Yes No 6 Volunteer labor No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: 9 Is the organization licensed to conduct gaming activities in each of these states? Yes No а If "No," explain: b 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes | No

If "Yes," explain: b

SCHEDULE I (Form 990)		OMB No. 1545-0047 2023										
Department of the Treasury Internal Revenue Service			l l	Attach to Form 990. //Form990 for the lat	m 990, Part IV, line 21 c est information.			Open to Public Inspection				
Name of the organization												
WILDLAND FIREFIGHTER FOUNDATION 93-126699												
Part I Genera	Information on	Grants and Assist	tance									
1 Does the organizat	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and											
	the selection criteria used to award the grants or assistance? X Yes 🛛 No											
2 Describe in Part IV												
		-					Yes" on Form 990					
		ient that received mor					1	<u> </u>				
1 (a) Name and addre		(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of	(f) Method of valuation (book, FMV, appraisal,	(g) Description of	(h) Purpose of grant				
or gover	hment		(if applicable)	grant	noncash assistance	other)	noncash assistance	or assistance				
(1)												
(2)												
(2)												
(3)												
(0)												
(4)												
()												
(5)												
(6)												
(7)												
(8)												
(0)								<u> </u>				
(9)												
(10)												
()												
2 Enter total number	of section 501(c)(3) an	I J Id government organizati	ions listed in the line 1 ta	uable				L				

Schedule I (Form 990) 2023 WILDLAND FIREFIGHTER FOUNDATION

93-1266991

Page **2**

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

n of noncash assistance
CHRISTMAS GIFTS, FOR CHILDREN

01. Monitoring procedures (Part I, line 2)

GRANTS ARE MADE UNDER THE AUSPICES OF THE ORGANIZATION'S BYLAWS. RECEIPTS ARE OBTAINED WHEN SCHEDULING TRAVEL OR REIMBURSING

FOR TRAVEL. PER THE ORGANIZATION'S BYLAWS, GRANTS ARE MADE TO SUSTAIN THE HOMES OF INJURED AND DECEASED FIREFIGHTERS, TO

PROVIDE COUNSELING SERVICES, AND FOR RELATED FUNCTIONS.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 LINE OF DUTY HARDSHIP	108	5,500			
2 MENTAL HEALTH SERVICES	42	80,807			
3					
4					
5					
6					
7					
Part IV Supplemental Information. P	rovide the information re	equired in Part I, lin	e 2; Part III, columr	n (b); and any other addi	tional information.

WILDLAND FIREFIGHTER FOUNDATION

93-1266991

Page **2**

	ent of the Treasury Revenue Service	Complete if the organizati Go to www.irs.gov/Form		Open to Public Inspection				
lame of the organization Employer identification						0000		
		HTER FOUNDATION		93-1266991				
Part I		is Regarding Compensation		93-1200991	•			
	Quotenti	le riegarang compensation				Yes		
1a	Check the app	ropriate box(es) if the organization r	provided any of the following to or for a	person listed on Fo	orm	163		
			to provide any relevant information reg					
	First-class o		Housing allowance or residence for					
	x Travel for co		Payments for business use of per					
	—	fication and gross-up payments	Health or social club dues or initia					
	—	y spending account	Personal services (such as maid,					
I		y oponding doodant		ondaniour, onory				
b	If any of the bo	xes on line 1a are checked, did the	organization follow a written policy rega	arding payment				
	-		es described above? If "No," complete					
			-		1b	x		
2	Did the organiz	ation require substantiation prior to	reimbursing or allowing expenses incu	rred by all				
			/Executive Director, regarding the items					
					2	x		
3	Indicate which,	if any, of the following the organiza	tion used to establish the compensation	n of the				
	organization's	CEO/Executive Director. Check all t	hat apply. Do not check any boxes for r	methods used by a				
	related organiz	ation to establish compensation of t	he CEO/Executive Director, but explain	n in Part III.				
	Compensati	on committee	Written employment contract					
	x Independent	t compensation consultant	Compensation survey or study					
	Form 990 of	other organizations	X Approval by the board or compen-	sation committee				
4	During the year	r, did any person listed on Form 990), Part VII, Section A, line 1a, with respe	ect to the filing				
	organization or	a related organization:						
а	Receive a seve	erance payment or change-of-contro	bl payment?		. 4a			
b	Participate in o	r receive payment from a suppleme	ntal nonqualified retirement plan?		4b			
С	Participate in o	r receive payment from an equity-ba	ased compensation arrangement? .		4c			
	If "Yes" to any	of lines 4a-c, list the persons and pr	ovide the applicable amounts for each	item in Part III.				
	Only section 5	501(c)(3), $501(c)(4)$, and $501(c)(29)$	organizations must complete lines (5-9				
	-		A, line 1a, did the organization pay or a					
	-	contingent on the revenues of:	, ia, ala tio organization pay of a					
		0			5a			
	-							
		5a or 5b, describe in Part III.		·				
6	For persons lis	ted on Form 990 Part VII Section 4	A, line 1a, did the organization pay or a	ccrue any				
		contingent on the net earnings of:	.,					
					6a			
		6a or 6b, describe in Part III.						
7	For porecre !-	tod on Form 000 Dort \/II. Coottor /	Line to did the experimetics are the	nyportivod				
	-		A, line 1a, did the organization provide a	•	-			
			describe in Part III		7			
			, paid or accrued pursuant to a contraction $52,4058,4(a)(2)2$ if "Yead					
			ations section 53.4958-4(a)(3)? If "Yes,"					
					8			
•	If "Voo" are live -	9 did the organization also follow th	a robuttable producerties are as the st	ocoribod in				
9	II TYES ON LINE	o, ulu the organization also follow th	ne rebuttable presumption procedure de	escribea in			1	

. . .

Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

Regulations section 53.4958-6(c)?

. . .

SCHEDULE J

(Form 990)

OMB No. 1545-0047

023

Schedule J (Form 990) 2023 WILDLAND FIREFIGHTER FOUNDATION

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B)Breakdown of W-2 ar			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
KENNETH B MINOR	(i)	159,013	0	0	3,060	0	162,073	0
1 EXEC DIRECTOR	(ii)	0	0	0	0	0	0	0
DINA PFEIFER	(i)	96,600	6,000	0	3,675	0	106,275	0
2 FMR SECRETARY	(ii)	0	0	0	0	0	0	0
VICKI MINOR	(i)	70,000	0	0	0	0	70,000	0
3 FMR PRESIDENT	(ii)	0	0	0	0	0	0	0
MARK DEGREGORIO	(i)	0	0	0	0	0	0	0
4 FMR DIRECTOR	(ii)	0	0	0	0	0	0	0
DAVID CRUMB	(i)	0	0	0	0	0	0	0
5 FMR DIRECTOR	(ii)	0	0	0	0	0	0	0
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2023

EEA

93-1266991

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

01. Benefit information (Part I, line 1a)

FIRST CLASS TRAVEL BY THE EXECUTIVE DIRECTOR OCCURS ONLY ON AN OCCASIONAL BASIS, AND ONLY WHEN THE PRICE DIFFERENTIAL BETWEEN

93-1266991

FIRST CLASS AND COACH AIRFARE IS SMALL.

REIMBURSEMENT OF COMPANION TAVEL BY THE EXECUTIVE DIRECTOR IS INFREQUENT, GENERALLY OCCURRING ONCE PER YEAR OR LESS (IF AT

ALL).

SCHEDULE O (Form 990)

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.

OMB No. 1545-0047 2023 Open to Public Inspection

Internal Revenue Service

Department of the Treasury

WILDLAND FIREFIGHTER FOUNDATION

Employer identification number 93-1266991

01. Officer, directors, etc. family relationship (Part VI, line 2)

FAMILY RELATIONSHIPS AMONG OFFICERS, DIRECTORS, AND EMPLOYEES:

VICKI MINOR, FORMER PRESIDENT, IS THE MOTHER OF KENNETH MINOR, THE EXECUTIVE DIRECTOR.

ASHLEY MINOR, AN EMPLOYEE IN 2023, IS KENNETH MINOR'S DAUGHTER AND VICKI MINOR'S

GRANDDAUGHTER

LAYN MINOR, AN EMPLOYEE IN 2023, IS KENNETH MINOR'S SON AND VICKI MINOR'S GRANDSON.

JOYCE SPOSITO, AN EMPLOYEE IN 2023, IS THE MOTHER OF DINA PFEIFER, AN EMPLOYEE AND FORMER

SECRETARY AND BOARD MEMBER.

NICOLE PFEIFER, AN EMPLOYEE IN 2023, IS DINA PFEIFER'S DAUGHTER.

02. Form 990 governing body review (Part VI, line 11)

COPIES OF THE 990 ARE DISTRIBUTED TO BOARD MEMBERS FOR REVIEW PRIOR TO FILING.

03. Conflict of interest policy compliance (Part VI, line 12c)

THE WFF BOARD REQUIRES EACH MEMBER TO BE AWARE OF AND IN COMPLIANCE WITH THE WFF CONFLICT

OF INTEREST POLICY. BOARD MEMBERS REVIEW THE POLICY AT THE ANNUAL MEETING, AND ANY NEW

MEMBERS ARE MADE AWARE OF THE POICY UPON JOINING THE BOARD OF DIRECTORS.

04. CEO, executive director, top management comp (Part VI, line 15a)

WFF REQUIRES A COMPATABILITY STUDY REGARDING COMPENSATION FOR ALL PRIMARY SALARIED

POSITIONS. THE WFF BOARD OF DIRECTORS THEN REVIEWS THE STUDY AND MAKES DECISIONS

ACCORDINGLY.

05. Other officer or key employee compensation (Part VI, line 15b

WFF REQUIRES A COMPATABILITY STUDY REGARDING COMPENSATION FOR ALL PRIMARY SALARIED

Schedule O (Form 990) 2023	Page 2
Name of the organization	Employer identification number
WILDLAND FIREFIGHTER FOUNDATION	93-1266991

POSITIONS. THE WFF BOARD OF DIRECTORS THEN REVIEWS THE STUDY AND MAKES DECISIONS

ACCORDINGLY.

06. Form 990 availability to public (Part VI, line 18)

WFF GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS AND 990 RETURNS

ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. THE 990 IS ALSO AVAILABLE ON THE WFF

WEBSITE, CHARITY NAVIGATOR AND GUIDESTAR.

07. Governing documents, etc, available to public (Part VI, line 19)

WFF GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS AND 990 RETURNS

ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. THE 990 IS ALSO AVAILABLE ON THE WFF

WEBSITE, CHARITY NAVIGATOR AND GUIDESTAR.

	4562		Depreciatio	on and A	mortizat	on	(OMB No. 1545-0172			
Form	4302		(Including Infor	mation on I	Listed Prop	erty)		2023			
	Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form4562 for instructions and the latest information.										
	ame(s) shown on return Business or activity to which this form relates FORM 990 - 1 Business or activity to which this form relates Business or activity to which this form re										
WILDLAND FIREFIGHTER FOUNDATION FORM 990 - 1 93-1266991 Part I Election To Expense Certain Property Under Section 179 93-1266991											
	Note: If you have any listed property, complete Part V before you complete Part I.										
1		•	,				1				
2			placed in service (see	,			2				
3			•	•		ns)	3				
4							4				
5		-	act line 4 from line 1. I			-	5				
6		Description of property		(b) Cost (busin		(c) Elected cost	<u> </u>				
<u> </u>	(a)	Description of property	/		ess use only	(C) Elected cost					
7	Listed property. I	Enter the amount	from line 29		7						
8	Total elected cos	t of section 179 p	roperty. Add amounts	in column (c)	, lines 6 and	7	8				
9		-	aller of line 5 or line 8				9				
10	•		•				10				
11						See instructions	11				
12						11	12				
13 Note	-		to 2024. Add lines 9 a for listed property. Ins			. 13					
						nclude listed property. Se	e instr	ructions)			
		•	r qualified property (oth		\	,					
••	•						14				
15	• •						15				
							16	128,288			
Par	t III MACRS E	Depreciation (D	on't include listed prop	perty. See ins	structions.)						
				ection A				1			
			ced in service in tax ye				17				
18	•		sets placed in service	-	-						
			ed in Service During			General Depreciation	Syster	m			
	00000		r (c) Basis for depreciation					•			
(a)	Classification of prope	ty placed in service	(business/investment use only-see instructions)	period	(e) Conventio	n (f) Method	(g) 🗆	Depreciation deduction			
19a	3-yeas proporte							1,468			
b	5-yeas paopente	ht #568						2,175			
C	7-year property										
d	- 7 1 1										
£	15-year propert						<u> </u>				
f	20-year propert 25-year propert			25 yrs.		S/L					
 	Residential rent			27.5 yrs.	MM	S/L					
	property			27.5 yrs.	MM	S/L S/L	-				
—i	Nonresidential I	eal		39 yrs.	MM	S/L	-				
	properstateme				MM	S/L		792			
			d in Service During	2023 Tax Yea	ar Using the	Alternative Depreciatio	n Sys				
-	Class life					S/L					
b	12-year			12 yrs.		S/L					
<u> </u>	,			30 yrs.	MM	S/L	4				
	40-year			40 yrs.	MM	S/L					
		(See instructions.) Enter amount fror					21				
21 22			ines 14 through 17, lin	••••••••••••••••••••••••••••••••••••••) and line 21 Enter	21				
<u>ک</u> ک			of your return. Partner			-	22	132,723			
23			ed in service during the		-			132,723			
-			section 263A costs			23					
Far D	anamuarlı Daducti	n Act Notice	onarato instructions			·		F 4560 (0000)			

		Federal Supporting	Statements	2023 PG01
Name(s) as shown on return				Tax ID Number 93-1266991
		FORM 4562 - LIN	E 19A	Statement #567
BASIS 1,764 1,111 942 2,940 1,092 1,195 TOTAL	RP 3 3 3 3 3 3 3	СV НҮ НҮ НҮ НҮ НҮ	METHOD SL SL SL SL SL SL	DEDUCTION 529 320 142 318 86 73
		<u>FORM 4562 - LIN</u>	<u>E 19B</u>	PG01 Statement #568
BASIS 1,073 1,417 9,700 688 1,766 TOTAL	RP 5 5 5 5 5 5	СV НҮ НҮ НҮ НҮ	METHOD SL SL SL SL SL	DEDUCTION 211 102 1,751 107 4 2,175
		FORM 4562 - LIN	<u>E 191</u>	PG01 Statement #569
DATE 03-2023 05-2023 03-2023 03-2023 04-2023 04-2023 04-2023 04-2023	1, 3, 12, 1, 6, 3,	COST 373 203 745 343 151 280 745	RP 39.5 39.5 39.5 39.5 39.5 39.5 39.5 39.5	DEDUCTION 27 55 259 26 118 63 244 792

Depreciation Detail Listing

* Item is included in UBIA for Section 199A calculations.

See "UBIA" in lower right corner.

Name(s) as shown on return

Program Services (This page is not filed with the return. It is for your records only.) PAGE 1

	(s) as shown on return				(This pa	ge is not lifed w		s loi you lecoi	us on	iy.)			Social sec	urity number/EIN	J	
	ILDLAND FIREFIGHTER H													-1266991	•	
	ILDLAND FIREFIGHIER F	CONDATION								-			I			
No.	Description	Date	Cost	Basis	Business	Section	Bonus	Depreciable Basis	Life	Met	thod	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
1	MISC ASSET 1	06-18-2007	13,800	Adjustment	percentage 100.00	179	depreciation	13,800	7			0	13,800	Depreciation	13,800	Current
2	MISC ASSET 1 MISC ASSET 2	06-30-2007	8,000		100.00			8,000				0	8,000		8,000	
3	MISC ASSET 3	11-07-2016	4,994		100.00			4,994				0	4,994		4,994	
4	2003 COACHMEN CATALIN		26,545		100.00			26,545				0	26,545		26,545	
5	BUILDING	12-01-2020	575,000		100.00			575,000		SL	MM	2.532	30,327	14,557	44,884	
6	COMPUTER (JENNIFER)	03-20-2017	1,182		100.00			1,182				0	1,182		1,182	
7	INDOOR SIGN FOR THE N		665		100.00			665		SL	НҮ	14.286		95	608	
8	NEW TRUCK	01-17-2018	2,761		100.00			2,761		SL	ну	20	2,738	23	2,761	
9	COMPUTER	01-10-2018	2,565		100.00			2,565		SL	НҮ	20	2,543	22	2,565	
10	COMPUTER	02-15-2018	1,060		100.00			1,060		SL	НҮ	20	1,033	27	1,060	
11	COMPUTER	04-25-2018	1,271		100.00			1,271	5	SL	НҮ	20	1,186	85	1,271	
12	STORAGE CONTAINER	03-18-2019	4,284		100.00			4,284		SL	НҮ	20	3,998	286	4,284	
13	NEW SERVER	05-29-2020	5,364		100.00			5,364	3	SL	MQ	33.333	4,649	715	5,364	
14	BUILDING IMPROVEMENTS	12-01-2020	218,753		100.00			218,753	39.5	SL	ММ	2.532	11,538	5,538	17,076	
15	BUILDING IMPROVEMENTS	12-01-2020	209,790		100.00			209,790	39.5	SL	ММ	2.532	11,065	5,311	16,376	
16	BUILDING IMPROVEMENTS	12-01-2020	451,097		100.00			451,097	39.5	SL	ММ	2.532	23,792	11,420	35,212	
17	SERVER EQUIPMENT	10-13-2020	1,327		100.00			1,327	3	SL	MQ	33.333	982	345	1,327	
18	REFRIGERATOR, STOVE &	12-01-2020	3,237		100.00			3,237	5	SL	MQ	20	1,349	647	1,996	
19	LIGHTING	12-01-2020	4,750		100.00			4,750	5	SL	MQ	20	1,979	950	2,929	
20	NEW TRUCK	12-18-2020	82,250		100.00			82,250	5	SL	MQ	20	33,494	16,450	49,944	
21	ALARM SYSTEM	11-30-2020	4,144		100.00			4,144	5	SL	MQ	20	1,729	829	2,558	
22	PHONE SYSTEM	12-18-2020	1,610		100.00			1,610	3	SL	MQ	33.333	1,093	517	1,610	
23	NORTHWIND COMPUTERS	01-02-2021	3,331		100.00			3,331	5	SL	НҮ	20	1,332	666	1,998	
24	COSTCO (COMPUTER)	06-22-2021	2,120		100.00			2,120	5	SL	НҮ	20	650	424	1,074	
25	LOWE'S (OFFICE FURNIT	01-07-2021	1,323		100.00			1,323	5	SL	НҮ	20	528	265	793	
26	BRIXTON (OFFICE FURN)		1,500		100.00			1,500		SL	НҮ	20	377	300	677	
27	IDAHO STORAGE CONTAIN	04-14-2021	2,968		100.00			2,968	5	SL	нү	20	1,024	594	1,618	
28	CITY OF BOISE (BUILD)		1,830		100.00			1,830			MM	2.532	90	46	136	
	RR BUILDING SPECIALTI		25,520		100.00			25,520			MM	2.532	1,188	646	1,834	
30	CUSTOM GATE AUTOMATIC	03-17-2021	8,500		100.00			8,500	39.5	SL	MM	2.532	388	215	603	



Depreciation Detail Listing

* Item is included in UBIA

for Section 199A calculations.

See "UBIA" in lower right corner.

Name(s) as shown on return

WILDLAND FIREFIGHTER FOUNDATION

Program Services

2023

(This page is not filed with the return. It is for your records only.)

Social security number/EIN 93-1266991

No.	Description	Date	Cost	Basis	Business	Section	Bonus	Depreciable Basis	Life		Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
31	ROBELL FENCE (BUILDIN	103-18-2021	1,100	Adjustment	percentage 100.00	179	depreciation	1,100	30 5	5 97.	ММ	2.532	Depreciation 50	28	78	Current
	CITY OF BOISE (BUILDI		1,100		100.00			1,100				2.532	50	20	/0	
	IDAHO DEPT OF LAND (B		500		100.00			-	39.5			2.532	19	13	32	
	RR BUILDING SPECIALTI		4,558		100.00			4,558				2.532	167	115	282	
	MURAL (BUILDING IMPRO		30,000		100.00			30,000				2.532	968	759	1,727	
	RR BUILDING SPECIALTI		1,359		100.00			1,359				2.532	37	34	71	
	ROBELL FENCE (BUILDIN		5,000		100.00			5,000				2.532	130	127	257	
38	BUILDING (2021)	04-28-2021	7,188		100.00			7,188	39.5	5 SL	мм	2.532	307	182	489	
39	CAMERA	02-11-2022	550		100.00			550	3	SL	НҮ	33.333	165	183	348	
40	COMPUTER	06-10-2022	1,376		100.00			1,376	3	SL	НҮ	33.333	260	459	719	
41	COMPUTER	10-05-2022	939		100.00			939	3	SL	НҮ	33.333	76	313	389	
42	COMPUTER	10-06-2022	1,471		100.00			1,471	3	SL	нү	33.333	117	490	607	
43	CHAIRS/TABLES/BAR STO	01-19-2022	2,144		100.00			2,144	5	SL	нү	20	412	429	841	
44	DESKS AND OFFICE FURN	01-21-2022	3,218		100.00			3,218	5	SL	нү	20	615	644	1,259	
45	DESKS AND OFFICE FURN	03-07-2022	4,446		100.00			4,446	5	SL	НҮ	20	738	889	1,627	
46	MATTS AND RUGS	06-24-2022	1,158		100.00			1,158	5	SL	НҮ	20	122	232	354	
47	BAR-B-Q	05-09-2022	3,392		100.00			3,392	5	SL	НҮ	20	445	678	1,123	
48	EVENT STABLE	10-26-2022	13,187		100.00			13,187	5	SL	НҮ	20	484	2,637	3,121	
49	CHAIRS/TABLES/BAR STO	04-22-2022	560		100.00			560	5	SL	НҮ	20	79	112	191	
50	CHAIRS/TABLES/BAR STO	04-25-2022	806		100.00			806	5	SL	НҮ	20	112	161	273	
51	CONFERENCE TABLE	05-02-2022	6,500		100.00			6,500	5	SL	НҮ	20	878	1,300	2,178	
52	WOODEN BENCHES / LIVE	05-13-2022	4,000		100.00			4,000	5	SL	НҮ	20	516	800	1,316	
53	WALL WRAPS/INTERPRETI	07-25-2022	8,986		100.00			8,986	15	SL	НҮ	6.667	265	599	864	
54	WALL WRAPS/INTERPRETI	08-31-2022	7,052		100.00			7,052	15	SL	НҮ	6.667	159	470	629	
55	BOOK SHELVES/TABLE	12-11-2022	566		100.00			566	5	SL	НҮ	20	6	113	119	
56	PHONES/PRINTERS, ETC.	12-14-2022	758		100.00			758	3	SL	НҮ	33.333	12	253	265	
57	PHONES/PRINTERS, ETC.	12-14-2022	587		100.00			587	3	SL	НҮ	33.333	9	196	205	
58	IDAHO STORAGE CONTAIN	11-10-2022	6,254		100.00			6,254	5	SL	HY	20	177	1,251	1,428	
5 9	ROCK AND WALL	05-01-2022	71,000		100.00			71,000	15	SL	HY	6.667	3,208	4,733	7,941	
60	PULASKI'S (AND ENGRAV	09-01-2022	4,432		100.00			4,432	15	SL	HY	6.667	99	295	394	

Depreciation Detail Listing Program Services

2023

PAGE 3

Social security number/EIN

93-1266991

* Item is included in UBIA for Section 199A calculations.

See "UBIA" in lower right corner.

Name(s) as shown on return

WILDLAND FIREFIGHTER FOUNDATION

This page is r	not filed with the	return. It is for	your records only.

No. Description Description Description Procession Description Description <thdescription< th=""> <thdesc< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th>1</th><th></th><th></th><th></th><th></th><th></th></thdesc<></thdescription<>										1					
62 RALL RALE LONOVER 10.000 6.607 3.0 1.01 1.0000 63 RUTLEDING INFORMENTS 0.11-0020 1.073 1.0000 1.073 5 5 1.00 2.001 <	No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179		Life	Method	Rate				
0: DUTLING INFERVIENT: 0-1-2022 1,877,111 100.00 1,877,113 3.7 Et. 98 2.32 3,231 47.77 00.16 0: DIAS NO FLAGUES 0.3-12-202 1,073 100.00 1.073 5. Et. 98 2.004 2.01 211 0: DIATES 0:3-12-202 3,203 100.00 3.23 5. Et. 98 1.082 0.01.6 0: DIATES 0:0-2-202 3,203 100.00 3.23 5. Et. 98 1.052 0.01.6 253 0: MACOS SULLINE HENGIO-12-2023 1,143 100.00 1.27.43 39.5 Et. 98 1.053 10.04 2.04 <th>61</th> <th>WALL WRAPS/INTERPRETI</th> <th>07-25-2022</th> <th>9,480</th> <th></th> <th>100.00</th> <th></th> <th>9,480</th> <th>15</th> <th>SL HY</th> <th>6.667</th> <th>279</th> <th>632</th> <th>911</th> <th></th>	61	WALL WRAPS/INTERPRETI	07-25-2022	9,480		100.00		9,480	15	SL HY	6.667	279	632	911	
64 Bitel Auber PLACEE 01-12-2023 1,073 100.00 1,073 5 8 0.0 0 12,12 12,12 66 DUTENS 05-02-202 3,203 100.00 12,12,13 30,5 8 0.00 12,023 30,5 10.00 10,12,12,13 30,5 8 0.00 10,020 10,00 10,020 12,12,13 30,5 8 10.00 10,02	62	WALL WRAPS/INTERPRETI	12-01-2022	6,196		100.00		6,196	15	SL HY	6.667	34	413	447	
65 \$\frac{1}{1278}\$ \$\frac{1}{2},332\$ \$\frac{1}{2},332\$ \$\frac{1}{2},323\$ \$\frac{1}{2},333\$ \$\frac{1}{3},333\$ \$\frac{1}{3},333\$<	63	BUILDING IMPROVEMENTS	05-01-2022	1,887,111		100.00		1,887,111	39.5	SL MM	2.532	32,381	47,775	80,156	
66 0x10005 BUILDING 1444 0-7-2023 32,03 31,000 32,03 35,0 50,0 90,0 55,0 55,0 50,0 100,0 10,03 31,04 31,04 31,04 31,04 31,03 31,04 31,04 31,04 31,04 31,04 31,04 31,04 31,04 31,04 31,04 31,04 31,04 31,	64	SIGNS AND PLAGUES	01-12-2023	1,073		100.00		1,073	5	SL HY	10		211	211	
67 AltOUS DUTLINE UNG 3-17-203 12,745 10.00 12,745 39.5 51.000 20.01 22.05 22.05 68 BACKDORD FOR THE LOG 3-2-2023 1,343 100.00 6.151 10.00 6.151 30.5 51.000 1.733 51.000 1.730 51.000 1.000 1.000 1.000 1.000 1.000 1.011 50.000 1.011 50.000 1.010 1.010 1.010	65	GUTTERS	03-31-2023	1,373		100.00		1,373	39.5	SL MM	2.004		27	27	
68 ACCORDOP TOR THE CON 3-29-023 1,343 10.00 1,343 39.5 8. MM 2.04 2.04 2.6 2.0 69 DECENTICAL WITERING AD (4-03-023) 3.280 100.00 3.280 3.280 100.00 3.280 3.280 100.00 3.280 3.280 1.01 118 70 RACIOUS BUILDING HEFE-03-023 3.2745 100.00 1.764 100.00 1.764 3.5 8. MM 1.733 0.244 244 72 RECONCONCENTS 0.70-023 31.171 100.00 1.111 3 8. 1.87 16.667 0.302 3.20 74 NIDEO PRESENTATION TC/7-21-023 1.00.00 2.940 10.00 2.940 1.0102 1.6.67 0.142 14.24 75 NO APPLENES 0-5-023 3.940 100.00 1.195 8. 1.6.67 0.68 66 70 INDER DORT TRAILERS 0-2-9-023 1.00.00 1.015 8. W 1.02 1.751 1.751 70 INDED SON TRAILES 0-2-9-023 1.04 <th>66</th> <th>GUTTERS</th> <th>05-02-2023</th> <th>3,203</th> <th></th> <th>100.00</th> <th></th> <th>3,203</th> <th>39.5</th> <th>SL MM</th> <th>1.582</th> <th></th> <th>55</th> <th>55</th> <th></th>	66	GUTTERS	05-02-2023	3,203		100.00		3,203	39.5	SL MM	1.582		55	55	
69 EXECTRICAL WINNOR NO 40-3-2023 6.151 100.00 6.151 3.280 100.00 3.280 100.00 3.280 100.00 3.280 100.00 3.280 12.745 100.00 12.745 12.745 100.00 12.745 12.745 100.00 12.745 10.10 12.745 100.00 12.745 10.10 10.12 12.745 10.10 12.745 10.10 12.745 10.10 12.745 10.10 12.745 10.10 12.745 12.74 12.74 12.74 12.74 12.74 12.74 12.74 12.74 12.74 12.74 12.74 12.74 12.74 12.74 12.75 12.75 12	67	VARIOUS BUILDING IMPR	03-17-2023	12,745		100.00		12,745	39.5	SL MM	2.004		259	259	
70 punction 04-03-2023 3.3.20 1.0.00 3.2.5 5.1. Me 1.7.93 1.5.93 1.5.43 1.5.95 1.5.1 Me 1.7.93 1.5.95 1.5.1 1.5.95 1.5.1 1.5.105 1.5.25 1.5.1 1.5.10 1.5.25 1.5.10 1.5.25 1.5	68	BACKDROP FOR THE COOP	03-29-2023	1,343		100.00		1,343	39.5	SL MM	2.004		26	26	
71 VARIOUS BUILDING IMPR 04-03-2023 12,745 100,00 11,74 3 51 Med 1.793 12,455 12,45	69	ELECTRICAL WIRINNG AN	04-03-2023	6,151		100.00		6,151	39.5	SL MM	1.793		118	118	
72 NEW COMPUTERS 02-10-2023 1,114 10.00 1,111 3 SL W1 16.667 4.232 3.20 75 NUCL PRESENTATION TO 10-72-1223 942 100.00 1.111 3 SL W1 16.667 142 3 76 ALPOP AND NEW PRINTE 10-72-1223 1.022 100.00 1.002 3 SL W1 16.667 106 100 3.18 76 ALPOP AND NEW PRINTE 10-72-023 1.029 100.00 1.022 3 SL W1 16.667 73 73 78 SINCER NOT TRAINING 10-26-203 1.010 100.00 1.0111 5 SL W1 10 10.00 10.00 1.0111 5 SL W1 10 10.00 10.00 1.010 1.010 1.0111 5 SL W1 10 10.00 1.010 1.010 1.010 1.010 1.010 1.010 1.010 1.010 1.010 1.010 1.010 1.010 1.010 1.010 1.010 1.010 1.010 1.010 1.010 1.	70	PLUMBING	04-03-2023	3,280		100.00		3,280	39.5	SL MM	1.793		63	63	
73 TWO LPADS 0.2-23-2023 1,1,11 100.00 1,1,11 3 SL HV 16.67 320 320 74 UPGO PRESENTATION	71	VARIOUS BUILDING IMPR	04-03-2023	12,745		100.00		12,745	39.5	SL MM	1.793		244	244	
74 VIDEO PRESENTATION TO 07-21-203 9.42 100.00 942 3 SL HY 16.67 142 142 75 WOA APPLE HONSEN 09-05-203 2,940 100.00 1,021 3 SL HY 16.67 318 318 318 76 INFOR APPLE HONSEN 10-26-203 1,195 100.00 1,192 3 SL HY 16.67 CM 70 703 78 INFOLL FORMERTATIONE NATARCK 0-24-203 1,195 100.00 1,141 SL HY 16.67 CM 703 703 9 ENCLOSED TRAILERS 0-24-2023 1,170 100.00 1,141 SL HY 10 102 102 9 ENCLOSED TRAILERS 0-24-2023 9,700 GR SL HY 10 10,710 10,710 10 DRONE 12-27-2023 1,766 100.00 INFO SL HY 10 INFO	72	NEW COMPUTERS	02-10-2023	1,764		100.00		1,764	3	SL HY	16.667		529	529	
74 VIDEO PRESENTATION 0 07-21-2023 942 100.00 942 3 SL HY 16.667 318 318 75 WOM APPLE PHONEN 09-05-203 1.092 100.00 1.092 3 SL HY 16.667 318 318 76 LAPEO AND NEW FRITUE 10-26-2023 1.195 100.00 1.092 3 SL HY 16.667 318 318 77 SINGLE ROOM TRAINING 10-26-2023 1.195 100.00 1.195 3 SL HY 10.667 73 73 9 SINDLE ROOM TRAINING 0-26-2023 9.700 100.00 1.117 5 SL HY 10 100 107 9 NOLDE TRAILERS 0-26-2023 9.700 100.00 668 5 SL HY 10 107 107 10 DONE 12-27-2023 1,766 100.00 1,766 5 SL HY 10 10 10 10 DONE 12-27-2023 1,766 Inteteeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeee	73	TWO IPADS	02-23-2023	1,111		100.00		1,111	3	SL HY	16.667		320	320	
76 LAPTOP AND NEW FRINTE 1-07-2023 1,092 1,092 3 SL HZ 16.667 0.668 86 77 SINGLE ROOM TRAINING 10-26-2023 1,195 100.00 1,195 3 SL HZ 16.67 73 733 8 FIRITE AND HAT RACK 30-2-2023 1,195 100.00 100.00 5 SL HZ 10 10,102 10,751 9 PACLOSE TRAILERS 02-29-2023 668 100.00 5 SL HY 10 10,761 1,751 9 PACLOSE TRAILERS 02-29-2023 668 100.00 5 SL HY 10 1070 1070 81 PARCH 02-27-2023 1,766 100.00 10.00 1,766 5 SL HY 10 10 1070 1070 81 PARCH 22-7-2023 1,766 100.00 1,766 5 SL HY 10 10 10 10 9000 PARCH PARCH PARCH PARCH PARCH PARCH PARCH PARCH PA	74	VIDEO PRESENTATION TO	07-21-2023			100.00				SL HY	16.667		142	142	
77 SINCLE ROOM TRAINING 10-26-2023 1,195 100.00 1,195 3 SL HY 16.667 73 73 78 F SINT AND HAT PACK-92-2023 1,417 100.00 102.00 1,417 5 SL HY 10 102 102 9 DISINGLOSED TRAILERS 02-09-2023 608 100.00 9700 5 SL HY 10 102 102 9 DISINGLOSED TRAILERS 03-25-2023 608 100.00 65 SL HY 10 1751 1751 81<	75	TWO APPLE PHONES	09-05-2023	2,940		100.00		2,940	3	SL HY	16.667		318	318	
76 T SHIRT AND HAT RACKS 08-24-2023 1,417 100.00 100.00 100.00 9,700 5 5L HY 10 1.751 1.751 80 DISHWASHER 03-25-2023 668 100.00 668 5 SL HY 10 10 10.751 1.751 81 DRONE 12-27-2023 1,766 100.00 10.766 5 SL HY 10 10 10 10 9 DRONE 12-27-2023 1,766 100.00 10,766 5 SL HY 10 10 10 10 9 DRONE 12-27-2023 1,766 100.00 10,766 5 SL HY 10	76	LAPTOP AND NEW PRINTE	10-07-2023	1,092		100.00		1,092	3	SL HY	16.667		86	86	
79 ENCLOSED TRAILERS 02-09-2023 9,700 100.00 100	77	SINGLE ROOM TRAINING	10-26-2023	1,195		100.00		1,195	3	SL HY	16.667		73	73	
79 ENCLOSED TRAILERS 02-09-2023 9,700 100.00 100.00 5 SL HY 10 1,751 1,751 80 DISBRASHER 03-25-2023 668 100.00 100.00 11,765 5 SL HY 100 100 100 81 DRONE 12-27-2023 1,766 100.00 11,765 5 SL HY 100 14 4 9000000000000000000000000000000000000	78	T SHIRT AND HAT RACKS	08-24-2023	1,417		100.00		1,417	5	SL HY	10		102	102	
80 DISHWASHER 03-25-2023 6688 100.00 668 5 SL HY 10 107 107 81 DRONE 12-27-2023 1,766 100.00 100.00 10 1,766 5 SL HY 10 4 4 9 DRONE 12-27-2023 1,766 100.00 100.00 100.00 1,766 5 SL HY 10 4 4 9 DRONE 12-27-2023 1,766 DRONE 1,766 5 SL HY 10 4 4 9 DRONE I	79	ENCLOSED TRAILERS	02-09-2023			100.00				SL HY	10		1,751	1,751	
81 DROME 12-27-2023 1,766 100.00 11,766 5 SL <hy< td=""> 10 4 4 9</hy<>	80	DISHWASHER	03-25-2023			100.00				SL HY	10		107	107	
Fotals 3,831,943 3,831,943 237,432 132,723 370,155	81	DRONE		1,766		100.00					10		4	4	
		Totolo		2 021 042				2 021 042				227 420	120 700	270 155	
		Land Amount		3,031,943								231,432	132,723	370,155 ST ADJ:	

ST ADJ:

132,723

		(This page is not filed w	ith the return. It is for you	r records only.)			202	3			
ame(s)	as shown on retur	n					Tax ID Number				
		FIGHTER FOUNDATION		1	1		1	266991			
orm	Multi-Form	Description	Date	Basis	Method		Life	Deduction			
RG	1	MISC ASSET 1	06-18-2007	13,800			7				
RG	1	MISC ASSET 2	06-30-2007	8,000			5				
RG		MISC ASSET 3	11-07-2016	4,994			5				
RG		2003 COACHMEN CATALINA	04-29-2017	26,545			5	14 55			
rg Rg		BUILDING	12-01-2020	575,000	SL	MM	39.5 5	14,55			
RG		COMPUTER (JENNIFER) INDOOR SIGN FOR THE NEW	08-11-2017	1,182	SL	НҮ	7	5			
RG	1	NEW TRUCK	01-17-2018	2,761	SL	НҮ	5	5			
RG	1	COMPUTER	01-10-2018	2,565	SL	ну	5				
RG	1	COMPUTER	02-15-2018	1,060	SL	нү	5				
RG	1	COMPUTER	04-25-2018	1,271	SL	НҮ	5				
RG	1	STORAGE CONTAINER	03-18-2019	4,284	SL	нү	5				
RG	1	NEW SERVER	05-29-2020	5,364	SL	MQ	3				
G	1	BUILDING IMPROVEMENTS (2	12-01-2020	218,753	SL		39.5	5,53			
۲G	1	BUILDING IMPROVEMENTS (2	12-01-2020	209,790	SL	MM	39.5	5,31			
RG	1	BUILDING IMPROVEMENTS (2	12-01-2020	451,097	SL	MM	39.5	11,420			
RG	1	SERVER EQUIPMENT	10-13-2020	1,327	SL	MQ	3				
RG	1	REFRIGERATOR, STOVE & MI	12-01-2020	3,237	SL	MQ	5	64			
RG	1	LIGHTING	12-01-2020	4,750	SL	MQ	5	950			
RG	1	NEW TRUCK	12-18-2020	82,250	SL	MQ	5	16,450			
RG	1	ALARM SYSTEM	11-30-2020	4,144	SL	MQ	5	829			
RG	1	PHONE SYSTEM	12-18-2020	1,610	SL	MQ	3				
RG	1	NORTHWIND COMPUTERS	01-02-2021	3,331	SL	HY	5	66			
RG	1	COSTCO (COMPUTER)	06-22-2021	2,120	SL	HY	5	424			
RG	1	LOWE'S (OFFICE FURNITURE	01-07-2021	1,323	SL	HY	5	26			
RG		BRIXTON (OFFICE FURNITUR	09-30-2021	1,500	SL	HY	5	300			
RG		IDAHO STORAGE CONTAINERS	04-14-2021	2,968	SL	HY	5	594			
RG RG		CITY OF BOISE (BUILDING RR BUILDING SPECIALTIES	01-27-2021	1,830 25,520	SL SL	MM	39.5 39.5	40 640			
RG		CUSTOM GATE AUTOMATION (03-04-2021	8,500	SL		39.5	21			
RG	1	ROBELL FENCE (BUILDING I	03-18-2021	1,100	SL		39.5				
RG	1	CITY OF BOISE (BUILDING	06-14-2021	1,100	SL		39.5				
RG	1	IDAHO DEPT OF LAND (BUIL	07-07-2021	500	SL		39.5	13			
RG	1	RR BUILDING SPECIALTIES	07-22-2021	4,558	SL		39.5	11!			
RG	1	MURAL (BUILDING IMPROV 2	09-23-2021	30,000	SL		39.5	759			
RG	1	RR BUILDING SPECIALTIES	11-29-2021	1,359	SL		39.5	34			
RG	1	ROBELL FENCE (BUILDING I	12-22-2021	5,000	SL		39.5	12			
RG	1	BUILDING (2021)	04-28-2021	7,188	SL		39.5	182			
RG	1	CAMERA	02-11-2022	550	SL	HY	3	18:			
RG	1	COMPUTER	06-10-2022	1,376	SL	НY	3	459			
RG	1	COMPUTER	10-05-2022	939	SL	ΗY	3	31:			
RG	1	COMPUTER	10-06-2022	1,471	SL	ΗY	3	49			
RG	1	CHAIRS/TABLES/BAR STOOLS	01-19-2022	2,144	SL	ΗY		42:			
RG	1	DESKS AND OFFICE FURNITU	01-21-2022	3,218	SL	HY		64			
ß	1	DESKS AND OFFICE FURNITU	03-07-2022	4,446	SL	HY		88			
G	1	MATTS AND RUGS	06-24-2022	1,158	SL	HY		23			
G		BAR-B-Q	05-09-2022	3,392	SL	HY		678			
G		EVENT STABLE	10-26-2022	13,187	SL	HY		2,63			
G		CHAIRS/TABLES/BAR STOOLS	04-22-2022	560	SL	HY		11:			
G		CHAIRS/TABLES/BAR STOOLS	04-25-2022	806	SL	HY		16			
G		CONFERENCE TABLE	05-02-2022	6,500	SL	HY		1,30			
ß	1	WOODEN BENCHES / LIVE ED	05-13-2022	4,000	SL	HY	5	800			

			Depreciation V vith the return. It is for you				2023	}		
Name(s)	as shown on retu						Tax ID Number			
WILDI	LAND FIRE	FIGHTER FOUNDATION		93-1266991						
Form	Multi-Form	Description	Date	Basis	Method		Life	Deduction		
PRG	1	WALL WRAPS/INTERPRETIVE	07-25-2022	8,986	SL	HY	15	5		
PRG	1	WALL WRAPS/INTERPRETIVE	08-31-2022	7,052	SL	HY	15	4		
PRG	1	BOOK SHELVES/TABLE	12-11-2022	566	SL	HY	5	1		
PRG	1	PHONES/PRINTERS, ETC.	12-14-2022	758	SL	ΗY	3	2		
PRG	1	PHONES/PRINTERS, ETC.	12-14-2022	587	SL	ΗY	3	1		
PRG	1	IDAHO STORAGE CONTAINERS	11-10-2022	6,254	SL	HY	5	1,2		
PRG	1	ROCK AND WALL	05-01-2022	71,000	SL	ΗY	15	4,7		
PRG	1	PULASKI'S (AND ENGRAVING	09-01-2022	4,432	SL	ΗY	15	2		
PRG	1	WALL WRAPS/INTERPRETIVE	07-25-2022	9,480	SL	НY	15	6		
PRG	1	WALL WRAPS/INTERPRETIVE	12-01-2022	6,196	SL	ΗY	15	4		
PRG	1	BUILDING IMPROVEMENTS	05-01-2022	1,887,111	SL	MM	39.5	47,7		
PRG	1	SIGNS AND PLAGUES	01-12-2023	1,073	SL	ΗY	5	2		
PRG	1	GUTTERS	03-31-2023	1,373	SL	MM	39.5			
PRG	1	GUTTERS	05-02-2023	3,203	SL	MM	39.5			
PRG	1	VARIOUS BUILDING IMPROVE	03-17-2023	12,745	SL	MM	39.5	3		
PRG	1	BACKDROP FOR THE COORS B	03-29-2023	1,343	SL	MM	39.5			
PRG	1	ELECTRICAL WIRINNG AND L	04-03-2023	6,151	SL	MM	39.5	1		
PRG	1	PLUMBING	04-03-2023	3,280	SL	MM	39.5			
PRG	1	VARIOUS BUILDING IMPROVE	04-03-2023	12,745	SL	MM	39.5	3		
PRG	1	NEW COMPUTERS	02-10-2023	1,764	SL	нү	3	5		
PRG	1	TWO IPADS	02-23-2023	1,111	SL	НY	3	3		
PRG	1	VIDEO PRESENTATION TOOL	07-21-2023	942	SL	HY	3	3		
PRG	1	TWO APPLE PHONES	09-05-2023	2,940	SL	нү	3	9		
PRG	1	LAPTOP AND NEW PRINTER	10-07-2023	1,092	SL	нү	3	3		
PRG	1	SINGLE ROOM TRAINING KIT	10-26-2023	1,195	SL	HY	3	3		
PRG	1	T SHIRT AND HAT RACKS	08-24-2023	1,417	SL	HY	5	2		
PRG	1	ENCLOSED TRAILERS	02-09-2023	9,700	SL	нү	5	1,9		
PRG	1	DISHWASHER	03-25-2023	688	SL	НY	5	1		
PRG	1	DRONE	12-27-2023	1,766	SL	НY	5	3		
		TOTAL						133,2		