Wilson, Myers and Dold, CPAs 564 Auburn Ravine Rd Auburn, CA 95603 530-885-6252

May 13, 2025

INTERNATIONAL RANGER FEDERATION 218 MULBERRY LANE AUBURN, CA 95603

Dear Mike:

We have prepared the following returns listed below:

Return of Private Foundation (Form 990-PF)
Annual Registration Renewal Fee Report (Form RRF-1)
California Exempt Organization Annual Information Return (Form 199)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements.

Federal Filing Instructions

Your Form 990-PF for the tax year ended 12/31/24 shows no balance due . Do not mail a copy of this return.

Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of your return to the IRS it will delay the processing of your return. Your electronically filed return is not complete without your signature. You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned as soon as possible to:

Wilson, Myers and Dold, CPAs 564 Auburn Ravine Rd Auburn, CA 95603

Important: Your return will not be filed with the IRS until the signed Form 8879-TE has been received by this office.

California Form 199 Filing Instructions

Your Form 199 for the tax year ended 12/31/24 shows no balance due.

Your return is being filed electronically with the California Franchise Tax Board and is not required to be mailed. Form 8453-EO, California e-file Return Authorization for Exempt Organizations, should be signed and dated by an authorized officer of the corporation and returned as soon as possible to:

Wilson, Myers and Dold, CPAs

564 Auburn Ravine Rd Auburn, CA 95603

California Form RRF-1 Filing Instructions

Your Form RRF-1 for the tax year ended 12/31/24 shows a balance due of \$ 100. The return should be signed and dated on Page 1 by an officer representing the organization. Include a check payable to the Department of Justice in the amount of \$ 100. Write "E.I.N. 93-1900925, RRF-1 Balance Due for the year ended 12/31/24" on the check. Mail the return by November 17, 2025 to:

Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470

A copy of the federal return should be attached and sent with the registration renewal.

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Michael G Wilson, CPA

Wilson, Myers and Dold, CPAs

Form 8879-TE

IRS E-file Signature Authorization for a Tax Exempt Entity

....., 2024, and ending, 20

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

For calendar year 2024, or fiscal year beginning Do not send to the IRS. Keep for your records. 2024

Go to www.irs.gov/Form8879TE for the latest information. Name of file FIN or SSN INTERNATIONAL RANGER FEDERATION 93-1900925 Name and title of officer or person subject to tax MICHAEL LYNCH TREASURER Part I Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a. 2a. 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I. 1a Form 990 check here **b Total revenue,** if any (Form 990, Part VIII, column (A), line 12) **b Total revenue,** if any (Form 990-EZ, line 9) 2a Form 990-EZ check here 3a Form 1120-POL check here **b Total tax** (Form 1120-POL. line 22) b Tax based on investment income (Form 990-PF, Part V, line 5) 4a Form 990-PF check here 5a Form 8868 check here **b Balance due** (Form 8868, line 3c) 6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4) 6b 7a Form 4720 check here 8a Form 5227 check here **b FMV of assets at end of tax year** (Form 5227, Item D) 9a Form 5330 check here **b Tax due** (Form 5330, Part II, line 19) b Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10b 10a Form 8038-CP check here Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that | X | I am an officer of the above entity or I am a person subject to tax with respect to (name , (EIN) and that I have examined a copy of the of entity) 2024 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 WILSON, MYERS AND DOLD, CPAS ____ to enter mv PIN as my signature FRO firm name on the tax year 2024 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 2024 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. 05/12/25 Signature of officer or person subject to tax **Certification and Authentication** Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 68556066210 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2024 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. 05/12/25 MICHAEL G WILSON, CPA ERO's signature _

Form **990-PF**

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990PF for instructions and the latest information.

FOI	calend	dar year 2024 or tax year beginning , i	and ending				
N	ame of fo	oundation			A Emp	oyer identification num	ber
_						100000	
		RNATIONAL RANGER FEDERATION	l) I D	/		-1900925	-t'
		Ind street (or P.O. box number if mail is not delivered to street add MULBERRY LANE	iress) R	oom/suite		whone number (see instruction $0-613-4732$	ctions)
		vn, state or province, country, and ZIP or foreign postal code					
	UBU	• • • • • • • • • • • • • • • • • • • •			C If exe	mption application is pen	ding, check here .
			rn of a former public ch	aritv	D 1 . Fo	reign organizations, chec	k here
		Final return Amended	•			oreign organizations meet	· · · · · · · · · · · · · · · · · · ·
		Address change Name cha				i% test, check here and a	
	Chook t	type of organization: X Section 501(c)(3) exempt private			E If priv	ata faundatian atatua waa	torminated under
Ë.			le private foundation			ate foundation status was on 507(b)(1)(A), check he	
<u> </u>		rket value of all assets at J Accounting method:		rual	•	foundation is in a 60-mor	_
		ear (from Part II, col. (c),				r section 507(b)(1)(B), che	
	ne 16)	\$ 178,110 (Part I, column (d), must	he on cash hasis)				
	Part I	Analysis of Revenue and Expenses (The total of	(a) Revenue and				(d) Disbursements
•	ui t i	amounts in columns (b), (c), and (d) may not necessarily equal	expenses per	(b) Net inv		(c) Adjusted net income	for charitable purposes
		the amounts in column (a) (see instructions).)	books	56.			(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	351,507				
	2	Check if the foundation is not required to attach Sch. B					
	3	Interest on savings and temporary cash investments	351		351	351	
	4	Dividends and interest from securities					
	5a	Gross rents					
ne	b	Net rental income or (loss)					
en	6a	Net gain or (loss) from sale of assets not on line 10					
Revenue	b	Gross sales price for all assets on line 6a			0		
		Capital gain net income (from Part IV, line 2)			U	0	
	8	Net short-term capital gain				U	
	9	Income modifications					
	10a	Gross sales less returns and allowances					
	b	Less: Cost of goods sold					
	11	Gross profit or (loss) (attach schedule) Other income (attach schedule) STMT 1	7,480			7,480	
	12	Total. Add lines 1 through 11	359,338		351	7,831	
	13	Componentian of officers directors trustees etc	0		301	.,002	
šė	14	Other employee salaries and wages	-				
xpenses	15	Pension plans, employee benefits					
Ž	16a	Legal fees (attach schedule)					
Ü	b	Accounting fees (attach schedule)					
ΞŽ	С	Other professional fees (attach schedule) STMT 2	80,140				80,140
īa	17						
isi	18	Interest Taxes (attach schedule) (see instructions) STMT 3	140				140
πË	19	Depreciation (attach schedule) and depletion					
₽	20	Occupancy					
70	21	Travel, conferences, and meetings	4,456				
Operating and Administrative E	22	Printing and publications					
ס	23	Other expenses (att. sch.) STMT 4	191,305		351	276	190,681
atir	24	Total operating and administrative expenses.			<u></u>		
ers		Add lines 13 through 23	276,041		351	276	270,961
o	25	Contributions, gifts, grants paid	0			a	0
_	26	Total expenses and disbursements. Add lines 24 and 25	276,041		351	276	270,961
	27	Subtract line 26 from line 12:	00.00-				
	a	Excess of revenue over expenses and disbursements	83,297				
	b	Net investment income (if negative, enter -0-)			0		
		Adjusted net income (if negative enter -0-)				7.555	

2 Savings and temporary cash investments 3 Accounts receivable Less: allovance for doubtful accounts 4 Pledges receivable Less: allovance for doubtful accounts 5 Grants receivable Less: allovance for doubtful accounts 6 Receivables due from officers, directors, stustees, and other disqualified persons (attach schedule) (see instructions) 7 Other rates and leans receivable Less: allovance for doubtful accounts 0 Inventiones for sale or use 3 Prepaid expenses and deferred charges 1 Be Inventiones for sale or use 3 Prepaid expenses and deferred charges 1 Be Inventiones for sale or use 3 Prepaid expenses and deferred charges 1 Be Inventiones or sale or use 4 Inventiones — U.S. and disale government obligators (attach schedule) 1 Investments — comprate bloods (attach schedule) 1 Investments — comprate bloods (attach schedule) 1 Investments — other (attach schedule) 2 Investments — other (attach schedule) 3 Investments — other (attach schedule) 3 Investments — other (attach schedule) 3 Investments — other (attach schedule) 4 Investments — other (attach schedule) 5 Investments — other (attach schedule) 6 Investments — other (attach schedule) 6 Investments — other (attach schedule) 7 Investments	Form 990	-PF (2024) INTERNATIONAL RANGER FEDERATION	93-190092	25	Page 2
1 Cash — non-interest-bearing 43,241 151,275 151,275 2 151,275 2 2 5,835 2 6,835 3 Accounts receivable Less: allowance for doubful accounts 4 Priotoges receivable Less: allowance for doubful accounts 4 Priotoges receivable Less: allowance for doubful accounts 5 Grantar Enceivable Care and the Care and t	Part I	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	f year
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					178,110

Form	n 990-PF (2024) INTERNA	<u> TIONAL RANGER FEDER</u>	ATION	93-1900925		Page 3
Pa	art IV Capital Gains a	nd Losses for Tax on Investm	ent Income			
	(a) List and describe the	kind(s) of property sold (for example, real es nouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P — Purchase D — Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	N/A			B Bondaon		
b	21,7 22					
_ 						
_ <u>d</u> _						
<u>e</u>			1	<u> </u>		
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	1 (0)	other basis nse of sale		in or (loss) (f) minus (g))
_a						
b						
c						
d						
е						
(Complete only for assets showing	g gain in column (h) and owned by the fo	undation on 12/31/69	9.	(I) Gains (Co	I. (h) gain minus
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		ss of col. (i) . (j), if any	col. (k), but no	t less than -0-) or from col. (h))
a						
b						
c						
d						
e						
	•	If gain, also enter	in Part I, line 7			
2	Capital gain net income or (net	capital loss) If (loss), enter -0-			2	
3	Net short-term capital gain or (I	loss) as defined in sections 1222(5) and	_			
•	. • .	8, column (c). See instructions. If (loss),	` '			
	<u> </u>		P		3	
Ds	art V Excise Tax Bas	ed on Investment Income (Se	ction 4940(a) 4	940(b) or 4948-		ons)
		described in section 4940(d)(2), check h		ter "N/A" on line 1.		5110)
1a		, , , ,			ions) 1	
L	Date of ruling or determination			sary — see instruct		
b		enter 1.39% (0.0139) of line 27b. Exemp				
_		. (b)				^
2		tic section 4947(a)(1) trusts and taxable	foundations only; oth	ers, enter -0-)	2	0
3	Add lines 1 and 2				3	
4		tic section 4947(a)(1) trusts and taxable		ers, enter -0-)	4	0
5		come. Subtract line 4 from line 3. If zer	o or less, enter -0-		5	0
6	Credits/Payments:		1	1		
а	2024 estimated tax payments a	and 2023 overpayment credited to 2024	6			
b	Exempt foreign organizations –		6	b		
С	Tax paid with application for ex	tension of time to file (Form 8868)	<u>6</u>	С		
d	Backup withholding erroneously	y withheld	6	d		
7	Total credits and payments. Ad					
8	Enter any penalty for underpa	ayment of estimated tax. Check here				
9		and 8 is more than line 7, enter amou				
10		e than the total of lines 5 and 8, enter the				
<u>11</u>		De: Credited to 2025 estimated tax		Refunded		

Pa	art VI-A Statements Regarding Activities			
1a			Yes	No
	participate or intervene in any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the			
	instructions for the definition	1b		X
	If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities.			
С	Did the foundation file Form 1120-POL for this year?	1c		Х
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. \$ (2) On foundation managers. \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers. \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Х
	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		Х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5		5		X
•	Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
•	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			
	conflict with the state law remain in the governing instrument?	6	х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV	7	X	
8a		-		
	CA			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
-	(or designate) of each state on required by Conoral Instruction C2. If "No." attach explanation	8b	х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
•	4942(j)(5) for calendar year 2024 or the tax year beginning in 2024? See the instructions for Part XIII. If "Yes,"			
		9		Х
10	complete Part XIII Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	_		
	names and addresses	10		Х
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
• •	magning of paction 512/bV/12/2 If "Voc." attach pahadula. Con instructions	11		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified	<u> </u>		
-	named had advised with the 20 K Was " attack at tax and the Conjugate at t	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Walania aldana MINING TANDEDNATIONALDANCEDO ODO			
14	The books are in care of MICHAEL LYNCH Telephone no. 530-6	13-	473	2
	PO BOX 3212		Ŧ.: Y:	
	Legated at POWMAN CA ZID+4 95604	Į		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — check here	.		т.
	and enter the amount of tax-exempt interest received or accrued during the year			· ∟
16	At any time during calendar year 2024, did the foundation have an interest in or a signature or other authority		Yes	No
	average bank appropriate and the efficiencial appropriation of surious accounts of	16	.03	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			
	the foreign country			

	1 990-PF (2024) INTERNATIONAL RANGER FEDERATION 93-1900925			P	age 5
Pa	art VI-B Statements Regarding Activities for Which Form 4720 May Be Required				
_	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a					37
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?		1a(1)		X
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified		4 - (0)		37
	person?		1a(2)		X
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		1a(3)		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		1a(4)		X
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or		4 - (5)		v
	use of a disqualified person)?		1a(5)		X
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation				
	agreed to make a grant to or to employ the official for a period after termination of government service, if		4-(0)		v
_	terminating within 90 days.)		1a(6)		X
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in	N/A	46		
_	Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	N/A	1b		
C	Organizations relying on a current notice regarding disaster assistance, check here	Ц			
d	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	N/A	1d		
2	were not corrected before the first day of the tax year beginning in 2024?	N/A	Iu		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private				
_	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):				
а	At the end of tax year 2024, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for		20		х
	tax year(s) beginning before 2024? If "Yes," list the years 20 , 20 , 20 , 20		2a		Λ
h	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)				
b	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to				
	all years listed, answer "No" and attach statement — see instructions.)	N/A	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		20		
C	20, 20, 20				
3а	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time				
	during the year?		3a		X
b	If "Yes," did it have excess business holdings in 2024 as a result (1) any purchase by the foundation or				
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the				
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of				
	the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the				
	foundation had excess business holdings in 2024.)	N/A	3b		

Did the foundation invest during the year any amount in a manner that would jeopardize its charitable

its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning

purposes?

Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize

4b X Form **990-PF** (2024)

4a

X

in 2024?

orm	1990-PF (2024) INTERNATIONAL RANGER FEDERATION		900925			Pa	ige 6
Pa	art VI-B Statements Regarding Activities for Which Form	4720 May Be F	Required	(continued)			
5a	During the year, did the foundation pay or incur any amount to:					Yes	No
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 48	945(e))?			5a(1)		X
	(2) Influence the outcome of any specific public election (see section 4955); or to	carry on, directly o	r				
	indirectly, any voter registration drive?				5a(2)		X
	(3) Provide a grant to an individual for travel, study, or other similar purposes?				5a(3)		X
	(4) Provide a grant to an organization other than a charitable, etc., organization of	escribed in section	4945(d)				
	(4)(A)? See instructions				5a(4)		X
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or	educational purpose	es, or for				
	the prevention of cruelty to children or animals?				5a(5)		X
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify und	ler the exceptions d	escribed				
	in Regulations section 53.4945 or in a current notice regarding disaster assistance	e? See instructions		N/A	5b		
С	Organizations relying on a current notice regarding disaster assistance, check he	re					
d	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from	n the tax because it					
	maintained expenditure responsibility for the grant?			N/A	5d		
	If "Yes," attach the statement required by Regulations section 53.4945-5(d).						
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay	premiums on a pe	rsonal				
	benefit contract?				6a		Х
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a pers	onal benefit contrac	::::::::::::::::::::::::::::::::::::::		6b		X
-	If "Yes" to 6b, file Form 8870.						
7a	At any time during the tax year, was the foundation a party to a prohibited tax she	Iter transaction?			7a		X
b	If "Yes," did the foundation receive any proceeds or have any net income attributa		n?	N/A	7b		
8	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,0						
•	excess parachute payment(s) during the year?	•			8		X
D	art VII Information About Officers, Directors, Trustees, Fo					and	
	Contractors	anaunon mun	agoro, mgm	.y . a.a <u>-</u> p.oy	,000,	unu	
1 I	List all officers, directors, trustees, and foundation managers and their com	pensation. See in	structions.				
				(d) Contributions to			
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	employee benefit		oense ac	
	17	devoted to position	enter -0-)	plans and deferred compensation	othe	r allowan	ces
SF	E STATEMENT 5			·			
	 						
2	Compensation of five highest-paid employees (other than those included	on line 1 — see in	etructions) If	none enter	1		
_	"NONE."		structions). If	none, criter			
				(d) Contributions to			
	(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	employee benefit	(e) Exp	ense ac	count,
	(a) Maine and address of sales of single-jee paid more than \$60,000	devoted to position	(c) componedacin	plans and deferred compensation	othe	r allowan	ces
NC	ONE.			Componidation			
INC	NL:						
	I number of other employees paid over \$50,000						

Form 990-PF (2024) INTERNATIONAL RANGER FEDERATION 93-1900925	Page 7
Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid I	Employees, and
Contractors (continued)	
3 Five highest-paid independent contractors for professional services. See instructions. If none, enter "N	
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
Total number of others receiving over \$50,000 for professional services	
Part VIII-A Summary of Direct Charitable Activities	_
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 SEE STATEMENT 6	
	119,831
2 SEE STATEMENT 7	
	28,026
3 SEE STATEMENT 8	
	11,459
4	11,439
<u> </u>	
,	
Part VIII-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	
All other program-related investments. See instructions.	
3	
	1

Total. Add lines 1 through 3

270,961

3a

3b

4

3

Amounts set aside for specific charitable projects that satisfy the:

Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4

Suitability test (prior IRS approval required)

Cash distribution test (attach the required schedule)

265,510

Excess from 2024

RESTRICTIONS:

NONE

	990-PF (2024) INTERNATIONA			93-190			Page	10
	If the foundation has received a ruling or or				1011 9)			
ıa	_		the ruling	-				
b	foundation, and the ruling is effective for 2024, enter the date of the ruling Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)							
2a	Enter the lesser of the adjusted net	Tax year	ling louridation describe	Prior 3 years		434		_
Za	income from Part I or the minimum	(a) 2024	(b) 2023	(c) 2022	(d) 20)21	(e) Total	
	investment return from Part IX for	(u) 202+	(8) 2020	(0) 2022	(4) 20	,_ ,		
	1 2 1							
_	each year listed							
b	85% (0.85) of line 2a							
С	Qualifying distributions from Part XI,							
	line 4, for each year listed							_
d	Amounts included in line 2c not used directly							
	for active conduct of exempt activities							_
е	Qualifying distributions made directly							
	for active conduct of exempt activities.							
	Subtract line 2d from line 2c							
3	Complete 3a, b, or c for the							
	alternative test relied upon:							
а	"Assets" alternative test — enter:							
	(1) Value of all assets							
	(2) Value of assets qualifying under							
	section 4942(j)(3)(B)(i)							
b	"Endowment" alternative test — enter 2	3						
	of minimum investment return shown in							
	Part IX, line 6, for each year listed							
С	"Support" alternative test — enter:							
	(1) Total support other than gross							
	investment income (interest,							
	dividends, rents, payments on securities loans (section							
	512(a)(5)), or royalties)							
	(2) Support from general public							
	and 5 or more exempt							
	organizations as provided in							
	section 4942(j)(3)(B)(iii)							
	(3) Largest amount of support from							
	an exempt organization							
	(4) Gross investment income						<u> </u>	
Pa	art XIV Supplementary Inform	•		the foundation	on had \$5,000	or mo	re in assets at	
	any time during the y		ictions.)					
1	Information Regarding Foundation Ma	_						
а	List any managers of the foundation who				•	on		
	before the close of any tax year (but only	if they have contribute	d more than \$5,000). (See section 507(d)(2).)			
	N/A							
b	List any managers of the foundation				an equally large	portion	of the	
	ownership of a partnership or other entity)	of which the foundation	on has a 10% or greate	er interest.				
	N/A							
2	Information Regarding Contribution, C							
	_		o preselected charitable	-				
	unsolicited requests for funds. If the found		nts, etc., to individuals	or organizations u	nder other condition	ons,		
	complete items 2a, b, c, and d. See instru							
а	The name, address, and telephone numb	er or email address of	the person to whom a	oplications should	be addressed:			
	SEE STATEMENT 9							
b	The form in which applications should be	submitted and informa	ation and materials they	should include:				
	SEE STATEMENT 10							
С	Any submission deadlines:		D 1 0001					
	SUBMISSION DEADLINES							
d	Any restrictions or limitations on awards, s	such as by geographic	cal areas, charitable fiel	ds, kinds of institu	tions, or other fact	tors:		

AA Form **990-PF** (2024)

Form 990-PF (2024) INTERNATIONAL RAN		93-1900925	5	Page 1 1
Part XIV Supplementary Information (continued)			
3 Grants and Contributions Paid During	the Year or Approved for	r Future Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year N/A				
Total			3a	
b Approved for future payment N/A				
Total			3b	

Part XV-A	Analysis of Income-Producing Act	ivities				
Enter gross am	ounts unless otherwise indicated.		d business income	Excluded	by section 512, 513, or 514	(e)
		(a)	(b)	(c)	(d)	Related or exempt
		Business code	Amount	Exclusion code	Amount	function income (See instructions.)
1 Program se						
a						
	_					
q						
f						
g Fees a	nd contracts from government agencies					
2 Membershi	p dues and assessments					7,480
3 Interest on	savings and temporary cash investments			14	351	
4 Dividends a	and interest from securities					
	ncome or (loss) from real estate:					
	nanced property					
b Not del	ot-financed property					
	ncome or (loss) from personal property					
7 Other inves						
	s) from sales of assets other than inventory					
	or (loss) from special events					
10 Gross profi	t or (loss) from sales of inventory					
h Other rever	nue: a					
p						
е						
	dd columns (b), (d), and (e)		()	351	7,480
	line 12 columns (b) (d) and (e)				13	7,831
	in line 13 instructions to verify calculations.)					
Part XV-B	Relationship of Activities to the Ac	complishm	ent of Exempt F	urpose	es	
Line No.	Explain below how each activity for which income is	•	, ,			complishment
NT / 70	of the foundation's exempt purposes (other than by	providing fund	s for such purposes).	(See insti	ructions.)	
N/A						

Part XVI	Form 99		(4) INTERNAT					3-1900925				ge 13
Total the organization directly or indirectly engage in any of the following with any other organization described in section 501 (c) (o) criter than section 501 (c)3 organizations) or in section 527, relating to political organizations?	Part			arding Tr	ansfers to an	d Transactio	ns and R	elationships With	n Noncharitak	le Ex	empt	t
a Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash (2) Other assets b Other transactions: (1) Sales of assets to a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements (4) Reimbursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations (6) Performance of services or membership or fundraising solicitations (7) A standard organization organization (8) Performance of services or membership or fundraising solicitations (9) A standard organization organization (9) A standard organization organization (9) A standard organization organization organization (9) A standard organization or		d the orga	nization directly or indi		-		_				Yes	No
a Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash (2) Other assets (3) Cash (1) Sales of assets to a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements (5) Loans or long quarantees (6) Performance of services or membership or fundratising solicitations (6) Performance of services or making lists, other assets, or paid employees (7) Sales of collisies, equipment, mailing lists, other assets, or paid employees (8) Loans of the above is "Yes," complete the following schedule. Column (9) should always show the fair market value in any transaction or sharing arrangement, show in column (9) the value of the goods, other assets, or services received. (9) I've no (9) Amauri molect (1) Name of recruitable everys organization (9) Description of transfers, transactions, and sharing arrangements 2a is the foundation directly or indirectly affiliated with, or related to, one or more tox-exempt organizations (9) Description of transfers, transactions, and sharing arrangements 2a is the foundation directly or indirectly affiliated with, or related to, one or more tox-exempt organizations (9) Description of transfers, transactions, and sharing arrangements 2a is the foundation directly or indirectly affiliated with, or related to, one or more tox-exempt organizations (9) Description of transfers, transactions, and sharing arrangements 2a is the foundation directly or indirectly affiliated with, or related to, one or more tox-exempt organizations (9) Description of transfers, and a sharing arrangements 2a is the foundation directly or indirectly affiliated with, or related to, one or more tox-exempt organizations (9) Description of transfers, and a sharing arrangements 2a is the foundation directly or indirectly affiliated with, or related to, one or more tox-exe				n 501(c)(3) o	organizations) or ir	n section 527, rela	ating to politi	ical				
(1) Cash (2) Other assets (3) Sates of assets to a noncharitable exempt organization (1) Sates of assets from a noncharitable exempt organization (2) Purchase of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements (5) Loans or loan guarrantees (6) Performance of services or membership or fundralsing solicitations (7) In the answer to any of the above is "fee," complete the following schedule. Column (8) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (9) there is the foundation directly or indirectly affiliated with, or related to, one or more tax-axempt organizations (9) Amount involved (1) Name of regardation (9) Amount involved (1) Name of regardation (9) Type of organization (9) Description of headlicenthy (9) Type of organization (9) Description of headlicenth					1 9 11							
2a Is the foundation directly or indirectly affiliated with, or related to, one or more fax-exempt organizations 152 X						-				4 - (4)		v
b Other transactions: (1) Sales of assets to an oncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations (7) Salaring of facilities, equipment, mailing lists, other assets, or paid employees (8) Performance of services or membership or fundraising solicitations (9) Fernomance of services or membership or fundraising solicitations (1b) X (1c) X (1c) X (d) If the answer to any of the above is "Yes," complete the following schedule. Column (9) In each of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (9) In each of the spoods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangements, show in column (9) In evalue of the goods, other assets, or services received. (9) In evalue of the goods, other assets, or services received. (9) In evalue of the goods, other assets, or services received. (9) In evalue of the goods, other assets, or services received. (9) In evalue of the goods, other assets, or services received. (9) Perspective of the spoods of visualizations, and sharing arrangements. (9) Description of transfers, bareautions, and sharing arrangements. (9) Description of transfers, bareautions, and sharing arrangements. (9) Description of transfership. (9) Nens of organization (9) Nens of organizations (9) Nens of organizations (9) Description of transfership. (9) Description of readenship. (9) Nens of organizations (10) Type of organizations (10) Type of organizations (11) Type of organizations (11) Type of organizations (12) Description of readenship. (13) Description of readenship. (14) Description of readenship. (15	(1)) Casn NOther of										
(1) Sales of assets to a noncharitable exempt organization 1b(1)	(∠, b. Ot	hor transc	ssels							14(2)		
22 Purchases of assets from a noncharitable exempt organization 1b(2) X 1b(3) X 1b(4) X 1b(4) X 1b(5) X 1b(6)				hle evemnt	organization					1b/1)		Y
(4) Reinbursement arrangements 1b(3) X 1b(4) X 1b(5) X 1b(6) X						n n						
49 Reimbursement arrangements 154 X X (5) Loans or loan guarantees 156 X X (6) Performance of services or membership or fundraising solicitations 156 X X X 156 X X X X X X X X X	• •	•										
(6) Deformance of services or membership or fundraising solicitations (7) Enformance of services or membership or fundraising solicitations (8) Performance of services or membership or fundraising solicitations (9) Sharing of facilities, equipment, mailing lists, other assets, or paid employees (1) If the answer to any of the above is "Yes," complete the following schedule. Column (10) In eno. (10) Amount movived (10) Name of reordarfizacie eserget organization (10) Description of transfers, transactions, and sharing arrangements (10) Description of transfers, transactions, and sharing arrangements (10) Description of transfers, transactions, and sharing arrangements (11) Description of transfers, transactions, and sharing arrangements (12) Name of reordarfizacie eserget organization (13) Description of transfers, transactions, and sharing arrangements (14) Description of transfers, transactions, and sharing arrangements (15) Description of transfers, transactions, and sharing arrangements (16) Description of transfers, transactions, and sharing arrangements (17) A (18) Description of transfers, transactions, and sharing arrangements (18) Description of transfers, transactions, and sharing arrangements (19) Description of tra		•										
(6) Performance of services or membership or fundraising solicitations c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule. Column (b) In value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (e) the no. (h) Arount involved (c) Name of nonchanishle exempt organization (d) Description of transfers, transactions, and sharing arrangements N/A 2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule. b If "Yes," complete the following schedule. b If "Yes," complete the following schedule. Complete the following schedule.	(5)	,) Loans o	r loan guarantees									
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d if the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (e) lime no. (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A 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, May the IRS discuss the return when preparer has any knowledge. Preparer's name Preparer's name Preparer's signature Date TREASURER Tide TREASURER Preparer's name Preparer's signature Date TREASURER Tide TREASURER Total MICHAEL G WILSON. CPA MICHAEL G WILSON. C	(6)	,) Perform	ance of services or me	embership or	fundraising solicit							
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(e) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 52?? (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of polycy, I declare that I have examined this return, including accompanying subsoluties and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Index penalties of polycy, I declare that I have examined this return, including accompanying subsoluties and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Index penalties of polycy, I declare that I have examined this return, including accompanying subsoluties and statements, and to the best of my knowledge and belief, it is true. Index penalties of polycy, I declare that I have examined this return, including accompanying subsoluties and statements, and to the best of my knowledge and belief, it is true. Index penalties of polycy, I declare that I have examined this return, including accompanying subsoluties and statements, and to the best of my knowledge and belief, it is true. Index penalties of polycy, I declare that I have examined this return, including accompanying subsoluties and statements, and to the best of my knowledge and belief, it is true. Index penalties of polycy, I declare that I have examined this return, including accompanying subsoluties and statements, and to the best of my knowledge and belief, it is true. Index penalties of polycy, I declare that I have examined this return, including accompanying subsoluties	va	lue of the	goods, other assets, o	r services gi	ven by the reportin	ng foundation. If t	he foundatio	on received less than fa	ir market			
2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? Yes No If "Yes, "complete the following schedule.	va	lue in any	transaction or sharing	arrangemen	nt, show in column	(d) the value	of the goods	s, other assets, or servi	ces received.			
2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 52?? b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship Index 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 taxpayer) is based on all information of which preparer has any knowledge. 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 taxpayer) is based on all information of which preparer has any knowledge. Vest No Type No No No No No No No N		ine no.	(b) Amount involved	(c) Name	e of noncharitable exem	pt organization	(d)	Description of transfers, trans	actions, and sharing ar	rangemen	ıts	
described in section 501(c) (other than section 501(c)(3)) or in section 527? Yes No	N/A											
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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 taxpayer) is based on all information of which preparer has any knowledge. May the IRS discuss this return with the preparer shown below? See instructions. Yes No Yes No			<u> </u>	iodaio.	(b) Type of o	organization		(c) Description	on of relationship			
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Sign Here Correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. May the IRS discuss this return with the preparer shown below?												
Sign Here Signature of officer or trustee Date Treasures									knowledge and belief,	it is true,		
Paid TREASURER Title Preparer's name Preparer's signature MICHAEL G WILSON, CPA MICHAEL G WILSON, CPA 05/13/25	Sign	,	·		, , ,			, ,	with the prepare	er sho <u>wn b</u>	elow?	No
Signature of officer or trustee Preparer's name Preparer's signature Preparer's signature MICHAEL G WILSON, CPA MICHAEL G WILSON, CPA Date Check if self-employed	11616					I		TREASURER	•			
Paid MICHAEL G WILSON, CPA MICHAEL G WILSON, CPA 05/13/25		Signature	of officer or trustee			Date					_	
Paid MICHAEL G WILSON, CPA MICHAEL G WILSON, CPA 05/13/25		Prepare	er's name			Preparer's signatu	ire		Date		1	
		MICH	AEL G WILSON,	CPA		MICHAEL G	WILSON	N, CPA	05/1	•		

CPAS

WILSON, MYERS AND DOLD,

564 AUBURN RAVINE RD

AUBURN, CA 95603

P00015810

94-2452388

PTIN

Firm's EIN

Phone no.

Use Only

Firm's name

Firm's address

Schedule B (Form 990) (Rev. December 2024))

(Rev. December 2024))
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

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

OMB No. 1545-0047

Name of the organization

Employer identification number

INTERNAT	IONAL RANGER FEDERATION	93-1900925
Organization type		·
Filers of:	Section:	
Form 990 or 990-E	Z	
	4947(a)(1) nonexempt charitable trust not treated as a private four	ndation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	n
	501(c)(3) taxable private foundation	
	nization is covered by the General Rule or a Special Rule . on 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a	a Special Rule. See
General Rule		
or more (ir	anization filing Form 990, 990-EZ, or 990-PF that received, during the year, contribution money or property) from any one contributor. Complete Parts I and II. See instructions is total contributions.	=
Special Rules		
regulations 16b, and the	anization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 sunder sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Finat received from any one contributor, during the year, total contributions of the greater he amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Par	of (1) \$5,000; or
contributor literary, or	anization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received during the year, total contributions of more than \$1,000 exclusively for religious, of educational purposes, or for the prevention of cruelty to children or animals. Complete lumn (b) instead of the contributor name and address), II, and III.	haritable, scientific,
contributor contributio during the General F	anization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received, during the year, contributions exclusively for religious, charitable, etc., purposes, but not stalled more than \$1,000. If this box is checked, enter here the total contributions the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parallel applies to this organization because it received nonexclusively religious, charitation, on or more during the year	ut no such nat were received parts unless the able, etc., contributions
must answer "No"	nization that isn't covered by the General Rule and/or the Special Rules doesn't file Schon Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on oesn't meet the filing requirements of Schedule B (Form 990).	

PAGE 1 OF 2

Page **2**

Name of organization

INTERNATIONAL RANGER FEDERATION

Employer identification number 93–1900925

Part I	Contributors (see instructions). Use duplicate copies of P	Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.1	RANGER FOUNDATION GOLD RIVER CA 95670	\$ 5,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 2	Name, address, and ZIP + 4 NATIONAL GEOGRAPHIC 1600 M STREET NW WASHINGTON DC 20036	Total contributions \$ 20,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 3	WORLD WIDE FUND FOR NATURE CAMBODIA NO, 21, ST 322 BOENG KENG KANG TI 1 COMMUNE BOENG PENH	Total contributions \$ 10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	UNION FOR THE INTERNATIONAL CONSERVATION OF NATURE RUE MAUVERNEY 28 1196 GLAND CH . 22999-0000	\$ 9,980	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	GUARDES NATURE DE FRANCE 11 DE PORT-CROS HYRES . 83400	\$ 32,531	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 6	Name, address, and ZIP + 4 INTERNATIONAL FUND FOR ANIMAL WELFARE 1400 16TH STREET NW, SUITE 510 WASHINGTON DC 20036	Total contributions \$ 11,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)

PAGE 2 OF 2

Page 2

Name of organization

INTERNATIONAL RANGER FEDERATION

Employer identification number 93-1900925

Part I	Contributors (see instructions). Use duplicate copies of P	art I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	REWILD PO BOX 129 AUSTIN TX 78767	\$ 160,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

30315 INTERNATIONAL RANGER FEDERATION

5/13/2025

93-1900925

Federal Statements

FYE: 12/31/2024

Statement 1 - Form	<u>990-PF, Part</u>	I, Line 11 - Other Income

Description	 Revenue per Books	 vestment come	A:	djusted Net Income
MEMBERSHIP DUES	\$ 7,480	\$ 	\$	7,480
TOTAL	\$ 7,480	\$ 0	\$	7,480

Statement 2 - Form 990-PF, Part I, Line 16c - Other Professional Fees

Description	 Гotal	let stment	,	usted let	haritable Purpose
CONTRACTOR EXPENSES	\$ 80,140	\$	\$		\$ 80,140
TOTAL	\$ 80,140	\$ 0	\$	0	\$ 80,140

Statement 3 - Form 990-PF, Part I, Line 18 - Taxes

Description	 Total	Net stment	,	usted Net	_	aritable urpose
INCORPORATION ANNUAL FEES	\$ 140	\$	\$		\$	140
TOTAL	\$ 140	\$ 0	\$	0	\$	140

93-1900925

FYE: 12/31/2024

Federal Statements

Statement 4 - Form 990-PF, Part I, Line 23 - Other Expenses

Description	Total	Net _Investment	Adjusted Net	Charitable Purpose
	\$	\$	\$	\$
EXPENSES				
BANK FEES	2 , 959	351		2 , 608
INTERNET/EMAIL	479		120	359
WEBSITE EXPENSES	625		156	469
GRAPHICS WORK	692			692
MISCELLANEOUS EXPENSE	5 , 328			5 , 328
INSURANCE EXPENSE	326			329
COP EVENTS	6 , 090			6,090
PROGRAM EXPENSES	174,806			174,806
TOTAL	\$ 191,305	\$ 351	\$ 276	\$ <u>190,681</u>

Statement 5 - Form 990-PF, Part VII, Line 1 - List of Officers, Directors, Trustees, Etc.

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
CHRIS GALLIERS PIETERMARITZBURG SF 3200	PRESIDENT	8.00	0	0	0
ROHIT SINGH SINGAPORE SN 589489	VICE PRESIDE	4.00	0	0	0
ANDY DAVIES LEONGATHA AS 3953	SECRETARY	6.00	0	0	0
MICHAEL LYNCH PO BOX 3212 BOWMAN CA 95604	TREASURER	4.00	0	0	0
MOHAMMED DIKKO BALA NATIONAL PARK HEADQUARTERS PMB	AFRICA REP.	2.00	0	0	0

5/13/2025

93-1900925

FYE: 12/31/2024

Federal Statements

Statement 5 - Form 990-PF, Part VII, Line 1 - List of Officers, Directors, Trustees, Etc. (continued)

Name and Address GARKI ABUJA NI 0258	Title	Average <u>Hours</u>	Compensation	Benefits	Expenses
HAMARA AISHA LAHORE PK 54600	ASIA REP.	2.00	0	0	0
LARS SCHARFE FURTH GM 90762	EUROPE REP.	2.00	0	0	0
AMANDA DUDGEON KYOGLE NSW AS 2474	OCEANIA REP.	2.00	0	0	0
MARK CAUGHLAN CHEYENNE WY 82002	NORTH AMERIC	2.00	0	0	0
CHRISTIAN ROBLES PUCHI SAN JOSE CS 10101	CENTRAL AMER	2.00	0	0	0
WERHNER MONTOYA NORTE CORRALES PE 24000	SOUTH AMERIC	2.00	0	0	0
CARLIEN ROODT WINTERSKLOOF SF 3245	EXECUTIVE DI	4.00	0	0	0

FYE: 12/31/2024

93-1900925

Statement 6 - Form 990-PF, Part VIII-A, Line 1 - Summary of Direct Charitable Activities

Description

WORLD RANGER CONGRESS. THE IRF WORLD RANGER CONGRESS BRINGS TOGETHER RANGERS FROM ALL OVER THE WORLD, GIVING THEM THE OPPORTUNITY TO LEARN NEW SKILLS, SHARE KNOWLEDGE AND CREATE PARTNERSHIPS. IT OCCURS EVERY THREE YEARS IN A DIFFERENT LOCATION, ALLOWING HOST COUNTRIES FROM EACH IRF REGION TO RAISE THE PROFILE OF RANGERS LOCALLY AND INTERNATIONALLY. IT ALLOWS THEM TO SHOWCASE THEIR SUCCESSES, TO IDENTIFY HOW THEY'RE ADDRESSING THEIR REGIONAL CHALLENGES AND SHARE THEIR KNOWLEDGE AND SKILLS WITH COLLEAGUES FROM AROUND THE WORLD. EXPENDITURES WERE FOR PLANNING AND HOLDING OF THE 2024 WORLD RANGER CONGRESS IN FRANCE IN OCTOBER 7-12, 2004.

AMOUNT: \$119,830.79

Statement 7 - Form 990-PF, Part VIII-A, Line 2 - Summary of Direct Charitable Activities

Description

STRENGTHENING LATIN AMERICAN RANGER ASSOCIATION PROJECT EVENT HELD 7 -12 OF MAY 2024.
ATTENDANCE: 46 RANGERS, 10 NATIONAL RANGER ASSOCIATIONS + 3 RANGER UNIONS FROM LATIN AMERICA COUNTRIES (CENTRAL, SOUTH AND CARIBBEAN).

VENUE: CONAFOVICER, CUSCO PERU.

MISSION - STRENGTHEN AND ARTICULATE RANGER ORGANIZATIONS IN LATIN AMERICA

VISION - TO BE A GLOBAL REFERENCE IN THE PROMOTION OF FAIR, EQUITABLE AND SAFE CONDITIONS FOR THE DEVELOPMENT OF THE RANGER PROFESSION THROUGH THE SUPPORT OF LATIN AMERICAN ORGANIZATIONS.

MAIN SPONSORS: NATIONAL GEOGRAPHIC SOCIETY, (US) NATIONAL ASSOCIATION OF PARK RANGERS, (US) RANGER FOUNDATION AND

FORCE FOR NATURE AMOUNT: \$28,026.17

93-1900925

FYE: 12/31/2024

Statement 8 - Form 990-PF, Part VIII-A, Line 3 - Summary of Direct Charitable Activities

Description

STATE OF RANGER REPORT
THE IRF IS LEADING THE DEVELOPMENT OF THE FIRST EVER
REPORT ON THE GLOBAL STATE OF THE RANGER PROFESSION, WHICH
WILL BE PUBLISHED AT THE NEXT 10TH IRF WORLD RANGER
CONGRESS IN HYÈRES, FRANCE IN OCTOBER 2024. THE REPORT
WILL BE THE FIRST GLOBAL BASELINE OF WHERE THE RANGER
PROFESSION CURRENTLY STANDS, INCLUDING THE ASSIMILATION OF
THE BEST AVAILABLE, INTERNATIONALLY COMPARABLE DATA ON
THE RANGER WORKFORCE.

AMOUNT: \$11,459.42

Statement 9 - Form 990-PF, Part XIV, Line 2a - Name, Address and Email for Applications

Description

CAROLE D'ANTUONI 330-688-1038
11 DE PORT-CROS HYERES, FRANCE, FR 83400
CAROLE.DANTUONI@RNFRANCE.ORG

Statement 10 - Form 990-PF, Part XIV, Line 2b - Application Format and Required Contents

Description

FORM NAME: WRC FINANCIAL ASSISTANCE

WHO IS ELIGIBLE? ANY INDIVIDUAL IPA MEMBER. WORLDWIDE

HOW MUCH IS AVAILABLE? THE ASSISTANCE IS LIMITED TO USD3,000 PER PERSON. TOTAL IS \$53,500

Form 990-PF, Part XIV, Line 2c - Submission Deadlines

Description

SUBMISSION DEADLINES: SEPTEMBER 1, 2024

Form 990-PF, Part XIV, Line 2d - Award Restrictions or Limitations

Description

RESTRICTIONS: NONE

Form 990-PF	Underdistribution and Excess Di	2024		
	For calendar year 2024, or tax year beginning	, ending		
Name			Employer Id	entification Number
INTERNATION	93-190			

Undistributed Income Carryovers Form 990-PF, Part XII

	Prior Undistributed Income				Next Year Carryover		
Tax Year	Nontaxable or Previously Taxed	Taxable in 2024	Total per Year	Current Year Decreases	Nontaxable or Previously Taxed	Taxable in 2025	
Years prior							
20 20				_			
20 21							
20 22							
2023							
2024			5,451	5,451			
Total Carryove	er to Next Year		0				

^{*} Carryover amount includes 4942(a) amounts

Excess Distribution Carryovers Form 990-PF, Part XII

	1 51111 656 1 1 ; 1 411 7 11	
	Current Year	Next Year
Preceding Tax Year Excess Distributions	Decreases	Carryover
2019		
2020		
2021		
2022		
2023		
Current Year Excess Distribution Generated	265,510	
Current Year Excess Distribution Generated (2024) Total Carryover to Next Year		265,510

30315 INTERNATIONAL RANGER FEDERATION 5/13/2025 **Federal Statements** 93-1900925 FYE: 12/31/2024 **Direct Public Support** Noncash Cash Contributor Contribution Contribution 102,996 TOTAL 102,996 0 **Taxable Interest on Investments** US Obs (\$ or %) Unrelated Exclusion Postal **Amount** Description **Business** Code Code 351 14 351 TOTAL \$

Date Accepte	DO NOT MAIL THE FORM TO THE ETD						ORM TO THE FTB		
TAXABLE YEAR 2024		ornia e-file Re npt Organizati		orizatio	n for				8453-EO
Exempt Organiza		TERNATIONAL F	RANGER FE	DERATIO	N		ying number -190092	25	
		n Information (whole do	• • • • • • • • • • • • • • • • • • • •						
2 Total gro 3 Refund (l	ss income or tota Form 109, line 20	related business taxable in al tax (Form 199, line 8 or l 6) bunt due (Form 199, line 10	Form 109, line 14)					1 2 3 4	
		ount Electronically for Ta		<u> </u>					
5 Direc		nd (Form 109 only.)	_		6b Withdra	awal date	(mm/dd/yyyy	')	
Part III S	chedule of Esti	mated Tax Payments for	Taxable Year 20	125 (These are	not installment p	payments for	the current amo	ount t	the exempt organization owes.)
		First Payment	Second Pa	nyment	Third	l Paymen	t T		Fourth Payment
7 Amount									
8 Withdraw		tion (Hove you verified the	o overnt arraria	ation's barrier	informatic= 2\				
		tion (Have you verified th	e exempt organiza	ุ่มเบเาร มสกหเกตู	miormation?)				
9 Routing r				11	Type of accou	unt: 🔲 (Checking [] ;	Savings
Part V D	eclaration of Of	fficer							
Part IV for the for the amount Under penaltie (ERO), transmorganization's	I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 5, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 6, I authorize an electronic funds withdrawal for the amount listed on line 6a and any estimated payment amounts listed on Part III, line 7 from the bank account specified in Part IV. Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2024 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the								
processing of	the exempt orgathe delay or the c	inying schedules and stateme inization's return or refund date when the refund was s	is delayed, I autho	•		ERO or i		-	
Here	Signature of offic	er	Date	Ti	tle				
Part VI D	eclaration of El	ectronic Return Originat	tor (ERO) and Pa	id Preparer.	See instructi	ions.			
I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2024 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for four years from the due date of the return or four years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.									
ERO	ERO's signature	MICHAEL G WILSON, C	PA	Date	Check if also paid preparer	 	Check if self- employed	٦l	ERO's PTIN P00015810
Must Sign	Firm's name (or you if self-employed)	WILSON, M	YERS AND	DOLD,	CPAS			- 1	m's FEIN 9 4-2452388
- J	and address	564 AUBUR AUBURN	N RAVINE	RD C	:A				ZIP code 95603
		are that I have examined the a		return and acco	ompanying sche			nd to	
my knowledge Paid	and belief, they ar Paid preparer's	re true, correct, and complete.	. I make this declara	tion based on al	I information of v	1	e knowledge. Check if self-	_	Paid preparer's PTIN
Preparer	signature						employed	 Fii	rm's FEIN
Must	Firm's name (or you if self-employed)	urs							
Sign	and address								ZIP code

Form 199 Return Summary

For calendar year 2024, or tax year beginning

Refund

, and ending

93-1900925

INTERNATIONAL RANGER FEDERATION

Gross sales / receipts Dues from members Contributions / grants Total costs Expenses Excess / (deficit)	351 7,480 351,507 276,041	83,297	
Total payments Penalties and interest Use tax			
Balance due			

Balance Sheet

	Beginning	Ending	Differences
Assets	94,813	<u>178,110</u>	
Liabilities			
Net assets	94,813	178,110	83,297

Miscellaneous Information

Amended return

Return / extended due date 11/17/25

034 STATE OF CALIFORNIA

(Rev. 01/2024)

MAIL TO: Registry of Charities and Fundraisers P.O. Box 903447 Sacramento, CA 94203-4470

STREET ADDRESS: 1300 I Street Sacramento, CA 95814

WEBSITE ADDRESS: www.oag.ca.gov/charities

DEPARTMENT OF JUSTICE PAGE 1 of 1

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, and 310

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

(For Registry Use Only)

INTERNATIONAL RAN	GER I	FEDERATION		Check if:		
Name of Organization				Change of address		
				Amended report		
List all DBAs and names the organizatio 218 MULBERRY LANE		nas used		Organization requests ema	il notificati	ions
Address (Number and Street) AUBURN		CA 95603		State Charity Registration Number		
City or Town, State, and ZIP Code 530-613-4732					4100	
Telephone Number				Corporation or Organization No. <u>575</u>	4182	
TREASURER@INTERNATION E-mail Address	NALRAN	IGERS.ORG		Federal Employer ID No. 93-	-1900	925
	STRATIC	ON RENEWAL FEE SCHEDULE (11 Cal. Co	ode Reg			
7 27 1 20.		Make Check Payable to Department	•	•		
Total Revenue	<u>Fee</u>	Total Revenue	<u>Fee</u>	Total Revenue		<u>Fee</u>
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 n	aillian	\$800
Between \$50,000 and \$100,000	\$25 \$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500		\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million		\$1,200
PART A - ACTIVITIES						, ,
	unting pe	riod (beginning 01/01/24 ending	12/31	L/24) list:		
Total Revenue \$ (including noncash contributions)	359	Noncash Contributions \$		O Total Assets \$	178	<u>,110</u>
Program	n Expens	es \$ <u>276,041</u> Total Expe	enses \$ _	276,041		
PART B - STATEMENTS REGARD	NG ORG	ANIZATION DURING THE PERIOD OF TH	IIS REPO	ORT		
Note: All questions must be answere	ed. If you	answer "yes" to any of the questions below, y	ou must	attach a separate page		
providing an explanation and o	details for	each "yes" response. Please review RRF-1 in	nstruction	s for information required.	Yes	No
	•	loans, leases or other financial transactions between the organ entity in which any such officer, director or trustee had a	-	· ·		x
During this reporting period, was there any	/ theft, embe	ezzlement, diversion or misuse of the organization's charitab	ole property	or funds?		х
During this reporting period, were any organic	anization fun	ds used to pay any penalty, fine or judgment?				х
During this reporting period, were the serv coventurer used?	ices of a col	mmercial fundraiser, fundraising counsel for charitable purp	ooses, or cor	nmerciai		Х
During this reporting period, did the organi	zation receiv	ve any governmental funding?				x
During this reporting period, did the organi	zation hold	a raffle for charitable purposes?				х
Does the organization conduct a vehicle d	onation prog	ram?				х
Did the organization conduct an independent generally accepted accounting principles f		prepare audited financial statements in accordance with				х
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets? 9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?						х
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and						
belief, the content is true, correct and complete, and I am authorized to sign.						
		MICHAEL TIPS				
Signature of Authorized Ager	nt	MICHAEL LYNCH Printed Name		TREASURER Title	Da	 te

Form **990-PF**

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990PF for instructions and the latest information.

FOI	calend	dar year 2024 or tax year beginning , i	and ending				
N	ame of fo	oundation			A Emp	oyer identification num	ber
_						100000	
		RNATIONAL RANGER FEDERATION	l) I D	/		-1900925	-t'
		Ind street (or P.O. box number if mail is not delivered to street add MULBERRY LANE	iress) R	oom/suite		whone number (see instruction $0-613-4732$	ctions)
		vn, state or province, country, and ZIP or foreign postal code					
	UBU	• • • • • • • • • • • • • • • • • • • •			C If exe	mption application is pen	ding, check here .
			rn of a former public ch	aritv	D 1. Fo	reign organizations, chec	k here
		Final return Amended	•			oreign organizations meet	· · · · · · · · · · · · · · · · · · ·
		Address change Name cha				i% test, check here and a	
	Chook t	type of organization: X Section 501(c)(3) exempt private			E If priv	ata faundatian atatua waa	torminated under
Ë.			le private foundation			ate foundation status was on 507(b)(1)(A), check he	
<u> </u>		rket value of all assets at J Accounting method:		rual	•	foundation is in a 60-mor	_
		ear (from Part II, col. (c),				r section 507(b)(1)(B), che	
	ne 16)	\$ 178,110 (Part I, column (d), must	he on cash hasis)				
	Part I	Analysis of Revenue and Expenses (The total of	(a) Revenue and				(d) Disbursements
•	ui t i	amounts in columns (b), (c), and (d) may not necessarily equal	expenses per	(b) Net inv		(c) Adjusted net income	for charitable purposes
		the amounts in column (a) (see instructions).)	books	56.			(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	351,507				
	2	Check if the foundation is not required to attach Sch. B					
	3	Interest on savings and temporary cash investments	351		351	351	
	4	Dividends and interest from securities					
	5a	Gross rents					
Revenue	b	Net rental income or (loss)					
en	6a	Net gain or (loss) from sale of assets not on line 10					
e <	b	Gross sales price for all assets on line 6a			0		
22		Capital gain net income (from Part IV, line 2)			U	0	
	8	Net short-term capital gain				U	
	9	Income modifications					
	10a	Gross sales less returns and allowances					
	b	Less: Cost of goods sold					
	11	Gross profit or (loss) (attach schedule) Other income (attach schedule) STMT 1	7,480			7,480	
	12	Total. Add lines 1 through 11	359,338		351	7,831	
	13	Componentian of officers directors trustees etc	0		301	.,002	
šės	14	Other employee salaries and wages					
xpenses	15	Pension plans, employee benefits					
Ž	16a	Legal fees (attach schedule)					
Operating and Administrative E	b	Accounting fees (attach schedule)					
<u></u>	С	Other professional fees (attach schedule) STMT 2	80,140				80,140
ī	17						
ist	18	Interest Taxes (attach schedule) (see instructions) STMT 3	140				140
Ä	19	Depreciation (attach schedule) and depletion					
þ	20	Occupancy					
₹ D	21	Travel, conferences, and meetings	4,456				
aŭ	22	Printing and publications					
פ	23	Other expenses (att. sch.) STMT 4	191,305		351	276	190,681
atir	24	Total operating and administrative expenses.			:		
ers		Add lines 13 through 23	276,041		351	276	270,961
o	25	Contributions, gifts, grants paid	0			a	0
_	26	Total expenses and disbursements. Add lines 24 and 25	276,041		351	276	270,961
	27	Subtract line 26 from line 12:	00.00-				
	a	Excess of revenue over expenses and disbursements	83,297				
	b	Net investment income (if negative, enter -0-)			0		
		Adjusted net income (if negative enter -0-)				7.555	

2 Savings and temporary cash investments 3 Accounts receivable Less: allovence for doubtful accounts 4 Prediges receivable Less: allovence for doubtful accounts 5 Grants receivable 6 Receivables due from offices, directors, trustees, and other disqualified persons (attach schedule) (see instructions) 7 Other interes and turns receivable (all schedule) Less: allovence for doubtful accounts 0 Inventiones for sale or use 9 Preparati Regimense and deferred charges 10a Investments — U.S. and state government obligations (attach schedule) 1 Investments — outporate bloods (attach schedule) 1 Investments — outpart attach schedule) 2 Total attach provides and accorded expenses 2 Total attach provides and accorded expenses 2 Total liabilities (describe 2 Deferred revenue 2 Loans from officers, directors, frustees, and other disqualified persons 2 Markets with other creaticitions 2 Not assests with other creaticitions 2 Not assests with other creaticitions 2 Not assests with other creaticities 2 Not assests with other creaticities 2 Not assests with other creaticities 3 Total liabilities (describe 3 Deferred revenue 3 Total liabilities (describe 4 Deferred revenue 5 Presi	Form 990	-PF (2024) INTERNATIONAL RANGER FEDERATION	93-190092	25	Page 2
1 Cash — non-interest-bearing	Part I	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	f year
2 Savings and temporary cash investments 3 Accounts receivable Less: allovence for doubtful accounts 4 Prediges receivable Less: allovence for doubtful accounts 5 Grants receivable 6 Receivables due from offices, directors, trustees, and other disqualified persons (attach schedule) (see instructions) 7 Other interes and turns receivable (all schedule) Less: allovence for doubtful accounts 0 Inventiones for sale or use 9 Preparati Regimense and deferred charges 10a Investments — U.S. and state government obligations (attach schedule) 1 Investments — outporate bloods (attach schedule) 1 Investments — outpart attach schedule) 2 Total attach provides and accorded expenses 2 Total attach provides and accorded expenses 2 Total liabilities (describe 2 Deferred revenue 2 Loans from officers, directors, frustees, and other disqualified persons 2 Markets with other creaticitions 2 Not assests with other creaticitions 2 Not assests with other creaticitions 2 Not assests with other creaticities 2 Not assests with other creaticities 2 Not assests with other creaticities 3 Total liabilities (describe 3 Deferred revenue 3 Total liabilities (describe 4 Deferred revenue 5 Presi		should be for end-of-year amounts only. (See instructions.)	` '		
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5 Decreases not included in line 2 (itemize) 5	4 Add I				178.110
					,==0
6 Total net assets or fund balances at end of year (line 4 minus line 5) — Part II, column (b), line 29 6 178,110					178,110

Form	1 990-PF (2024) INTERNA	TIONAL RANGER FEDER	RATION	93-1900925		Page 3
Pa	art IV Capital Gains a	nd Losses for Tax on Investn	nent Income			
	(a) List and describe the	kind(s) of property sold (for example, real es louse; or common stock, 200 shs. MLC Co.)	state,	(b) How acquired P — Purchase D — Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	N/A			B Boriagon		
b	21/ 22					
d_						
<u>e</u>			1	<u> </u>		
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(0)	r other basis ense of sale		in or (loss) (f) minus (g))
a_						
b						
c						
d						
е						
	Complete only for assets showing	g gain in column (h) and owned by the fo	oundation on 12/31/69	9.	(I) Gains (Co	ol. (h) gain minus
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		ss of col. (i) l. (j), if any	col. (k), but no	t less than -0-) or from col. (h))
a						
b						
c						
d						
e						
		If gain, also enter	r in Part I, line 7			
2	Capital gain net income or (net	capital loss) If (loss), enter -0-		•	2	
3	Net short-term capital gain or (oss) as defined in sections 1222(5) and	_			
•	. • .	8, column (c). See instructions. If (loss),	` '			
				•	3	
Pa	art V Excise Tax Bas	ed on Investment Income (Se	ction 4940(a). 4	940(b), or 4948–		ons)
1a		described in section 4940(d)(2), check h		ter "N/A" on line 1.		,
ıa	Date of ruling or determination	` ', ' '		sary — see instruct	ions) 1	
h	•		• •	•	10115)	
b		enter 1.39% (0.0139) of line 27b. Exemp				
_		(b)				0
2		tic section 4947(a)(1) trusts and taxable	toundations only; oth	ers, enter -U-)	2	
3	Add lines 1 and 2				3	
4		tic section 4947(a)(1) trusts and taxable		ners, enter -0-)	4	0
5		come. Subtract line 4 from line 3. If zer	ro or less, enter -0-		5	0
6	Credits/Payments:		1	1		
а	' '	and 2023 overpayment credited to 2024		ia		
b						
С				ic		
d	Backup withholding erroneously	y withheld	<u>_6</u>	id		
7	Total credits and payments. Ad					
8	Enter any penalty for underpa	yment of estimated tax. Check here	」if Form 2220 is atta	ched	8	
9		and 8 is more than line 7, enter amou				
10	Overpayment. If line 7 is more	e than the total of lines 5 and 8, enter the	e amount overpa	id	10	
<u>11</u>		be: Credited to 2025 estimated tax		Refunded		

Pa	art VI-A Statements Regarding Activities			
1a			Yes	No
	participate or intervene in any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the			
	instructions for the definition	1b		X
	If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities.			
С	Did the foundation file Form 1120-POL for this year?	1c		Х
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. \$ (2) On foundation managers. \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers. \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Х
	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		Х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х
•	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
•	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			
	conflict with the state law remain in the governing instrument?	6	х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV	7	X	
8a		-		
	CA			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
-	(or designate) of each state on required by Conoral Instruction C2. If "No." attach explanation	8b	х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
•	4942(j)(5) for calendar year 2024 or the tax year beginning in 2024? See the instructions for Part XIII. If "Yes,"			
		9		Х
10	complete Part XIII Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	_		
	names and addresses	10		Х
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the	-:-		
• •	magning of paction 512/bV/12/2 If "Voc." attach pahadula. Con instructions	11		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
12	named had advised with the 20 K Was " attack at tax and the Conjugate at t	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Walania aldana MINING TANDEDNATIONALDANCEDO ODO			
14	TILL STATE TANCE	13-	473	2
	PO BOX 3212		Ŧ.:. 7 :	
	Legated at POWMAN CA ZID+4 95604	Į		
15				
. •	and enter the amount of tax-exempt interest received or accrued during the year			. L
16	At any time during calendar year 2024, did the foundation have an interest in or a signature or other authority		Yes	No
	average bank appropriate and the efficiencial appropriation of a prime appropriate A	16	.03	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			
	the foreign country			

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Pa	art VI-B Statements Regarding Activities for Which Form 4720 May Be Required				
_	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a					37
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?		1a(1)		X
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified		4 - (0)		37
	person?		1a(2)		X
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		1a(3)		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		1a(4)		X
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or		4 - (5)		v
	use of a disqualified person)?		1a(5)		X
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation				
	agreed to make a grant to or to employ the official for a period after termination of government service, if		4-(0)		v
_	terminating within 90 days.)		1a(6)		X
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in	N/A	46		
_	Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	N/A	1b		
C	Organizations relying on a current notice regarding disaster assistance, check here	Ц			
d	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	N/A	1d		
2	were not corrected before the first day of the tax year beginning in 2024?	N/A	Iu		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private				
_	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):				
а	At the end of tax year 2024, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for		20		х
	tax year(s) beginning before 2024? If "Yes," list the years 20 , 20 , 20 , 20		2a		Λ
h	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)				
b	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to				
	all years listed, answer "No" and attach statement — see instructions.)	N/A	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		20		
C	20, 20, 20				
3а	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time				
	during the year?		3a		X
b	If "Yes," did it have excess business holdings in 2024 as a result (1) any purchase by the foundation or				
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the				
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of				
	the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the				
	foundation had excess business holdings in 2024.)	N/A	3b		

Did the foundation invest during the year any amount in a manner that would jeopardize its charitable

its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning

purposes?

Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize

4b X Form **990-PF** (2024)

4a

X

in 2024?

orm	990-PF (2024) INTERNATIONAL RANGER FEDERATION		900925			Pa	age 6
Pa	rt VI-B Statements Regarding Activities for Which Form	4720 May Be F	Required	(continued)			
5а	During the year, did the foundation pay or incur any amount to:					Yes	No
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 49)	945(e))?			5a(1)		X
	(2) Influence the outcome of any specific public election (see section 4955); or to	carry on, directly o	r				
	indirectly, any voter registration drive?				5a(2)		X
	(3) Provide a grant to an individual for travel, study, or other similar purposes?				5a(3)		X
	(4) Provide a grant to an organization other than a charitable, etc., organization of	lescribed in section	4945(d)				
	(4)(A)? See instructions				5a(4)		X
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or experience of the control of the contro	educational purpose	es, or for				
	the prevention of cruelty to children or animals?				5a(5)		X
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify und	ler the exceptions d	escribed				
	in Regulations section 53.4945 or in a current notice regarding disaster assistance	e? See instructions		N/A	5b		
С	Organizations relying on a current notice regarding disaster assistance, check he	re					
d	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from	n the tax because it					
	maintained expenditure responsibility for the grant?			N/A	5d		
	If "Yes," attach the statement required by Regulations section 53.4945-5(d).						
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay	premiums on a pe	rsonal				
	benefit contract?				6a		X
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a pers	onal benefit contrac	:t?		6b		Х
	If "Yes" to 6b, file Form 8870.						
7a	At any time during the tax year, was the foundation a party to a prohibited tax she	Iter transaction?			7a		Х
b	If "Yes," did the foundation receive any proceeds or have any net income attributa		on?	N/A	7b		
8	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,0						
•	excess parachute payment(s) during the year?	•			8		X
P	Information About Officers, Directors, Trustees, Fo					and	
	Contractors		· 3 · · , 3	, , . ,	,		
1 L	ist all officers, directors, trustees, and foundation managers and their com	pensation. See in	structions.				
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	employee benefit plans and deferred		oense ad r allowar	
			,	compensation			
SE	E STATEMENT 5						
• • •		•					
2	Compensation of five highest-paid employees (other than those included "NONE."	on line 1 — see in	structions). If	none, enter			
	(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	1 ' '	oense ac r allowar	
NC	NE .						
ota	I number of other employees paid over \$50,000	1	l	1			0

Form 990-PF (2024) INTERNATIONAL RANGER FEDERATION 93-1900925	Page 7
Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid	Employees, and
Contractors (continued)	
3 Five highest-paid independent contractors for professional services. See instructions. If none, enter "I	
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
Total number of others receiving over \$50,000 for professional services	
Part VIII-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 SEE STATEMENT 6	
	119,831
2 SEE STATEMENT 7	
· · · · · · · · · · · · · · · · · · ·	
	28,026
3 SEE STATEMENT 8	
	11 450
<u>,</u>	11,459
4	
Part VIII-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	
All other program-related investments. See instructions.	
3	

Total. Add lines 1 through 3

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270,961

3a

3b

4

3

Amounts set aside for specific charitable projects that satisfy the:

Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4

Suitability test (prior IRS approval required)

Cash distribution test (attach the required schedule)

265,510

Excess from 2024

RESTRICTIONS:

NONE

	990-PF (2024) INTERNATIONA			93-190			Page	10
	If the foundation has received a ruling or or				1011 9)			
ıa	foundation, and the ruling is effective for 2		the ruling	-				
b	Check box to indicate whether the founda			ad in section	4942(j)(3) or	T 404	42(j)(5)	_
2a	Enter the lesser of the adjusted net	Tax year	ling louridation describe	Prior 3 years		434		_
Za	income from Part I or the minimum	(a) 2024	(b) 2023	(c) 2022	(d) 20)21	(e) Total	
	investment return from Part IX for	(u) 202+	(8) 2020	(0) 2022	(4) 20	,_ ,		
	1 2 1							
_	each year listed							
b	85% (0.85) of line 2a							
С	Qualifying distributions from Part XI,							
	line 4, for each year listed							_
d	Amounts included in line 2c not used directly							
	for active conduct of exempt activities							_
е	Qualifying distributions made directly							
	for active conduct of exempt activities.							
	Subtract line 2d from line 2c							
3	Complete 3a, b, or c for the							
	alternative test relied upon:							
а	"Assets" alternative test — enter:							
	(1) Value of all assets							
	(2) Value of assets qualifying under							
	section 4942(j)(3)(B)(i)							
b	"Endowment" alternative test — enter 2	3						
	of minimum investment return shown in							
	Part IX, line 6, for each year listed							
С	"Support" alternative test — enter:							
	(1) Total support other than gross							
	investment income (interest,							
	dividends, rents, payments on securities loans (section							
	512(a)(5)), or royalties)							
	(2) Support from general public							
	and 5 or more exempt							
	organizations as provided in							
	section 4942(j)(3)(B)(iii)							
	(3) Largest amount of support from							
	an exempt organization							
	(4) Gross investment income						<u> </u>	
Pa	art XIV Supplementary Inform	•		the foundation	on had \$5,000	or mo	re in assets at	
	any time during the y		ictions.)					
1	Information Regarding Foundation Ma	_						
а	List any managers of the foundation who				•	on		
	before the close of any tax year (but only	if they have contribute	d more than \$5,000). (See section 507(d)(2).)			
	N/A							
b	List any managers of the foundation				an equally large	portion	of the	
	ownership of a partnership or other entity)	of which the foundation	on has a 10% or greate	er interest.				
	N/A							
2	Information Regarding Contribution, C							
	_		o preselected charitable	-				
	unsolicited requests for funds. If the found		nts, etc., to individuals	or organizations u	nder other condition	ons,		
	complete items 2a, b, c, and d. See instru							
а	The name, address, and telephone numb	er or email address of	the person to whom a	oplications should	be addressed:			
	SEE STATEMENT 9							
b	The form in which applications should be	submitted and informa	ation and materials they	should include:				
	SEE STATEMENT 10							
С	Any submission deadlines:		D 1 0001					
	SUBMISSION DEADLINES							
d	Any restrictions or limitations on awards, s	such as by geographic	cal areas, charitable fiel	ds, kinds of institu	tions, or other fact	tors:		

AA Form **990-PF** (2024)

Form 990-PF (2024) INTERNATIONAL RAN		93-1900925	5	Page 1 1
Part XIV Supplementary Information (continued)			
3 Grants and Contributions Paid During	the Year or Approved for	r Future Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year N/A				
Total			3a	
b Approved for future payment N/A				
Total			3b	

Part XV-A	Analysis of Income-Producing Act	ivities				
Enter gross am	ounts unless otherwise indicated.		d business income	Excluded	by section 512, 513, or 514	(e)
		(a)	(b)	(c)	(d)	Related or exempt
		Business code	Amount	Exclusion code	Amount	function income (See instructions.)
1 Program se						
a						
	_					
q						
f						
g Fees a	nd contracts from government agencies					
2 Membershi	p dues and assessments					7,480
3 Interest on	savings and temporary cash investments			14	351	
4 Dividends a	and interest from securities					
	ncome or (loss) from real estate:					
	nanced property					
b Not del	ot-financed property					
	ncome or (loss) from personal property					
7 Other inves						
	s) from sales of assets other than inventory					
	or (loss) from special events					
10 Gross profi	t or (loss) from sales of inventory					
h Other rever	nue: a					
p						
е						
	dd columns (b), (d), and (e)		()	351	7,480
	line 12 columns (b) (d) and (e)				13	7,831
	in line 13 instructions to verify calculations.)					
Part XV-B	Relationship of Activities to the Ac	complishm	ent of Exempt F	urpose	es	
Line No.	Explain below how each activity for which income is	•	, ,			complishment
NT / 70	of the foundation's exempt purposes (other than by	providing fund	s for such purposes).	(See insti	ructions.)	
N/A						

Part XVI	Form 99		(4) INTERNAT					3-1900925				ge 13
Total the organization directly or indirectly engage in any of the following with any other organization described in section 501 (c) (o) criter than section 501 (c)3 organizations) or in section 527, relating to political organizations?	Part			arding Tr	ansfers to an	d Transactio	ns and R	elationships With	n Noncharitak	le Ex	empt	t
a Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash (2) Other assets b Other transactions: (1) Sales of assets to a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements (4) Reimbursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations (6) Performance of services or membership or fundraising solicitations (7) A standard organization organization (8) Performance of services or membership or fundraising solicitations (9) A standard organization organization (9) A standard organization organization (9) A standard organization organization organization (9) A standard organization or		d the orga	nization directly or indi		-		_				Yes	No
a Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash (2) Other assets (3) Cash (1) Sales of assets to a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements (5) Loans or long quarantees (6) Performance of services or membership or fundratising solicitations (6) Performance of services or making lists, other assets, or paid employees (7) Sales of collisies, equipment, mailing lists, other assets, or paid employees (8) Loans of the above is "Yes," complete the following schedule. Column (9) should always show the fair market value in any transaction or sharing arrangement, show in column (9) the value of the goods, other assets, or services received. (9) I've no (9) Amauri molesel (1) Name of recruitable everys organization (9) Description of transfers, transactions, and sharing arrangements 2a is the foundation directly or indirectly affiliated with, or related to, one or more tox-exempt organizations (9) Description of transfers, transactions, and sharing arrangements 2a is the foundation directly or indirectly affiliated with, or related to, one or more tox-exempt organizations (9) Description of transfers, transactions, and sharing arrangements 2a is the foundation directly or indirectly affiliated with, or related to, one or more tox-exempt organizations (9) Description of transfers, transactions, and sharing arrangements 2a is the foundation directly or indirectly affiliated with, or related to, one or more tox-exempt organizations (9) Description of transfers, and a sharing arrangements 2a is the foundation directly or indirectly affiliated with, or related to, one or more tox-exempt organizations (9) Description of transfers, and a sharing arrangements 2a is the foundation directly or indirectly affiliated with, or related to, one or more tox-ex				n 501(c)(3) o	organizations) or ir	n section 527, rela	ating to politi	ical				
(1) Cash (2) Other assets (3) Sates of assets to a noncharitable exempt organization (1) Sates of assets from a noncharitable exempt organization (2) Purchase of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements (5) Loans or loan guarrantees (6) Performance of services or membership or fundralsing solicitations (7) Sates of seasets to many of the above is "fee," complete the following schedule. Column (8) Sharing of facilities, equipment, mailing lists, other assets, or paid employees (9) Performance of services or envirous given by the reporting foundation. If the foundation received less than fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (9) Innex. (9) Amount involved (9) Type of organization (9) Description of transfers, transactions, and sharing arrangements N/A (9) Description of foundation of involvers, transactions, and sharing arrangements N/A (9) Type of organization (9) Description of involved provides and the organization of the organization of the organization or involved provides and stemments, and to the the best of my tronvive organization or involved provides the stemments of the organization					1 9 11							
2a Is the foundation directly or indirectly affiliated with, or related to, one or more fax-exempt organizations 152 X						-				4 - (4)		v
b Other transactions: (1) Sales of assets to an oncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations (7) Salaring of facilities, equipment, mailing lists, other assets, or paid employees (8) Performance of services or membership or fundraising solicitations (9) Fernomance of services or membership or fundraising solicitations (1b) X (1c) X (b) It was a service or membership or fundraising solicitations (b) It was a service or membership or fundraising solicitations (b) It was a service or membership or fundraising solicitations (b) It was a service or membership or fundraising solicitations (c) Performance of services or membership or fundraising solicitations (d) It the answer to any of the above is "Yes," complete the following schedule. (e) Name of road-unlaided exempt organization. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the spoods, other assets, or services received. (e) Name of road-unlaide exempt organization. (e) Name of road-unlaide exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? (a) Name of organization (b) Type of organization (c) Description of transfership or was a distinguish or was a distinguis	(1)) Casn NOther of										
(1) Sales of assets to a noncharitable exempt organization 1b(1)	(∠, b. Ot	hor transc	ssels							14(2)		
22 Purchases of assets from a noncharitable exempt organization 1b(2) X 1b(3) X 1b(4) X 1b(4) X 1b(5) X 1b(6)				hle evemnt	organization					1b/1)		Y
(4) Reinbursement arrangements 1b(3) X 1b(4) X 1b(5) X 1b(6) X						n n						
49 Reimbursement arrangements 154 X X (5) Loans or loan guarantees 156 X X (6) Performance of services or membership or fundraising solicitations 156 X X X 156 X X X X X X X X X	• •	•										
(6) Deformance of services or membership or fundraising solicitations (7) Enformance of services or membership or fundraising solicitations (8) Performance of services or membership or fundraising solicitations (9) Sharing of facilities, equipment, mailing lists, other assets, or paid employees (1) If the answer to any of the above is "Yes," complete the following schedule. Column (9) Iwe no. (9) Amount snowled (9) Name of nondarfincie exercit organization (1) Description of transfers, transactions, and sharing arrangements (2) Name of condardinative exercit organization (3) Description of transfers, transactions, and sharing arrangements (4) Description of transfers, transactions, and sharing arrangements (8) Description of transfers, transactions, and sharing arrangements (9) Description of transfers, transactions, and sharing ar		•										
(6) Performance of services or membership or fundraising solicitations c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule. Column (b) It would always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (e) Live no. (b) Arount involved (c) Name of noncharibble exempt organization (d) Description of transfers, transactions, and sharing arrangements N/A 2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? b) If "Yes," complete the following schedule. b) If "Yes," complete the following schedule. b) If "Yes," complete the following schedule. Complete the following sch	(5)	,) Loans o	r loan guarantees									
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d if the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (e) lime no. (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A 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, May the IRS discuss the return when preparer has any knowledge. Preparer's name Preparer's name Preparer's signature Date TREASURER Tide TREASURER Preparer's name Preparer's signature Date TREASURER Tide TREASURER Total MICHAEL G WILSON. CPA MICHAEL G WILSON. C	(6)	,) Perform	ance of services or me	embership or	fundraising solicit							
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (e) here or the properties of transfers, transactions, and sharing arrangements N/A	c Sh	naring of fa	acilities, equipment, ma	ailing lists, ot	her assets, or paid					1c		X
value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a) Iheron (b) Amount involved (c) Name of noncharitable exempt organization (g) Description of bransfers, transactions, and sharing arrangements N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527?	d If t	the answe	r to any of the above is	s "Yes," com	plete the following							
(e) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 52?? (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of polycy, I declare that I have examined this return, including accompanying subsoluties and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Index penalties of polycy, I declare that I have examined this return, including accompanying subsoluties and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Index penalties of polycy, I declare that I have examined this return, including accompanying subsoluties and statements, and to the best of my knowledge and belief, it is true. Index penalties of polycy, I declare that I have examined this return, including accompanying subsoluties and statements, and to the best of my knowledge and belief, it is true. Index penalties of polycy, I declare that I have examined this return, including accompanying subsoluties and statements, and to the best of my knowledge and belief, it is true. Index penalties of polycy, I declare that I have examined this return, including accompanying subsoluties and statements, and to the best of my knowledge and belief, it is true. Index penalties of polycy, I declare that I have examined this return, including accompanying subsoluties and statements, and to the best of my knowledge and belief, it is true. Index penalties of polycy, I declare that I have examined this return, including accompanying subsoluties	va	lue of the	goods, other assets, o	r services gi	ven by the reportin	ng foundation. If t	he foundatio	on received less than fa	ir market			
2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? Yes No If "Yes, "complete the following schedule.	va	lue in any	transaction or sharing	arrangemen	nt, show in column	(d) the value	of the goods	s, other assets, or servi	ces received.			
2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 52?? b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship Index 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 taxpayer) is based on all information of which preparer has any knowledge. 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 taxpayer) is based on all information of which preparer has any knowledge. Vest No Type No No No No No No No N		ine no.	(b) Amount involved	(c) Name	e of noncharitable exem	pt organization	(d)	Description of transfers, trans	actions, and sharing ar	rangemen	ıts	
described in section 501(c) (other than section 501(c)(3)) or in section 527? Yes No	N/A											
described in section 501(c) (other than section 501(c)(3)) or in section 527? Yes No												
described in section 501(c) (other than section 501(c)(3)) or in section 527? Yes No												
described in section 501(c) (other than section 501(c)(3)) or in section 527? Yes No												
described in section 501(c) (other than section 501(c)(3)) or in section 527? Yes No												
described in section 501(c) (other than section 501(c)(3)) or in section 527? Yes No												
described in section 501(c) (other than section 501(c)(3)) or in section 527? Yes No												
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described in section 501(c) (other than section 501(c)(3)) or in section 527? Yes No												
described in section 501(c) (other than section 501(c)(3)) or in section 527? Yes No												
described in section 501(c) (other than section 501(c)(3)) or in section 527? Yes No												
described in section 501(c) (other than section 501(c)(3)) or in section 527? Yes No												
described in section 501(c) (other than section 501(c)(3)) or in section 527? Yes No												
described in section 501(c) (other than section 501(c)(3)) or in section 527? Yes No												
(a) Name of organization (b) Type of organization (c) Description of relationship N/A 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 taxpayer) is based on all information of which preparer has any knowledge. Sign Here Preparer's name Preparer's signature Preparer's signature Date Check if Self-employed MICHAEL G WILSON, CPA MICHAEL G WILSON, CPA Doby 13/25	de	escribed in	section 501(c) (other t	than section			exempt orga	nizations		Y	es X	No
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 taxpayer) is based on all information of which preparer has any knowledge. May the IRS discuss this return with the preparer shown below? See instructions. Yes No Yes No			<u> </u>	iodaio.	(b) Type of o	organization		(c) Description	on of relationship			
Sign Here Correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. May the IRS discuss this return with the preparer shown below?	N/	A										
Sign Here Correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. May the IRS discuss this return with the preparer shown below?												
Sign Here Correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. May the IRS discuss this return with the preparer shown below?												
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Sign Here Correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. May the IRS discuss this return with the preparer shown below?												
Sign Here Signature of officer or trustee Date Treasures									knowledge and belief,	it is true,		
Paid TREASURER Title Preparer's name Preparer's signature MICHAEL G WILSON, CPA MICHAEL G WILSON, CPA 05/13/25	Sign	,	·		, , ,			, ,	with the prepare	er sho <u>wn b</u>	elow?	No
Signature of officer or trustee Preparer's name Preparer's signature Preparer's signature MICHAEL G WILSON, CPA MICHAEL G WILSON, CPA Date Check if self-employed	11616					I		TREASURER	•			
Paid MICHAEL G WILSON, CPA MICHAEL G WILSON, CPA 05/13/25		Signature	of officer or trustee			Date					_	
Paid MICHAEL G WILSON, CPA MICHAEL G WILSON, CPA 05/13/25		Prepare	er's name			Preparer's signatu	ire		Date		1	
		MICH	AEL G WILSON,	CPA		MICHAEL G	WILSON	N, CPA	05/1	•		

CPAS

WILSON, MYERS AND DOLD,

564 AUBURN RAVINE RD

AUBURN, CA 95603

P00015810

94-2452388

PTIN

Firm's EIN

Phone no.

Use Only

Firm's name

Firm's address

Schedule B (Form 990) (Rev. December 2024))

(Rev. December 2024))
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

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

OMB No. 1545-0047

Name of the organization

Employer identification number

INTERNAT	IONAL RANGER FEDERATION	93-1900925
Organization type		·
Filers of:	Section:	
Form 990 or 990-E	Z	
	4947(a)(1) nonexempt charitable trust not treated as a private four	ndation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	n
	501(c)(3) taxable private foundation	
	nization is covered by the General Rule or a Special Rule . on 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a	a Special Rule. See
General Rule		
or more (ir	anization filing Form 990, 990-EZ, or 990-PF that received, during the year, contribution money or property) from any one contributor. Complete Parts I and II. See instructions is total contributions.	=
Special Rules		
regulations 16b, and the	anization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 sunder sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Finat received from any one contributor, during the year, total contributions of the greater he amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Par	of (1) \$5,000; or
contributor literary, or	anization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received during the year, total contributions of more than \$1,000 exclusively for religious, of educational purposes, or for the prevention of cruelty to children or animals. Complete lumn (b) instead of the contributor name and address), II, and III.	haritable, scientific,
contributor contributio during the General F	anization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received, during the year, contributions exclusively for religious, charitable, etc., purposes, but not stalled more than \$1,000. If this box is checked, enter here the total contributions the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parallel applies to this organization because it received nonexclusively religious, charitation, on or more during the year	ut no such nat were received parts unless the able, etc., contributions
must answer "No"	nization that isn't covered by the General Rule and/or the Special Rules doesn't file Schon Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on oesn't meet the filing requirements of Schedule B (Form 990).	

PAGE 1 OF 2

Page **2**

Name of organization

INTERNATIONAL RANGER FEDERATION

Employer identification number 93–1900925

Part I	Contributors (see instructions). Use duplicate copies of P	Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.1	RANGER FOUNDATION GOLD RIVER CA 95670	\$ 5,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 2	Name, address, and ZIP + 4 NATIONAL GEOGRAPHIC 1600 M STREET NW WASHINGTON DC 20036	Total contributions \$ 20,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 3	WORLD WIDE FUND FOR NATURE CAMBODIA NO, 21, ST 322 BOENG KENG KANG TI 1 COMMUNE BOENG PENH	Total contributions \$ 10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	UNION FOR THE INTERNATIONAL CONSERVATION OF NATURE RUE MAUVERNEY 28 1196 GLAND CH . 22999-0000	\$ 9,980	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	GUARDES NATURE DE FRANCE 11 DE PORT-CROS HYRES . 83400	\$ 32,531	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 6	Name, address, and ZIP + 4 INTERNATIONAL FUND FOR ANIMAL WELFARE 1400 16TH STREET NW, SUITE 510 WASHINGTON DC 20036	Total contributions \$ 11,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)

PAGE 2 OF 2

Page 2

Name of organization

INTERNATIONAL RANGER FEDERATION

Employer identification number 93-1900925

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.								
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
7	REWILD PO BOX 129 AUSTIN TX 78767	\$ 160,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a)	(b)	(c)	(d)					
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution					
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a)	(b)	(c)	(d)					
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)					

30315 INTERNATIONAL RANGER FEDERATION

5/13/2025

93-1900925

Federal Statements

FYE: 12/31/2024

Statement 1 - Form 990-PF, Part I, Line 11 - Other Income

Description	Re	Revenue per Books			Adjusted Net Income		
MEMBERSHIP DUES	\$	7,480	\$		\$	7,480	
TOTAL	\$	7,480	\$	0	\$	7,480	

Statement 2 - Form 990-PF, Part I, Line 16c - Other Professional Fees

Description	<u></u>	Total	Net stment	,	usted Net	Charitable Purpose
CONTRACTOR EXPENSES	\$	80,140	\$	\$		\$ 80,140
TOTAL	\$	80,140	\$ 0	\$	0	\$ 80,140

Statement 3 - Form 990-PF, Part I, Line 18 - Taxes

Description	 Total	Net stment	,	usted Vet	aritable urpose
INCORPORATION ANNUAL FEES	\$ 140	\$	\$		\$ 140
TOTAL	\$ 140	\$ 0	\$	0	\$ 140

93-1900925

FYE: 12/31/2024

Federal Statements

Statement 4 - Form 990-PF, Part I, Line 23 - Other Expenses

Description	Total	Net _Investment	Adjusted Net	Charitable Purpose	
	\$	\$	\$	\$	
EXPENSES					
BANK FEES	2 , 959	351		2 , 608	
INTERNET/EMAIL	479		120	359	
WEBSITE EXPENSES	625		156	469	
GRAPHICS WORK	692			692	
MISCELLANEOUS EXPENSE	5 , 328			5 , 328	
INSURANCE EXPENSE	326			329	
COP EVENTS	6 , 090			6,090	
PROGRAM EXPENSES	174,806			174,806	
TOTAL	\$ 191,305	\$ 351	\$ 276	\$ <u>190,681</u>	

Statement 5 - Form 990-PF, Part VII, Line 1 - List of Officers, Directors, Trustees, Etc.

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
CHRIS GALLIERS PIETERMARITZBURG SF 3200	PRESIDENT	8.00	0	0	0
ROHIT SINGH SINGAPORE SN 589489	VICE PRESIDE	4.00	0	0	0
ANDY DAVIES LEONGATHA AS 3953	SECRETARY	6.00	0	0	0
MICHAEL LYNCH PO BOX 3212 BOWMAN CA 95604	TREASURER	4.00	0	0	0
MOHAMMED DIKKO BALA NATIONAL PARK HEADQUARTERS PMB	AFRICA REP.	2.00	0	0	0

5/13/2025

93-1900925

FYE: 12/31/2024

Federal Statements

Statement 5 - Form 990-PF, Part VII, Line 1 - List of Officers, Directors, Trustees, Etc. (continued)

Name and Address GARKI ABUJA NI 0258	Title	Average <u>Hours</u>	Compensation	Benefits	Expenses
HAMARA AISHA LAHORE PK 54600	ASIA REP.	2.00	0	0	0
LARS SCHARFE FURTH GM 90762	EUROPE REP.	2.00	0	0	0
AMANDA DUDGEON KYOGLE NSW AS 2474	OCEANIA REP.	2.00	0	0	0
MARK CAUGHLAN CHEYENNE WY 82002	NORTH AMERIC	2.00	0	0	0
CHRISTIAN ROBLES PUCHI SAN JOSE CS 10101	CENTRAL AMER	2.00	0	0	0
WERHNER MONTOYA NORTE CORRALES PE 24000	SOUTH AMERIC	2.00	0	0	0
CARLIEN ROODT WINTERSKLOOF SF 3245	EXECUTIVE DI	4.00	0	0	0

FYE: 12/31/2024

93-1900925

Statement 6 - Form 990-PF, Part VIII-A, Line 1 - Summary of Direct Charitable Activities

Description

WORLD RANGER CONGRESS. THE IRF WORLD RANGER CONGRESS BRINGS TOGETHER RANGERS FROM ALL OVER THE WORLD, GIVING THEM THE OPPORTUNITY TO LEARN NEW SKILLS, SHARE KNOWLEDGE AND CREATE PARTNERSHIPS. IT OCCURS EVERY THREE YEARS IN A DIFFERENT LOCATION, ALLOWING HOST COUNTRIES FROM EACH IRF REGION TO RAISE THE PROFILE OF RANGERS LOCALLY AND INTERNATIONALLY. IT ALLOWS THEM TO SHOWCASE THEIR SUCCESSES, TO IDENTIFY HOW THEY'RE ADDRESSING THEIR REGIONAL CHALLENGES AND SHARE THEIR KNOWLEDGE AND SKILLS WITH COLLEAGUES FROM AROUND THE WORLD. EXPENDITURES WERE FOR PLANNING AND HOLDING OF THE 2024 WORLD RANGER CONGRESS IN FRANCE IN OCTOBER 7-12, 2004.

AMOUNT: \$119,830.79

Statement 7 - Form 990-PF, Part VIII-A, Line 2 - Summary of Direct Charitable Activities

Description

STRENGTHENING LATIN AMERICAN RANGER ASSOCIATION PROJECT EVENT HELD 7 -12 OF MAY 2024.
ATTENDANCE: 46 RANGERS, 10 NATIONAL RANGER ASSOCIATIONS + 3 RANGER UNIONS FROM LATIN AMERICA COUNTRIES (CENTRAL, SOUTH AND CARIBBEAN).

VENUE: CONAFOVICER, CUSCO PERU.

MISSION - STRENGTHEN AND ARTICULATE RANGER ORGANIZATIONS IN LATIN AMERICA

VISION - TO BE A GLOBAL REFERENCE IN THE PROMOTION OF FAIR, EQUITABLE AND SAFE CONDITIONS FOR THE DEVELOPMENT OF THE RANGER PROFESSION THROUGH THE SUPPORT OF LATIN AMERICAN ORGANIZATIONS.

MAIN SPONSORS: NATIONAL GEOGRAPHIC SOCIETY, (US) NATIONAL ASSOCIATION OF PARK RANGERS, (US) RANGER FOUNDATION AND

FORCE FOR NATURE AMOUNT: \$28,026.17

93-1900925

FYE: 12/31/2024

Statement 8 - Form 990-PF, Part VIII-A, Line 3 - Summary of Direct Charitable Activities

Description

STATE OF RANGER REPORT
THE IRF IS LEADING THE DEVELOPMENT OF THE FIRST EVER
REPORT ON THE GLOBAL STATE OF THE RANGER PROFESSION, WHICH
WILL BE PUBLISHED AT THE NEXT 10TH IRF WORLD RANGER
CONGRESS IN HYÈRES, FRANCE IN OCTOBER 2024. THE REPORT
WILL BE THE FIRST GLOBAL BASELINE OF WHERE THE RANGER
PROFESSION CURRENTLY STANDS, INCLUDING THE ASSIMILATION OF
THE BEST AVAILABLE, INTERNATIONALLY COMPARABLE DATA ON
THE RANGER WORKFORCE.

AMOUNT: \$11,459.42

Statement 9 - Form 990-PF, Part XIV, Line 2a - Name, Address and Email for Applications

Description

CAROLE D'ANTUONI 330-688-1038
11 DE PORT-CROS HYERES, FRANCE, FR 83400
CAROLE.DANTUONI@RNFRANCE.ORG

Statement 10 - Form 990-PF, Part XIV, Line 2b - Application Format and Required Contents

Description

FORM NAME: WRC FINANCIAL ASSISTANCE

WHO IS ELIGIBLE? ANY INDIVIDUAL IPA MEMBER. WORLDWIDE

HOW MUCH IS AVAILABLE? THE ASSISTANCE IS LIMITED TO USD3,000 PER PERSON. TOTAL IS \$53,500

Form 990-PF, Part XIV, Line 2c - Submission Deadlines

Description

SUBMISSION DEADLINES: SEPTEMBER 1, 2024

Form 990-PF, Part XIV, Line 2d - Award Restrictions or Limitations

Description

RESTRICTIONS: NONE

Date Accepte	ed				DO	NOT MAIL T	HIS I	FORM TO THE FTB
2024		rnia e-file Re pt Organizat		orizatio	n for			
Exempt Organiza					_	Identifying number		
Part I E		ERNATIONAL Enformation (whole do		DERATIO	N	93-1900	925	
		lated business taxable i		, line 4 or Form	109, line 5)		1	359,338
2 Total gro	ss income or total t	ax (Form 199, line 8 or	Form 109, line 14))				359,338
							3	
		nt due (Form 199, line 1					4	
		nt Electronically for Ta	exable Year 2024	i .				
-	ct deposit of refund tronic funds withdra	` ,			6b Withdrawa	al date (mm/dd/y	ууу)	
Part III S		ated Tax Payments fo					amount	the exempt organization owes.)
		First Payment	Second Pa	ayment	Third P	ayment		Fourth Payment
7 Amount 8 Withdray	val Data							
		n (Have you verified th	ı ıe exempt organiz	ation's bankind	information?)			
9 Routing					,		_	
10 Account					Type of account	:: Checking		Savings
Part V D	eclaration of Offic	er						
Part IV for the for the amount Under penaltic (ERO), transm organization's the exempt organization reprocessing or reason(s) for Sign Here Part VI D I declare that I knowledge. (If however, that transmitting th followed all of tyears from the to the FTB upon and accompar based on all in	direct deposit refund to listed on line 6a and to so of perjury, I declare hitter, or intermediate to 2024 California electroganization is filing a box to the delay or the date of the exempt organization of Electromer FTB 8453-EO are is return to the FTB; I her requirements described in request. If I am also or request. If I am also to listed on request. If I am also to the filing and the return on request. If I am also to the filing and the solution request. If I am also to the filing and the fi	is account to be settled as agrees with the authorization any estimated payment and that I am an officer of the service provider and the authorize that I am an officer of the service provider and the authoric return. To the best of alance due return, I undersue exempt organization will ing schedules and statemed attains a return or refund the when the refund was service provider, I unccurately reflects the data have provided the organization or four years from the other paid preparer, under statements, and to the best and the paid preparer, under statements, and to the best and the paid preparer, under statements, and to the best and the paid preparer, under statements, and to the best and the paid preparer.	on stated on my retunounts listed on Parabove exempt organ above exempt organ mounts in Part I above my knowledge and stand that if the Fran remain liable for the ents be transmitted to is delayed, I authount to I and I am noon the return.) I have atton officer with a control of the exempt organization of penjury, added the exempt organization of perjury,	urn. If I check Pa t III, line 7 from t nization and that we agree with the belief, the exem chise Tax Board e tax liability and to the FTB by the rize the FTB to 1.2/25 aid Preparer. entries on form of responsible for the obtained the or copy of all forms Authorized e-file lanization return I declare that I I	rt II, box 6, I author the bank account signs the information I per amounts on the cost organization's result applicable interest ERO, transmitter, disclose to the ETREASUR the See instruction TEB 8453-EO are reviewing the exeganization officer's and information the Providers. I will keep in the exegunation of the e	ize an electronic fucecified in Part IV. rovided to my electorresponding lines turn is true, corrected full and timelest and penalties. It or intermediate set and penalties are not intermediate set and penalties. It or intermediate set and penalties is complete and corresponding to granization's a signature on form at I will file with the perform FTB 8453-is later, and I will mabove exempt orgation or in the perform FTB 8453-is later, and I will mabove exempt orgation or in the perform FTB 8453-is later, and I will mabove exempt orgation of the perform FTB 8453-is later. It make	tronic resort to the t, and celly payment authore provide service provide service provide service serv	eturn originator exempt complete. If enent of the ize the exempt rovider. If the rice provider the the best of my I declare, 453-EO before and I have file for four copy available on's return eclaration
ERO		CHAEL G WILSON, C	PA		preparer	X employed	Ц	P00015810
Must	Firm's name (or yours	■ WILSON, N	AAKE ZVID	ח.ד.ח	CPAS			irm's FEIN 94–2452388
Sign	if self-employed) and address	$\frac{\text{WILSON, IN}}{564 \text{ AUBUR}}$			CFAS			ZIP code
		AUBURN			:A			95603
	and belief, they are t	that I have examined the rue, correct, and complete			information of whi	ch I have knowled		
Paid	Paid preparer's				Date	Check if self-		Paid preparer's PTIN
Preparer	signature					employed		
Must	Firm's name (or yours	_						ïrm's FEIN
Sign	if self-employed) and address	>						ZIP code
-								

TAXABLE YEAR California Exempt Organization 2024 Annual Information Return

Annual Information Return 199 Calendar Year 2024 or fiscal year beginning (mm/dd/yyyy) , and ending (mm/dd/yyyy) Corporation/Organization name California corporation number INTERNATIONAL RANGER FEDERATION 5754182 Additional information. See instructions 93-1900925 Street address (suite or room) PMR no 218 MULBERRY LANE City ZIP code **AUBURN** CA 95603 Foreign province/state/county Foreign postal code Foreign country name First return Yes Nο Did the organization have any changes to its guidelines not reported X to the FTB? See instructions. Amended return Yes No IRC Section 4947(a)(1) trust X Yes If exempt under R&TC Section 23701d, has the organization Final information return? engaged in political activities? See instructions. N/A • Yes Dissolved Surrendered (Withdrawn) Is the organization exempt under R&TC Section 23701g? Merged/Reorganized Enter date: (mm/dd/yyyy) If "Yes," enter the gross receipts from nonmember Check accounting method: (1) X Cash Ε Accrual (3) Federal return filed? (1) ● 990T (2) ● X 990PF Is the organization a limited liability company? (3) • Sch H (990) (4) Other 990 series M Did the organization file Form 100 or Form 109 to report Is this a group filing? See instructions Yes taxable income? • X No Is this organization in a group exemption **N** Is the organization under audit by the IRS or has the IRS audited in a prior year? If "Yes," what is the parent's name? Is federal Form 1023/1024 pending? Date filed with IRS Part I Complete Part I unless not required to file this form. See General Information B and C. **351**00 1 Gross sales or receipts from other sources. From Side 2, Part II, line 8 1 7,48000 2 Gross dues and assessments from members and affiliates 2 **351,507**00 3 3 Gross contributions, gifts, grants, and similar amounts received Receipts 4 Total gross receipts for filing requirement test. Add line 1 through line 3. and **359,338**00 This line must be completed. If the result is less than \$50,000, see General Information B Revenues **5** Cost of goods sold 5 **6** Cost or other basis, and sales expenses of assets sold 7 Total costs. Add line 5 and line 6 7 **359,338**00 8 Total gross income. Subtract line 7 from line 4 8 **276,041**00 9 Total expenses and disbursements. From Side 2, Part II, line 18 **Expenses 83,297**00 10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 10 11 Total payments 11 00 12 **12** Use tax. See General Information K 00 13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 13 **Payments** 14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 14 lo 0 **15** Penalties and interest. See General Information J 15 00 16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result 16 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 Sign true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Telephone Here Signature of officer 530-613-4732 TREASURER Date Check if self-Preparer's 05/13/2025 employed > P00015810 signature 🕨 MICHAEL G WILSON, CPA Paid Firm's FEIN **94-2452388** Preparer's Firm's name WILSON, MYERS AND DOLD, **Use Only** (or yours, if 564 AUBURN RAVINE RD Telephone self-employed) 530-885-6252 AUBURN, CA 95603 May the FTB discuss this return with the preparer shown above? See instructions Yes No

034

INTERNATIONAL RANGER FEDERATION 93-1900925

Part II
Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.

Proceedings 2 Interest 3 351,00 10 10 10 10 10 10 10			1	Gross sales or receipts from all	business activities. See	e instruction	าร	•	1			00
Receipts 3 Dividends			2	Interest				•	2		351	00
A Gross renks A Gross renk	Rec	eipts	3	Dividondo				•	3			00
Sources 7 Gross royallies 6 Gross amount received from sale of assests (See instructions) 7 Other income. Attach schedulu 9 Other income. Attach schedulu 10 Disburse-most season are cape from their sources. And ire 1 throughlier 7 ferter hare and on Sise 1 Part. Inc 1 11 Compression of offension, declaract schedulus 11 Compression of offension, declaract schedulus 12 Other salaries and wages 12 Other salaries and wages 12 Other salaries and wages 13 Inferest 14 Taxes 15 Rents 16 Disburse-most 17 Other expenses and debursements. Attach schedulus 18 Total expenses and debursements. Attach schedulus 19 Total expenses and debursements. Attach schedulus 10 Disburse-most schedulus 10 Disburse-most schedulus 10 Disburse-most schedulus 11 Taxes 12 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	fron	1	4	Cross rente				•	4			00
Sources 6 Gross amount received from sele of assets (See instructions) 6 6 0.0 0 0 0 0 0 0 0 0			5	Cross revolties				•	5			-
7 Other income. Attach schedule 8 Total gross sales or recepts from other sources. Add the 1 through ine 7. Enter here and on Sids 1, Pert Line 1 9 Combustions, gife, gards. and similar amounts paid. Allach schedule 10 Disbursements to or for members 11 Compressation of filters, directors, and reliable and support to the compression of filters, directors, and reliable states. SEE STATEMENT 1 11 Opportunity of the compression of the states, directors and the states of t			6	*				•	 			-
8 Total gloss side of recepts from other sources. Add the 1 through time 7, Enter here and on Side 1, Part I, line 1 9 Contributives, gifts, greats, and similar amounts paid Alban schedule 10 Disbursements to or for members 11 Compensation of choices, directors, and strates. Alban schedule 12 Colhers salaries and wages 13 Interest 15 Compensation of choices, directors, and strates. Alban schedule 16 Compensation of choices, directors, and strates. Alban schedule 17 Compensation of choices, directors, and strates. Alban schedule 18 Total expenses and vages 18 Part Salaries 18 Rents 19 Septiments 19 Compensation and depletion (See instructions) 19 Colher openses and disbursements. Add time 0 through time 17, Enter here and on Side 1, Part I, line 9 18 Total expenses and disbursements. Add time 0 through time 17, Enter here and on Side 1, Part I, line 9 18 Total expenses and disbursements. Add time 0 through time 17, Enter here and on Side 1, Part I, line 9 18 Total expenses and disbursements. Add time 0 through time 17, Enter here and on Side 1, Part I, line 9 18 Total expenses and disbursements. Add time 0 through time 17, Enter here and on Side 1, Part I, line 9 18 Total expenses and disbursements. Add time 0 through time 17, Enter here and on Side 1, Part I, line 9 18 Total expenses and disbursements. Add time 0 through time 17, Enter here and on Side 1, Part I, line 9 18 Total expenses and disbursements. Add time 0 through time 17, Enter here and on Side 1, Part I, line 9 18 Total expenses and disbursements. Add time 0 through 18 Total 19 Total expenses and disbursements. Add time 0 through 19 Total expenses.	Oou	.005	7		,			•	 +			
9			′						-		351	
10 0.00 0.			١	,	•	e 7. Enter nere	and on Side 1, Part 1,	ine i	 			-
11 Compositation of offices, directors, and trustees. Attach schedule SEE STATEMENT 1 1 1 1 1 1 1 1 1			l						+			
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and 14 Taxes				9				•	-			-
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6 Total. Add line 1 through line 5												<u> </u>
	6	Total. A	dd lin	e 1 through line 5	83,	297	Subtract line 9	from line 6			83,2	97

Side 2 Form 199 2024 034 3652244

Schedule B (Form 990) (Rev. December 2024))

(Rev. December 2024))
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

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

OMB No. 1545-0047

Name of the organization

Employer identification number

INTERNAT	IONAL RANGER FEDERATION	93-1900925
Organization type		·
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private found	dation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	zation is covered by the General Rule or a Special Rule . n 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a	Special Rule. See
General Rule		
or more (in	nization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions money or property) from any one contributor. Complete Parts I and II. See instructions to total contributions.	=
Special Rules		
regulations 16b, and tha	nization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ /3' under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Pat received from any one contributor, during the year, total contributions of the greater of e amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts	f (1) \$5,000; or
contributor, literary, or e	nization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received during the year, total contributions of more than \$1,000 exclusively for religious, characteristic ducational purposes, or for the prevention of cruelty to children or animals. Complete P Imn (b) instead of the contributor name and address), II, and III.	aritable, scientific,
contributor, contributions during the y General Ru	nization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received during the year, contributions exclusively for religious, charitable, etc., purposes, but is totaled more than \$1,000. If this box is checked, enter here the total contributions that ear for an exclusively religious, charitable, etc., purpose. Don't complete any of the parallel applies to this organization because it received nonexclusively religious, charitable, or more during the year	no such t were received arts unless the ole, etc., contributions
must answer "No" o	zation that isn't covered by the General Rule and/or the Special Rules doesn't file Sche on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on it esn't meet the filing requirements of Schedule B (Form 990).	

PAGE 1 OF 2

Page **2**

Name of organization

INTERNATIONAL RANGER FEDERATION

Employer identification number 93–1900925

Part I	Contributors (see instructions). Use duplicate copies of P	Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.1	RANGER FOUNDATION GOLD RIVER CA 95670	\$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 2	Name, address, and ZIP + 4 NATIONAL GEOGRAPHIC 1600 M STREET NW WASHINGTON DC 20036	Total contributions \$ 20,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 3	WORLD WIDE FUND FOR NATURE CAMBODIA NO, 21, ST 322 BOENG KENG KANG TI 1 COMMUNE BOENG PENH	Total contributions \$ 10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	UNION FOR THE INTERNATIONAL CONSERVATION OF NATURE RUE MAUVERNEY 28 1196 GLAND CH . 22999-0000	\$ 9,980	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	GUARDES NATURE DE FRANCE 11 DE PORT-CROS HYRES . 83400	\$ 32,531	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 6	Name, address, and ZIP + 4 INTERNATIONAL FUND FOR ANIMAL WELFARE 1400 16TH STREET NW, SUITE 510 WASHINGTON DC 20036	Total contributions \$ 11,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)

PAGE 2 OF 2

Page 2

Name of organization

INTERNATIONAL RANGER FEDERATION

Employer identification number 93-1900925

Part I	Contributors (see instructions). Use duplicate copies of P	art I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	REWILD PO BOX 129 AUSTIN TX 78767	\$ 160,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

California Statements

93-1900925 FYE: 12/31/2024

Statement 1 - Form 199, Part II, Line 11 - Officer Compensation

		Ad	ddress			
	City	State	Zip	Title	Avg (Compensation Amount
CHRIS GALLIERS						
	PIETERMARITZBURG	•	3200	PRESIDENT	8.00	
ROHIT SINGH	CINCA DODE		00400	WIGE DDEGIDENE	4 00	
ANDY DAVIES	SINGAPORE		89489	VICE PRESIDENT	4.00	
ANDI DAVIES	LEONGATHA		3953	SECRETARY	6.00	
MICHAEL LYNCH		PO BOX 32			0.00	
	BOWMAN	CA S	95604	TREASURER	4.00	
MOHAMMED DIKKO				ADQUARTERS PMB		
	GARKI ABUJA)258	AFRICA REP.	2.00	
HAMARA AISHA	T 7 110DD	WWF-PAKIS		7017 DED	2 00	
LARS SCHARFE	LAHORE	•	54600	ASIA REP.	2.00	
LANS SCHARFE	FURTH	•	0762	EUROPE REP.	2.00	
AMANDA DUDGEON		•	70702	HOROTH REF.	2.00	
	KYOGLE NSW	•	2474	OCEANIA REP.	2.00	
MARK CAUGHLAN				, 4TH FLOOR		
	CHEYENNE	WY 8	32002	NORTH AMERICA REP.	2.00	
CHRISTIAN ROBLE				DE TRABAJADORES	0.00	
MONIMONA	SAN JOSE		.0101	CENTRAL AMERICA REP.	2.00	
WERHNER MONTOYA	NORTE CORRALES		24000	RRALES SOUTH AMERICA REP.	2.00	
CARLIEN ROODT	NOICIE CONTAILES	• 2	.4000	SOUTH AMERICA INST.	2.00	
OTHEREN TOOD!	WINTERSKLOOF	•	3245	EXECUTIVE DIRECTOR	4.00	
TOTAL					•	0
101111					=	

93-1900925 California Statements

FYE: 12/31/2024

Statement 2 - Form 199, Part II, Line 17 - Other Expenses

Description	Amount
CONTRACTOR EXPENSES \$	80,140
TRAVEL, CONFERENCES, MEETINGS	4,456
BANK FEES	2 , 959
INTERNET/EMAIL	479
WEBSITE EXPENSES	625
GRAPHICS WORK	692
MISCELLANEOUS EXPENSE	5 , 328
INSURANCE EXPENSE	326
COP EVENTS	6,090
PROGRAM EXPENSES	174,806
TOTAL \$	275,901





BA20251008736



Michael G Lynch

Signature

STATE OF CALIFORNIA Office of the Secretary of State STATEMENT OF INFORMATION CA NONPROFIT CORPORATION

California Secretary of State 1500 11th Street Sacramento, California 95814 (916) 657-5448 For Office Use Only

-FILED-

File No.: BA20251008736 Date Filed: 5/4/2025

Entity Details					
Corporation Name		International Ran	ger Federati	on (IRF)	
Entity No.		5754182			
Formed In		CALIFORNIA			
Street Address of California Prin	cipal Office of Corporation				
Street Address of Califo	218 MULBERRY AUBURN, CA 95				
Mailing Address of Corporation					
Mailing Address	P.O. BOX 3212 BOWMAN, CA 9	5604-2212			
Attention		Michael Lynch	0004-0212		
Officers		·····oride: Lyrieii			
Officer Name	Officer A	Address			Position(s)
Michael G Lynch	218 MULBERRY LANE AUBURN, CA 95603			Chief Fina	ancial Officer
Christopher Galliers	South Africa			Chief Exe	cutive Officer
	PIETERMARITZBURG, KWAZU	ILU-NATAL 3200			
Andrew Davies	Australia LEONGATHA, VICTORIA 3953			Secretary	
Additional Officers					
Officer Name	Officer Address		Posi	tion	Stated Position
+ Rohit Singh	Singapore		Vice Presid	lent	
	SINGAPORE, SINGAPORE 58947	,			
Agent for Service of Process					
Agent Name		Michael G Lynch			
Agent Address	218 MULBERRY	218 MULBERRY LANE AUBURN, CA 95603			
Email Notifications					
Opt-in Email Notification	s	Yes, I opt-in to re	ceive entity r	notifications	via email.
Electronic Signature					
By signing, I affirm t	hat the information herein is true and	d correct and that I ar	n authorized	by Californ	ia law to sign.

05/04/2025

Date