

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2022

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/Form990 for instructions and the latest information.

Open to Public Inspection

A For the **2022** calendar year, or tax year beginning , **2022**, and ending , **20**

B Check if applicable:	C	D Employer identification number		
<input type="checkbox"/> Address change	IDAHO FIREWISE, INC. 695 STYNER STE 10 MOSCOW, ID 83843	27-2535008		
<input type="checkbox"/> Name change		E Telephone number	(208) 596-0340	
<input type="checkbox"/> Initial return			G Gross receipts \$	213,836.
<input type="checkbox"/> Final return/terminated		F Name and address of principal officer: ED BUTTON	H(a) Is this a group return for subordinates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Amended return		SAME AS C ABOVE	H(b) Are all subordinates included? If "No," attach a list. See instructions.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Application pending		H(c) Group exemption number		
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				
J Website: N/A				
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	

Part I Summary

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	8
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	5
	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, Part I, line 11	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	9,045.	30,231.
	9	Program service revenue (Part VIII, line 2g)	641,418.	183,605.
	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)	650,463.	213,836.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	27,500.	
	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)	145,574.	156,177.
	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)	518,962.	53,810.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	692,036.	209,987.	
	19 Revenue less expenses. Subtract line 18 from line 12	-41,573.	3,849.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1,983.	8,847.
	21	Total liabilities (Part X, line 26)	1,939.	4,954.
	22	Net assets or fund balances. Subtract line 21 from line 20	44.	3,893.

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				
	ED BUTTON	TREASURER				
	Type or print name and title					
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 EIN	46-0531452
	Firm's address	315 S. ALMON MOSCOW, ID 83843			Phone no.	(208) 882-5547

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