

TAXABLE YEAR **2025** California Exempt Organization Annual Information Return

FORM

**199**

Calendar Year 2025 or fiscal year beginning (mm/dd/yyyy) \_\_\_\_\_, and ending (mm/dd/yyyy) \_\_\_\_\_.

Corporation/Organization name: INTERNATIONAL RANGER FEDERATION
California corporation number: 5754182
FEIN: 93-1900925
Street address: 218 MULBERRY LANE
City: AUBURN
State: CA
ZIP code: 95603

A First return [ ] Yes [X] No
B Amended return [ ] Yes [X] No
C IRC Section 4947(a)(1) trust [ ] Yes [X] No
D Final information return? [ ] Dissolved [ ] Surrendered (Withdrawn) [ ] Merged/Reorganized
E Check accounting method: (1) [X] Cash (2) [ ] Accrual (3) [ ] Other
F Federal return filed? (1) [ ] 990T (2) [X] 990PF (3) [ ] Sch H (990) (4) [ ] Other 990 series
G Is this a group filing? [ ] Yes [X] No
H Is this organization in a group exemption? [ ] Yes [X] No
I Did the organization have any changes to its guidelines not reported to the FTB? [ ] Yes [X] No
J If exempt under R&TC Section 23701d, has the organization engaged in political activities? [ ] Yes [X] No
K Is the organization exempt under R&TC Section 23701g? [ ] Yes [X] No
L Is the organization a limited liability company? [ ] Yes [X] No
M Did the organization file Form 100 or Form 109 to report taxable income? [ ] Yes [X] No
N Is the organization under audit by the IRS or has the IRS audited in a prior year? [ ] Yes [X] No
O Is federal Form 1023/1024 pending? [ ] Yes [X] No

Part I Complete Part I unless not required to file this form. See General Information B and C.

Table with 16 rows and 3 columns: Description, Line Number, Amount. Includes Receipts and Revenues (Total: 45,309.00), Expenses (Total: 127,228.00), and Payments (Total: 00.00). Balance due: 81,919.00.

Sign Here: Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
Signature of officer: M.G. Lynch
Title: TREASURER
Date: 05/01/26
Telephone: 530-613-4732

Paid Preparer's Use Only: Preparer's name: MICHAEL G WILSON, CPA
Preparer's signature: AUBURN, CA
Date: 05/05/2026
Check if self-employed: [ ]
PTIN: P00015810
Firm's name: WILSON, MYERS AND DOLD, CPAS
Firm's FEIN: 94-2452388
Address: 564 AUBURN RAVINE RD, AUBURN, CA 95603
Telephone: 530-885-6252

May the FTB discuss this return with the preparer shown above? See instructions [ ] Yes [ ] No

**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.

<b>Receipts from Other Sources</b>	<b>1</b> Gross sales or receipts from all business activities. See instructions	•	<b>1</b>		00
	<b>2</b> Interest	•	<b>2</b>	<b>1,944</b>	00
	<b>3</b> Dividends	•	<b>3</b>		00
	<b>4</b> Gross rents	•	<b>4</b>		00
	<b>5</b> Gross royalties	•	<b>5</b>		00
	<b>6</b> Gross amount received from sale of assets (See instructions)	•	<b>6</b>		00
	<b>7</b> Other income. Attach schedule <b>SEE STATEMENT 1</b>	•	<b>7</b>	<b>180</b>	00
	<b>8</b> Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	<b>8</b>	<b>2,124</b>	00
	<b>9</b> Contributions, gifts, grants, and similar amounts paid. Attach schedule	•	<b>9</b>		00
	<b>10</b> Disbursements to or for members	•	<b>10</b>		00
	<b>11</b> Compensation of officers, directors, and trustees. Attach schedule <b>SEE STATEMENT 2</b>	•	<b>11</b>		00
	<b>12</b> Other salaries and wages	•	<b>12</b>		00
	<b>13</b> Interest	•	<b>13</b>		00
	<b>14</b> Taxes	•	<b>14</b>	<b>125</b>	00
	<b>15</b> Rents	•	<b>15</b>		00
	<b>16</b> Depreciation and depletion (See instructions)	•	<b>16</b>		00
	<b>17</b> Other expenses and disbursements. Attach schedule <b>SEE STATEMENT 3</b>	•	<b>17</b>	<b>127,103</b>	00
	<b>18</b> Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	<b>18</b>	<b>127,228</b>	00

<b>Schedule L Balance Sheet</b>	<b>Beginning of taxable year</b>		<b>End of taxable year</b>	
	<b>(a)</b>	<b>(b)</b>	<b>(c)</b>	<b>(d)</b>
<b>Assets</b>				
<b>1</b> Cash		<b>178,110</b>		<b>96,191</b>
<b>2</b> Net accounts receivable				
<b>3</b> Net notes receivable				
<b>4</b> Inventories				
<b>5</b> Federal and state government obligations				
<b>6</b> Investments in other bonds				
<b>7</b> Investments in stock				
<b>8</b> Mortgage loans				
<b>9</b> Other investments. Attach schedule				
<b>10 a</b> Depreciable assets				
<b>b</b> Less accumulated depreciation				
<b>11</b> Land				
<b>12</b> Other assets. Attach schedule				
<b>13 Total assets</b>		<b>178,110</b>		<b>96,191</b>
<b>Liabilities and net worth</b>				
<b>14</b> Accounts payable				
<b>15</b> Contributions, gifts, or grants payable				
<b>16</b> Bonds and notes payable				
<b>17</b> Mortgages payable				
<b>18</b> Other liabilities. Attach schedule				
<b>19</b> Capital stock or principal fund				
<b>20</b> Paid-in or capital surplus. Attach reconciliation				
<b>21</b> Retained earnings or income fund		<b>178,110</b>		<b>96,191</b>
<b>22 Total liabilities and net worth</b>		<b>178,110</b>		<b>96,191</b>

**Schedule M-1 Reconciliation of income per books with income per return**  
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

<b>1</b> Net income per books	•	<b>-81,919</b>	<b>7</b> Income recorded on books this year not included in this return. Attach schedule	•	
<b>2</b> Federal income tax	•		<b>8</b> Deductions in this return not charged against book income this year. Attach schedule	•	
<b>3</b> Excess of capital losses over capital gains	•		<b>9</b> Total. Add line 7 and line 8		
<b>4</b> Income not recorded on books this year. Attach schedule	•		<b>10</b> Net income per return. Subtract line 9 from line 6		<b>-81,919</b>
<b>5</b> Expenses recorded on books this year not deducted in this return. Attach schedule	•				
<b>6</b> Total. Add line 1 through line 5		<b>-81,919</b>			

**Schedule B**  
**(Form 990)**  
(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

OMB No. 1545-0047

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

**INTERNATIONAL RANGER FEDERATION**

**93-1900925**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ .....

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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
1	WORLD WIDE FUND FOR NATURE CAMBODIA NO, 21, ST 322 BOENG KENG KANG TI 1 COMMUNE BOENG PENH	\$ 11,341	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	INTERNATIONAL FUND FOR ANIMAL WELFARE 1400 16TH STREET NW, SUITE 510 WASHINGTON DC 20036	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	REWILD PO BOX 129 AUSTIN TX 78767	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

**California Statements**

**Statement 1 - Form 199, Part II, Line 7 - Other Income**

<u>Description</u>	<u>Amount</u>
OTHER INCOME	\$ <u>180</u>
TOTAL	\$ <u><u>180</u></u>

### California Statements

#### Statement 2 - Form 199, Part II, Line 11 - Officer Compensation

Name		Address			Title	Avg Hrs	Compensation Amount
City	State	Zip					
CHRIS GALLIERS	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	PRESIDENT	8.00	
ROHIT SINGH	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	VICE PRESIDENT	4.00	
ANDY DAVIES	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	SECRETARY	6.00	
MICHAEL LYNCH	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	TREASURER	4.00	
MOHAMMED DIKKO	BOWMAN	CA	95604	PO BOX 3212			
MOHAMMED DIKKO	BALA	[REDACTED]	[REDACTED]	[REDACTED]	AFRICA REP.	2.00	
HAMARA AISHA	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	ASIA REP.	2.00	
LARS SCHARFE	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	EUROPE REP.	2.00	
AMANDA DUDGEON	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	OCEANIA REP.	2.00	
MARK CAUGHLAN	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	NORTH AMERICA REP.	2.00	
CHRISTIAN ROBLES	PUCHI	[REDACTED]	[REDACTED]	[REDACTED]	CENTRAL AMERICA REP.	2.00	
WERHNER MONTOYA	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	SOUTH AMERICA REP.	2.00	
CARLIEN ROODT	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	EXECUTIVE DIRECTOR	4.00	
TOTAL							0

**California Statements****Statement 3 - Form 199, Part II, Line 17 - Other Expenses**

<u>Description</u>	<u>Amount</u>
ACCOUNTING	\$ 3,450
CONTRACTOR EXPENSES	103,740
TRAVEL, CONFERENCES, MEETINGS	3,041
BANK FEES	747
INTERNET/EMAIL	251
WEBSITE EXPENSES	424
MISCELLANEOUS EXPENSE	3,735
INSURANCE EXPENSE	333
PROGRAM EXPENSES	2,989
ANNUAL REPORTS	5,579
EQUIPMENT	2,814
TOTAL	\$ <u>127,103</u>

034

Date Accepted \_\_\_\_\_

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

2025

# California e-file Return Authorization for Exempt Organizations

FORM

8453-EO

Exempt Organization name

INTERNATIONAL RANGER FEDERATION

Identifying number

93-1900925

### Part I Electronic Return Information (whole dollars only)

1 Total gross receipts or unrelated business taxable income (Form 199, line 4 or Form 109, line 5)	1
2 Total gross income or total tax (Form 199, line 8 or Form 109, line 14)	2
3 Refund (Form 109, line 27)	3
4 Balance due or Total amount due (Form 199, line 16 or Form 109, line 30)	4

### Part II Settle Your Account Electronically for Taxable Year 2025

5  Direct deposit of refund (Form 109 only.)

6  Electronic funds withdrawal      6a Amount \_\_\_\_\_      6b Withdrawal date (mm/dd/yyyy) \_\_\_\_\_

### Part III Schedule of Estimated Tax Payments for Taxable Year 2026 (These are not installment payments for the current amount the exempt organization owes.)

	First Payment	Second Payment	Third Payment	Fourth Payment
7 Amount				
8 Withdrawal Date				

### Part IV Banking Information (Have you verified the exempt organization's banking information?)



9 Routing number \_\_\_\_\_

10 Account number \_\_\_\_\_      11 Type of account:  Checking  Savings

### Part V Declaration of Officer

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 2025 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 exempt organization's tax liability, the exempt organization will remain liable for the tax liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.**

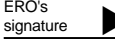
Sign Here  | 05/01/26  **TREASURER**


Signature of officer      Date      Title

### Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

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, 2025 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 Must Sign**

ERO's signature  **MICHAEL G WILSON, CPA**      Date \_\_\_\_\_      Check if also paid preparer       Check if self-employed       ERO's PTIN **P00015810**

Firm's name (or yours if self-employed) and address  **WILSON, MYERS AND DOLD, CPAS**      Firm's FEIN **94-2452388**


**564 AUBURN RAVINE RD**      ZIP code **95603**

**AUBURN CA**

Under penalties of perjury, I declare that I have examined the above 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.

**Paid Preparer Must Sign**

Paid preparer's signature       Date \_\_\_\_\_      Check if self-employed       Paid preparer's PTIN \_\_\_\_\_

Firm's name (or yours if self-employed) and address  \_\_\_\_\_      Firm's FEIN \_\_\_\_\_

\_\_\_\_\_      ZIP code \_\_\_\_\_

## Form 199 Return Summary

For calendar year 2025, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

**93-1900925**

### INTERNATIONAL RANGER FEDERATION

Gross sales / receipts	2,124	
Dues from members	6,441	
Contributions / grants	36,744	
Total costs		
Expenses	127,228	
<b>Excess / (deficit)</b>		<b>-81,919</b>

Total payments	
Penalties and interest	
Use tax	

<b>Balance due</b>	
<b>Refund</b>	

#### Balance Sheet

	Beginning	Ending	Differences
Assets	178,110	96,191	
Liabilities			
Net assets	178,110	96,191	-81,919

#### Miscellaneous Information

Amended return

Return / extended due date 05/15/26