

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
2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning , 2019, and ending ,

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C IDAHO FIREWISE, INC. 695 STYNER STE 10 MOSCOW, ID 83843	D Employer identification number 27-2535008
	F Name and address of principal officer: KIP KEMAK SAME AS C ABOVE	E Telephone number (208) 596-0340
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	G Gross receipts \$ 226,050.	
J Website: N/A	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: 2012	M State of legal domicile: ID
H(c) Group exemption number ▶		

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO COORDINATE AND IMPLEMENT FIRE PREVENTION AND EDUCATION PROGRAMS, ACTIVITIES, AND MATERIALS WITH AGENCIES, ORGANIZATIONS, INTEREST GROUPS, BUSINESSES, AND RESIDENTS THROUGHOUT THE STATE OF IDAHO IN ORDER TO HELP INDIVIDUALS UNDERSTAND AND PREPARE FOR WILDLAND FIRE.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	3
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 39	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	1,634.	1,077.
	9 Program service revenue (Part VIII, line 2g)	261,755.	224,973.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	263,389.	226,050.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	117,748.	125,648.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	139,891.	92,381.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	257,639.	218,029.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	5,750.	8,021.
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	23,184.	31,175.
	22 Net assets or fund balances. Subtract line 21 from line 20	360.	330.
		22,824.	30,845.

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	Date
	KIP KEMAK Type or print name and title	PRESIDENT

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	JENNIFER L. CLARK	JENNIFER L. CLARK			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) Yes No