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CHANGE OF ACCOUNTING PERIOD

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2018

Open to Public Inspection

Form 990

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.

Department of the Treasury Internal Revenue Service

A For the 2018 calendar year, or tax year beginning JUL 1, 2019 and ending SEP 30, 2019

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 Name of organization INTERMOUNTAIN CENTERS FOR HUMAN DEVELOPMENT, INC.		D Employer identification number 85-0254535
	Doing business as		E Telephone number 520-721-1887
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 86537	G Gross receipts \$ 4,029,792.	
	City or town, state or province, country, and ZIP or foreign postal code TUCSON, AZ 85754		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)
	F Name and address of principal officer ROSE LOPEZ SAME AS C ABOVE		H(c) Group exemption number

I Tax-exempt status 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527
J Website **INTERMOUNTAINCENTERS.ORG**
K Form of organization: Corporation Trust Association Other
L Year of formation 1978 **M** State of legal domicile AZ

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities	PROVIDING OUTPATIENT CLINIC AND SUPPORT SERVICES TO AT-RISK POPULATIONS	
	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	16
	4	Number of independent voting members of the governing body (Part VI, line 1b)	3	16
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	0
	6	Total number of volunteers (estimate if necessary)	6	16
	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 38	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	1,220,077.	328,135.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	14,919,694.	3,698,402.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,847.	3,255.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	16,146,618.	4,029,792.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,437.	603,057.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	8,526,811.	2,511,082.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) 46,388.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-11g)	6,531,190.	1,544,723.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	15,067,438.	4,658,862.
19	Revenue less expenses Subtract line 18 from line 12	1,079,180.	-629,070.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	6,115,445.	6,014,389.
	22	Net assets or fund balances Subtract line 21 from line 20	3,769,910.	4,297,924.

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	8-17-2020
	ROSE LOPEZ, PRESIDENT & CEO	Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name KELLY L. MELTZER, CPA	Preparer's signature <i>Kelly L. Meltzer</i>	Date 08/14/20
	Firm's name BEACHFLEISCHMAN PC	Firm's EIN 86-0683059	Check if self-employed <input type="checkbox"/> PTIN P00633511
	Firm's address 1985 E. RIVER ROAD, SUITE 201 TUCSON, AZ 85718	Phone no. 520-321-4600	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

SCANNED DEC 15 2021

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DEVELOPMENT, INC.

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Part III Statement of Program Service Accomplishments

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

- 1 Briefly describe the organization's mission
INTERMOUNTAIN PROVIDES THE HIGHEST QUALITY, EVIDENCE-BASED HEALTH AND HUMAN SERVICES TO FACILITATE SELF-SUFFICIENCY FOR INDIVIDUALS IN THEIR OWN COMMUNITIES AND CULTURAL CONTEXTS. INTERMOUNTAIN STRIVES TO BE A MODEL FOR HEALTH AND HUMAN SERVICE ORGANIZATIONS.
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O
- 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
- 4a (Code _____) (Expenses \$ 1,189,596. including grants of \$ _____) (Revenue \$ 1,262,742.)
THE DEVELOPMENTAL DISABILITIES/INTELLECTUAL DISABILITIES PROGRAM SERVES CHILDREN AND ADULTS IN GROUPS HOMES, DEVELOPMENTAL HOMES, DAY TREATMENT AND TRAINING PROGRAMS, AND IN THE INTERMOUNTAIN ACADEMY. MEMBERS IN GROUP AND DEVELOPMENTAL HOMES RECEIVE SERVICES FROM FAMILIAR STAFF WHO PROVIDE UNIQUE SUPPORT TO EACH MEMBER. THE INTERMOUNTAIN ACADEMY IS A SCHOOL THAT SUPPORTS MEMBERS WITH AUTISM (GRADES K-12) WITH A PROVISION OF MEASURABLE ACADEMIC ACHIEVEMENT FOLLOWING AN APPLIED BEHAVIORAL (ABA) MODEL. THE EDUCATION EACH STUDENT RECEIVES BUILDS UPON EACH MEMBER'S STRENGTHS AND NEEDS.
- 4b (Code _____) (Expenses \$ 1,118,217. including grants of \$ 603,057.) (Revenue \$ 1,206,333.)
THE FOSTER CARE PROGRAM PROVIDES SPECIALIZED FOSTER CARE TO MEMBERS THAT HAVE HEIGHTENED EMOTIONAL AND BEHAVIORAL NEEDS. IN MANY CASES THESE MEMBERS REQUIRE UNIQUE PARENTING SKILLS RELATING TO STABILITY AND SAFETY. PARENTS IN THESE FOSTER HOMES PROVIDE STRUCTURED, NURTURING SUPPORT AIMED AT TEACHING THE MEMBER HOW TO BE PART OF A HEALTHY FAMILY UNIT. THIS HELPS THE MEMBER EXPERIENCE SUCCESS ACADEMICALLY AND IN THE COMMUNITY. THE GOAL OF THIS PROGRAM IS TO TRANSITION MEMBERS INTO A PERMANENT SETTING IN A HEALTHY AND THERAPEUTIC MANNER.
- 4c (Code _____) (Expenses \$ 864,331. including grants of \$ _____) (Revenue \$ 764,190.)
THE RESIDENTIAL PROGRAM OFFERS A VARIETY OF TEMPORARY RESIDENTIAL SETTINGS FOR YOUTH AND ADULTS IN TRANSITION. OUR PROGRAMS ARE STRENGTH AND COMMUNITY BASED, SUPPORTING THE INDIVIDUAL ABILITIES OF EACH MEMBER. GROUP HOMES ARE INTENSIVELY STAFFED WITH PERSONNEL WHO NOT ONLY PROVIDE EXTENSIVE AND THOROUGH SUPERVISION, BUT ALSO HELP TEACH MEMBERS THE SKILLS NECESSARY TO ACHIEVE THEIR OWN LEVEL OF INDEPENDENCE. LEARNED SKILLS RANGE FROM NAVIGATING PUBLIC TRANSPORTATION TO CREATING A COMMUNITY OF SUPPORT AND SEARCHING FOR EMPLOYMENT. THE GOAL OF OUR RESIDENTIAL PROGRAMS DIFFERS DEPENDING ON THE NEEDS OF THE MEMBER, BUT ALL EXPECTED ARE TO CREATE A POSITIVE IMPACT ON THE MEMBERS' LIVES.
- 4d Other program services (Describe in Schedule O)
(Expenses \$ 556,383. including grants of \$ _____) (Revenue \$ 465,137.)
- 4e Total program service expenses ▶ 3,728,527.

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INTERMOUNTAIN CENTERS FOR HUMAN DEVELOPMENT, INC.

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Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows 1-21 with 'X' marks in Yes/No columns.

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Part IV 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		X
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 employees? If "Yes," complete Schedule J		X
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		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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		X
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		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	X	
29 Did the organization receive more than \$25,000 in non cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		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		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	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		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	0	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	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		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a	
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	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16	X

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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 in 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. 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 in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent.		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
9	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 in Schedule O.		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
11b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13.	X	
12b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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?		
15a	a The organization's CEO, Executive Director, or top management official	X	
15b	b Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
16a	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
16b	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

- 17 List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 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 **JAMES VITT, CFO - 520-721-1887**
P.O. BOX 86537, TUCSON, AZ 85754

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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 and/or Box 7 of Form 1099-MISC) 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CAREY A BERANEK DIRECTOR	1.00 0.50	X						0.	0.	0.
(2) GREG BRYSON DIRECTOR	1.00 0.75	X						0.	0.	0.
(3) RONALD S COHEN PHD DIRECTOR	2.00 1.00	X						0.	0.	0.
(4) JUDY FAVELL PHD/BCBA-D DIRECTOR	2.00 0.75	X						0.	0.	0.
(5) JOSEPH A. GENTRY DIRECTOR	1.00 0.50	X						0.	0.	0.
(6) BRET GILES DIRECTOR	1.00 0.50	X						0.	0.	0.
(7) CHARLES GILES JD DIRECTOR	1.00 0.50	X						0.	0.	0.
(8) LEONARD NEHRMEYER CPA DIRECTOR	1.00 0.25	X						0.	0.	0.
(9) JAMES SAKRISON JD DIRECTOR	1.00 0.50	X						0.	0.	0.
(10) GINAMARIE K. SPENCER DIRECTOR	2.00 1.00	X						0.	0.	0.
(11) PATRICIA TREEFUL DIRECTOR	1.00 0.50	X						0.	0.	0.
(12) DOLORES UNDERWOOD-KINSER DIRECTOR	1.00 1.00	X						0.	0.	0.
(14) BRANDT HAZEN CHAIRMAN OF THE BOARD	2.00 3.00	X		X				0.	0.	0.
(15) BRETT RUSTAND VICE CHAIRMAN	1.00 1.75	X		X				0.	0.	0.
(16) STUART HOLMES TREASURER	1.00 2.00	X		X				0.	0.	0.
(17) MICHAEL NAGLE JD SECRETARY	2.00 2.50	X		X				0.	0.	0.
(18) ROSE LOPEZ PRESIDENT & CEO	40.00 6.00			X				0.	0.	0.

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(19) JAMES VITT CFO	40.00 6.00			X				0.	0.	0.
(20) CRAIG NORRIS COO	13.00 33.00			X				0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								0.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

INTERMOUNTAIN CENTERS FOR HUMAN DEVELOPMENT, INC.

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Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns						
	b	Membership dues						
	c	Fundraising events						
	d	Related organizations						
	e	Government grants (contributions)	297,834.					
	f	All other contributions, gifts, grants, and similar amounts not included above	30,301.					
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f		328,135.				
	Program Service Revenue	2 a	SPECIALIZED FOSTER CARE	624100	1,206,333.	1,206,333.		
b		RESIDENTIAL BEHAVIORAL HEALTH	623990	764,190.	764,190.			
c		INTERMOUNTAIN ACADEMY TUITION	624100	677,400.	677,400.			
d		DD AND ID SERVICES	624100	585,342.	585,342.			
e		OUTPATIENT BEHAVIORAL HEALTH	621400	465,137.	465,137.			
f		All other program service revenue						
g		Total. Add lines 2a-2f		3,698,402.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		3,255.		3,255.		
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real					
			(ii) Personal					
			b	Less rental expenses				
			c	Rental income or (loss)				
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities					
			(ii) Other					
			b	Less cost or other basis and sales expenses				
			c	Gain or (loss)				
	d	Net gain or (loss)						
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
			b	Less direct expenses				
c			Net income or (loss) from fundraising events					
9 a	Gross income from gaming activities See Part IV, line 19	a						
		b	Less direct expenses					
		c	Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances	a						
		b	Less cost of goods sold					
		c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code						
11 a								
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d							
12	Total revenue. See instructions		4,029,792.	3,698,402.	0.	3,255.		

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	603,057.	603,057.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	157,822.		157,822.	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,978,811.	1,766,118.	187,415.	25,278.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	219,106.	197,460.	21,293.	353.
10	Payroll taxes	155,343.	129,768.	23,641.	1,934.
11	Fees for services (non-employees)				
a	Management				
b	Legal	9,586.		9,586.	
c	Accounting	9,703.		9,703.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	577,565.	224,745.	349,064.	3,756.
12	Advertising and promotion	6,264.	860.	218.	5,186.
13	Office expenses	123,447.	86,493.	35,453.	1,501.
14	Information technology	196,095.	174,869.	19,901.	1,325.
15	Royalties				
16	Occupancy	292,311.	247,560.	41,145.	3,606.
17	Travel	75,986.	67,642.	5,405.	2,939.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,338.	1,066.	272.	
20	Interest	16,136.	2,881.	13,255.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	17,679.	17,429.	250.	
23	Insurance	39,130.	33,449.	5,171.	510.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	BAD DEBTS	90,327.	90,327.		
b	PROGRAM EXPENSES	61,097.	60,709.	388.	
c	CLIENT EXPENSES	19,626.	19,594.	32.	
d	TRAINING AND RECRUITING	8,433.	4,500.	3,933.	
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e.	4,658,862.	3,728,527.	883,947.	46,388.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

INTERMOUNTAIN CENTERS FOR HUMAN DEVELOPMENT, INC.

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	1,418,852.	1	1,984,130.
	2	Savings and temporary cash investments	38,261.	2	52,158.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	1,890,097.	4	975,120.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	242,555.	9	216,710.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	3,931,569.	10a	
	10b	Less accumulated depreciation	3,630,753.	10b	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	2,226,931.	15	2,485,455.
16	Total assets. Add lines 1 through 15 (must equal line 34)	6,115,445.	16	6,014,389.	
Liabilities	17	Accounts payable and accrued expenses	1,821,960.	17	2,163,645.
	18	Grants payable		18	
	19	Deferred revenue	146,796.	19	518,996.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D	11,351.	21	10,135.
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	1,609,134.	23	1,605,148.
	24	Unsecured notes and loans payable to unrelated third parties		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 of Schedule D	180,669.	25	0.
	26	Total liabilities. Add lines 17 through 25	3,769,910.	26	4,297,924.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	2,331,054.	27	1,701,984.
	28	Temporarily restricted net assets	14,481.	28	14,481.
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	2,345,535.	33	1,716,465.
	34	Total liabilities and net assets/fund balances	6,115,445.	34	6,014,389.

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INTERMOUNTAIN CENTERS FOR HUMAN
DEVELOPMENT, INC.

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,029,792.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,658,862.
3	Revenue less expenses Subtract line 2 from line 1	3	-629,070.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,345,535.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,716,465.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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 in Schedule O	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2018)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **INTERMOUNTAIN CENTERS FOR HUMAN DEVELOPMENT, INC.** Employer identification number **85-0254535**

Part I Reason for Public Charity Status (All organizations must complete this part) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)
- 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See section 509(a)(4).
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

INTERMOUNTAIN CENTERS FOR HUMAN

Part III Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage for 2017 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test - 2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33 1/3% support test - 2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a **10% -facts-and-circumstances test - 2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b **10% -facts-and-circumstances test - 2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

INTERMOUNTAIN CENTERS FOR HUMAN

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	18,858,356.	22,713,956.	23,860,205.	2,888,301.	1,548,212.	69,869,030.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose				12,102,092.	18,618,096.	30,720,188.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	18,858,356.	22,713,956.	23,860,205.	14,990,393.	20,166,308.	100,589,218.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6.)						100,589,218.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6	18,858,356.	22,713,956.	23,860,205.	14,990,393.	20,166,308.	100,589,218.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4,815.	1,653.	2,899.	353.	10,102.	19,822.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	4,815.	1,653.	2,899.	353.	10,102.	19,822.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	58,781.	260,544.	428,666.	995,409.		1,743,400.
13 Total support. (Add lines 9, 10c, 11, and 12.)	18,921,952.	22,976,153.	24,291,770.	15,986,155.	20,176,410.	102,352,440.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	98.28 %
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	98.21 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	.02 %
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	.02 %

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

Complete only if you checked a box in line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.

Section A. All Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 10b regarding supported organizations, such as 'Are all of the organization's supported organizations listed by name...', 'Did the organization have any supported organization that does not have an IRS determination of status...', etc.

INTERMOUNTAIN CENTERS FOR HUMAN

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year. Sub-rows a, b, c. Row 2: Activities Test Answer (a) and (b) below. Sub-rows a, b. Row 3: Parent of Supported Organizations Answer (a) and (b) below. Sub-rows a, b.

INTERMOUNTAIN CENTERS FOR HUMAN

Schedule A (Form 990 or 990-EZ) 2018 DEVELOPMENT, INC.

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non exempt use assets (see instructions for short tax year or assets held for part of year)		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

7 Check here if the current year is the organization's first as a non functionally integrated Type III supporting organization (see instructions)

Schedule A (Form 990 or 990-EZ) 2018

INTERMOUNTAIN CENTERS FOR HUMAN

Schedule A (Form 990 or 990-EZ) 2018 DEVELOPMENT, INC.

85-0254535 Page 7

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

INTERMOUNTAIN CENTERS FOR HUMAN

Schedule A (Form 990 or 990-EZ) 2018 DEVELOPMENT, INC.

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

FORM 990, SCHEDULE A, PART III:

DUE TO A CHANGE IN GUIDANCE, IN FISCAL YEAR ENDED JUNE 30, 2018, THE ORGANIZATION CHANGED ITS REPORTING OF GOVERNMENT PAYMENTS FOR PROVISION OF HEALTHCARE SERVICES FROM GOVERNMENT GRANTS (CONTRIBUTIONS) TO PROGRAM SERVICE REVENUE. IN FISCAL YEAR ENDED JUNE 30, 2019, THE ORGANIZATION BEGAN COMPLETING SCHEDULE A, PART III TO REFLECT PUBLIC CHARITY STATUS AS AN ORGANIZATION DESCRIBED IN SECTION 509(A)(2). PRIOR TO THIS, THE ORGANIZATION COMPLETED SCHEDULE A, PART II TO REFLECT PUBLIC CHARITY STATUS AS AN ORGANIZATION DESCRIBED IN SECTION 170(B)(1)(A)(VI). THE HISTORICAL DATA INCLUDED AT SCHEDULE A, PART III FOR YEARS 2014 THROUGH 2017 WAS PREVIOUSLY REPORTED AT SCHEDULE A, PART II.

FORM 990, SCHEDULE A, PART III:

THE ORGANIZATION IS FILING A SHORT PERIOD RETURN FOR THE 3 MONTHS ENDED SEPTEMBER 30, 2019 IN ORDER TO CHANGE ITS FISCAL YEAR END. COLUMN (E) INCLUDES INFORMATION FOR THE 12 MONTHS ENDED JUNE 30, 2019 AS WELL AS THE 3 MONTHS ENDED SEPTEMBER 30, 2019 FOR A TOTAL OF 15 MONTHS.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization INTERMOUNTAIN CENTERS FOR HUMAN DEVELOPMENT, INC.

Employer identification number 85-0254535

Part II Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part III Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7

Table with 2 columns: Question number, Held at the End of the Tax Year. Includes questions 1-9 regarding conservation easements.

Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8

Table with 2 columns: Question number, Amount. Includes questions 1a, 1b, 2, 2a, 2b regarding collections of art and historical treasures.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2018

INTERMOUNTAIN CENTERS FOR HUMAN
DEVELOPMENT, INC.

Schedule D (Form 990) 2018

85-0254535 Page 2

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment %
 - b Permanent endowment %
 - c Temporarily restricted endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		630,592.	498,711.	131,881.
c Leasehold improvements				
d Equipment		2,330,599.	2,172,569.	158,030.
e Other		970,378.	959,473.	10,905.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)				300,816.

Schedule D (Form 990) 2018

INTERMOUNTAIN CENTERS FOR HUMAN
DEVELOPMENT, INC.

Schedule D (Form 990) 2018

85-0254535 Page 3

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) DEPOSITS	110,025.
(2) DUE FROM AFFILIATES	2,181,791.
(3) INVESTMENT IN CAPTIVE INSURANCE	193,639.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	2,485,455.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018

INTERMOUNTAIN CENTERS FOR HUMAN
DEVELOPMENT, INC.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

PART IV, LINE 2B:

ICHD IS THE CUSTODIAN FOR FUNDS FOR 6 RESIDENTIAL CLIENTS. THESE FUNDS ARE MAINTAINED IN A SEPARATE ACCOUNT.

PART X, LINE 2:

THE ORGANIZATION IS INCLUDED IN AUDITED CONSOLIDATED FINANCIAL STATEMENTS FOR THE YEAR ENDED SEPTEMBER 30, 2019. THE TEXT OF THE ASC 740 FOOTNOTE FROM THE CONSOLIDATED FINANCIAL STATEMENTS IS AS FOLLOWS:-

THE FOLLOWING ENTITIES ARE EXEMPT FROM INCOME TAXES UNDER BOTH THE FEDERAL INTERNAL REVENUE CODE AND ARIZONA INCOME TAX LAWS, AS FOLLOWS:

Part XIII Supplemental Information (continued)

ICHD, IHC, CHF, BCS, PHC, MHRI AND SA TAX STATUS 501(C)(3), PUBLIC CHARITY
 STATUS 509(A)(2). IF TAX STATUS 501(C)(3), PUBLIC CHARITY STATUS
 509(A)(3) TYPE I. CPI TAX STATUS 501(C)(3), PUBLIC CHARITY STATUS
 509(A)(3) TYPE II. CPSA TAX STATUS 501(C)(3), PUBLIC CHARITY STATUS
 509(A)(1). CPCC, CBHP TAX STATUS DISREGARDED ENTITY, PUBLIC CHARITY
 STATUS 509(A)(3) TYPE II. CPH, CPHE TAX STATUS DISREGARDED ENTITY, PUBLIC
 CHARITY STATUS 509(A)(1). CPBS, CPIH TAX STATUS C CORPORATION. AACT,
 ACTS TAX STATUS DISREGARDED ENTITY.

INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE ORGANIZATION'S
 TAX-EXEMPT PURPOSE, HOWEVER, MAY BE SUBJECT TO TAXATION AS UNRELATED
 BUSINESS TAXABLE INCOME (UBTI).

GAAP REQUIRES MANAGEMENT TO PERFORM AN EVALUATION OF ALL TAX POSITIONS
 TAKEN OR EXPECTED TO BE TAKEN IN THE COURSE OF PREPARING THE ENTITIES' TAX
 RETURNS TO DETERMINE WHETHER THE TAX POSITIONS MEET A "MORE LIKELY THAN
 NOT" STANDARD OF BEING SUSTAINED UNDER EXAMINATION BY THE APPLICABLE
 TAXING AUTHORITIES. THIS EVALUATION IS REQUIRED TO BE PERFORMED FOR ALL
 OPEN TAX YEARS, AS DEFINED BY THE VARIOUS STATUTES OF LIMITATIONS, FOR
 FEDERAL AND STATE PURPOSES.

THE ENTITIES ARE REQUIRED TO FILE INFORMATIONAL RETURNS FOR FEDERAL AND
 STATE PURPOSES AND, IF THEY HAVE UBTI, FEDERAL AND STATE INCOME TAX
 RETURNS. MANAGEMENT HAS PERFORMED ITS EVALUATION OF TAX POSITIONS TAKEN
 FOR ALL OPEN TAX YEARS AND HAS DETERMINED THAT THERE WERE NO POSITIONS
 TAKEN THAT DO NOT MEET THE "MORE LIKELY THAN NOT" STANDARD.

FROM TIME TO TIME, THE ORGANIZATION MAY BE SUBJECT TO PENALTIES AND

INTERMOUNTAIN CENTERS FOR HUMAN
DEVELOPMENT, INC.

Part XIII Supplemental Information *(continued)*

INTEREST ASSESSED BY VARIOUS TAXING AUTHORITIES, WHICH WILL BE CLASSIFIED
AS MANAGEMENT AND GENERAL EXPENSES, IF THEY OCCUR.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No 1545-0047

2018

Open To Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury
Internal Revenue Service

Name of the organization INTERMOUNTAIN CENTERS FOR HUMAN DEVELOPMENT, INC. Employer identification number 85-0254535

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990 EZ, Part V, line 40b

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization? (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

INTERMOUNTAIN CENTERS FOR HUMAN

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
BRANDT HAZEN - BSH INVESTMENTS	BOARD CHAIRMAN	134,009.	RENTAL OF F		X

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions)

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: BRANDT HAZEN - BSH INVESTMENTS LLC

(D) DESCRIPTION OF TRANSACTION: RENTAL OF FACILITIES

INTERMOUNTAIN CENTERS FOR HUMAN DEVELOPMENT, INC.

85-0254535 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
COMMUNITY PARTNERS BUSINESS SOLUTIONS, INC. - 47-4059264, P.O. BOX 86537, TUCSON, AZ 85754	HEALTHCARE CONSULTING	AZ	COMMUNITY PARTNERS, INC.	C CORP	0.	0.	.00%		X
COMMUNITY PARTNERS INTEGRATED HEALTHCARE, INC. - 46-4971292, P.O. BOX 86537, TUCSON, AZ 85754	INTEGRATED BEHAVIORAL AND PHYSICAL HEALTH SERVICES	AZ	COMMUNITY PARTNERS, INC.	C CORP	0.	0.	.00%		X

SCHEDULE R
(Form 990)
Related Organizations and Unrelated Partnerships
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

Department of the Treasury Internal Revenue Service
Name of the organization: **INTERMOUNTAIN CENTERS FOR HUMAN DEVELOPMENT, INC.**
Employer identification number: **85-0254535**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
INTERMOUNTAIN HEALTH CENTER, INC. - 42-1582826, P.O. BOX 86537, TUCSON, AZ 85754	BEHAVIORAL HEALTHCARE	ARIZONA	501(C)(3)	LINE 10	INTERMOUNTAIN CENTER FOR HUMAN DEVELOPMENT, INC		X
CATALINA HOUSING FOUNDATION, INC. - 86-0983490, P.O. BOX 86537, TUCSON, AZ 85754	HOUSING FACILITIES	ARIZONA	501(C)(3)	LINE 10	INTERMOUNTAIN CENTER FOR HUMAN DEVELOPMENT, INC		X
BEHAVIORAL CONSULTATION SERVICES, INC. - 81-2107532, P.O. BOX 86537, TUCSON, AZ 85754	BEHAVIORAL HEALTHCARE	ARIZONA	501(C)(3)	LINE 10	INTERMOUNTAIN CENTER FOR HUMAN DEVELOPMENT, INC		X
INTERMOUNTAIN FOUNDATION - 31-1655066 P.O. BOX 86537 TUCSON, AZ 85754	SUPPORT THE PROVISION OF QUALITY HEALTHCARE	ARIZONA	501(C)(3)	LINE 12A, I	INTERMOUNTAIN CENTER FOR HUMAN DEVELOPMENT, INC		X

INTERMOUNTAIN CENTERS FOR HUMAN DEVELOPMENT, INC.

Part IV Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
- b Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)

- f Dividends from related organization(s)
- g Sale of assets to related organization(s)
- h Purchase of assets from related organization(s)
- i Exchange of assets with related organization(s)
- j Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- l Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o Sharing of paid employees with related organization(s)

- p Reimbursement paid to related organization(s) for expenses
- q Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(1)	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	Yes/No	
					Yes	No
(1) INTERMOUNTAIN FOUNDATION		B	601,807.FMV			X
(2) INTERMOUNTAIN FOUNDATION		K	36,000.FMV			X
(3) INTERMOUNTAIN FOUNDATION		Q	20,904.ACTUAL AMOUNT			X
(4) CATALINA HOUSING FOUNDATION, INC.		Q	17,201.ACTUAL AMOUNT			X
(5) BEHAVIORAL CONSULTATION SERVICES, INC.		L	14,193.FMV			X
(6) COMMUNITY PARTNERS, INC.		L	1,200,000.FMV			X

INTERMOUNTAIN CENTERS FOR HUMAN DEVELOPMENT, INC.

85-0254535

Schedule R (Form 990)

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a)	(b)	(c)	(d)
Name of other organization	Transaction type (a-r)	Amount involved	Method of determining amount involved
(7)	L	113,119.FMV	
(8)			
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

SONRISA APARTMENTS, INC.

DIRECT CONTROLLING ENTITY: COMMUNITY PARTNERSHIP OF SOUTHERN ARIZONA, INC.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
 Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information

PART I, LINE 2:

A CONTRIBUTION WAS MADE TO INTERMOUNTAIN FOUNDATION, OF WHICH INTERMOUNTAIN CENTERS FOR HUMAN DEVELOPMENT IS THE SOLE MEMBER.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018

Open to Public
Inspection

Name of the organization

INTERMOUNTAIN CENTERS FOR HUMAN
DEVELOPMENT, INC.

Employer identification number
85-0254535

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

THE BEHAVIORAL HEALTH OUTPATIENT PROGRAM SERVES MEMBERS OF THE
COMMUNITY IN A VARIETY OF SETTINGS. BEHAVIORAL HEALTH TREATMENT AND
SOCIAL SKILLS ARE PROVIDED TO MEMBERS IN GROUP HOMES, FOSTER HOMES,
CLINICS, AND OUT IN THE COMMUNITY. THE MAJOR ACHIEVEMENT OF THIS
PROGRAM IS THAT IT ALLOWS MEMBERS TO RECEIVE CLINICIAN DIRECTED,
COMMUNITY-BASED CARE (AT THE LOWEST COST TO THE TAXPAYERS AND
CONSUMER). THIS ALLOWS FOR AN EFFECTIVE THERAPEUTIC TRANSITION THROUGH
LEVELS OF CARE AND REINTEGRATION INTO THE COMMUNITY.

EXPENSES \$ 556,383. INCLUDING GRANTS OF \$ 0. REVENUE \$ 465,137.

FORM 990, PART VI, SECTION A, LINE 2:

CHARLES GILES AND BRET GILES HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS PREPARED BY AN INDEPENDENT CPA USING INFORMATION PROVIDED BY
THE ORGANIZATION'S ACCOUNTING STAFF. THE FORM 990 IS REVIEWED BY THE BOARD
TREASURER AND THE CFO AFTER FILING AND IS THEN PRESENTED TO THE ENTIRE
BOARD.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY AS PART OF ITS HUMAN
RESOURCES POLICIES AND PROCEDURES HANDBOOK THAT COVERS ALL EMPLOYEES.
EMPLOYEES ARE RESPONSIBLE FOR FILING A WRITTEN DISCLOSURE OF ANY INTERESTS
AND FOR ABIDING BY THE DECISION OF THE CEO OR DESIGNEE REGARDING THE
EXISTENCE OF ANY CONFLICT OF INTEREST. A POTENTIAL CONFLICT OF INTEREST

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Name of the organization	INTERMOUNTAIN CENTERS FOR HUMAN DEVELOPMENT, INC.	Employer identification number	85-0254535
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INVOLVING THE CEO WILL BE REFERRED TO THE BOARD OF DIRECTORS FOR RESOLUTION. THE ORGANIZATION ALSO HAS A CONFLICT OF INTEREST POLICY INVOLVING BOARD MEMBERS. EACH BOARD MEMBER SHALL SUBMIT AN ANNUAL DISCLOSURE STATEMENT THAT CONTAINS ACCURATE AND COMPLETE INFORMATION REGARDING ANY DIRECT OR INDIRECT TRANSACTIONS OR RELATIONSHIPS BETWEEN THE BOARD MEMBER AND THE CORPORATION AND ANY PROVIDER THAT PROVIDES SERVICES TO THE CORPORATION. ALL CONFLICT OF INTEREST STATEMENTS ARE REVIEWED BY THE BOARD'S LEGAL COMMITTEE AND, SHOULD A CONFLICT OF INTEREST BE DETERMINED, THE BOARD CHAIR IS NOTIFIED AND THE BOARD MEMBER IS INFORMED. NO BOARD MEMBER SHALL PARTICIPATE IN ANY DELIBERATION OR VOTE OF THE BOARD OF DIRECTORS REGARDING A TRANSACTION OR ISSUE IN WHICH THE BOARD MEMBER HAS A CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15:

THE COMPENSATION OF THE ORGANIZATION'S CEO AND OTHER OFFICERS OR KEY EMPLOYEES IS REVIEWED ANNUALLY BY THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19:

THE BOARD OF DIRECTORS WILL PROVIDE THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONTRACT SERVICES:

PROGRAM SERVICE EXPENSES	224,745.
MANAGEMENT AND GENERAL EXPENSES	349,064.
FUNDRAISING EXPENSES	3,756.
TOTAL EXPENSES	577,565.

Name of the organization INTERMOUNTAIN CENTERS FOR HUMAN DEVELOPMENT, INC.

Employer identification number 85-0254535

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 577,565.

Multiple horizontal lines for data entry.