

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

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Boise, ID 83705
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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.

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

Department of the Treasury
Internal Revenue Service

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 - Identification

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

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

0	1
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Application Is For	Return Code	Application Is For	Return 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)

The books are in the care of KENNETH B MINOR, 2393 W AIRPORT WAY BOISE ID 83705
 Telephone No. 208-336-2996 Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 11-15, 20 24, to file the **exempt organization return** for the organization named above. The extension is for the organization's return for:
 calendar year 20 23 or
 tax year beginning _____, 20 _____, and ending _____, 20 _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b 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.	3b	\$
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

**IRS E-file Signature Authorization
for a Tax Exempt Entity**

For calendar year 2023, or fiscal year beginning _____, 2023, and ending _____, 20

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

2023

Name of filer **WILDLAND FIREFIGHTER FOUNDATION** EIN or SSN **93-1266991**
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	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>2,517,278</u>
2a	Form 990-EZ check here	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a	Form 8868 check here	<input type="checkbox"/>	b	Balance due (Form 8868, line 3c)	5b	
6a	Form 990-T check here	<input type="checkbox"/>	b	Total tax (Form 990-T, Part III, line 4)	6b	
7a	Form 4720 check here	<input type="checkbox"/>	b	Total tax (Form 4720, Part III, line 1)	7b	
8a	Form 5227 check here	<input type="checkbox"/>	b	FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a	Form 5330 check here	<input type="checkbox"/>	b	Tax due (Form 5330, Part II, line 19)	9b	
10a	Form 8038-CP check here	<input type="checkbox"/>	b	Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I 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

I authorize Mike Tashman Tax & Accounti to enter my PIN 96451 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____ Date 05-05-2024

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

822788 24833

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature _____ Date 11-15-2024

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

Return of Organization Exempt From Income Tax

2023

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning, 2023, and ending, 20

B Check if applicable: C Name of organization WILDLAND FIREFIGHTER FOUNDATION D Employer identification number 93-1266991 E Telephone number (208) 336-2996 G Gross receipts \$ 2,841,462 H(a) Is this a group return for subordinates? Yes No H(b) Are all subordinates included? Yes No I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 J Website: WWW.WFFFOUNDATION.ORG K Form of organization: Corporation Trust Association Other L Year of formation: 1999 M State of legal domicile: OR

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... 2 Check this box if the organization discontinued its operations... 3-7a Activities & Governance metrics 7b Net unrelated business taxable income... 8-12 Revenue 13-19 Expenses 20-22 Net Assets or Fund Balances

Part II Signature Block

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

Sign Here KENNETH B MINOR Signature of officer Date KENNETH B MINOR, EXEC DIRECTOR Type or print name and title

Paid Preparer Use Only Michael Tashman, CPA, EA Michael Tashman, CPA, EA 11-15-2024 Check self-employed if PTIN P01864448 Firm's name Mike Tashman Tax & Accounting Svcs Firm's EIN Firm's address 1116 S Vista Ave Ste 375 Boise ID 83705 Phone no. 208-272-0563

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III []

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 [x] 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 others, 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 PROVIDES DIRECT GRANTS AND BENEVOLENT ASSISTANCE TO HELP INJURED FIREFIGHTERS AND THEIR FAMILIES, AS WELL AS FAMILIES OF FALLEN FIREFIGHTERS, BEREAVEMENT ASSISTANCE AND COUNSELING, TRAVEL FOR MEDICAL AND FUNERAL 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 SUPPORTED 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 WILDFIRES AND THE DANGERS AND THE EFFECTS ON THE WILDLAND FIREFIGHTERS (THE MEN AND WOMEN WHO PUT THEIR LIVES ON THE LINE). WFF OFFICES HOUSE A WILDLAND FIREFIGHTER MUSEUM, PROVIDING MEMORIABILIA, PHOTOGRAPHS AND EDUCATIONAL MATERIALS ON DISPLAY TO THE PUBLIC. DURING 2023, WFF STAFF ALSO 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 \$)

4e Total program service expenses 1,787,562

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21, with sub-questions a-f for items 4, 11, 12, and 14. 'X' marks indicate 'Yes' responses.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, and other IRS filings.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096 and backup withholding rules.

Part 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? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	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
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
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?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	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			
c	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	7d			
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.				
a	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:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
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	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
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	13b			
c	Enter the amount of reserves on hand	13c			
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? <i>If "No," provide an explanation on Schedule O</i>	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? If "Yes," see the instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
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? If "Yes," complete Form 6069.	17			

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members... 2 Did any officer, director, trustee... 3 Did the organization delegate control... 4 Did the organization make any significant changes... 5 Did the organization become aware... 6 Did the organization have members... 7a Did the organization have members... 7b Are any governance decisions... 8 Did the organization contemporaneously document... 8a The governing body... 8b Each committee... 9 Is there any officer, director, trustee...

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters... 10b If "Yes," did the organization have written policies... 11a Has the organization provided a complete copy... 11b Describe on Schedule O the process... 12a Did the organization have a written conflict of interest policy... 12b Were officers, directors, or trustees... 12c Did the organization regularly and consistently monitor... 13 Did the organization have a written whistleblower policy... 14 Did the organization have a written document retention... 15 Did the process for determining compensation... 15a The organization's CEO... 15b Other officers or key employees... 16a Did the organization invest in, contribute assets to... 16b If "Yes," did the organization follow a written policy...

Section 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

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest 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 Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending 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.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KENNETH B MINOR EXEC DIRECTOR		X				X	159,013	0	3,060	
(2) DINA PFEIFER FMR SECRETARY						X	102,600	0	3,675	
(3) VICKI MINOR FMR PRESIDENT						X	70,000	0	0	
(4) CURTIS STANLEY DIRECTOR		X					0	0	0	
(5) JOEL KERLEY DIRECTOR		X					0	0	0	
(6) LARRY LEASURE DIRECTOR		X					0	0	0	
(7) ROBERT BELL DIRECTOR		X					0	0	0	
(8) TODD ABEL DIRECTOR		X					0	0	0	
(9) BETH LUND SECRETARY & DIRECTOR		X					0	0	0	
(10) JULIE QUIGLEY PRESIDENT		X		X			0	0	0	
(11) MARGARET DOHERTY TREASURER		X		X			0	0	0	
(12) RON RALEY VICE-PRESIDENT & FMR SECRETARY		X		X			0	0	0	
(13) MARK DEGREGORIO FMR DIRECTOR						X	0	0	0	
(14) DAVID CRUMB FMR DIRECTOR						X	0	0	0	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) -----	-----									
(16) -----	-----									
(17) -----	-----									
(18) -----	-----									
(19) -----	-----									
(20) -----	-----									
(21) -----	-----									
(22) -----	-----									
(23) -----	-----									
(24) -----	-----									
(25) -----	-----									
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							331,613	0	6,735	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **2**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 18,511				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 1,913,415				
	g	Noncash contributions included in lines 1a-1f	1g \$				
	h	Total. Add lines 1a-1f		1,931,926			
Program Service Revenue	2a _____ Business Code						
	b	_____					
	c	_____					
	d	_____					
	e	_____					
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		51,888		51,888	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real				
			(ii) Personal				
			6a				
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
			7a				
	b	Less: cost or other basis and sales expenses	7b				
	c	Gain or (loss)	7c				
	d	Net gain or (loss)					
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a 857,648					
b	Less: direct expenses	8b 324,184					
c	Net income or (loss) from fundraising events		533,464		533,464		
9a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11a _____ Business Code						
	b	_____					
	c	_____					
	d	All other revenue					
	e	Total. Add lines 11a-11d					
12	Total revenue. See instructions		2,517,278	0	0	585,352	

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).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising 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):				
a Management				
b Legal				
c Accounting	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.)				
a FALLEN FIREFIGHTER FAM PROG	75,625	75,625		
b FLOWERS & GIFTS	9,378	9,265	98	15
c BOARD & STAFF MEETINGS	12,276	9,122	2,737	417
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e . .	2,106,324	1,787,562	255,748	63,014
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part 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
Assets	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	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,832,749		
	b Less: accumulated depreciation	10b 370,155	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	
Liabilities	17 Accounts payable and accrued expenses	55,089	17	26,807
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other 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		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	1,257,769	26	1,155,141
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	4,143,649	27	4,543,818
	28 Net assets with donor restrictions	5,000	28	158,799
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	4,148,649	32	4,702,617
33 Total liabilities and net assets/fund balances	5,406,418	33	5,857,758	

Part 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

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? 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. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		x
b	Were the organization's financial statements audited by an independent accountant? 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. <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	x	
c	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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	x	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization WILDLAND FIREFIGHTER FOUNDATION	Employer identification number 93-1266991
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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.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 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.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its 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.
 - a **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.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, 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.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar 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.")	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)						35,210
6 Public support. Subtract line 5 from line 4						10,450,324

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	1,047,864	2,733,371	2,653,554	2,118,819	1,931,926	10,485,534
8 Gross income from interest, dividends, 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 instructions)					12	2,426,306
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	97.31 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	97.63 %
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2022 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17 18%. Row 19a: 33 1/3% support tests - 2023. Row 19b: 33 1/3% support tests - 2022. Row 20: Private foundation.

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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 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? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>	11c	

Section 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? <i>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.</i>	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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	2	

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>	1	

Section 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 how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2	
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3	

Section E. Type III Functionally Integrated Supporting Organizations

1	<i>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).</i>		
a	<input type="checkbox"/>	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>	
b	<input type="checkbox"/>	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>	
c	<input type="checkbox"/>	The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>	
2	Activities Test. Answer lines 2a and 2b below.		
a		Yes	No
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? <i>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.</i>		2a	
b		Yes	No
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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		2b	
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
a		Yes	No
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? <i>If "Yes" or "No," provide details in Part VI.</i>		3a	
b		Yes	No
Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		3b	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (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	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required) - <i>provide details in Part VI</i>	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(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 - <i>explain in Part VI</i>). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	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, <i>explain in Part VI</i> . See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
7	Excess distributions carryover to 2024. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990, 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

2023

Table with 2 columns: Name of the organization (WILDLAND FIREFIGHTER FOUNDATION) and Employer identification number (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

- [X] 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... [] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor... [] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...

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).

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2023

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization: WILDLAND FIREFIGHTER FOUNDATION; Employer identification number: 93-1266991

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, and questions about donor advisement.

Part II Conservation Easements

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form with multiple sections for conservation easements, including checkboxes for types of easements, a table for held at the end of the tax year, and questions about monitoring and expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with questions about reporting art and historical treasures, including revenue and asset inclusion.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table.
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,066,472	1,298,535	475,802	523,585	447,833
b Contributions	(31,532)		715,249		
c Net investment earnings, gains, and losses	237,490	45,962	114,565	37,331	95,375
d Grants or scholarships					
e Other expenditures for facilities and programs		268,857		83,694	14,961
f Administrative expenses	7,420	9,168	7,081	1,420	4,662
g End of year balance	1,265,010	1,066,472	1,298,535	475,802	523,585

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 100.00 %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----|
| (i) Unrelated organizations? | | X |
| (ii) Related organizations? | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		3,553,869	200,005	3,353,864
c Leasehold improvements				
d Equipment		278,880	170,150	108,730
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				3,462,594

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: 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 Form 990, Part IV, line 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) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

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
(1) MOKEY BEAR COLLECTION	30,000
(2) OLD COIN	1,300
(3) SECURITY 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

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 income taxes		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
Total. (Column (b) must equal Form 990, Part X, line 25 col. (B))		

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per 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:			
a	Net unrealized gains (losses) on investments	2a	143,487	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	324,184	
e	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:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	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 XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	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:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b			4c
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)			5 2,106,324

Part XIII Supplemental Information

Provide 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; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

01. Other revenues not included on Form 990 (Part XI, line 2d)

THIS ADJUSTMENT IS TO SUBTRACT THE \$324,184 IN DIRECT FUNDRAISING EXPENSES (AS REPORTED ON PART VIII, LINE 8B) FROM THE REVENUES TOTAL. THIS ADJUSTMENT IS NECESSARY GIVEN THAT THE CALCULATION OF THE PART I, LINE 11, CURRENT YEAR AMOUNT INCLUDES THE PART VIII, LINE 8C AMOUNT, RATHER THAN THE PART VIII, LINE 8A AMOUNT.

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	
		<u>FLATHEAD</u> (event type)	<u>RIP-N-LIPS</u> (event type)	<u>18</u> (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	184,444	112,378	560,826	857,648
	2	Less: Contributions	45,162	17,000		62,162
	3	Gross income (line 1 minus line 2)	139,282	95,378	560,826	795,486
Direct Expenses	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
	8	Entertainment		3,650		3,650
	9	Other direct expenses	69,324	8,423	184,233	261,980
	10	Direct expense summary. Add lines 4 through 9 in column (d)				324,184
11	Net income summary. Subtract line 10 from line 3, column (d)				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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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)			

- 9 Enter the state(s) in which the organization conducts gaming activities: _____
- a Is the organization licensed to conduct gaming activities in each of these states? Yes No
- b If "No," explain: _____
- _____
- 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
- b If "Yes," explain: _____
- _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization

Employer identification number

WILDLAND FIREFIGHTER FOUNDATION

93-1266991

Part I General Information on Grants and Assistance

- 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? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table _____
- 3 Enter total number of other organizations listed in the line 1 table _____

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 STUDENT GRANT	1	500			
2 LINE OF DUTY DEATH	18	75,500			
3 LINE OF DUTY INJURY	58	170,530			
4 HARDSHIP CASES	103	247,123			
5 GIFTS AND BOOKS	960		36,372	COST	BOOKS AND CHRISTMAS GIFTS, PRIMARILY FOR CHILDREN
6 LINE OF DUTY DEATH - FAMILY TRAVEL	23	28,283			
7 LINE OF DUTY INJURY - FAMILY TRAVEL	25	54,480			

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

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.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

WILDLAND FIREFIGHTER FOUNDATION

Employer identification number

93-1266991

Part I Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input checked="" type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	x	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	x	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a	Receive a severance payment or change-of-control payment?		x
b	Participate in or receive payment from a supplemental nonqualified retirement plan?		x
c	Participate in or receive payment from an equity-based compensation arrangement?		x
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a	The organization?		x
b	Any related organization?		x
If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a	The organization?		x
b	Any related organization?		x
If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III		x
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		x
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 KENNETH B MINOR EXEC DIRECTOR	(i)	159,013	0	0	3,060	0	162,073	0
	(ii)	0	0	0	0	0	0	0
2 DINA PFEIFER FMR SECRETARY	(i)	96,600	6,000	0	3,675	0	106,275	0
	(ii)	0	0	0	0	0	0	0
3 VICKI MINOR FMR PRESIDENT	(i)	70,000	0	0	0	0	70,000	0
	(ii)	0	0	0	0	0	0	0
4 MARK DEGREGORIO FMR DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
5 DAVID CRUMB FMR DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

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 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

OMB No. 1545-0047

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

2023

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

**Open to Public
Inspection**

Name of the organization

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 POLICY 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

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

Schedule O (Form 990) 2023

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.

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form4562 for instructions and the latest information.

Attachment Sequence No. 179

Name(s) shown on return: WILDLAND FIREFIGHTER FOUNDATION; Business or activity to which this form relates: FORM 990 - 1; Identifying number: 93-1266991

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 main rows for lines 1-5 and 7-13. Line 1: Maximum amount; Line 2: Total cost; Line 3: Threshold cost; Line 4: Reduction in limitation; Line 5: Dollar limitation; Line 7: Listed property amount; Line 8: Total elected cost; Line 9: Tentative deduction; Line 10: Carryover of disallowed deduction; Line 11: Business income limitation; Line 12: Section 179 expense deduction; Line 13: Carryover of disallowed deduction to 2024.

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

Table with 3 rows for lines 14-16. Line 14: Special depreciation allowance; Line 15: Property subject to section 168(f)(1) election; Line 16: Other depreciation (including ACRS) with value 128,288.

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

Table with 2 rows for lines 17-18. Line 17: MACRS deductions for assets placed in service in tax years beginning before 2023; Line 18: If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here.

Section B - Assets Placed in Service During 2023 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows include 3-year, 5-year, 7-year, 10-year, 15-year, 20-year, 25-year properties and residential/nonresidential real property.

Section C - Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System

Table with 7 columns: (a) Class life, (b) 12-year, (c) 30-year, (d) 40-year, (e) 12 yrs., (f) 30 yrs., (g) 40 yrs., (h) MM, (i) S/L, (j) S/L, (k) S/L.

Part IV Summary (See instructions.)

Table with 3 rows for lines 21-23. Line 21: Listed property amount; Line 22: Total amount with value 132,723; Line 23: Portion of the basis attributable to section 263A costs.

For Paperwork Reduction Act Notice, see separate instructions.

Federal Supporting Statements

2023 PG01

Name(s) as shown on return

Tax ID Number

WILDLAND FIREFIGHTER FOUNDATION

93-1266991

FORM 4562 - LINE 19A

Statement #567

<u>BASIS</u>	<u>RP</u>	<u>CV</u>	<u>METHOD</u>	<u>DEDUCTION</u>
1,764	3	HY	SL	529
1,111	3	HY	SL	320
942	3	HY	SL	142
2,940	3	HY	SL	318
1,092	3	HY	SL	86
1,195	3	HY	SL	73
TOTAL				<u><u>1,468</u></u>

FORM 4562 - LINE 19B

PG01
Statement #568

<u>BASIS</u>	<u>RP</u>	<u>CV</u>	<u>METHOD</u>	<u>DEDUCTION</u>
1,073	5	HY	SL	211
1,417	5	HY	SL	102
9,700	5	HY	SL	1,751
688	5	HY	SL	107
1,766	5	HY	SL	4
TOTAL				<u><u>2,175</u></u>

FORM 4562 - LINE 19I

PG01
Statement #569

<u>DATE</u>	<u>COST</u>	<u>RP</u>	<u>DEDUCTION</u>
03-2023	1,373	39.5	27
05-2023	3,203	39.5	55
03-2023	12,745	39.5	259
03-2023	1,343	39.5	26
04-2023	6,151	39.5	118
04-2023	3,280	39.5	63
04-2023	12,745	39.5	244
TOTAL			<u><u>792</u></u>

* Item is included in UBIA
for Section 199A calculations.
See "UBIA" in lower right corner.

Depreciation Detail Listing

Program Services

2023

PAGE 1

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Name(s) as shown on return

Social security number/EIN

WILDLAND FIREFIGHTER FOUNDATION

93-1266991

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
1	MISC ASSET 1	06-18-2007	13,800		100.00			13,800	7		0	13,800		13,800	
2	MISC ASSET 2	06-30-2007	8,000		100.00			8,000	5		0	8,000		8,000	
3	MISC ASSET 3	11-07-2016	4,994		100.00			4,994	5		0	4,994		4,994	
4	2003 COACHMEN CATALIN	04-29-2017	26,545		100.00			26,545	5		0	26,545		26,545	
5	BUILDING	12-01-2020	575,000		100.00			575,000	39.5	SL	MM	2.532	30,327	14,557	44,884
6	COMPUTER (JENNIFER)	03-20-2017	1,182		100.00			1,182	5		0	1,182		1,182	
7	INDOOR SIGN FOR THE N	08-11-2017	665		100.00			665	7	SL	HY	14.286	513	95	608
8	NEW TRUCK	01-17-2018	2,761		100.00			2,761	5	SL	HY	20	2,738	23	2,761
9	COMPUTER	01-10-2018	2,565		100.00			2,565	5	SL	HY	20	2,543	22	2,565
10	COMPUTER	02-15-2018	1,060		100.00			1,060	5	SL	HY	20	1,033	27	1,060
11	COMPUTER	04-25-2018	1,271		100.00			1,271	5	SL	HY	20	1,186	85	1,271
12	STORAGE CONTAINER	03-18-2019	4,284		100.00			4,284	5	SL	HY	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	MM	2.532	11,538	5,538	17,076
15	BUILDING IMPROVEMENTS	12-01-2020	209,790		100.00			209,790	39.5	SL	MM	2.532	11,065	5,311	16,376
16	BUILDING IMPROVEMENTS	12-01-2020	451,097		100.00			451,097	39.5	SL	MM	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	HY	20	1,332	666	1,998
24	COSTCO (COMPUTER)	06-22-2021	2,120		100.00			2,120	5	SL	HY	20	650	424	1,074
25	LOWE'S (OFFICE FURNIT	01-07-2021	1,323		100.00			1,323	5	SL	HY	20	528	265	793
26	BRIXTON (OFFICE FURNI	09-30-2021	1,500		100.00			1,500	5	SL	HY	20	377	300	677
27	IDAHO STORAGE CONTAIN	04-14-2021	2,968		100.00			2,968	5	SL	HY	20	1,024	594	1,618
28	CITY OF BOISE (BUILDI	01-27-2021	1,830		100.00			1,830	39.5	SL	MM	2.532	90	46	136
29	RR BUILDING SPECIALTI	03-04-2021	25,520		100.00			25,520	39.5	SL	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

* Item is included in UBIA
for Section 199A calculations.
See "UBIA" in lower right corner.

Depreciation Detail Listing

Program Services

2023

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Name(s) as shown on return

Social security number/EIN

WILDLAND FIREFIGHTER FOUNDATION

93-1266991

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
31	ROBELL FENCE (BUILDING)	03-18-2021	1,100		100.00			1,100	39.5	SL MM	2.532	50	28	78	
32	CITY OF BOISE (BUILDING)	06-14-2021			100.00			0	39.5	SL MM	2.532				
33	IDAHO DEPT OF LAND (BUILDING)	07-07-2021	500		100.00			500	39.5	SL MM	2.532	19	13	32	
34	RR BUILDING SPECIALTY	07-22-2021	4,558		100.00			4,558	39.5	SL MM	2.532	167	115	282	
35	MURAL (BUILDING IMPROVEMENT)	09-23-2021	30,000		100.00			30,000	39.5	SL MM	2.532	968	759	1,727	
36	RR BUILDING SPECIALTY	11-29-2021	1,359		100.00			1,359	39.5	SL MM	2.532	37	34	71	
37	ROBELL FENCE (BUILDING)	12-22-2021	5,000		100.00			5,000	39.5	SL MM	2.532	130	127	257	
38	BUILDING (2021)	04-28-2021	7,188		100.00			7,188	39.5	SL MM	2.532	307	182	489	
39	CAMERA	02-11-2022	550		100.00			550	3	SL HY	33.333	165	183	348	
40	COMPUTER	06-10-2022	1,376		100.00			1,376	3	SL HY	33.333	260	459	719	
41	COMPUTER	10-05-2022	939		100.00			939	3	SL HY	33.333	76	313	389	
42	COMPUTER	10-06-2022	1,471		100.00			1,471	3	SL HY	33.333	117	490	607	
43	CHAIRS/TABLES/BAR STOOLS	01-19-2022	2,144		100.00			2,144	5	SL HY	20	412	429	841	
44	DESKS AND OFFICE FURNITURE	01-21-2022	3,218		100.00			3,218	5	SL HY	20	615	644	1,259	
45	DESKS AND OFFICE FURNITURE	03-07-2022	4,446		100.00			4,446	5	SL HY	20	738	889	1,627	
46	MATS AND RUGS	06-24-2022	1,158		100.00			1,158	5	SL HY	20	122	232	354	
47	BAR-B-Q	05-09-2022	3,392		100.00			3,392	5	SL HY	20	445	678	1,123	
48	EVENT STABLE	10-26-2022	13,187		100.00			13,187	5	SL HY	20	484	2,637	3,121	
49	CHAIRS/TABLES/BAR STOOLS	04-22-2022	560		100.00			560	5	SL HY	20	79	112	191	
50	CHAIRS/TABLES/BAR STOOLS	04-25-2022	806		100.00			806	5	SL HY	20	112	161	273	
51	CONFERENCE TABLE	05-02-2022	6,500		100.00			6,500	5	SL HY	20	878	1,300	2,178	
52	WOODEN BENCHES / LIVES	05-13-2022	4,000		100.00			4,000	5	SL HY	20	516	800	1,316	
53	WALL WRAPS/INTERPRETING	07-25-2022	8,986		100.00			8,986	15	SL HY	6.667	265	599	864	
54	WALL WRAPS/INTERPRETING	08-31-2022	7,052		100.00			7,052	15	SL HY	6.667	159	470	629	
55	BOOK SHELVES/TABLE	12-11-2022	566		100.00			566	5	SL HY	20	6	113	119	
56	PHONES/PRINTERS, ETC.	12-14-2022	758		100.00			758	3	SL HY	33.333	12	253	265	
57	PHONES/PRINTERS, ETC.	12-14-2022	587		100.00			587	3	SL HY	33.333	9	196	205	
58	IDAHO STORAGE CONTAINERS	11-10-2022	6,254		100.00			6,254	5	SL HY	20	177	1,251	1,428	
59	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 ENGRAVING)	09-01-2022	4,432		100.00			4,432	15	SL HY	6.667	99	295	394	

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for Section 199A calculations.
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Depreciation Detail Listing

Program Services

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Name(s) as shown on return

Social security number/EIN

WILDLAND FIREFIGHTER FOUNDATION

93-1266991

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
61	WALL WRAPS/INTERPRETI	07-25-2022	9,480		100.00			9,480	15	SL	HY	6.667	279	632	911
62	WALL WRAPS/INTERPRETI	12-01-2022	6,196		100.00			6,196	15	SL	HY	6.667	34	413	447
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
64	SIGNS AND FLAGUES	01-12-2023	1,073		100.00			1,073	5	SL	HY	10		211	211
65	GUTTERS	03-31-2023	1,373		100.00			1,373	39.5	SL	MM	2.004		27	27
66	GUTTERS	05-02-2023	3,203		100.00			3,203	39.5	SL	MM	1.582		55	55
67	VARIOUS BUILDING IMPR	03-17-2023	12,745		100.00			12,745	39.5	SL	MM	2.004		259	259
68	BACKDROP FOR THE COOR	03-29-2023	1,343		100.00			1,343	39.5	SL	MM	2.004		26	26
69	ELECTRICAL WIRINNG AN	04-03-2023	6,151		100.00			6,151	39.5	SL	MM	1.793		118	118
70	PLUMBING	04-03-2023	3,280		100.00			3,280	39.5	SL	MM	1.793		63	63
71	VARIOUS BUILDING IMPR	04-03-2023	12,745		100.00			12,745	39.5	SL	MM	1.793		244	244
72	NEW COMPUTERS	02-10-2023	1,764		100.00			1,764	3	SL	HY	16.667		529	529
73	TWO IPADS	02-23-2023	1,111		100.00			1,111	3	SL	HY	16.667		320	320
74	VIDEO PRESENTATION TO	07-21-2023	942		100.00			942	3	SL	HY	16.667		142	142
75	TWO APPLE PHONES	09-05-2023	2,940		100.00			2,940	3	SL	HY	16.667		318	318
76	LAPTOP AND NEW PRINTB	10-07-2023	1,092		100.00			1,092	3	SL	HY	16.667		86	86
77	SINGLE ROOM TRAINING	10-26-2023	1,195		100.00			1,195	3	SL	HY	16.667		73	73
78	T SHIRT AND HAT RACKS	08-24-2023	1,417		100.00			1,417	5	SL	HY	10		102	102
79	ENCLOSED TRAILERS	02-09-2023	9,700		100.00			9,700	5	SL	HY	10		1,751	1,751
80	DISHWASHER	03-25-2023	688		100.00			688	5	SL	HY	10		107	107
81	DRONE	12-27-2023	1,766		100.00			1,766	5	SL	HY	10		4	4
Totals			3,831,943					3,831,943				237,432	132,723	370,155	

Land Amount
Net Depreciable Cost

3,831,943

CY 179 and CY Bonus
TOTAL CY Depr including 179/bonus

132,723

ST ADJ:

Next Year's Depreciation Worksheet

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2023

Name(s) as shown on return

Tax ID Number

WILDLAND FIREFIGHTER FOUNDATION

93-1266991

Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
PRG	1	MISC ASSET 1	06-18-2007	13,800		7	
PRG	1	MISC ASSET 2	06-30-2007	8,000		5	
PRG	1	MISC ASSET 3	11-07-2016	4,994		5	
PRG	1	2003 COACHMEN CATALINA	04-29-2017	26,545		5	
PRG	1	BUILDING	12-01-2020	575,000	SL MM	39.5	14,557
PRG	1	COMPUTER (JENNIFER)	03-20-2017	1,182		5	
PRG	1	INDOOR SIGN FOR THE NEW	08-11-2017	665	SL HY	7	57
PRG	1	NEW TRUCK	01-17-2018	2,761	SL HY	5	
PRG	1	COMPUTER	01-10-2018	2,565	SL HY	5	
PRG	1	COMPUTER	02-15-2018	1,060	SL HY	5	
PRG	1	COMPUTER	04-25-2018	1,271	SL HY	5	
PRG	1	STORAGE CONTAINER	03-18-2019	4,284	SL HY	5	
PRG	1	NEW SERVER	05-29-2020	5,364	SL MQ	3	
PRG	1	BUILDING IMPROVEMENTS (2	12-01-2020	218,753	SL MM	39.5	5,538
PRG	1	BUILDING IMPROVEMENTS (2	12-01-2020	209,790	SL MM	39.5	5,311
PRG	1	BUILDING IMPROVEMENTS (2	12-01-2020	451,097	SL MM	39.5	11,420
PRG	1	SERVER EQUIPMENT	10-13-2020	1,327	SL MQ	3	
PRG	1	REFRIGERATOR, STOVE & MI	12-01-2020	3,237	SL MQ	5	647
PRG	1	LIGHTING	12-01-2020	4,750	SL MQ	5	950
PRG	1	NEW TRUCK	12-18-2020	82,250	SL MQ	5	16,450
PRG	1	ALARM SYSTEM	11-30-2020	4,144	SL MQ	5	829
PRG	1	PHONE SYSTEM	12-18-2020	1,610	SL MQ	3	
PRG	1	NORTHWIND COMPUTERS	01-02-2021	3,331	SL HY	5	666
PRG	1	COSTCO (COMPUTER)	06-22-2021	2,120	SL HY	5	424
PRG	1	LOWE'S (OFFICE FURNITURE	01-07-2021	1,323	SL HY	5	265
PRG	1	BRIXTON (OFFICE FURNITUR	09-30-2021	1,500	SL HY	5	300
PRG	1	IDAHO STORAGE CONTAINERS	04-14-2021	2,968	SL HY	5	594
PRG	1	CITY OF BOISE (BUILDING	01-27-2021	1,830	SL MM	39.5	46
PRG	1	RR BUILDING SPECIALTIES	03-04-2021	25,520	SL MM	39.5	646
PRG	1	CUSTOM GATE AUTOMATION (03-17-2021	8,500	SL MM	39.5	215
PRG	1	ROBELL FENCE (BUILDING I	03-18-2021	1,100	SL MM	39.5	28
PRG	1	CITY OF BOISE (BUILDING	06-14-2021		SL MM	39.5	
PRG	1	IDAHO DEPT OF LAND (BUIL	07-07-2021	500	SL MM	39.5	13
PRG	1	RR BUILDING SPECIALTIES	07-22-2021	4,558	SL MM	39.5	115
PRG	1	MURAL (BUILDING IMPROV 2	09-23-2021	30,000	SL MM	39.5	759
PRG	1	RR BUILDING SPECIALTIES	11-29-2021	1,359	SL MM	39.5	34
PRG	1	ROBELL FENCE (BUILDING I	12-22-2021	5,000	SL MM	39.5	127
PRG	1	BUILDING (2021)	04-28-2021	7,188	SL MM	39.5	182
PRG	1	CAMERA	02-11-2022	550	SL HY	3	183
PRG	1	COMPUTER	06-10-2022	1,376	SL HY	3	459
PRG	1	COMPUTER	10-05-2022	939	SL HY	3	313
PRG	1	COMPUTER	10-06-2022	1,471	SL HY	3	490
PRG	1	CHAIRS/TABLES/BAR STOOLS	01-19-2022	2,144	SL HY	5	429
PRG	1	DESKS AND OFFICE FURNITU	01-21-2022	3,218	SL HY	5	644
PRG	1	DESKS AND OFFICE FURNITU	03-07-2022	4,446	SL HY	5	889
PRG	1	MATTS AND RUGS	06-24-2022	1,158	SL HY	5	232
PRG	1	BAR-B-Q	05-09-2022	3,392	SL HY	5	678
PRG	1	EVENT STABLE	10-26-2022	13,187	SL HY	5	2,637
PRG	1	CHAIRS/TABLES/BAR STOOLS	04-22-2022	560	SL HY	5	112
PRG	1	CHAIRS/TABLES/BAR STOOLS	04-25-2022	806	SL HY	5	161
PRG	1	CONFERENCE TABLE	05-02-2022	6,500	SL HY	5	1,300
PRG	1	WOODEN BENCHES / LIVE ED	05-13-2022	4,000	SL HY	5	800

Next Year's Depreciation Worksheet

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

2023

Name(s) as shown on return

Tax ID Number

WILDLAND FIREFIGHTER 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	599
PRG	1	WALL WRAPS/INTERPRETIVE	08-31-2022	7,052	SL HY	15	470
PRG	1	BOOK SHELVES/TABLE	12-11-2022	566	SL HY	5	113
PRG	1	PHONES/PRINTERS, ETC.	12-14-2022	758	SL HY	3	253
PRG	1	PHONES/PRINTERS, ETC.	12-14-2022	587	SL HY	3	196
PRG	1	IDAHO STORAGE CONTAINERS	11-10-2022	6,254	SL HY	5	1,251
PRG	1	ROCK AND WALL	05-01-2022	71,000	SL HY	15	4,733
PRG	1	PULASKI'S (AND ENGRAVING	09-01-2022	4,432	SL HY	15	295
PRG	1	WALL WRAPS/INTERPRETIVE	07-25-2022	9,480	SL HY	15	632
PRG	1	WALL WRAPS/INTERPRETIVE	12-01-2022	6,196	SL HY	15	413
PRG	1	BUILDING IMPROVEMENTS	05-01-2022	1,887,111	SL MM	39.5	47,775
PRG	1	SIGNS AND FLAGUES	01-12-2023	1,073	SL HY	5	215
PRG	1	GUTTERS	03-31-2023	1,373	SL MM	39.5	35
PRG	1	GUTTERS	05-02-2023	3,203	SL MM	39.5	81
PRG	1	VARIOUS BUILDING IMPROVE	03-17-2023	12,745	SL MM	39.5	323
PRG	1	BACKDROP FOR THE COORS B	03-29-2023	1,343	SL MM	39.5	34
PRG	1	ELECTRICAL WIRINNG AND L	04-03-2023	6,151	SL MM	39.5	156
PRG	1	PLUMBING	04-03-2023	3,280	SL MM	39.5	83
PRG	1	VARIOUS BUILDING IMPROVE	04-03-2023	12,745	SL MM	39.5	323
PRG	1	NEW COMPUTERS	02-10-2023	1,764	SL HY	3	588
PRG	1	TWO IPADS	02-23-2023	1,111	SL HY	3	370
PRG	1	VIDEO PRESENTATION TOOL	07-21-2023	942	SL HY	3	314
PRG	1	TWO APPLE PHONES	09-05-2023	2,940	SL HY	3	980
PRG	1	LAPTOP AND NEW PRINTER	10-07-2023	1,092	SL HY	3	364
PRG	1	SINGLE ROOM TRAINING KIT	10-26-2023	1,195	SL HY	3	398
PRG	1	T SHIRT AND HAT RACKS	08-24-2023	1,417	SL HY	5	283
PRG	1	ENCLOSED TRAILERS	02-09-2023	9,700	SL HY	5	1,940
PRG	1	DISHWASHER	03-25-2023	688	SL HY	5	138
PRG	1	DRONE	12-27-2023	1,766	SL HY	5	353
		TOTAL					133,208