Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047 2023 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service , and ending For the 2023 calendar year, or tax year beginning D Employer identification number C Name of organization Check if applicable: FIREFIGHTERS BURN INSTITUTE Address change 23-7364927 Doing business as Name change Number and street (or P.O. box if mail is not delivered to street address) 916-739-8525 3101 STOCKTON BLVD Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated SACRAMENTO CA 95820 G Gross receipts\$ 1,373,722 Amended return Name and address of principal officer: H(a) Is this a group return for subordinates? Application pending JOSEPH PICK H(b) Are all subordinates included? 3101 STOCKTON BLVD If "No," attach a list. See instructions CA 95820 SACRAMENTO X 501(c)(3) 4947(a)(1) or Tax-exempt status:) (insert no.) FFBURN.ORG H(c) Group exemption number Website: L Year of formation: 1973 X Corporation M State of legal domicile: Form of organization: Part I Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O Activities & Governance 2 Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. 11 3 Number of voting members of the governing body (Part VI, line 1a) 11 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 6 6 Total number of volunteers (estimate if necessary) 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 b Net unrelated business taxable income from Form 990-T, Part I, line 11 **Current Year** 880,584 940,305 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 1,235 62,097 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 77,378 106,299 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,018,918 1,048,980 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 36,708 74,107 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 424,068 468,022 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 23,822 332,689 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 301,229 762,005 874,818 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 256,913 174,162 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 3,032,219 2,687,249 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 160,454 64,817 622,432 871,765 22 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign JOSEPH PICK EXECUTIVE DIREC Here Type or print name and title Print/Type preparer's name Preparer's signature Check Paid 11/05/24 self-employed P01250456 MICHAEL R MARUCHEAU MICHAEL R MARUCHEAU Preparer 94-2692073 GRANT BENNETT ASSOCIATES Firm's EIN Firm's name Use Only 10850 GOLD CENTER DR STE 260 916-922-5109 95670-5143 RANCHO CORDOVA, CA

May the IRS discuss this return with the preparer shown above? See instructions

-orn	n 990 (2023) FIREFIGHTERS BUR	N INSTITUTE	23-7364927	Page :
	art III Statement of Program Ser	vice Accomplishm	ents	
		is a response or no	e to any line in this Part III	_
1	Briefly describe the organization's mission: SEE SCHEDULE O.			

	*>+9+9+00+00+00+00+00+00+00+00+00+00+00+00			
2	Did the organization undertake any significan	t program services durir	g the year which were not listed on the	
				Yes X No
	If "Yes," describe these new services on School			
3	Did the organization cease conducting, or ma	ike significant changes i	n how it conducts, any program	
	services?			Yes X No
	If "Yes," describe these changes on Schedule	e O.		
4	Describe the organization's program service a	accomplishments for ea	ch of its three largest program services, as measure	ed by
	expenses. Section 501(c)(3) and 501(c)(4) or	ganizations are required	to report the amount of grants and allocations to o	thers,
	the total expenses, and revenue, if any, for ea	ach program service rep	orted.	
	(Code:) (Expenses \$ 2	270,045 including	grants of \$ 25,042) (Revenu	e \$
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	F			
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	*	********		
	(Code:) (Expenses \$ SEE SCHEDULE O	92,324 including	grants of \$ 34,065) (Revenue	e \$
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//	Other program services (Describe on Schedu	le O)		
→u	(Expenses \$ 155,256 inc		5,000) (Revenue \$	1
40	Total program service expenses	811,483	C / C C / (Nevenue w	1
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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			v
	candidates for public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			x
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
Ü	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			₹.
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	44.		х
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Λ
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			37
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	46		x
47	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	17		X
18	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		
	Dort VIII. lines 1e and 9e2 If "Vos." complete Schodule C. Bort II.	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

Form 990 (2023) FIREFIGHTERS BURN INSTITUTE 23-7364927 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		.,	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	22		х
04-	employees? If "Yes," complete Schedule J	23	ļ	Λ
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization mivest any proceeds of tax-exempt bonds beyond a temporary period exception: Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
·	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27	No. 192. 1	X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule		12.3	
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).	BETT.	80 Th.	34.24
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	20-		x
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	28b		Α
С	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	х	
30	Did the organization receive more than \$25,000 in norcash contributions: in res, compete contributions of art, historical treasures, or other similar assets, or qualified			
00	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	2001		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			37
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		х
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	x	
Pa	Int V Statements Regarding Other IRS Filings and Tax Compliance	30	41	
1-0	Check if Schedule O contains a response or note to any line in this Part V			
	Check is Concedure to contains a response of note to any line in this rate v		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	402	170	Mad
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and		M . 1	
	reportable gaming (gambling) winnings to prize winners?	1c	X	

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continu	ued)			Yes	No							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax												
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	6		DE.	-							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	X								
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X							
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b									
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	ty over,										
	a financial account in a foreign country (such as a bank account, securities account, or other financial	acco	ınt)?	. 4a		X							
b	If "Yes," enter the name of the foreign country				3.13								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccour	ts (FBAR).										
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			. 5a		X							
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?		5b		X							
С													
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the												
	organization solicit any contributions that were not tax deductible as charitable contributions?			. 6a		X							
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or											
	gifts were not tax deductible?			6b									
7	Organizations that may receive deductible contributions under section 170(c).												
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	oods		1	E96	100							
	and services provided to the payor?			7a	X								
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			. 7b	X								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	S											
	required to file Form 8282?			7с		X							
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				47							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		?			X							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f 7g		X							
g													
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza		0.0000	7h									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine			8		. ·							
0		***		0									
9	Sponsoring organizations maintaining donor advised funds.			9a									
a b	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	ene o enero	60103100100103103	9b									
10	Section 501(c)(7) organizations. Enter:			200									
а	Initiation fees and capital contributions included on Part VIII, line 12	10a											
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b											
11	Section 501(c)(12) organizations. Enter:					l e 3.							
		11a				4 =							
b	Gross income from other sources. (Do not net amounts due or paid to other sources			Figure	100								
	against amounts due or received from them.)	11b				B							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a									
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		i jeşir									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.												
а	Is the organization licensed to issue qualified health plans in more than one state?			13a									
	Note: See the instructions for additional information the organization must report on Schedule O.												
b	Enter the amount of reserves the organization is required to maintain by the states in which												
	the organization is licensed to issue qualified health plans	13b											
С	Enter the amount of reserves on hand	13c		Y-5.	. и								
14a	Did the organization receive any payments for indoor tanning services during the tax year?			20 1 20		X							
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule			14b									
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			858.557		77							
	excess parachute payment(s) during the year?			15		X							
	If "Yes," see instructions and file Form 4720, Schedule N.		_		4	v							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	ıncom	e?	. 16		X							
-	If "Yes," complete Form 4720, Schedule O.				oli, x								
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activity			4-									
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		,	. 17									
	If "Yes," complete Form 6069.				-								

Form 990 (2023) FIREFIGHTERS BURN INSTITUTE 23-7364927 Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 11 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 11 Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 any other officer, director, trustee, or key employee? X 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 X 8a The governing body? Each committee with authority to act on behalf of the governing body? \mathbf{x} 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O..... Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Describe on Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c describe on Schedule O how this was done Did the organization have a written whistleblower policy? X 13 13 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a X X 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Own website $\overline{\mathbf{X}}$ Another's website $\overline{\mathbf{X}}$ Upon request Other (explain on Schedule O)

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.

JOSEPH PICK SACRAMENTO

3101 STOCKTON BLVD

CA 95820

916-739-8525

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.											
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	bo	x, unle	Pos check ess pe	rson i irecto	than one s both an r/trustee) Highest compensated employee	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations		
(1) JOSEPH PICK EXECUTIVE DIREC	40.00			х			98,235	0	2,947		
(2) TREVOR JAMISON				43			30,233	Ŭ	2/531		
	0.00			37				44 340	0		
PRESIDENT (3) RYAN HENRY	1.00	X		X			0	44,340	0		
(0) 212221 22221212	0.00										
VICE PRESIDENT	1.00	X		X			0	21,651	0		
(4) STEVE LOZA	0.00										
DIRECTOR	1.00	x					0	21,276	0		
(5) MATT COLE											
	0.00			37				17 470	0		
VICE PRESIDENT (6) BRYANT POWELL	1.00	Х		X			0	17,472			
(0) 22(2121)	0.00										
VICE PRESIDENT	1.00	X		X			0	16,422	0		
(7) DUSTIN RODRIQUES											
SEC/TRES	0.00 1.00	x		x			0	15,372	0		
(8) JOHN COLLINS	1.00							20,012	<u>_</u>		
	0.00										
DIRECTOR	1.00	X					0	12,306	0		
(9) PETE VOTAVA	0.00										
DIRECTOR	1.00	x					o	12,231	0		
(10) SEAN SCOLLARD	2.00							,			
	0.00										
DIRECTOR	1.00	Х					0	12,156	0		
(11) JEREMY CRAWFORD	0.00										
DIRECTOR	1.00	x					0	11,256	0		

Par	t VII Section A. Officers	, Directors, Tru	istee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)		
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below	bo	ix, unle ficer a	Pos check ess pe	erson	than of the state	an ee)	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amou of other compensatior from the organization ar related organizat	n nd
(12) (12)) JEREMY D GARI	0.00 1.00	x	ee			sated		0	8,043		0
(13)												
(14)	*************************											
(15)												
(16)												
(17)												
(18)												
(19)												
С	Subtotal Total from continuation she	ets to Part VII, S	Sect	ion A	١				98,235	192,525		,947
2	Total (add lines 1b and 1c) Total number of individuals (in reportable compensation from	cluding but not I	imite	d to	thos	e lis	ted a	bov	98,235 e) who received more than		2	,947
4	Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line organization and related organ individual	complete Schede 1a, is the sum nizations greater	dule of re thar	J for porta 1 \$15	suci able 60,00	com	lividu pens f "Ye	atio s," c	n and other compensation complete Schedule J for suc	from the ch	3 4	X X
	Did any person listed on line 1 for services rendered to the or	ganization? If "Y									5	Х
1	on B. Independent Contractor Complete this table for your fix compensation from the organic	e highest compe									ar.	
		(A) business address								(B) ion of services	(C) Compen) nsation
									-5-7			
	Total number of independent or							thos	se listed above) who	0		

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (A) Total revenue (D) Revenue excluded function revenue business revenue from tax under sections 512-514 1a Federated campaigns 1a 1b b Membership dues c Fundraising events 42,617 1c d Related organizations 14,800 1d e Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f 823,167 q Noncash contributions included in 61,838 lines 1a-1f 1g 880,584 h Total. Add lines 1a-1f..... Business Code Program Service f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 69,233 69,233 other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6a Gross rents 6a 6b b Less: rental expenses 6c c Rental inc. or (loss) Net rental income or (loss) Gross amount from (i) Securities (ii) Other sales of assets 178,610 2,251 other than inventory b Less: cost or other 185,051 2,946 basis and sales exps. -6,441 -695 7c c Gain or (loss) -7,136 -7,136 d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 241,194 8a b Less: direct expenses 136,745 8b 104,449 104,449 c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses 9b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b 1,850 1,850 c Net income or (loss) from sales of inventory . **Business Code** d All other revenue Total. Add lines 11a-11d . 1,048,980 1,850 166,546 Total revenue. See instructions .

Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons				
	include amounts reported on lines 6b, 7b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 G	Grants and other assistance to domestic organizations				
aı	nd domestic governments. See Part IV, line 21	15,000	15,000		
	Grants and other assistance to domestic				
ir	ndividuals. See Part IV, line 22	59,107	59,107		
3 G	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	preign individuals. See Part IV, lines 15 and 16		1660		
	Benefits paid to or for members		N. C.		
5 C	Compensation of current officers, directors,				
tr	rustees, and key employees	101,182	90,052	6,071	5,059
6 C	Compensation not included above to disqualified				
	ersons (as defined under section 4958(f)(1)) and				
р	ersons described in section 4958(c)(3)(B)				
7 C	Other salaries and wages	274,832	244,602	16,489	13,741
8 P	Pension plan accruals and contributions (include				
	ection 401(k) and 403(b) employer contributions)	8,734	7,773	524	437
9 C	Other employee benefits	53,558	47,667	3,213	2,678
10 P	Payroll taxes	29,716	26,447	1,783	1,486
11 F	ees for services (nonemployees):				
a N	//anagement				
	.egal				
с А	Accounting	17,495	15,364	1,412	719
d L	obbying				
e P	rofessional fundraising services. See Part IV, line 17			THE REPORT OF STREET	
f Ir	nvestment management fees	6,965	6,965		
g 0	other. (If line 11g amount exceeds 10% of line 25, column				
(A	A) amount, list line 11g expenses on Schedule O.)				
12 A	Advertising and promotion	3,572	3,136	289	147
	Office expenses	31,457	27,625	2,538	1,294
14 Ir	nformation technology	3,746	3,290	302	154
	Royalties		200,000		
	Decupancy	20,222	17,758	1,632	832
	ravel	2,847	2,565	173	109
18 P	Payments of travel or entertainment expenses				
fo	or any federal, state, or local public officials				
19 C	Conferences, conventions, and meetings				
	nterest				
21 P	Payments to affiliates				
22 D	Depreciation, depletion, and amortization	28,239	24,799	2,279	1,161
23 Ir	nsurance	16,084	14,421	1,073	590
24 0	Other expenses. Itemize expenses not covered				
al	bove. (List miscellaneous expenses on line 24e. If				
lir	ne 24e amount exceeds 10% of line 25, column				
(A	A) amount, list line 24e expenses on Schedule O.)				
а	FIREFIGHTERS KIDS CAMP	60,085	60,085		
b	OTHER FUNDRAISING	54,535	54,535		
С	OTHER PROGRAMS	32,601	32,601		
d	LITTLE HEROES BURN CAMP	25,247	25,247		
e A	Il other expenses	29,594	32,444	1,735	-4,585
	otal functional expenses. Add lines 1 through 24e	874,818	811,483	39,513	23,822
26 Jo	oint costs. Complete this line only if the rganization reported in column (B) joint costs om a combined educational campaign and undraising solicitation. Check here				
	ollowing SOP 98-2 (ASC 958-720)				

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23-7364927

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 173,466 191,757 Cash—non-interest-bearing 804,748 Savings and temporary cash investments 2 914,968 2 Pledges and grants receivable, net 3 Accounts receivable, net 48,165 64,368 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 311,858 303,557 7 Inventories for sale or use 8 23,345 36,224 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 867,139 10a 232,519 b Less: accumulated depreciation 10b 499,181 634,620 10c Investments—publicly traded securities 808,195 905,016 11 11 Investments—other securities. See Part IV, line 11 12 12 Investments—program-related. See Part IV, line 11 13 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 2,687,249 3,032,219 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 56,698 130,820 17 Accounts payable and accrued expenses 17 18 Grants payable 18 7,203 28,718 Deferred revenue 19 19 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 916 916 64,817 160,454 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 2,578,605 27 2,844,712 27 43,827 27,053 Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 31 2,622,432 2,871,765 32 32 Total net assets or fund balances 2,687,249 3,032,219 Total liabilities and net assets/fund balances 33

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separate basis, consolidated basis, or both.

Separate basis

Schedule O.

Consolidated basis

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of

the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain on

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

orm	n 990 (2023) FIREFIGHTERS BURN INSTITUTE 23-7364927			Pa	ige 1 :
Pa	art XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. \square
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,0	48,	980
2	Total expenses (must equal Part IX, column (A), line 25)	2	8	74,	818
3	Revenue less expenses. Subtract line 2 from line 1		1	74,	162
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,6	22,	432
5	Net unrealized gains (losses) on investments			75,	
6	Donated services and use of facilities	6			
7	Investment expenses				
8	Prior period adjustments				
9	Other changes in net assets or fund balances (explain on Schedule O)				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	'			
	32, column (B))	. 10	2,8	71,	765
Pa	ort XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
			Topologia.	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		- 1		E.
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				Line
	Schedule O.			F	. 40 -
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both.				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Vos." check a box holew to indicate whether the financial statements for the year were audited on a		is 147.5	6"	

Both consolidated and separate basis

Form **990** (2023)

X

X

2c

3a

3b