CHANGE OF ACCOUNTING PERIOD 29493, 9102414

f Organization Example

# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

▶ Do not enter social security numbers on this form as it may be made public to the p

Inter	nal Reve	nue Service	► Go to www.irs.gov/Form990 for instructions and the lat	test information. Pic	Inspection
A F	or the	2018 calend	dar year, or tax year beginning $JUL~1$ , $2019$ and ending	SEP 30, 2019	
В	Check if	" INTE	of organization RMOUNTAIN CENTERS FOR HUMAN	D Employer identifi	cation number
	Addre	DEVE	ELOPMENT, INC.		
L	Name chang	Doing b	ousiness as	85-0	254535
	Initial return	Numbe	r and street (or P.O box if mail is not delivered to street address) Room/su	uite E Telephone numbe	r
	Final		BOX 86537	520-	721-1887
	termin ated		town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	4,029,792.
	Amene		SON, AZ 85754	H(a) Is this a group r	
	Applic		and address of principal officer ROSE LOPEZ	for subordinates	
	pendir		AS C ABOVE	H(b) Are all subordinates i	
				527 OSIf "No," attach a	
			ERMOUNTAINCENTERS.ORG	H(c) Group exemption	
					A State of legal domicile AZ
_	art I	Summan	A corporation	ear or lornation Service	VI State of legal doffliche 212
	1 4	Out desemb	be the organization's mission or most significant activities PROVIDING  SERVICES TO AT-RISK POPULATIONS  ox   if the organization discontinued its operations or disposed of many continued its operations.	COLUMNICATION OF THE COLUMNICA	CLINIC AND
Š	1	CITDDODA	THE ORDITCES TO ATENTION OF MOST SIGNIFICANT ACTIVITIES TITOVIDES	-M80 -00	CHINIC AND
Activities & Governance	_	Charlaba ha	BERVICED TO AT RISK TOTOLATIONS	738 - 138 -	
Ver	2	Check this bo	ox if the organization discontinued its operations or disposed of moting members of the governing body (Part VI, line 1a) dependent voting members of the governing body (Part VI, line 1b)	Tore than 25% of the tier at	16
Ĝ	3	Number of vo	iting members of the governing body (Part VI, line Ta)	AUG 2	16
త	1		3 7 7 7	City	10
ţ	1		of individuals employed in calendar year 2018 (Part V, line 2a)	Kansas UNI 5	16
ξ	1		of volunteers (estimate if necessary)	Kanses City 5 6	0.
Ac	i		ed business revenue from Part VIII, column (C), line 12	_ <u>  /a</u>	0.
	_ <u>D</u>	Net unrelated	business taxable income from Form 990-T, line 38	7b	
	_			Prior Year 1,220,077.	Current Year
ne	l		and grants (Part VIII, line 1h)	14,919,694.	328,135.
Revenue	1	-	ice revenue (Part VIII, line 2g)		3,698,402.
Ŗ	1		come (Part VIII, column (A), lines 3, 4, and 7d)	6,847.	3,255.
	1		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	-		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	16,146,618.	4,029,792.
	1		milar amounts paid (Part IX, column (A), lines 1·3)	9,437.	603,057.
	1	•	to or for members (Part IX, column (A), line 4)		2,511,082.
Expenses	1		er compensation, employee benefits (Part IX, column (A), lines 5-10)	8,526,811.	
eu	1		fundraising fees (Part IX, column (A), line 11e)	0.	0.
X	1		sing expenses (Part IX, column (D), line 25)  46,388.	6 531 100	1 544 700
_	l	•	es (Part IX, column (A), lines 11a-11d, 11f 24e)	6,531,190.	1,544,723.
		•	es Add lines 13-17 (must equal Part IX, column (A), line 25)		4,658,862.
<u></u>	-	Revenue less	expenses Subtract line 18 from line 12	1,079,180.	-629,070.
let Assets or und Balances				Beginning of Current Year	End of Year
Sse	20	•	Part X, line 16)	6,115,445.	6,014,389.
ᇶ	21		s (Part X, line 26)	3,769,910.	4,297,924.
<u>~ū.</u>	22		fund balances Subtract line 21 from line 20	2,345,535.	1,716,465.
	art II	Signatur			. La and a and balat da
			I declare that I have examined this return, including accompanying schedules and stal		y knowledge and beller, it is
true,	correc	i, and complete	Declaration of preparer (emer than officer) is based on all information of which prepared		- 65 ()
_		Signatur	e of officer	Date Date	2020
Sıgı		, ,	LOPEZ, PRESIDENT & CEO	54.0	
Her	e		print name and title		
		Print/Type pre		Date Check	TI PTIN
Paid			MELTZER, CPA	08/14/20 sell-employ	
		Firm's name	BEACHFLEISCHMAN PC	Firm's EIN	86-0683059
	Only		1985 E. RIVER ROAD, SUITE 201	711111 3 5 111	
	,	5 auu   555	TUCSON, AZ 85718	Phone no 5.2	0-321-4600
Mari	the IE	S discuse the	s return with the preparer shown above? (see instructions)	1 Holic Ho. 3 2	X Yes No
			For Paperwork Reduction Act Notice, see the separate instructions		Form <b>990</b> (2018)

INTERMOUNTAIN	1 CENTERS	FOR	HUMAN
ODIEDT ODIEDIZM	TATO		

Pa	rttlll  Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission INTERMOUNTAIN PROVIDES THE HIGHEST QUALITY, EVIDENCE-BASED HEA	AT.TH AND
		IN THEIR
	OWN COMMUNITIES AND CULTURAL CONTEXTS. INTERMOUNTAIN STRIVES	
	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 X 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 X 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	v expenses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	
	revenue, if any, for each program service reported	
4a		1,262,742.)
	THE DEVELOPMENTAL DISABILITIES/INTELLECTUAL DISABILITIES PROGR	RAM SERVES
	CHILDREN AND ADULTS IN GROUPS HOMES, DEVELOPMENTAL HOMES, DAY	TREATMENT
	AND TRAINING PROGRAMS, AND IN THE INTERMOUNTAIN ACADEMY. MEMBE	ERS IN
	GROUP AND DEVELOPMENTAL HOMES RECEIVE SERVICES FROM FAMILIAR S	STAFF WHO
	PROVIDE UNIQUE SUPPORT TO EACH MEMBER. THE INTERMOUNTAIN ACADE	
	SCHOOL THAT SUPPORTS MEMBERS WITH AUTISM (GRADES K-12) WITH A	
	OF MEASURABLE ACADEMIC ACHIEVEMENT FOLLOWING AN APPLIED BEHAVI	
	(ABA) MODEL. THE EDUCATION EACH STUDENT RECEIVES BUILDS UPON E	EACH
	MEMBER'S STRENGTHS AND NEEDS.	<del></del>
41:	(Code ) (Expenses \$ 1,118,217. including grants of \$ 603,057.) (Revenue \$ 1	,206,333.)
4b	(Code ) (Expenses \$ 1,118,217. including grants of \$ 603,057.) (Revenue \$ 1 THE FOSTER CARE PROGRAM PROVIDES SPECIALIZED FOSTER CARE TO ME	
	THAT HAVE HEIGHTENED EMOTIONAL AND BEHAVIORAL NEEDS. IN MANY O	
	THESE MEMBERS REQUIRE UNIQUE PARENTING SKILLS RELATING TO STAFF	
	SAFETY. PARENTS IN THESE FOSTER HOMES PROVIDE STRUCTURED, NURT	
	SUPPORT AIMED AT TEACHING THE MEMBER HOW TO BE PART OF A HEALT	
	UNIT. THIS HELPS THE MEMBER EXPERIENCE SUCCESS ACADEMICALLY AN	
	COMMUNITY. THE GOAL OF THIS PROGRAM IS TO TRANSITION MEMBERS I	NTO A
	PERMANENT SETTING IN A HEALTHY AND THERAPEUTIC MANNER.	
	064 221	764 100
4c	(Code) (Expenses \$ 864,331. including grants of \$) (Revenue \$	764,190.
	THE RESIDENTIAL PROGRAM OFFERS A VARIETY OF TEMPORARY RESIDENT	
	SETTINGS FOR YOUTH AND ADULTS IN TRANSITION. OUR PROGRAMS ARE	
	AND COMMUNITY BASED, SUPPORTING THE INDIVIDUAL ABILITIES OF EAMEMBER. GROUP HOMES ARE INTENSIVELY STAFFED WITH PERSONNEL WHO	
	PROVIDE EXTENSIVE AND THOROUGH SUPERVISION, BUT ALSO HELP TEAC	
	THE SKILLS NECESSARY TO ACHIEVE THEIR OWN LEVEL OF INDEPENDENCE	
	LEARNED SKILLS RANGE FROM NAVIGATING PUBLIC TRANSPORTATION TO	
	A COMMUNITY OF SUPPORT AND SEARCHING FOR EMPLOYMENT. THE GOAL	
	RESIDENTIAL PROGRAMS DIFFERS DEPENDING ON THE NEEDS OF THE MEM	
	ALL EXPECTED ARE TO CREATE A POSITIVE IMPACT ON THE MEMBERS' I	
4d	Other program services (Describe in Schedule O)	
	(Expenses \$ 556, 383 • including grants of \$ ) (Revenue \$ 465, 137	7 • )
4e	Total program service expenses ▶ 3,728,527.	
		Form <b>990</b> (2018)

Form 990 (2018)\_

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Part IV Checklist of Required Schedules

га	The interpretation of the quite discrete delication of the quite delication of th		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		103	110
•	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	·	х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98 19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?	•	х	
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
ч	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11 <u>e</u>		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	<u> </u>
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		х
þ	Was the organization included in consolidated, independent audited financial statements for the tax year?		v	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	Х
13 14-	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	170		
J	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			37
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u> </u>
• •	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>x</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		x
202	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	-	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21	X	(2018)
		_		

Form	990 (2018) DEVELOPMENT, INC. 85	-0254	<u>535</u>	Pa	age 4
Par	rt 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		22		_X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's curi	rent			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete				
	Schedule J		23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of	of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete				
	Schedule K If "No," go to line 25a		24a		Х
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defeat	60			
C		30	24c		
	any tax-exempt bonds?				
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit				х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		25a		
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, a				ĺ
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	e			
	Schedule L, Part I		25b		_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	3, "			
	complete Schedule L, Part II		26		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	er .			
	of any of these persons? If "Yes," complete Schedule L, Part III		27		Х
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)	1			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Pai	rt IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an				
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	J	28c	х	
00	Did the organization receive more than \$25,000 in non cash contributions? If "Yes," complete Schedule M		29		X
29		_	23		<del></del>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	•	20		х
	contributions? If "Yes," complete Schedule M		30		<del></del>
31	Did the organization liquidate, terminate, or dissolve and cease operations?				x
	If "Yes," complete Schedule N, Part I		31		$\stackrel{f \Delta}{-}$
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete				v
	Schedule N, Part II		32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I		33		_ X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	j			1
	Part V, line 1		34	Х	<u> </u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled ent	aty			1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		35b	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organ	iization?			1
	If "Yes," complete Schedule R, Part V, line 2		36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization				
•	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		$\vdash$		
30	Note. All Form 990 filers are required to complete Schedule O		38	х	l
Par					
	Check if Schedule O contains a response or note to any line in this Part V				
	Children Controlled Controlled Children Controlled Cont			Yes	No
	5. II	0		168	140
	Enter the number reported in Box 3 of Form 1096 Enter 0- if not applicable	0	1		
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamin	ıg			ļ
	(gambling) winnings to prize winners?		1c	L	L

832004 12-31-18

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Pa	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,		127		
	filed for the calendar year ending with or within the year covered by this return	2a	) [[[		100
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuin	rns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions				230
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule	0	3b		
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)?	4a		Х
b	If "Yes," enter the name of the foreign country			316	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	•	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).			3	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor	7a_		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	ļ	ļ
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required			
	to file Form 8282?	1	7c	• MORENZ	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		i Wi	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract?	7e_		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	· · · · · · · · · · · · · · · · · · ·	7 <u>g</u>		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h	- 575 bZ-	7.7.MEX
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	G.	<u> </u>	
_	sponsoring organization have excess business holdings at any time during the year?		* %%**	J. 475. Z. 12. 1	₹,2 <b>3</b> 5%
9	Sponsoring organizations maintaining donor advised funds.		***********		
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	12211	55 VES.5
10	Section 501(c)(7) organizations. Enter	المدا			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders	11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against		松源		
D	amounts due or received from them)	11b	1		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a	Jan Salah	1,777
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	1602	COLUMN TO A STATE OF	5.00
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	125	132	麗江	
	Is the organization licensed to issue qualified health plans in more than one state?		13a	1 72 ARM	27% 2000 E
	Note. See the instructions for additional information the organization must report on Schedule O		£3859	25	i din
b	Enter the amount of reserves the organization is required to maintain by the states in which the			174.50 1.00	
_	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a	- 344.7	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		T		
	excess parachute payment(s) during the year?		15		Х
	If "Yes," see instructions and file Form 4720, Schedule N		FER	F70	5 10 mg
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		X
_	If "Yes," complete Form 4720, Schedule O		<b>*****</b>	1	A THE
			Form	990	(2018)

DEVELOPMENT, INC.

85-0254535

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			X					
Sec	tion 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 1a 15	7	17.13#						
	If there are material differences in voting rights among members of the governing body, or if the governing			4					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.								
b	Enter the number of voting members included in line 1a, above, who are independent 1b 16								
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?	2	X						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	$\vdash$							
•	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X					
6	Did the organization have members or stockholders?	6		X					
	Did the organization have members of stockholders, or other persons who had the power to elect or appoint one or	۳							
	more members of the governing body?	7a		х					
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
-	persons other than the governing body?	7b		Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.	7 Vie		720					
	The governing body?	8a	X	2.2220					
	Each committee with authority to act on behalf of the governing body?	8b	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	9		Х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)								
	ton D. I ono loo (mile decition D requests who makes about policies not required by the internal revenue decey		Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		X					
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100							
_	and branches to ensure their operations are consistent with the organization's exempt purposes?	10ь							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	_	X					
	Describe in Schedule O the process, if any, used by the organization to review this Form 990		e i						
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	و المحالات المعدد					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X						
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	in Schedule O how this was done	12c	Х						
13	Did the organization have a written whistleblower policy?	13	X						
14	Did the organization have a written document retention and destruction policy?	14	X						
15	Did the process for determining compensation of the following persons include a review and approval by independent	光道	)25 44 65 28	Livré					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		75 . T						
а	The organization's CEO, Executive Director, or top management official	15a	X						
	Other officers or key employees of the organization	15b	X						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	¥.00°, \$3	A 1985						
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?	16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		24.7						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b							
Sec	tion 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)	availa	ble					
	for public inspection. Indicate how you made these available. Check all that apply								
	Own website Another's website X 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	finan	cial						
	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								

Form **990** (2018)

### 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 (Ď), (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

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

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

(A)	(B)			((	 >)			(D)	(E)	(F)
Name and Title	Average hours per week	box.	not c , unle	Pos heck ss pe id a d	more rson i	than is bot	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) CAREY A BERANEK	1.00	х						0.	0.	0.
DIRECTOR	1.00	^	-		_	-	-	0.		
(2) GREG BRYSON DIRECTOR	0.75	X			i			0.	0.	0.
(3) RONALD S COHEN PHD	2.00	1		$\vdash$	-		-			
DIRECTOR	1.00	x						0.	0.	0.
(4) JUDY FAVELL PHD/BCBA-D	2.00	<del></del>				_				
DIRECTOR	0.75	х						0.	0.	0.
(5) JOSEPH A. GENTRY	1.00			H	_					
DIRECTOR	0.50	Х						0.	0.	0.
(6) BRET GILES	1.00									
DIRECTOR	0.50	Х						0.	0.	0.
(7) CHARLES GILES JD	1.00								-	
DIRECTOR	0.50	Х						0.	0.	0.
(8) LEONARD NEHRMEYER CPA	1.00							_	_	
DIRECTOR	0.25	Х				L.	<u> </u>	0.	0.	0.
(9) JAMES SAKRISON JD	1.00									
DIRECTOR	0.50	Х	<u> </u>		_			0.	0.	0.
(10) GINAMARIE K. SPENCER	2.00				İ					
DIRECTOR	1.00	Х	L	_	_		<u> </u>	0.	0.	0.
(11) PATRICIA TREEFUL	1.00	١,,							0.	0.
DIRECTOR	0.50	Х	_		_	<u> </u>	<u> </u>	0.	U •	<u> </u>
(12) DOLORES UNDERWOOD-KINSER	1.00	x						0.	0.	0.
DIRECTOR	2.00	^	-		_		_	0.	· · ·	
(14) BRANDT HAZEN	3.00	x		х				0.	0.	0.
(15) BRETT RUSTAND	1.00	^	-	^	┝	<del> </del>	$\vdash$	- 0.		· ·
VICE CHAIRMAN	1.75	x		x				0.	0.	0.
(16) STUART HOLMES	1.00	Α.	_	^	-	-	-			
TREASURER	2.00	x		x				0.	0.	0.
(17) MICHAEL NAGLE JD	2.00	+		<del>                                     </del>	$\vdash$	╁	$\vdash$			
SECRETARY		x		х				0.	0.	0.
(18) ROSE LOPEZ	40.00	† <del>-</del>	<u> </u>	<u> </u>		$\vdash$	1			
PRESIDENT & CEO	6.00	1		Х			1	0.	0.	0.
					_	_	_		· · · · · · · · · · · · · · · · · · ·	Form 990 (2018)

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Form 990 (2018) DEVELOPM	ENT, INC	Э.							85-025	4535 F	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, and	d Hi	ighe	st C	Compensated Employe	es (continued)		
Name and title	Name and title  Average hours per box, unless person is both an compensation compensation described by the compensation co							(E) Reportable compensation from related	(F) Estimat amount other	of	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensa from the organiza and rela organizat	ne tion ted
(19) JAMES VITT	40.00			х				0.	0		0.
(20) CRAIG NORRIS	13.00	$\vdash$	<del> </del>	Α.		┢				<del>'- </del>	
<u>coo</u>	33.00		_	х		_		0.	C		0.
		_				<u> </u>					
		_				_		<u> </u>		<u> </u>	
		<u> </u>	_			L	_	-			
							_	<u> </u>	<del></del>		
1b Sub-total	l Cantinu A						<b>&gt;</b>	0.	0		0.
<ul> <li>Total from continuation sheets to Part VI</li> <li>d Total (add lines 1b and 1c)</li> </ul>	i, Section A							0.	0		0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed at	oove	e) wł	no re	eceived more than \$100	,000 of reportable		0
compensation from the organization	-									Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	-	ste	e, ke	y en	nplo	yee,	or l	highest compensated e	mployee on	3	X
4 For any individual listed on line 1a, is the su	ım of reportab							· ·	the organization		
<ul><li>and related organizations greater than \$150</li><li>Did any person listed on line 1a receive or a</li></ul>									idual for services	4	X
rendered to the organization? If "Yes," com Section B. Independent Contractors										5	X
Complete this table for your five highest co	mpensated inc	depe	ende	nt c	ontr	acto	ors t	hat received more than	\$100,000 of compe	nsation from	
the organization Report compensation for	the <u>cal</u> endar y	ear (	endı	ng w	/ith	or w	ithir [		year	(C)	
(A) Name and business	address	N	ONE	3	_			(B)  Description of s	ervices	(C) Compensation	n
									į		
	<del></del>										
			-	-			+			·	
							$\dashv$				
2 Total number of independent contractors (iii	ncluding but n	ot lir	nıte	d to	thos	se lis	sted	I above) who received m	nore than	<u></u>	
\$100,000 of compensation from the organiz	-				(			· · · · · · · · · · · · · · · · · · ·		Form <b>990</b> (	2019)
										FORIII JJU (	ZU10)

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DEVELOPMENT, INC.

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

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Form 990 (2018)

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

, <u>Sect</u>	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									
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) . 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	·	` `.		# 19 M					
· 3	Grants and other assistance to foreign	` <u>.</u>								
	organizations, foreign governments, and foreign				4					
	individuals See Part IV, lines 15 and 16		·							
4	Benefits paid to or for members	,								
. 5	Compensation of current officers, directors,	150 000	• •	** 155 000	1					
,	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)	1 070 011	1 766 110	107 415						
7	Other salaries and wages	1,978,811.	1,766,118.	187,415.	25,278.					
8	Pension plan accruals and contributions (include		J		3					
_	section 401(k) and 403(b) employer contributions)	210 106	107 160	21,293.	353.					
9	Other employee benefits	219,106. 155,343.	197,460. 129,768.	23,641.	1,934.					
10	Payroll taxes	155,343.	129,700.	23,041.	1,934.					
, 11	Fees for services (non-employees)	1		; -	• •					
a	Management	9,586.	· · · · · · · · · · · · · · · · · · ·	9,586.						
b	<b>y</b>	9,703.		9,703.	<del></del>					
C	Accounting	9,703.		5,105.						
d	Lobbying  Professional fundrations convices See Part IV, line 17				· · ·					
e •	Professional fundraising services. See Part IV, line 17 Investment management fees				•					
'	Other (If line 11g amount exceeds 10% of line 25,									
9	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	, •	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	•	ı					
19	Conferences, conventions, and meetings	1,338.	1,066.	272.						
20	Interest	-16,136.	2,881.	13,255.						
. 21	Payments to affiliates ·				4,					
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	7 7 7 7 7 7 7 8 8 8 8 8 8 8 8 8 8 8 8 8	THE PERSON							
	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				4.46					
	amount, list line 24e expenses on Schedule O.)									
, a	BAD DEBTS	90,327.	90,327.	1						
, 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.	, ,					
е	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)		· .	• • • • • • • • • • • • • • • • • • • •						
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Form 990 (2018)
Part X Balance Sheet

Pai	Ţ.Χ.ŧ	Balance Sheet	<u>.                                    </u>		· · · · · · · · · · · · · · · · · · ·
		Check if Schedule O contains a response or note to any line in this Part X			, <u> </u>
	_		(A) Beginning of year	-	(B) • End of year
	г <del>`</del>				
	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	1 000 007	3	075 100
	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		2	
		Part II of Schedule L		5	
•	6.	Loans and other receivables from other disqualified persons (as defined under			法对联 医乳炎
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ets		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net	•	7	
`	8	Inventories for sale or use	742 555	8	016 710
J	.9	Prepaid expenses and deferred charges	242,555.	' 9	216,710
	10a	Land, buildings, and equipment cost or other		2.0	
		basis Complete Part VI of Schedule D Less accumulated depreciation  10a 3,931,569. 10b 3,630,753.	200 740	Comme	200 016
	þ		298,749.	10c	. 300,816
.	11_	Investments - publicly traded securities		11	
٠,	12	Investments - other securities See Part IV, line 11		12	
]	13	Investments program-related See Part IV, line 11	:	13	
	14	Intangible assets	2,226,931.	14	2,485,455
1	15	Other assets See Part IV, line 11	6,115,445.	15	6,014,389
$\dashv$	16	Total assets. Add lines 1 through 15 (must equal line 34)	1;821,960.	16 17	2,163,645
	17	Accounts payable and accrued expenses	1,021,000.	18	2,103,043
•	18	Grants payable  Deferred revenue	146,796.	19	518,996
	19 20	Tax-exempt bond liabilities	- 10,7500	20	310,330
İ	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,	L + 3.75 A THE SECOND	3:454	
itie:		key employees, highest compensated employees, and disqualified persons			
Liabilities	•	Complete Part II of Schedule L		22	
ا ڌ	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	( 2 / 5 / 2 5	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	r.		<b>'</b>
•		Schedule D	180,669.	.25	٠ ٠, ٥
	26	Total liabilities. Add lines 17 through 25	3,769,910.	26	4,297,924
$\neg$		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and		<b>:</b>	
g l		complete lines 27 through 29, and lines 33 and 34.			
ဗ္ဗီ	27	Unrestricted net assets	2,331,054.	27	1,701,984
<u>ala</u>	28	Temporarily restricted net assets	14,481.	28	. 14,481
<u> </u>	29	Permanently restricted net assets		29	
두 시		Organizations that do not follow SFAS 117 (ASC 958), check here ▶		加州	
Net Assets or Fund Balances	4	and complete lines 30 through 34.			
3ts	30	Capital stock or trust principal, or current funds *		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund	,	31	
¥	32'	Retained earnings, endowment, accumulated income, or other funds	<del></del>	32	
ž	33	Total net assets or fund balances	2,345,535.	33	1,716,465
		Total liabilities and net assets/fund balances	6,115,445.	34	6,014,389.
				,	Form <b>990</b> (2018

	1000 (2010)				<u>,,, , , , , , , , , , , , , , , , , , </u>
Pa	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	4,02		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,65	8,8	<u>62.</u>
3	Revenue less expenses Subtract line 2 from line 1	3	-62		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,34	<u>5,5</u>	<u>35.</u>
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	1,71	6,4	<u>65.</u>
Pai	Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				2
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			1
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			
	consolidated basis, or both				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt		1	
	Act and OMB Circular A-133?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	iired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Х	
			Form	990 (	2018)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **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.

2018

Open to Public Inspection

Name of the organization INTERMOUNTAIN CENTERS FOR HUMAN Employer identification number 85-0254535 DEVELOPMENT, INC. 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). 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 I An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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 ) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 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 X 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). 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 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. 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. 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. J 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. 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) (iv) is the organization listed (i) Name of supported (ii) EIN (III) Type of organization (v) Amount of monetary (vi) Amount of other your governing docume (described on lines 1 10 organization support (see instructions) support (see instructions) Nο Yes above (see instructions))

Total

Part | 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)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning ın)	(a) 2014	<b>(b)</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 organ-						
	ization'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	70.31			/		
	by each person (other than a		ALC:				
	governmental unit or publicly						
	supported organization) included			2.134.25			
	on line 1 that exceeds 2% of the			12.4	/ 23-23-23		
	amount shown on line 11,						
	column (f)			/	A 27 - 7 - 34		
$\overline{}$	Public support. Subtract line 5 from line 4			/3.5		A section of	
	tion B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	( <b>ć</b> ) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest,	İ	/	ľ	· ·		
	dividends, payments received on	İ					
	securities loans, rents, royalties,		·/				
	and income from similar sources				-		
9	Net income from unrelated business						
	activities, whether or not the		· /	ł			
	business is regularly carried on		/				
10	Other income Do not include gain	/					
	or loss from the sale of capital						
	assets (Explain in Part VI)		ne Succession Spaces			erge-santer-server-since	
	• •	<u> </u>			Land Section And		<u> </u>
	Gross receipts from related activities					12	
13	First five years. If the Form 990 is fo	/	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3)	. ┌─┐
500	organization, check this box and storetion C. Computation of Publication		rcentage	•	-	·····	
	Public support percentage for 2018/	<del></del>		column (fi)		14	%
	Public support percentage from 2017			Solariir (i))		15	%
	33 1/3% support test - 2018. If the			in line 13, and line	14 is 33 1/3% or n	<u> </u>	
	stop here. The organization qualifies						ightharpoons
b	33 1/3% support test - 20/17. If the				l line 15 is 33 1/3%	or more, check th	nis box
-	and stop here. The organization qua					·	▶□
17a	10% -facts-and-circumstances tes				e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						▶□
b	10% -facts-and-circumstances tes	•	•		=	17a, and line 15 is	10% or
	more, and if the organization meets t						
	organization meets the "facts-and-cir						ightharpoons
18	Private foundation. If the organization						ıs 🕨 🗀
						edule A (Form 990	
			-				
/	•			•		•	
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Schedule A (Form 990 or 990-EZ) 2018 DEVELOPMENT, INC.

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)

Sec	tion A. Public Support	elow, please comp	Diete Part II)				<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and	(a) 2014	(6) 2013	(6) 2010	(0) 2017	(6) 2010	(1) 10(4)
	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.
	·	10,030,330.	22,713,330.	25,000,203.	2,00,302.	2,010,210.	05,005,000.
2	Gross receipts from admissions, merchandise sold or services per-						
	formed, 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 bus						
	iness under section 513						
4	Tax revenues levied for the organ-						
	zation'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						
	Total. Add lines 1 through 5	18,858,356.	22,713,956.	23,860,205.	14,990,393.	20,166,308,	100,589,218.
		10,030,330.	20,713,330.	23,000,200.		20,200,000.	
	Amounts included on lines 1, 2, and						0.
	3 received from disqualified persons 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.
	Add lines 7a and 7b						0.
_8_	Public support. (Subtract line 7c from line 6)						100,589,218.
Sec	tion B. Total Support						
Caler	idar 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.
	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						
	Add lines 10a and 10b	4,815.	1,653.	2,899.	353.	10,102.	19,822.
	Net income from unrelated business						27,002.
	activities not included in line 10b,						
	whether or not the business is		1				
	regularly carried on			<del></del>		<del></del>	
	Other income Do not include gain or loss from the sale of capital	E0 701	ا عدم دیم آ	120 666	00E 400		1 742 400
	assets (Explain in Part VI )	58,781.	260,544.		995,409.	22.154.112	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	s first, second, third	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3) organız	ation,
	check this box and stop here						▶
Sec	tion C. Computation of Publi	ic Support Pe	rcentage				
15	Public support percentage for 2018 (li	ine 8, column (f), d	livided by line 13, o	column (f))		15	98.28 %
16	Public support percentage from 2017	Schedule A, Part	III, line 15			16	98.21 %
Sec	tion D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20	18 (line 10c, colun	nn (f), divided by lir	ne 13, column (f))		17	.02 %
	Investment income percentage from 2	•	•	-, (		18	.02 %
	33 1/3% support tests - 2018. If the		· · · · · · · · · · · · · · · · · · ·	on line 14, and line	15 is more than 3		
	more than 33 1/3%, check this box ar						►X
		•	-		_		
	33 1/3% support tests - 2017. If the						a.10
	line 18 is not more than 33 1/3%, che			· ·		-	
20	Private foundation. If the organization	ula not check a	oox on line 14, 19a	i, or 190, check th		adule A (Form 99)	

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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**

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

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NAME OF THE OWNER, OWNER, OWNE	Yes	No
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Pa	Supporting Organizations (continued)	
		Yes No
11	Has the organization accepted a gift or contribution from any of the following persons?	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	
	below, the governing body of a supported organization?	11a
b	A family member of a person described in (a) above?	11b
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c
	tion B. Type I Supporting Organizations	
	<u> </u>	Yes No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	732 33 30 7 33 8
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	
	controlled the organization's activities if the organization had more than one supported organization,	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	
		1
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	
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? If "Yes," explain in	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	
_	supervised, or controlled the supporting organization	2   _
Sec	tion C. Type II Supporting Organizations	1
		Yes No
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)? If "No," describe in Part VI how control	
	or management of the supporting organization was vested in the same persons that controlled or managed	
	the supported organization(s)	1
Sec	tion D. All Type III Supporting Organizations	
		Yes No
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?	1
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	医经验 经营
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	
	the organization maintained a close and continuous working relationship with the supported organization(s)	2
3	By reason of the relationship described in (2), did the organization's supported organizations have a	馬達 流 医
	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? If "Yes," describe in Part VI the role the organization's	
	supported organizations played in this regard	3
Sec	tion E. Type III Functionally Integrated Supporting Organizations	<del>-</del>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction	s).
a	The organization satisfied the Activities Test Complete line 2 below	•
b	The organization is the parent of each of its supported organizations. Complete line 3 below	
c	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see in	structions)
2	Activities Test Answer (a) and (b) below.	Yes No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	
a	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	
	how the organization was responsive to those supported organizations, and how the organization determined	
		2a
	that these activities constituted substantially all of its activities	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	
	reasons for the organization's position that its supported organization(s) would have engaged in these	
	activities but for the organization's involvement	2b
3	Parent of Supported Organizations Answer (a) and (b) below.	
а		
	trustees of each of the supported organizations? Provide details in Part VI.	3a
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b

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85-0254535 Page 6 Schedule A (Form 990 or 990 EZ) 2018 DEVELOPMENT, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 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 (B) Current Year (A) Prior Year Section A - Adjusted Net Income (optional) Net short-term capital gain 2 Recoveries of prior-year distributions Other gross income (see instructions) 3 Add lines 1 through 3 4 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year (A) Prior Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non exempt use assets (see instructions for short tax year or assets held for part of year) 1a a Average monthly value of securities 1b b Average monthly cash balances 1c c Fair market value of other non-exempt use assets 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI) 2 Acquisition indebtedness applicable to non-exempt use assets 3 Subtract line 2 from line 1d Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, 4 see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by 035 6 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) Current Year Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) ENGRAPHED ARRESTS Name of the same 3 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6 🔟 Check here if the current year is the organization's first as a non functionally integrated Type III supporting organization (see

instructions)

INTERMOUNTAIN CENTERS FOR HUMAN Schedule A (Form 990 or 990 EZ) 2018 DEVELOPMENT, INC. 85-0254535 Page 7 Partive Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions Current Year Amounts paid to supported organizations to accomplish exempt purposes 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 Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2018 from Section C, line 6 Line 8 amount divided by line 9 amount (ii) (iii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) Excess Distributions Pre-2018 Amount for 2018 Distributable amount for 2018 from Section C, line 6 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 Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2018 distributable amount Carryover from 2013 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2018 from Section D, a Applied to underdistributions of prior years b Applied to 2018 distributable amount c Remainder Subtract lines 4a and 4b from 4 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 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions Excess distributions carryover to 2019. Add lines 3j and 4c 8 Breakdown of line 7 a Excess from 2014

Schedule A (Form 990 or 990-EZ) 2018

b Excess from 2015

c Excess from 2016

d Excess from 2017e Excess from 2018

Schedule A (Form 990 or 990 EZ) 2018 DEVELOPMENT, INC. 85-0254535 Page 8

Rartyll 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

# 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

Employer identification number

OMB No 1545-0047

INTERMOUNTAIN CENTERS FOR HUMAN Name of the organization DEVELOPMENT, INC. 85-0254535 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (b) Funds and other accounts (a) Donor advised funds 1 Total number at end of year Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Partill Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of a historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure □ Protection of natural habitat □ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year a Total number of conservation easements 2b **b** Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure 2d listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Partilli Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included on Form 990, Part VIII, line 1

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

832051 10-29-18

Schedule D (Form 990) 2018

b Assets included in Form 990, Part X

Sche	00.0 D \	MENT, INC.								Page 2
Pa	t III Organizations Maintaining C									
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following that	at are a si	gnıfıcant	use of its	collection	ıtems
	(check all that apply)									
а	Public exhibition	C			hange progra	ams				
b	Scholarly research	e	•	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	•		=	_			ose in Par	t XIII	
5	During the year, did the organization solicit of					er sımılar	assets	г—	٦	<b></b>
	to be sold to raise funds rather than to be m					75.4			_ Yes	No
Pai	Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	organizatio	n answered	"Yes" on	Form 991	u, Part IV,	line 9, or	
	Is the organization an agent, trustee, custod		diani for	contribution	os or other ac	ecte not	neluded			
ıa	on Form 990, Part X?	ian or other intermed	ulary lor	CONTRIBUTION	is or other as	sets not	incidaea		Yes	X No
<b>h</b>	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table				<u> </u>	_ 163	العقا الان
b	ii res, explain the analigement in Fart Alli	and complete the ic	Jilowing	lable					Amount	
	Beginning balance						1c		711100111	
c d	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f			
	Did the organization include an amount on F	orm 990. Part X. line	21. for	escrow or co	ustodial acco	ount liabili	ty?	X	Yes	□ No
	If "Yes," explain the arrangement in Part XIII						•			X
	t V Endowment Funds. Complete						0			
		(a) Current year	(b) F	rior year	(c) Two year	rs back (	d) Three y	years back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions							· ·		
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses								L	
g	End of year balance		L							
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a	a)) held as					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sho									
За	Are there endowment funds not in the posse	ession of the organiz	ation the	at are held a	ind administe	ered for tr	ne organi	zation	[·	/ \ N-
	by									Yes No
	(i) unrelated organizations								3a(i)	<del></del>
	(ii) related organizations	strana hatad aa raaru	d on C	`abadula D2					3a(ıi) 3b	+-
	If "Yes" on line 3a(ii), are the related organization. Describe in Part XIII the intended uses of the	•							20	
Pai	t VI Land, Buildings, and Equipm		OWINERIL	iunus			_			
<u> </u>	Complete if the organization answere		0. Part I	V. line 11a S	See Form 990	D. Part X	line 10			
	Description of property	(a) Cost or o			or other		cumulate	ed	(d) Book	value
	booding tion of property	basis (investi		, ,	(other)		reciation		(-) = 00h	
1a	Land		<u> </u>							
	Buildings			63	0,592.	4	198,7	11.	131	,881.
	Leasehold improvements									
	Equipment				0,599.		.72,5			,030.
	Other			97	0,378.	9	59,4	73.		,905.
	I. Add lines 1a through 1e (Column (d) must e	equal Form 990, Part	X, colur	nn (B), line 1	10c)			<b></b>	300	,816.

DEVELOPMEN	T. INC.

Investments - Other Securities.  Complete if the organization answered "Yes" of	on Form 990, Part IV, III	, ne 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) <u>·</u>		THE REPORT OF THE PROPERTY OF	
Total (Col. (b) must equal Form 990, Part X, col (B) line 12 )			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(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)			<del></del>
(9)	<u> </u>		TOOMERS AND RESIDENCE TO THE RESIDENCE OF THE RESIDENCE O
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ □ Part IX Other Assets.			
Carrier and the Control of the Contr	Co 000 Dod IV I	as 11d Cas Farm 000 Port V line 15	
Complete if the organization answered "Yes" o	Description	ne 11d See Form 990, Fart X, line 13	(b) Book value
DDDOGTEG			110,025
			2,181,791
THE COLUMN THE CARDETTE THE	TRANCE	<del></del>	193,639
	JIGHICE		
(4)			
(5) (6)			
(7)			
(8)		<u> </u>	
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line	15)	<del></del>	<b>2</b> ,485,455
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, li	ne 11e or 11f See Form 990, Part X, I	ine 25
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)		17.6	
(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		e to the organization's financial staten	nents that reports the
organization's liability for uncertain tax positions under	TINI 49 (ASC 740) Cha	ick here if the text of the footnote has	been provided in Part XIII X

832053 10-29-18

Schedule D (Form 990) 2018

Schedule D (For	m 990) 2018 DEVELOPMENT, INC.		85-0254535 Page 4
Part XI Re	econciliation of Revenue per Audited Financial Stateme	ents With Revenue per I	
	mplete if the organization answered "Yes" on Form 990, Part IV, line 12a		
	nue, gains, and other support per audited financial statements		1
	included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrea	lized gains (losses) on investments	2a	
	services and use of facilities	2b	
c Recoverie	s of prior year grants	2c	
d Other (De	scribe in Part XIII )	2d	
· ·	2a through 2d	·	2e
3 Subtract I	ine 2e from line 1		3
4 Amounts	included on Form 990, Part VIII, line 12, but not on line 1		
a Investmer	nt expenses not included on Form 990, Part VIII, line 7b	4a	
<b>b</b> Other (De:	scribe in Part XIII)	4b	
c Add lines	4a and 4b		4c
5 Total reve	nue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5
<u>Part}XIII</u> Re	econciliation of Expenses per Audited Financial Statem	nents With Expenses pe	r Return.
Co	mplete if the organization answered "Yes" on Form 990, Part IV, line 12a	1	
1 Total expe	enses and losses per audited financial statements		1
2 Amounts	included on line 1 but not on Form 990, Part IX, line 25		
a Donated s	services and use of facilities	2a	_
<b>b</b> Prior year	adjustments	2b	_  **
c Other loss	es	2c	
d Other (De	scribe in Part XIII )	2d	
e Add lines	2a through 2d		2e
3 Subtract I	ine 2e from line 1		3
4 Amounts	included on Form 990, Part IX, line 25, but not on line 1		1
a Investmer	nt expenses not included on Form 990, Part VIII, line 7b	4a	<b>-         </b>
<b>b</b> Other (De	scribe in Part XIII )	4b	
c Add lines			4c
	enses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		
	upplemental Information.		
	criptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Par		e 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 add	ditional information	
D.D	TTUE OF		
PART IV,	LINE 2B:		
TOUR TO	MUE GUGMODIAN BOD BUNDS BOD & DESIDE	משומים בי האים	THESE FUNDS
ICHD IS	THE CUSTODIAN FOR FUNDS FOR 6 RESIDE	MITAL CLIENTS:	THESE FONDS
ADE MATN	TAINED IN A SEPARATE ACCOUNT.		
AKE MAIN	TAINED IN A SEPARATE ACCOUNT.	<del> </del>	
PART X,	TIME 2.		
FARI A,	DINE 2.		
THE ORGA	NIZATION IS INCLUDED IN AUDITED CONS	COLIDATED FINANC	TAL STATEMENTS
THE ONGA	NIZATION IS INCHODED IN AUDITED CONC	ODIDATED TIMME	THE STITLEMENTS
שמה מספ	YEAR ENDED SEPTEMBER 30, 2019. THE	TEXT OF THE ASC	740 FOOTNOTE
FOR THE	TEAR ENDED BELLEMBER 30, 2019: IND	TBAT OF THE MOC	, 10 100111012
FROM THE	CONSOLIDATED FINANCIAL STATEMENTS I	S AS FOLLOWS:	
11011 1111	COLUMN TO A AMERICAN DESIGNATION A		
		<del></del>	
THE FOLL	OWING ENTITIES ARE EXEMPT FROM INCOM	ME TAXES UNDER BO	OTH THE FEDERAL
	<del></del>	•	

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. 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

Schedule D (Form 990) 2018

Schedule D (For	m 99 <u>0)</u> 2018	DE	SAEPOSM:	ENT, IN	<u>.                                    </u>				85-	-U234335 Page 5
Schedule D (Form	pplemental l	nformat	ion (continue	ed)						
		_		<del></del>						
INTEREST	ASSESSEI	BY V	/ARIOUS	TAXING	AUTHO	RITIES,	WHICH	WILL	BE	CLASSIFIED
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AS MANAG	EMENT AND	GENE	ERAL EX	PENSES.	IF TH	EY OCCU	R.			
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#### **SCHEDULE L**

# **Transactions With Interested Persons**

(Form 990 or 990-EZ) ► 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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open To Public Inspection

Name of the organization

INTERMOUNTAIN CENTERS FOR HUMAN DEVELOPMENT, INC.

Employer identification number 85-0254535

					ion 501(c)(4), and 50 art IV, line 25a or 25l				0b			
1	(b) B	lelationship bety			lified					(d)	Corre	cted?
(a) Name of disqualified p	person	person and or			(0	c) Description of tra	ınsactı	on		_	es	No
<u> </u>											$\perp$	
									-			
<ul><li>2 Enter the amount of tax section 4958</li><li>3 Enter the amount of tax,</li></ul>						ring the year under	•	► \$ ► \$				
Complete if the reported an amo	organization answount on Form 990, (b) Relationship with organization	vered "Yes" on	Form 9 6, or 22 <b>(d)</b> Lo	990-EZ	, Part V, line 38a or l	Form 990, Part IV, I	(g	or if the	(h) Ap	proved ard or	(ı) W	/ritter
interested person	with organization	orioan	<b>─</b> —	zation?	principal amount			T	+	nittee?	<del>-                                    </del>	
	<del> </del>		То	From			Yes	No	Yes	No	Yes	No
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Part III Grants or As	ssistance Ben	_			rsons.	ons.					<b>.</b>	
(a) Name of interested	organization answ									) Purp	000 0	
(a) Name of interested	person (	<ul><li>b) Relationship interested pers</li></ul>			assistance	assista		l	•	assist:		1

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

the organization

Schedule L (Form 990 or 990-EZ) 2018

85-0254535 Page 2 Schedule L (Form 990 or 990 EZ) 2018 DEVELOPMENT, INC. Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c (b) Relationship between interested (e) Sharing of (c) Amount of (d) Description of (a) Name of interested person organization's person and the organization transaction transaction revenues? Yes No 134,009.RENTAL OF X BRANDT HAZEN - BSH INVESTMBOARD CHAIRMAN 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

Schedule L (Form 990 or 990-EZ) 2018

Schedule R (Form 990) 2018 DEVELOPMENT, INC.

| 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

Page 2

85-0254535

Schedule R (Form 990) 2018 General or Percentage ownership Yes No 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 (I) Section 512(b)(13) controlled entity? × × 3 Percentage ownership managing partner? .00**.** 800 Yes No Ξ Code V-UBI amount in box '20 of Schedule K-1 (Form 1065) 。 o. Share of end-of-year assets <u>(a</u> Oisproportionate Yes No allocations? Ξ ö Ö Share of total income Ξ Share of end-of-year assets Type of entity (C corp, S corp, or trust) (e) Share of total income CORP C CORP Direct controlling entity INC. PARTNERS, INC. Predominant income (related, unrelated, excluded from tax under sections 512-514) COMMUNITY COMMUNITY ਉ PARTNERS, <u>e</u> Legal domicile (state or foreign country) 40 ΑZ AΖ ত (d) ( Direct controlling entity HEALTHCARE CONSULTING INTEGRATED BEHAVIORAL AND PHYSICAL HEALTH Primary activity (c)
Legal
domicile
(state or
foreign SERVICES Primary activity COMMUNITY PARTNERS BUSINESS SOLUTIONS, INC. TUCSON - 47-4059264, P.O. BOX 86537, TUCSON, AZ COMMUNITY PARTNERS INTEGRATED HEALTHCARE, 9 P.O. BOX 86537, Name, address, and EIN of related organization Name, address, and EIN of related organization e) - 46-4971292, 832162 10-02-18 85754 Part IV 85754 INC.

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

Parti

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.

► Go to www.irs.gov/Form990 for instructions and the latest information. INTERMOUNTAIN CENTERS FOR HUMAN

Open to Publi

OMB No 1545-0047

Employer identification number 85-0254535

Identification of Disregarded Entitles. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 DEVELOPMENT, INC. Name of the organization

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

[Partilly 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)	(q)	(0)	(p)	(e)	(J)	(6)	6
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	section 312(0)	(c) (c)
of related organization		foreign country)	section	status (if section	entity	entity?	٠
				501(c)(3))		Yes	No
INTERMOUNTAIN HEALTH CENTER, INC					INTERMOUNTAIN		
42-1582826, P.O. BOX 86537, TUCSON, AZ					CENTER FOR HUMAN		
85754	BEHAVIORAL HEALTHCARE	ARIZONA	501(C)(3)	LINE 10	DEVELOPMENT, INC	×	
CATALINA HOUSING FOUNDATION, INC					INTERMOUNTAIN		
86-0983490, P.O. BOX 86537, TUCSON, AZ					CENTER FOR HUMAN		
85754	HOUSING FACILITIES	ARIZONA	501(C)(3)	LINE 10	DEVELOPMENT, INC	X	
BEHAVIORAL CONSULTATION SERVICES, INC			•		INTERMOUNTAIN		
81-2107532, P.O. BOX 86537, TUCSON, AZ					CENTER FOR HUMAN	-	
85754	BEHAVIORAL HEALTHCARE	ARIZONA	501(C)(3)	LINE 10	DEVELOPMENT, INC	×	
INTERMOUNTAIN FOUNDATION - 31-1655066					INTERMOUNTAIN		
P.O. BOX 86537	SUPPORT THE PROVISION OF				CENTER FOR HUMAN		
TUCSON, AZ 85754	QUALITY HEALTHCARE	ARIZONA	501(C)(3)	LINE 12A, I	DEVELOPMENT, INC	×	
For Paperwork Reduction Act Notice, see the Instructions for Form	ons for Form 990.				Schedule R (Form 990) 2018	Form 990	) 2018

For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART VII FOR CONTINUATIONS

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INTERMOUNTAIN CENTERS FOR HUMAN

INC. DEVELOPMENT,

Part ii Continuation of Identification of Related Tax-Exempt Organizations Schedule R (Form 990)

(g) Section 512(b)(13) ž controlled organization? × × × Yes × × SOUTHERN ARIZONA, DEVELOPMENT, INC SENTER FOR HUMAN DEVELOPMENT, INC CENTER FOR HUMAN Direct controlling ARTNERSHIP OF PARTNERS, INC. ARTNERS, INC. INTERMOUNTAIN INTERMOUNTAIN Ξ COMMUNITY COMMUNITY COMMUNITY status (if section H Public charity 501(c)(3)) LINE 12B, LINE 10 LINE 10 LINE 10 LINE Exempt Code section 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) ਉ Legal domicile (state or foreign country) RIZONA ARIZONA ARIZONA ARIZONA RIZONA SUBSTANCE ABUSE COUNSELING SUPPORT THE PROVISION OF MULTI-FAMILY HOUSING FOR BEHAVIORAL HEALTHCARE PERSONS WITH SERIOUS Primary activity AND DRUG PREVENTION QUALITY HEALTHCARE RE-ENTRY HOUSING <u>a</u> MENTAL ILLNESS FACILITIES - 86-0277999 COMMUNITY PARTNERSHIP OF SOUTHERN ARIZONA INC. - 86-0792518, P.O. BOX 86537, TUCSON, SONRISA APARTMENTS, INC. - 27-0326025 COMMUNITY PARTNERS, INC. - 46-3153400 PINAL HISPANIC COUNCIL - 86-0585274 Name, address, and EIN of related organization MENTAL HEALTH RESOURCES, INC. FUCSON, AZ 85754 FUCSON, AZ 85754 FUCSON, AZ 85754 FUCSON, AZ 85754 P.O. BOX 86537 P.O. BOX 86537 P.O. BOX 86537 P.O. BOX 86537 AZ 85754

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INTERMOUNTAIN CENTERS FOR HUMAN Schedule R (Form 990) 2018 DEVELOPMENT, INC.

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

Allegan Challes and the Control of t				>	14
Note: Complete line i in any entity is listed in Parts II, iii, or iv or unis scriedule  1. During the tax year, did the proprietion encage in any of the following transactions with one or more related properties listed in Parts II.N/2	er erom to ego diwy s	lated organizations listed	CVI.II street of	163	ᆤ
Becept of (i) interest: (ii) annutities: (iii) rovalties, or (iv) rent from a controlled entity			5	1a	×
				4b X	
				5	×
				;	<b> </b> >
d Loans or loan guarantees to or for related organization(s)				P.	<u>ا</u>
e Loans or loan guarantees by related organization(s)				9	×
f Dividends from related organization(s)				11	×
g Sale of assets to related organization(s)				1g	×
				÷	×
Exchange of assets with related organization(s)				7	×
Lease of facilities, equipment, or other assets to related organization(s)				-	×
k Lease of facilities, equipment, or other assets from related organization(s)				1k X	
I Performance of services or membership or fundraising solicitations for related organization(s)	ınızatıon(s)			X II	
m Performance of services or membership or fundraising solicitations by related organization(s)	ınızatıon(s)			1m	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	lon(s)			1n X	
o Sharing of paid employees with related organization(s)				10 X	_
p Reimbursement paid to related organization(s) for expenses				1р	×
q Reimbursement paid by related organization(s) for expenses				Tq X	
r Other transfer of cash or property to related organization(s)				+	×
s Other transfer of cash or property from related organization(s)				1s	×
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	who must complete the	ns line, including covered	relationships and transaction thresholds		
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	olved	
(1) INTERMOUNTAIN FOUNDATION	В	601,807.	FMV		
(2) INTERMOUNTAIN FOUNDATION	X	36,000.FMV	FMV		
(3) INTERMOUNTAIN FOUNDATION	Ø	20,904.	904.ACTUAL AMOUNT		
(4) CATALINA HOUSING FOUNDATION, INC.	ŏ	17,201.	201. ACTUAL AMOUNT		
(5) BEHAVIORAL CONSULTATION SERVICES, INC.	Ţ	14,193.	FMV		
(6) COMMUNITY PARTNERS, INC.	ы	1,200,000.FMV	FMV		
832163 10-02-18	41		Schedule R (Form 990) 2018	(Form 9	90) 2018

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)

Fact y Communication or transactions with related Organizations (Schedule R (Form 950), Part V, line 2)	iii 990), rari v, iiile 2)		•
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7) INTERMOUNTAIN HEALTH CENTER, INC.	IJ	113,119. FMV	иму
(8)			
(6)			
(10)			
(11)			
(12)			
(13)			
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(22)			
(23)			
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85-0254535

INTERMOUNTAIN CENTERS FOR HUMAN DEVELOPMENT, INC.

Schedule R (Form 990) 2018

Part-VI. Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

excluded from related, once once once once once once once once	(a) (b) (c) (d) Name, address, and EIN Primary activity Legal domicile Predominant income	(b) Primary activity	(c) Legal domicile	(d) Predominant income	(e) Are all partners sec	(f) Share of	(g) Share of	(h) Dispropor	(ı) Code V-UBI	(J) General o	(k) Percentage
	of entity		pg	(related, unrelated, excluded from tax under sections 512-514)	501(c)(3) orgs 7 (es No	total income	end-of-year assets	allocations?	amount in box 20 of Schedule K-1 (Form 1065)	managing partner? Yes NO	ownership
					+			+			
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Schedule R (Form 990) 2018											
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Schedule R (Form 990) 2018											
Schedule R (Form 990) 2018											
									Schedule	R (For	m 990) 2018

Schedule R (Form 990) 2018 DEVELOPMENT, INC.	85-0254535	Page 5
Part VIII Supplemental Information.		
Rrovide additional information for responses to questions on Schedule R. See instructions		
DADE TE TROUBTETOAMTON OF DELAMED MAY EVENDE ORGANITAMTON	<b>G</b> .	
PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATION	<u>s:                                    </u>	
	· · · · · · · · · · · · · · · · · · ·	
NAME OF RELATED ORGANIZATION:		
SONRISA APARTMENTS, INC.		
		-
DIRECT CONTROLLING ENTITY: COMMUNITY PARTNERSHIP OF SOUTHER	RN ARIZONA,	INC.
	<del></del>	
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SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

▶ Attach to Form 990.

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

INTERMOUNTAIN CENTERS FOR HUMAN

Employer identification number 85-0254535

Schedule I (Form 990) (2018) å (h) Purpose of grant or assistance X Yes PROGRAM SUPPORT Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) ö (e) Amount of assistance non cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (d) Amount of cash grant 601,807 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501(C)(3) Enter total number of other organizations listed in the line 1 table 31-1655066 [Part | General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? DEVELOPMENT 1 (a) Name and address of organization INTERMOUNTAIN FOUNDATION or government Name of the organization TUCSON, AZ 85754 P.O. BOX 86537 Part II

DEVELOPMENT,

Schedule I (Form 990) (2018)

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 Partill

Page 2

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(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) OF WHICH INTERMOUNTAIN Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information (d) Amount of non-cash assistance A CONTRIBUTION WAS MADE TO INTERMOUNTAIN FOUNDATION, (c) Amount of cash grant CENTERS FOR HUMAN DEVELOPMENT IS THE SOLE MEMBER (b) Number of recipients (a) Type of grant or assistance PART I, LINE

Schedule I (Form 990) (2018)

#### **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# 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.

INTERMOUNTAIN CENTERS FOR HUMAN DEVELOPMENT, INC.

2018
Open to Public Inspection

OMB No 1545-0047

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

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

Schedule (	O (Form 990	or 990-EZ	) (2018	3)										Page 2
Name of th	ne organizati	on IN:	<b>TERI</b>	MOUNT?			S FO	R HUM	AN 			Employer (denti	ication r	number
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