

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.

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

B Check if applicable:
Address change
Name change
Initial return
Final return/terminated
Amended return
Application pending

C IDAHO FIREWISE, INC.
695 STYNER STE 10
MOSCOW, ID 83843

D Employer identification number
27-2535008

E Telephone number
(208) 596-0340

G Gross receipts \$ 250,878.

F Name and address of principal officer: KIP KEMAK
SAME AS C ABOVE

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list. See instructions.

I Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: N/A

H(c) Group exemption number

K Form of organization: X Corporation Trust Association Other

L Year of formation: 2012

M State of legal domicile: ID

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1. Briefly describe the organization's mission... TO COORDINATE AND IMPLEMENT FIRE PREVENTION AND EDUCATION PROGRAMS... 2. Check this box... 3. Number of voting members... 4. Number of independent voting members... 5. Total number of individuals employed... 6. Total number of volunteers... 7a. Total unrelated business revenue... 7b. Net unrelated business taxable income... 8. Contributions and grants... 9. Program service revenue... 10. Investment income... 11. Other revenue... 12. Total revenue... 13. Grants and similar amounts paid... 14. Benefits paid... 15. Salaries, other compensation... 16a. Professional fundraising fees... 16b. Total fundraising expenses... 17. Other expenses... 18. Total expenses... 19. Revenue less expenses... 20. Total assets... 21. Total liabilities... 22. Net assets or fund balances.

Part II Signature Block

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

Sign Here: Signature of officer: KIP KEMAK, Date: TREASURER

Paid Preparer Use Only: Print/Type preparer's name: JENNIFER L. CLARK, Preparer's signature: JENNIFER L. CLARK, Date, Check self-employed, PTIN: P01299947, Firm's name: HAYDEN ROSS, PLLC, Firm's address: 315 S. ALMON, MOSCOW, ID 83843, Firm's EIN: 46-0531452, Phone no.: (208) 882-5547

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