Intermountain Form 990s

For accreditation purposes, Intermountain recently divided its Helena-based residential treatment program into a separate 501(c)(3) nonprofit organization.

In Fiscal Year 2012 – ending June 30, 2012 – Intermountain completed this process.

Intermountain is now comprised of two separate 501(c)(3) nonprofit organizations:

• Intermountain Children's Home:

- o Tax ID: 27-4469949
- Consists of Intermountain's Helena-based Residential Treatment Program and Therapeutic School.

• Intermountain Deaconess Children's Services:

- o Tax ID: 81-0231775
- o Consists of all other Intermountain services

Both Intermountain organizations share the same leadership staff, Board of Directors, support services, and policies.

Enclosed are the most recent IRS Form 990s for both Intermountain organizations.

EXTENDED TO MAY 15, 2017

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

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

► Information about Form 990 and its instructions is at www.irs.gov/form990. tax year beginning JUL 1, 2015 and ending JUN 30, 2016 A For the 2015 calendar year, or tax year beginning

Inspection

OMB No. 1545-0047

	Check if	C Name of organization		D Employer identification number				
	Addre	INTERMOUNTAIN CHILDRENS HOME						
\vdash	Name			27-4	469949			
\vdash	chang Initial	No. 1. 1. 1. (a) D.O. have 'free it is not delicered to shoot address.)	Room/suite					
	_]return ∏Fiṇal	500 S LAMBORN STREET	1100III/Suite	406-442-7920				
	⊥return termir ated			G Gross receipts \$ 5,081,005.				
	∏Amen	ded UPT PNIX MM 50601		H(a) Is this a group re				
	return _Application			for subordinates? Yes X No				
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	=			
	[2V-6V	empt status: $X = 501(c)(3) = 501(c)(3)$ (insert no.) $4947(a)(1)(3)$	or 527	7 ' '	list. (see instructions)			
		te: > WWW · INTERMOUNTAIN · ORG	01 021	H(c) Group exemption				
		forganization: X Corporation Trust Association Other	I Vear		1 State of legal domicile: MT			
	art I	Summary	L 1001	or formation.	Totate or legal dornlene, 222			
	1	Briefly describe the organization's mission or most significant activities: A NOI	N-PROF	'IT ORGANIZAT	TION WHICH			
Governance		PROVIDES A THERAPEUTIC YOUTH GROUP HOME A						
naı	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	sets.			
Ve	3			3	19			
	4	Number of independent voting members of the governing body (Part VI, line 1b)			19			
ە ق	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)			0			
ıİt ie	6	Total number of volunteers (estimate if necessary)			19			
Activities &	7 a			7a	0.			
⋖	b	Net unrelated business taxable income from Form 990-T, line 34			0.			
				Prior Year	Current Year			
ø)	8	Contributions and grants (Part VIII, line 1h)		48,371.	71,200.			
Revenue	9	Program service revenue (Part VIII, line 2g)		4,210,085.	5,009,021.			
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,823.	767.			
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		774.	17.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,261,053.	5,081,005.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
xbe	b	Total fundraising expenses (Part IX, column (D), line 25)	<u>0.</u>					
Ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,718,031.	5,599,477.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,718,031.	5,599,477.			
	19	Revenue less expenses. Subtract line 18 from line 12		-456,978.	-518,472.			
Net Assets or Fund Balances			Ве	ginning of Current Year	End of Year			
set	20	Total assets (Part X, line 16)		0.	0.			
at As	21	Total liabilities (Part X, line 26)		3,769,254.	4,374,075.			
	22 art II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block		-3,769,254.	-4,374,075.			
		alties of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is			
true,	, correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of what I_{lack}	nch preparer	nas any knowledge.				
Cia.	_	Signature of officer		I Date				
Sigı Her		JIM FITZGERALD, CHIEF EXECUTIVE OFFICE	!R					
Hei	C	Type or print name and title	111					
		Print/Type preparer's name Preparer's signature		Date Check	PTIN			
Paid	ı	NATHAN D MCCARTHY, CPA NATHAN D MCCARTH	1	03/16/17 if self-employe				
	arer	Firm's name WIPFLI LLP	-, -	Firm's EIN	39-0758449			
	Only	Firm's address PO BOX 1699		. am o Em				
	•	HELENA, MT 59624		Phone no. 40	6.442.5520			
May	/ the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No			

Page 2

	Check if Schedule O contains a response or note to any line in this Part III	٦
1	Briefly describe the organization's mission:	_
•	A NON-PROFIT ORGANIZATION WHICH PROVIDES A THERAPEUTIC YOUTH GROUP	
	HOME AND EDUCATION TO CHILDREN AND FAMILIES.	_
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	O
	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.	O
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$4,586,413. including grants of \$) (Revenue \$5,022,588.	_)
	THERAPEUTIC YOUTH GROUP HOME - CHILDREN TREATED WITH RELATIONSHIP	
	THERAPY AND DISCHARGED TO A PERMANENT OR LESS RESTRICTIVE HOME.	
		_
4b	(Code:) (Expenses \$	_)
	(Vertex)	. /
		_
		_
		_
		_
		_
		_
		_
		_
		_
		_
		_
		_
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	_)
		_
		_
		_
		_
		_
		_
		_
		_
		_
		_
		_
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 4,586,413.	

Form 990 (2015) INTERMOUNTAIN CHILDRENS HOME Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
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		х
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			
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	·	0		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		Х
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			₹.
	Schedule D, Part III	8		X
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?			
	If "Yes," complete Schedule D, Part IV	9		X
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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		Х
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
d	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		х
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's siability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	- 1 11		
ıza		40-		Х
	Schedule D, Parts XI and XII	12a		
a	Was the organization included in consolidated, independent audited financial statements for the tax year?	401	х	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	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		X
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			
	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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	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		Х

Form 990 (2015) INTERMOUNTAIN CHILDRENS HOME Part IV Checklist of Required Schedules (continued)

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	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 1? If "Yes," complete Schedule I, Parts I and II	21		X
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 current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	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,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	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):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			37
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			.,
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			- v
00	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			- v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		Х	
25-	Part V, line 1	34		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	051		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	200		x
27	If "Yes," complete Schedule R, Part V, line 2	36		_^_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	Х	
	Note. All Form 990 filers are required to complete Schedule O	38	22	

Form 990 (2015) INTERMOUNTAIN CHILDRENS HOME Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V				<u></u>			
		1 1	_	Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		0					
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0					
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re							
	(gambling) winnings to prize winners?	I	1c					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return		0					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return							
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions				Х			
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule		3b					
44	At any time during the calendar year, did the organization have an interest in, or a signature or other a financial account in a foreign country (such as a bank account, securities account, or other financial a		4a		X			
h	If "Yes," enter the name of the foreign country:	iccount)?	- 4 a		1			
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	counts (FRAR)						
5a			5a		Х			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.				Х			
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th							
	any contributions that were not tax deductible as charitable contributions?		6a		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contributi							
	were not tax deductible?		6b					
7	Organizations that may receive deductible contributions under section 170(c).							
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	? <u>7a</u>		X			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required						
	to file Form 8282?		7с		X			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	. 7e					
f								
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the						
_	sponsoring organization have excess business holdings at any time during the year?		8					
9	Sponsoring organizations maintaining donor advised funds.		0-					
a			9a 9b					
10 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(a)(7) organizations. Enter:		96					
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	\dashv					
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							
	amounts due or received from them.)	11b						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?		13a					
	Note. See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans	13b						
	Enter the amount of reserves on hand	13c						
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O	14b	225				
				$\alpha \alpha \alpha$				

Form 990 (2015) Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI					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	1	9				
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.							
b	Enter the number of voting members included in line 1a, above, who are independent	1b	1	9				
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	direc	t supervision					
	of officers, directors, or trustees, or key employees to a management company or other person?			3	X			
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	. 4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's asset	ets?		5		X		
6	Did the organization have members or stockholders?			6		X		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or					
	more members of the governing body?			7a		X		
b	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
	persons other than the governing body?			7b		X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by th	e following:					
а	The governing body?			8a	X			
b	Each committee with authority to act on behalf of the governing body?			8b	X			
9								
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O			9		X		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)					
				_	Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?			10a		X		
b	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics.	apters	s, affiliates,					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	X			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
12a	12a Did the organization have a written conflict of interest policy? If "No," go to line 13							
b	$Were \ officers, \ directors, \ or \ trustees, \ and \ key \ employees \ required \ to \ disclose \ annually \ interests \ that \ could \ give \ rise$	to con	flicts?	12b	X			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If " γ	es," a	escribe					
	in Schedule O how this was done			12c		_		
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	l by in	dependent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
	The organization's CEO, Executive Director, or top management official			15a	X	_		
b	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).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	nent w	rith a			l		
	taxable entity during the year?			16a		X		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		•					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ							
	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 (or 1024 if applicable), 990, and 990-T	(Sect	on 501(c)(3)s only)	availab	le			
	for public inspection. Indicate how you made these available. Check all that apply.							
	Own website Another's website X Upon request Other (explain							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con	flict o	f interest policy, ar	d 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 boo	ks an	d records:					
	MYNOR VELIZ - 406-442-7920 3240 DREDGE DRIVE HELENA MT 59602							
	JAGU UKRUUTE UKIVE BELENA MI JYOUA							

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization	n nor any related	orga	niza	tion	con	npen	sate	ed any current officer, d	rector, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box	, unle	ss per	rson i	s both	an	compensation	compensation	amount of
	week	_	lei ai	lu a u	liecto	i / ii us	(66)	from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or 0	stee			satec		(W-2/1099-MISC)	(***2/1099*****100)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee		(** 2. *********************************		and related
	below	idual	tution	ъ	Key employee	est co loyee	Je.			organizations
	line)	Indi	Insti	Officer	Key	High emp	Former			
(1) FRANK CANNON	1.00									
DIRECTOR	1.00	X						0.	0.	0.
(2) LINDA CLADIS	1.00									
DIRECTOR	1.00	X						0.	0.	0.
(3) KATHERINE CURTIS	1.00									
DIRECTOR	2.00	X						0.	0.	0.
(4) MATTHEW DALE	1.00									
PAST PRESIDENT	1.00	Х		Х				0.	0.	0.
(5) KORI DEE	1.00									
DIRECTOR	1.00	Х						0.	0.	0.
(6) MIKE HUDSON	1.00									
DIRECTOR	1.00	X						0.	0.	0.
(7) ROBERT LOPP	1.00									
DIRECTOR	1.00	Х						0.	0.	0.
(8) REV. MARIANNE NIESEN	1.00									
PRESIDENT	1.00	Х		X				0.	0.	0.
(9) ELDER DON PATTERSON	1.00									
DIRECTOR	1.00	Х						0.	0.	0.
(10) DR. BILL REYNOLDS	1.00									
DIRECTOR	1.00	X						0.	0.	0.
(11) PAM SCHAPPER	1.00									
SECRETARY	1.00	X		X				0.	0.	0.
(12) NANCY STAIGMILLER	1.00									
DIRECTOR	1.00	X						0.	0.	0.
(13) NANCY TRUDELL	1.00									
DIRECTOR	1.00	X						0.	0.	0.
(14) JOHN WATSON	1.00									
DIRECTOR	2.00	X						0.	0.	0.
(15) CRYSTAL AMUNDSON	1.00									
DIRECTOR	1.00	Х						0.	0.	0.
(16) MARSHA ANSON	1.00									
DIRECTOR	1.00	Х						0.	0.	0.
(17) REV. CATHY BARKER	1.00									
DIRECTOR	1.00	Х						0.	0.	0.
										Form 990 (2015)

532007 12-16-15 Form **990** (2015)

Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	<u>jH t</u>	ghes	st C	ompensated Employee	s (continued)				
(A)	(B)		(C)					(D)	(E)			(F)	
Name and title	Average	(do		Pos heck		ነ than (one	Reportable	Reportable	9	Estimated		ed
	hours per	box	, unle	ss per	rson i	is both or/trus	n an	compensation	compensation		amount of		of
	week (list any		T		10010	T	100)	from	from related			other	tion
	hours for	directo				L		the organization	organizatior (W-2/1099-MI			oensa om the	
	related	e or 0	stee			satec		(W-2/1099-MISC)	(***-2/1099-1011	30)		anizati	
	organizations	Individual trustee or director	Institutional trustee		yee	mper		(** 27 1000 111100)				relate	
	below	idual	ution	la e	Key employee	est co	-BI				orga	nizatio	ons
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former						
(18) REV. JP CARLSON	1.00												
DIRECTOR	1.00	Х						0.		0.			0.
(19) REV. CAROL KARRES	1.00												
DIRECTOR	1.00	Х						0.		0.			0.
(20) JAMES FITZGERALD	1.00												
CHIEF EXECUTIVE OFFICER	39.00			Х		╙		0.	143,2	34.		7,20	<u> </u>
(21) MYNOR VELIZ	1.00												
CHIEF FINANCIAL OFFICER	39.00			X				0.	137,0	01.			0.
						$oxed{oxed}$							
				_		╙	_						
						┞							
							L		200 2	2.5		7 2/	2.0
1b Sub-total								0.	280,2			7,20	
c Total from continuation sheets to Part VI								0.	200 2	0.		7 0/	0.
d Total (add lines 1b and 1c)									280,2			7,200.	
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	oove	e) wh	o re	eceived more than \$100,	000 of reportabl	е			0
compensation from the organization											I	Yes	0 N o
0 5:11												res	NO
3 Did the organization list any former officer,	•		,	•		•		•					Х
line 1a? If "Yes," complete Schedule J for si											3		
4 For any individual listed on line 1a, is the su	•							•	•			х	
and related organizations greater than \$150											4	^	
5 Did any person listed on line 1a receive or a	•				•			•			-		Х
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedule	e <i>J f</i>	or sı	ıch i	oers	on					5		- 21
Complete this table for your five highest con	managated inc	lono	ndo	ot co	ntr	acto	rc th	ast received more than	100 000 of com	nonco	tion fro	m	
the organization. Report compensation for t										ренза	LIOITITO	111	
(A)	ine calcindar ye	Jai C	, i i dii	ig w	1111	JI VVI		(B)	car.		(C	٠	
Name and business	address	NO	INC	3				Description of s	services	_ c	omper		า
							\neg						
							\neg						
2 Total number of independent contractors (in	ncluding but n	ot lin	nited	d to	thos	se lis	ted	above) who received me	ore than				
\$100,000 of compensation from the organiz	zation				()							
											(മെവ 🕡	2015

27-4469949

Form 990 (2015) INTERMO
Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any lir	ne in this Part VIII			
				,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
တ လ	1 a	Federated campaigns	1a					
ant		Membership dues						
<u>@</u> 8		Fundraising events			-			
ifts ar A		Related organizations			-			
s, Bils		Government grants (contributi		71,200.	-			
Sis		All other contributions, gifts, grant		•	-			
ber		similar amounts not included abov	·					
	g	Noncash contributions included in lines 1			-			
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f			71,200.			
				Business Code				
ø	2 a	TREATMENT PROGR	AM	623990	4,771,315.	4,771,315.		
Program Service Revenue	b	DIRECT CARE WAG	ES	623990	158,672.	158,672.		
Sel	С	USDA NUTRITION	PROGRAM	623990	79,034.	79,034.		
am	d							
ogr B	е							
Pr	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f			5,009,021.			
	3	Investment income (including	dividends, intere	st, and				
		other similar amounts)		>	767.			767.
	4	Income from investment of tax	-exempt bond p	roceeds				
	5	Royalties						
			(i) Real	(ii) Personal	_			
	6 a	Gross rents			_			
		Less: rental expenses			_			
		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			-			
		Gain or (loss)						
		Net gain or (loss)						
ne	8 a	Gross income from fundraising	•					
Other Revenu		including \$						
Re		contributions reported on line	,					
her	h	Part IV, line 18 Less: direct expenses			-			
₽		Net income or (loss) from fund						
		Gross income from gaming ac						
	o u	Part IV, line 19						
	b	Less: direct expenses			-			
		Net income or (loss) from gam			1			
		Gross sales of inventory, less						
		and allowances	а					
	b	Less: cost of goods sold						
		Net income or (loss) from sales						
[Miscellaneous Revenue		Business Code				
	11 a	OTHER INCOME		623990	17.	17.		
	b							
	С							
		All other revenue						
	е	Total. Add lines 11a-11d			17.			
	12	Total revenue. See instructions.		>	5,081,005.	<u>5,009,038.</u>	0.	767.

Form 990 (2015) INTERMOUNTAIN CHILDRENS HOME Part IX Statement of Functional Expenses

<u>Secti</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										
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)						
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses						
1	Grants and other assistance to domestic organizations										
	and domestic governments. See Part IV, line 21										
2	Grants and other assistance to domestic										
	individuals. See Part IV, line 22										
3	Grants and other assistance to foreign										
	organizations, foreign governments, and foreign										
	individuals. See Part IV, lines 15 and 16										
4	Benefits paid to or for members										
5	Compensation of current officers, directors,										
	trustees, and key employees										
6	Compensation not included above, to disqualified										
	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)										
7	Other salaries and wages										
8	Pension plan accruals and contributions (include										
	section 401(k) and 403(b) employer contributions)										
9	Other employee benefits										
10	Payroll taxes										
11	Fees for services (non-employees):										
а	Management	1 201	1 201								
b	Legal	1,381.	1,381.								
С	Accounting										
d	Lobbying										
е	Professional fundraising services. See Part IV, line 17										
Ť	Investment management fees										
g	Other. (If line 11g amount exceeds 10% of line 25,	1 / 5 / 1	1 / 5 / 1								
40	column (A) amount, list line 11g expenses on Sch O.)	14,541.	14,541.								
12	Advertising and promotion	45,474.	45,474.								
13	Office expenses	45,474.	43,4740								
14	Information technology										
15 16	Royalties	136,030.	136,030.								
17	Occupancy Travel	16,515.	16,515.								
18	Payments of travel or entertainment expenses	10/3131	10/3131								
10	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings										
20	Interest										
21	Payments to affiliates										
22	Depreciation, depletion, and amortization	275,167.	275,167.								
23	Insurance	20,994.	20,994.								
24	Other expenses. Itemize expenses not covered										
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)										
	amount, list line 24e expenses on Schedule 0.)										
а	RELATED PARTY SALARIES	2,799,007.	2,799,007.								
b	ALLOCATED OVERHEAD	1,013,064.		1,013,064.							
С	RELATED PARTY OTHER BEN	454,676.	454,676.								
d	RELATED PARTY PAYROLL T	353,169.	353,169.								
е	All other expenses SEE SCH O	467,545.	467,545.	4 010							
25	Total functional expenses. Add lines 1 through 24e	5,599,477.	4,586,413.	1,013,064.	0.						
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)				5 000 (2045)						

Form 990 (2015)
Part X Balance Sheet

		Chook if Cohodula O contains a management	to any line in this Dort V			
		Check if Schedule O contains a response or note	to any line in this Part X	(A) Beginning of year		(B) End of year
	4	Cook non interest bearing		3 3 ,	4	, , , , , , , , , , , , , , , , , , , ,
	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and for				
		trustees, key employees, and highest compensat			_	
					5	
	6	Loans and other receivables from other disqualific	' '			
		section 4958(f)(1)), persons described in section 4				
		employers and sponsoring organizations of section		_		
ets		employees' beneficiary organizations (see instr).	Г		6	
Assets	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9				9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D				
	b	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, line 11		12		
	13	Investments - program-related. See Part IV, line 1		13		
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equa		0.	16	0.
	17	Accounts payable and accrued expenses			17	
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete P	art IV of Schedule D		21	
S	22	Loans and other payables to current and former of	officers, directors, trustees,			
ij		key employees, highest compensated employees				
Liabilities		Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelate	ed third parties		23	
	24	Unsecured notes and loans payable to unrelated	third parties		24	
	25	Other liabilities (including federal income tax, pay	ables to related third			
		parties, and other liabilities not included on lines	17-24). Complete Part X of			
		Schedule D		3,769,254.	25	4,374,075.
	26	Total liabilities. Add lines 17 through 25		3,769,254.	26	4,374,075.
		Organizations that follow SFAS 117 (ASC 958),	check here ▶ X and			
S		complete lines 27 through 29, and lines 33 and	34.			
nce	27	Unrestricted net assets		-3,769,254.	27	-4,374,075.
<u>a</u>	28	Temporarily restricted net assets			28	
В	29	Permanently restricted net assets			29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (AS	C 958), check here 🕨 🗌			
or F		and complete lines 30 through 34.				
)ts	30	Capital stock or trust principal, or current funds			30	
SSE	31	Paid-in or capital surplus, or land, building, or equ			31	
et A	32	Retained earnings, endowment, accumulated inc	ome, or other funds		32	
ž	33	Total net assets or fund balances		-3,769,254.	33	-4,374,075.
	34	Total liabilities and net assets/fund balances	0.	34	0.	

Pai	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI				X	
1 2 3 4 5	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities	1 2 3 4 5 6	5,(5,5)81, 599,	005. 477. 472. 254.	
7 8 9 10	Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) 9				349. 075.	
Pai	t XII Financial Statements and Reporting		,			
	Check if Schedule O contains a response or note to any line in this Part XII					
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule 0	D.	-	Ye	es No	
	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis					
	b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,					
За	review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit					
b	Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits	ed audit		Bb Scm 90	X 00 (2015)	
			F	orm 95	(2015)	

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

INTERMOUNTAIN CHILDRENS HOME

Employer identification number

27-4469949 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 11, check only one box.) 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: 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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.) 10 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of listed in your organization (described on lines 1-9 support (see other support (see governing document? above (see instructions)) instructions) instructions) Yes No

Part II 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	ction A. Public Support	,,		,						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total			
	Gifts, grants, contributions, and	, ,	` ,	, ,	, ,		,			
	membership fees received. (Do not									
	include any "unusual grants.")	699,207.	336,050.	44,218.	48,371.	57,650.	1185496.			
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	600 000	226 050	44 010	40 251	FB 650	1105406			
	Total. Add lines 1 through 3	699,207.	336,050.	44,218.	48,371.	57,650.	1185496.			
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
_	column (f)						1105406			
	Public support. Subtract line 5 from line 4.						1185496.			
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total			
	Amounts from line 4	699,207.	336,050.	44,218.	48,371.	57,650.	1185496.			
	Gross income from interest,	03372076	330,0301	11/2100	10/3/11	37,0300	11031301			
0	dividends, payments received on									
	securities loans, rents, royalties									
	and income from similar sources	11,428.	5,496.	2,377.	1,823.	767.	21,891.			
9	Net income from unrelated business		3 / 23 0 0	2,0110		7 0 7 0	22,0020			
·	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)					17.	17.			
11	Total support. Add lines 7 through 10						1207404.			
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 5	,022,571.			
13	First five years. If the Form 990 is for	the organization's				1 501(c)(3)				
	organization, check this box and stop	here					>			
Sec	ction C. Computation of Publi	c Support Per	centage							
	Public support percentage for 2015 (li					14	98.19 %			
15	Public support percentage from 2014	Schedule A, Part	II, line 14			15	98.16 %			
16a	33 1/3% support test - 2015. If the o									
	$\ensuremath{\mathbf{stop}}$ here. The organization qualifies									
b	33 1/3 % support test - 2014. If the o									
	and stop here. The organization qual	ifies as a publicly s	supported organiza	tion			>			
17a	10% -facts-and-circumstances test	-								
	and if the organization meets the "fac									
	meets the "facts-and-circumstances"									
b	10% -facts-and-circumstances test	-								
	more, and if the organization meets the									
	organization meets the "facts-and-circ									
<u>18</u>	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions									

Schedule A (Form 990 or 990-EZ) 2015 INTERMOUNTAIN CHILDRENS HOME | Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	r the organization's	s first, second, third	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiza	ation,
_	check this box and stop here						
	ction C. Computation of Publi						
	Public support percentage for 2015 (I			olumn (f))		15	%
	Public support percentage from 2014					16	%
	ction D. Computation of Inves					 	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from					18	%
198	a 33 1/3% support tests - 2015. If the						7 is not
	more than 33 1/3%, check this box ar						▶□
k	o 33 1/3% support tests - 2014. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	is box and see ins	tructions	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d 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.
- 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 11a or 11b 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?
- 6 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 (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.)

	Yes	No
1		
'		
2		
За		
3b		
3c		
4a		
46		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
40		
10a		
10b		
990 or 99	10-F7\	2015

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
а	A per	son who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below	v, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described in (a) above?	11b		
С	A 35%	6 controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	ion E	3. Type I Supporting Organizations			
				Yes	No
1	Did th	ne directors, trustees, or membership of one or more supported organizations have the power to			
	regula	arly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax ye	ear? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	contro	olled the organization's activities. If the organization had more than one supported organization,			
	descr	ibe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organ	izations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
		ne organization operate for the benefit of any supported organization other than the supported			
	organ	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	/I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	super	vised, or controlled the supporting organization.	2		
Sect	ion (C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or tru	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or ma	nagement of the supporting organization was vested in the same persons that controlled or managed			
		upported organization(s).	1		
Sect	ion [D. All Type III Supporting Organizations			
				Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organ	ization'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			
	organ	ization'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			
	organ	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the or	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	ason of the relationship described in (2), did the organization's supported organizations have a			
	signifi	icant voice in the organization's investment policies and in directing the use of the organization's			
	incom	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	suppo	orted organizations played in this regard.	3		
Sect	tion E	E. Type III Functionally-Integrated Supporting Organizations			
1		k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
а		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.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	uctions).		
2	Activi	ties Test. Answer (a) and (b) below.		Yes	No
		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	upported 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 t	he organization was responsive to those supported organizations, and how the organization determined			
		hese activities constituted substantially all of its activities.	2a		
b		ne activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the	e organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reaso	ns for the organization's position that its supported organization(s) would have engaged in these			
		ties but for the organization's involvement.	2b		
		nt of Supported Organizations. Answer (a) and (b) below.			
		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? Provide details in Part VI.	3a		
b		ne 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		

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	n Nov. 20, 1970. See instru	uctions. All
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	y-integra	ted Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2015

Par	TLV Type III Non-Functionally integrat	ea 509((a)(3) Supporting Orga	inizations (continued)	
Secti	tion D - Distributions			,	Current Year
1	Amounts paid to supported organizations to accom	nplish exe	mpt purposes		
2	Amounts paid to perform activity that directly further	ers exemp	t purposes of supported		
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exemp	t purpose	es of supported organizations	5	
	Amounts paid to acquire exempt-use assets		-		
	Qualified set-aside amounts (prior IRS approval req	uired)			
6	Other distributions (describe in Part VI). See instru-	ctions.			
7	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to	o which th	ne organization is responsive		
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2015 from Section C, line	6			
10	Line 8 amount divided by Line 9 amount				
	·		(i)	(ii)	(iii)
			Excess Distributions	Underdistributions	Distributable
secti	tion E - Distribution Allocations (see instructions)			Pre-2015	Amount for 2015
1	Distributable amount for 2015 from Section C, line	6			
2	Underdistributions, if any, for years prior to 2015				
	(reasonable cause required-see instructions)				
3	Excess distributions carryover, if any, to 2015:				
а					
b					
С					
d	From 2013				
е	From 2014				
f	Total of lines 3a through e				
g	Applied to underdistributions of prior years				
h	Applied to 2015 distributable amount				
i	Carryover from 2010 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2015 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2015 distributable amount				
С	Remainder. Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 201	5, if			
	any. Subtract lines 3g and 4a from line 2 (if amount				
	greater than zero, see instructions).				
6	Remaining underdistributions for 2015. Subtract lin	es 3h			
	and 4b from line 1 (if amount greater than zero, see	;			
	instructions).				
7	Excess distributions carryover to 2016. Add lines	s 3j			
	and 4c.				
8	Breakdown of line 7:				
а					
b					
С	Excess from 2013				
d	Excess from 2014				
е	Excess from 2015				

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 INTERMOUNTAIN CHILDRENS HOME 27-446<u>9949 Page 8</u> 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 2, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990 990-F7

Department of the Treasury Internal Revenue Service

or 990-PF)

Schedule of Contributors

▶ Attach to Form 990. Form 990-EZ, or Form 990-PF. Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 .

INTERMOUNTAIN CHILDRENS HOME

OMB No. 1545-0047

Name of the organization

Organization type (check one):

Employer identification number

27-4469949

Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules

any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

INTERMOUNTAIN CHILDRENS HOME

27-4469949

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	GIANFORTE FAMILY CHARITABLE TRUST 1320 MANLEY ROAD BOZEMAN, MT 59715	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	MARY ALICE FORTIN FOUNDATION, INC. 201 CHILEAN AVE PALM BEACH, FL 33480	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	BROWNING KIMBALL FOUNDATION PO BOX 21210 OKLAHOMA CITY, OK 73156	\$15,000.	Person X Payroll
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4 ILA B. DOUSMAN FUND, INC. C/O KRISTIN TABOR, 250 WILDERNESS LN WHITEFISH, MT 59937	\$ 8,700.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	BILL AND VALERIE GOODWIN PO BOX 2945 BIGFORK, MT 59911	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	BETA SIGMA PHI INTERNATIONAL PO BOX 8500 KANSAS CITY, MO 64114-0500	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

INTERMOUNTAIN CHILDRENS HOME

27-4469949

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		\$					

	MOUNTAIN CHILDRENS HOME			27-4469949				
Part III	Exclusively religious, charitable, etc., contri the year from any one contributor. Complete c completing Part III, enter the total of exclusively religious,	olumns (a) through (e) and the follow	VING line entry. For organizations					
() N	Use duplicate copies of Part III if additiona	ıl space is needed.						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descri	ption of how gift is held				
-		(e) Transfer of giff	:					
	Transferee's name, address, an	nd ZIP + 4	Relationship of trans	sferor to transferee				
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descri	ption of how gift is held				
	(e) Transfer of gift							
	Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descri	ption of how gift is held				
	(e) Transfer of gift							
-	Transferee's name, address, an	nd ZIP + 4	Relationship of trans	sferor to transferee				
())								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descri	ption of how gift is held				
-		(e) Transfer of gift	<u> </u>					
-	Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to transferee					

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

INTERMOUNTAIN CHILDRENS HOME

Employer identification number 27-4469949

Part	t I Organizations Maintaining Donor Advis	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, I		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
	Did the organization inform all donors and donor advisors in	_	
	are the organization's property, subject to the organization'	's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor	r 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?		
Part	t II Conservation Easements. Complete if the o	organization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	` ;	
	Preservation of land for public use (e.g., recreation or	r education) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qua	alified conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic s		
	Number of conservation easements included in (c) acquired	•	
	listed in the National Register		
	Number of conservation easements modified, transferred, r	released, extinguished, or terminated by the	e organization during the tax
	year ▶		
	Number of states where property subject to conservation e	· · · · · · · · · · · · · · · · · · ·	
	Does the organization have a written policy regarding the p		
	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting	g, handling of violations, and enforcing con	servation easements during the year
_ '	<u> </u>		
	Amount of expenses incurred in monitoring, inspecting, har	ndling of violations, and enforcing conserva	ation easements during the year
	\$		(I) \(A \((T) \(() \)
	Does each conservation easement reported on line 2(d) about the conservation easement reported on line		
	and section 170(h)(4)(B)(ii)?		
	In Part XIII, describe how the organization reports conserva		
	include, if applicable, the text of the footnote to the organiz	zation's financial statements that describes	the organization's accounting for
Part	conservation easements. t III Organizations Maintaining Collections	of Art Historical Treasures or O	ther Similar Assets
1 41 6	Complete if the organization answered "Yes" on For		anor ommar /1000tor
10	If the organization elected, as permitted under SFAS 116 (A		mont and balance shoot works of art
	historical treasures, or other similar assets held for public e	*	•
	•		ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that described the expaniant and approximately provided the expansion of the companion of the expansion of the companion of the expansion of		t and balance about works of ort. historical
	If the organization elected, as permitted under SFAS 116 (A	· · · · · ·	
	treasures, or other similar assets held for public exhibition,	education, or research in jurtherance of pu	blic 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 to		ai gairi, provide
	the following amounts required to be reported under SFAS		• •
	Revenue included on Form 990, Part VIII, line 1		
D ,	Assets included in Form 990, Part X		• • • •

Par	t III Organizations Maintaining Co	ollections of Ar	t, Histo	rical Tre	easures, o	r Other	Similar	Assets	(continu	ued)
3	Using the organization's acquisition, accession	n, and other record	s, check a	any of the	following tha	t are a sig	nificant u	se of its c	ollection i	tems
	(check all that apply):									
а	Public exhibition	d	I 🔲 L	oan or exc	hange progra	ams				
b	Scholarly research	е	· 🗌 c	ther						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explair	n how the	y further th	ne organizatio	on's exem	pt purpos	e in Part	XIII.	
5	During the year, did the organization solicit or									
	to be sold to raise funds rather than to be ma	intained as part of the	he organiz	zation's co	llection?				Yes	☐ No
Par	t IV Escrow and Custodial Arrang								ine 9, or	
	reported an amount on Form 990, Part			-						
1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for co	ontribution	s or other as	sets not in	cluded			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a									
									Amount	
С	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year									
f	Ending balance						1f			
2a	Did the organization include an amount on Fo						y?		Yes	No No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation	has been	provided on	Part XIII				
Par	t V Endowment Funds. Complete if	the organization an	swered "	Yes" on Fo	orm 990, Part	IV, line 10).			
		(a) Current year	(b) Pri	ior year	(c) Two yea	rs back (d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g,	column (a)) held as:					
а	Board designated or quasi-endowment	•	%							
b	Permanent endowment	%	_							
С	Temporarily restricted endowment	 %								
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.								
За	Are there endowment funds not in the posses		tion that	are held ar	nd administer	red for the	organiza	tion		
	by:									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as requir	ed on Scl	nedule R?					3b	
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipme	ent.								
	Complete if the organization answered	l "Yes" on Form 990), Part IV,	line 11a. S	See Form 990), Part X, li	ne 10.			
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Ac	cumulate	d	(d) Book	value
		basis (investr	nent)	basis	(other)	dep	reciation			
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment	I								
	Other									
	Add lines 1a through 1e. (Column (d) must ed		X column	(R) line 1	00.)					0.

Schedule D (Form 990) 2015 INTERMOUNTA	AIN CHILDREN	JS HOME	27-	-4469949 _{Pag}
Part VII Investments - Other Securities.	III, CIIIIDICII	101111		1103313 Tag
Complete if the organization answered "Yes'	" on Form 990. Part IV	. line 11b. See Form 990.	Part X. line 12.	
(a) Description of security or category (including name of security)	(b) Book value		aluation: Cost or end-	of-year market value
(1) Financial derivatives				•
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"				-6
(a) Description of investment	(b) Book value	(c) Method of V	aluation: Cost or end-	or-year market value
(1)				
(2)				
(3)				
(4)				
<u>(5)</u>				
<u>(6)</u> (7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.	L			
Complete if the organization answered "Yes'	on Form 990, Part IV	, line 11d. See Form 990,	Part X, line 15.	
(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	ne 15.)		<u></u>	
Complete if the organization answered "Yes"	on Form 990, Part IV	, line 11e or 11f. See Form	990, Part X, line 25.	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
DAVIADITE MO DELIMED DADMI	TDGG	4 274 A7E		

(3) (4) (5) (6) (7) (8) (9) 4,374,075. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

INTERMOUNTAIN CHILDRENS HOME

Employer identification number 27-4469949

	att Questions negarating compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	☐ Travel for companions ☐ Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
	tradicios, and onlocis, modeling the object birotics, regarding the tonic choosed in into rat.			
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
-	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
	Approval by the board of compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
7				
_	organization or a related organization:	40		Х
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		$\overline{}$
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
_	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
5				
_	contingent on the revenues of:	Ea		Х
a	The organization?	5a		X
D	Any related organization?	5b		$\overline{}$
_	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			v
a	The organization?	6a		X
b	Any related organization?	6b		^
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			7.7
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			77
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note: The sum of columns (B)(i) (iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	lble	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) JAMES FITZGERALD	≘	0	0	0	0	0	0	0.
CHIEF EXECUTIVE OFFICER	: ≣	143,23	0	0.	0	7,200.	150,434.	0
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									Schedule J (Form 990) 2015

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

INTERMOUNTAIN CHILDRENS HOME

Employer identification number 27-4469949

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: AND FAMILIES FORM 990, PART VI, SECTION A, LINE 3: INTERMOUNTAIN CHILDREN'S HOME ENTERED INTO A MANAGEMENT AGREEMENT WITH INTERMOUNTAIN DEACONESS CHILDREN'S SERVICES AS PART OF THE AGREEMENT INTERMOUNTAIN DEACONESS CHILDREN'S SERVICES PROVIDES EMPLOYEES, SUPPLIES AND FACILITIES TO INTERMOUNTAIN CHILDREN'S HOME AND CHARGES THE MANAGEMENT FEE BASED ON ACTUAL COSTS. FORM 990, PART VI, SECTION B, LINE 11: MANAGEMENT AND THE BOARD ARE PROVIDED A COPY OF THE DRAFT FORM 990 PRIOR TO FILING AND OFFERED TIME TO REVIEW AND ASK OUESTIONS. FORM 990, PART VI, SECTION B, LINE 12C: THE POLICY ON PROHIBITION OF DUAL RELATIONSHIPS AND THE CODE OF CONDUCT POLICY REQUIRE REGULAR MONITORING AND ENFORCEMENT OF POTENTIAL CONFLICTS OF INTEREST. FORM 990, PART VI, SECTION B, LINE 15: INTERMOUNTAIN CHILDREN'S HOME CONTRACTS WITH INTERMOUNTAIN DEACONESS CHILDREN'S SERVICES FOR MANAGEMENT. INTERMOUNTAIN DEACONESS CHILDREN'S SERVICES' CONTRACTS WITH A PERSONNEL PROFESSIONAL TO DETERMINE MARKET VALUE OF NEW POSITIONS AND CHANGES IN EXISTING POSITIONS WITHIN THE ORGANIZATION.

Name of the organization INTERMOUNTAIN CHILDRENS HOME	Employer identification number 27-4469949
POLICIES ARE MAINTAINED ON EXTRANET WEBSITE. FINANCIAL DA	TA IS PROVIDED IN
SUMMARY IN THE ORGANIZATIONS ANNUAL REPORT PROVIDED TO THE	HE COMMUNITY.
COPIES OF FORM 990 ARE PROVIDED TO THE PUBLIC UPON REQUES	ST.
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSE	IS:
PROGRAM SUPPLIES:	
PROGRAM SERVICE EXPENSES	223,179.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	223,179.
CONTRACTED EMPLOYMENT SERVICES:	
PROGRAM SERVICE EXPENSES	112,284.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	112,284.
RELATED PARTY PENSION:	
PROGRAM SERVICE EXPENSES	55,634.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	55,634.
EQUIPMENT:	
PROGRAM SERVICE EXPENSES	52,400.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	52,400.
532212 09-02-15	nedule O (Form 990 or 990-FZ) (2015)

Name of the organization INTERMOUNTAIN CHILDRENS HOME	Employer identification number 27-4469949
PERSONNEL TRAINING & RECRUITMENT:	
PROGRAM SERVICE EXPENSES	12,525.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	12,525.
BANK CHARGES:	
PROGRAM SERVICE EXPENSES	11,133.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	11,133.
OTHER EXPENSES:	
PROGRAM SERVICE EXPENSES	390.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	390.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A	467,545.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
FISCAL YEAR 6/30/2015 REVENUE OVERSTATEMENT ON 2014 990	-86,349.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

2015

OMB No. 1545-0047

Open to Public Inspection

Employer identification number 27-4469949

INTERMOUNTAIN CHILDRENS HOME

Name of the organization Department of the Treasury Internal Revenue Service

Direct controlling 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. End-of-year assets **e** Total income 9 Legal domicile (state or Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Partl Part II

(g) Section 512(b)(13) controlled Ŷ × entity? Yes Direct controlling entity status (if section Public charity 501(c)(3)) LINE 7 **Exempt Code** section 501(C)(3) ਉ Legal domicile (state or foreign country) MONTANA Primary activity INTERMOUNTAIN DEACONESS CHILDREN'S SERVICES - 81-0231775, 500 S. LAMBORN, HELENA, MT Name, address, and EIN of related organization 59601

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

Schedule R (Form 990) 2015

532161 09-08-15 LHA

27-4469949

Page 2

CHILDRENS HOME INTERMOUNTAIN

Schedule R (Form 990) 2015

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. Part III

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

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. Part IV

	9	(13)	٩														
1	=	512(b)(13) controlled	Yes														
,	<u>E</u>	Percentage ownership															
	(a)	Share of end-of-year	assets														
5	(£)	Share of total income															
((e)	Type of entity (C corp, S corp,	or trust)														
	(p)	Direct controlling Type of entity (C corp, S corp,															
	(၁)	Legal domicile (state or	country)														
iiig tiic tax yeai.	(g)	Primary activity															
organizations treated as a corporation of trust during the tax year.	(a)	Name, address, and EIN of related organization															

Schedule R (Form 990) 2015

Page 3

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	8
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	tions with one or more re	elated organizations listed	in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	intity			1 a		×
b Gift, grant, or capital contribution to related organization(s)				1b		×
c Gift, grant, or capital contribution from related organization(s)				10		×
d Loans or loan guarantees to or for related organization(s)				19	×	
- :				1		×
f Dividends from related organization(s)				=		×
g Sale of assets to related organization(s)				19		×
Purchase of assets from related organization(s)				4		×
i Exchange of assets with related organization(s)				÷		×
j Lease of facilities, equipment, or other assets to related organization(s)				Ę		×
				÷		×
r reade of jacillities, equipment, of other assets notificated organization(s)				٤ ;	T	4 ⊳
	related organization(s)			= ;		4 >
Periorniance of services of membership of lundraising solicitations by	related organization(s)			E	 	4
n Sharing of facilities, equipment, mailing lists, or other assets with related organi	d organization(s)			두	×	
o Sharing of paid employees with related organization(s)				9	×	
p Reimbursement paid to related organization(s) for expenses				1р	×	
q Reimbursement paid by related organization(s) for expenses				19		×
r Other transfer of cash or property to related organization(s)				11		×
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.	on who must complete the	is 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		
INTERMOUNTAIN DEACONESS CHILDREN'S	Þ	1 013 064	ACTITAT, COSTIS			
	i c	-	ΔCΨT1ΔT.			
) (7 0				
(3) SERVICES	Д	4,623,868.	ACTUAL COSTS			
(4)						
(5)						
(9)						
552 163 09-08-15			Schedule R (Form 990) 2015	3 (Form	(066	2015

Page 4

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.

(h) (i) v. Code V-UBI General or Percentage funcations? of Schedule K-1 partner? of Schedule K-1 ves No (Form 1065) ves No end-of-year Share of assets Share of income total (e) Are all partners sec. 501(c)(3) orgs.? Predominant income pa (related, unrelated, excluded from tax under sections 512-514) ਉ (state or foreign Legal domicile country) <u>ပ</u> Primary activity Name, address, and EIN of entity (a)

Schedule R (Form 990) 2015

EXTENDED TO MAY 15, 2017

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

Department of the Treasury Internal Revenue Service

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

► Information about Form 990 and its instructions is at www.irs.gov/form990. tax year beginning JUL 1, 2015 and ending JUN 30,

Inspection

A F	or the 2	0.015 calendar year, or tax year beginning $$	JUN 30, 2016	•
B 0	heck if	C Name of organization	D Employer identific	cation number
а	oplicable:	INTERMOUNTAIN DEACONESS CHILDREN'S		
	Address change	SERVICES		
	Name change	Doing business as	81-0	231775
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s	uite E Telephone number	r
	Final return/	500 S LAMBORN		442-7920
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	9,933,888.
	Amended		H(a) Is this a group re	
	Applica- tion	F Name and address of principal officer: JIM FITZGERALD	for subordinates	? Yes X No
	pending	SAME AS C ABOVE	H(b) Are all subordinates in	
ΙT	ax-exen	ppt status: X 501(c)(3) 501(c) ()	527 If "No," attach a	list. (see instructions)
J۷	Vebsite:	▶ WWW.INTERMOUNTAIN.ORG	H(c) Group exemptio	n number
K F	orm of or	ganization: X Corporation Trust Association Other ► L \	ear of formation: 1909 N	1 State of legal domicile: MT
		Gummary		
	1 Br	iefly describe the organization's mission or most significant activities: DEACONES	S CHILDREN'S S	SERVICES IS
Governance		NON-PROFIT MENTAL HEALTH SERVICE ORGANIZATI		
rnal	2 CI	neck this box 🕨 🔲 if the organization discontinued its operations or disposed of m	ore than 25% of its net ass	sets.
Ve	3 N	umber of voting members of the governing body (Part VI, line 1a)	3	19
	4 N	umber of independent voting members of the governing body (Part VI, line 1b)	4	19
တ္	5 To	otal number of individuals employed in calendar year 2015 (Part V, line 2a)	5	276
/itie	6 To	otal number of volunteers (estimate if necessary)	6	300
Activities &		otal unrelated business revenue from Part VIII, column (C), line 12		0.
_	b No	et unrelated business taxable income from Form 990-T, line 34	7b	0.
			Prior Year	Current Year
Ф	8 C	ontributions and grants (Part VIII, line 1h)	2,208,044.	1,632,267.
ž	9 Pr	ogram service revenue (Part VIII, line 2g)	4,866,372.	5,126,010.
Revenue	10 In	vestment income (Part VIII, column (A), lines 3, 4, and 7d)	890,244.	317,604.
æ	11 O	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	111,615.	344,848.
	12 To	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,076,275.	7,420,729.
	13 G	rants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Be	enefits paid to or for members (Part IX, column (A), line 4)	0.	0.
S	15 Sa	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,962,374.	6,085,003.
Expenses	16a Pr	ofessional fundraising fees (Part IX, column (A), line 11e)	0.	0.
ф	b To	otal fundraising expenses (Part IX, column (D), line 25) 709,903.		
ω	17 O	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,598,304.	788,732.
	18 To	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,560,678.	6,873,735.
		evenue less expenses. Subtract line 18 from line 12	515,597.	546,994.
Net Assets or Fund Balances			Beginning of Current Year	End of Year
sets	20 To	otal assets (Part X, line 16)	26,498,632.	27,015,280.
t As	21 To	otal liabilities (Part X, line 26)	8,797,505.	8,396,262.
컐	22 N	et assets or fund balances. Subtract line 21 from line 20	17,701,127.	18,619,018.
		Signature Block		
		es of perjury, I declare that I have examined this return, including accompanying schedules and sta		knowledge and belief, it is
true,	correct,	and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	
		Signature of officer	Doto	
Sigr	Ι,	· ·	Date	
Her	e	JIM FITZGERALD, CEO Type or print name and title		
	<u> </u>	37	Date Check	PTIN
		rint/Type preparer's name Preparer's signature		
Paid		·	C 03/16/17 self-employ	
Prep		irm's name WIPFLI LLP	Firm's EIN	39-0758449
Use	опіў F	irm's address PO BOX 1699	5, 40	6 112 EE20
		HELENA, MT 59624	Phone no. 4 0	6.442.5520
May	the IRS	discuss this return with the preparer shown above? (see instructions)		X Yes No

Form	m 990 (2015) SERVICES 81-0231	L775	Page 2
Pai	art III 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:		
	THE INTERMOUNTAIN DEACONESS HOME FOR CHILDREN IS A NON-PROFIT		
	ORGANIZATION WHICH PROVIDES THERAPEUTIC EDUCATION DAY TREATMENT,	,	
	ADOPTION AND FOSTER CARE, SHELTER AND OUTPATIENT MENTAL HEALTH		
	SERVICES TO CHILDREN, FAMILIES AND ADULTS IN CONSIDERATION OF		
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 e	xpenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exp	enses, ar	d
	revenue, if any, for each program service reported.		
4a			<u>317.</u>)
	COMMUNITY SERVICES (HELENA AND KALISPELL) 1) TREATMENT FOSTER CA		
	CHILDREN AND FAMILIES RECEIVE EXTENSIVE TREATMENT AND TRAINING		<u> </u>
	RELATIONSHIP THERAPY MODEL. CHILDREN PLACED WITH TRAINED FAMILIE		
	RECEIVE IN HOME TREATMENT AND SUPPORT. PLACEMENT IS INTENDED TO		TT 0
	PERMANENT WITH APPROXIMATELY 6 PLACEMENTS PER YEAR 2) PSYCHIATRY		ATC.
		THE	
	COMMUNITY. 3) PSYCHOLOGICAL TREATMENT - PROVIDES OUT-PATIENT		
	PSYCHOLOGICAL EVALUATION, CONSULTATION AND TREATMENT FOR CHILDRE FAMILIES. 4) OUTPATIENT MENTAL HEALTH SERVICES AND THERAPEUTIC N		,
	FAMILIES. 4) OUTPATIENT MENTAL HEALTH SERVICES AND THERAPEUTIC N GROUP HOME IN KALISPELL - CHILDREN AND FAMILIES RECEIVE RELATION		
	THERAPY TO PREVENT REMOVAL OF THE CHILD FROM THE FAMILY.	ирить	
	THERALL TO TREVENT REMOVAL OF THE CHILD FROM THE FAMILIT.		
4b	(Code:) (Expenses \$ 3,473,012. including grants of \$) (Revenue \$ \$,710,	113.)
	SCHOOL BASED SERVICES - SCHOOL BASED SERVICES PROGRAM PROVIDES	<u> </u>	
	THERAPEUTIC SUPPORT FOR CHILDREN AND FAMILIES THAT PROMOTES SUCC	CESS :	IN
	PUBLIC SCHOOL, FAMILY AND COMMUNITY SERVICES ARE PROVIDED BY A T	TEAM	
	WHICH INCLUDES A MASTER'S LEVEL THERAPIST AND A MENTAL HEALTH		
	SPECIALIST. THE SERVICES ARE OFFERED DURING THE SCHOOL DAY AND A	THI	3
	CHILD'S HOME.		
4-	(Code:) (Expenses \$ 761,171. including grants of \$) (Revenue \$	703	378.)
4c	(Code:) (Expenses \$/61,1/1• including grants of \$) (Revenue \$) (Revenue \$) (Revenue \$)		<u> </u>
	KALISPELL.		
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 5,644,240.		

Form 990 (2015) SERVICES Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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_		X
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		X
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	X	
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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?			
	If "Yes," complete Schedule D, Part IV	9		X
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	X	
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	in rea, complete conceans 2,		37	
	Part VI	11a	X	
b	3			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			X
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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	444	Х	
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	21	
f	· · · · · · · · · · · · · · · · · · ·	444		X
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		
ıZd	, ,	12a		X
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa		- 25
D	·	12b	х	
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a		14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1.0		
	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			
-	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,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	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		Х
	· · · · · · · · · · · · · · · · · · ·			

Form 990 (2015) SERVICES
Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	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 1? If "Yes," complete Schedule I, Parts I and II	21		X
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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	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,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
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, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			,,
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	77	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
_	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			7.7
00	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			₩.
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24	Х	
250	Part V, line 1	34	21	Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	254		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	200		Х
27	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		Х
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Х	
	Note. All Form 990 filers are required to complete Schedule O	J 30	77	

Form 990 (2015) **Part V** Sta Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V

	Check if Schedule O contains a response of note to any line in this Part v					,Ш
		ı			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	41			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b		-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re					
0-	(gambling) winnings to prize winners?	 I		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	0-	276			
	filed for the calendar year ending with or within the year covered by this return	2a			Х	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax return Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions			2b	Λ	
22	5.11			За		х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a			30		
ти	financial account in a foreign country (such as a bank account, securities account, or other financial a		•	4a		X
b	If "Yes," enter the name of the foreign country:	oooan	9	164		
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	ccount	s (FBAR).			
5a			,	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		Х
	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					
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or	gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	$ Did the organization \ receive \ a \ payment \ in \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ services \ $	vices p	rovided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	ıs requ	iired			
	to file Form 8282?	I		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	-			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		:?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		_
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained sponsoring organization have excess business holdings at any time during the year?	by the	2			
9	Sponsoring organizations maintaining donor advised funds.			8		
	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b				9b		
10	Section 501(c)(7) organizations. Enter:					
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10413)	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	Ι.	I			
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				v
				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O		14b	990	(2015)
				LOLU	1990	(ZU ID)

Form 990 (2015)

81-0231775

Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			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	_										
	If there are material differences in voting rights among members of the governing body, or if the governing											
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.											
b	Enter the number of voting members included in line 1a, above, who are independent 1b 19											
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											
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X								
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								
7a												
	more members of the governing body?											
b	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or											
	persons other than the governing body?											
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:											
а	The governing body?	8a	X									
b	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.)											
			Yes	No								
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х								
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,											
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b										
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									
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.											
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X									
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X									
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe											
	in Schedule O how this was done	12c	X									
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											
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?											
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).											
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											
	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		Х								
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 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailable	9									
	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	financ	ial									
	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:											
	MYNOR VELIZ - 406-442-7920											
	500 S LAMBORN HELENA MT 59601											

SERVICES

81-0231775

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Form 990 (2015) 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	П

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization	tion nor any related	orga	niza	tion	con	npen	sate	ed any current officer, d	irector, or trustee.	
(A)	(B)			_ (0				(D)	(F)	
Name and Title	Average	(do		Posi		l than c	nne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both	an	compensation	compensation	amount of
	week		Cei aii	u a u	lecto	i / ii usi	(66)	from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or 0	stee			satec		(W-2/1099-MISC)	(***2/1099*****100)	organization
	organizations	Individual trustee or director	In stit utio nal tru stee		yee	Highest compensated employee		(** = / ********************************		and related
	below	idual	tution	er	Key employee	est co loyee	Jer.			organizations
	line)	Indi	Instii	Officer	Key	High emp	Former			
(1) DR. BILL REYNOLDS	1.00									
DIRECTOR	1.00	X						0.	0.	0.
(2) ELDER DON PATTERSON	1.00									
DIRECTOR	1.00	X						0.	0.	0.
(3) FRANK CANNON	1.00									
DIRECTOR	1.00	X						0.	0.	0.
(4) KATHERINE CURTIS	1.00									
DIRECTOR	2.00	X						0.	0.	0.
(5) KORI DEE	1.00									
DIRECTOR	1.00	Х						0.	0.	0.
(6) LINDA CLADIS	1.00									
DIRECTOR	1.00	Х						0.	0.	0.
(7) MIKE HUDSON	1.00									
DIRECTOR	1.00	X						0.	0.	0.
(8) NANCY A. TRUDELL	1.00									
DIRECTOR	1.00	X						0.	0.	0.
(9) NANCY STAIGMILLER	1.00									
DIRECTOR	1.00	Х						0.	0.	0.
(10) ROBERT LOPP	1.00									
DIRECTOR	1.00	X						0.	0.	0.
(11) JOHN WATSON	1.00									
DIRECTOR	2.00	X						0.	0.	0.
(12) MATTHEW DALE	1.00									
PAST PRESIDENT	1.00	Х		Х				0.	0.	0.
(13) REV. MARIANNE NIESEN	1.00									
PRESIDENT	1.00	Х		Х				0.	0.	0.
(14) PAM SCHAPPER	1.00									
SECRETARY	1.00	Х		Х				0.	0.	0.
(15) CRYSTAL AMUNDSON	1.00									
DIRECTOR	1.00	Х						0.	0.	0.
(16) MARSHA ANSON	1.00									
DIRECTOR	1.00	Х			L			0.	0.	0.
(17) REV. CATHY BARKER	1.00									
DIRECTOR	1.00	Х						0.	0.	0.
		_		_	_		_	·		Form 990 (2015)

101111330 (2013)	<u> </u>								0 = 0				190 -
Part VII Section A. Officers, Directors, Tru	stees, Key Em	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)			(0	C)			(D)	(E)			(F)	
Name and title	Average	(do		Pos		າ than d	nne	Reportable	Reportable	,	Es	stimate	ed
	hours per	box	, unle	ss pe	rson i	s both	n an	compensation	compensation	on	an	nount (of
	week		cer ar	nd a d T	irecto	r/trus	tee)	from	from related			other	
	(list any	ector						the	organization		I	pensa	
	hours for	or dir	9			ated		organization	(W-2/1099-MIS	3C)	l	om the	
	related organizations	ıstee	truste		a a	bens		(W-2/1099-MISC)				anizati	
	below	ualtn	ional		ploye	t com					l	d relate	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizatio	JI 15
(18) REV. JP CARLSON	1.00	=	=	-	<u>~</u>	工品	Œ			\dashv			
DIRECTOR	1.00	х						0.		0.			0.
(19) REV. CAROL KARRES	1.00												
DIRECTOR	1.00	Х						0.		0.			0.
(20) JAMES FITZGERALD	38.00												
CHIEF EXECUTIVE OFFICER	2.00			Х				143,234.		0.	'	7,20	00.
(21) MYNOR VELIZ	39.00												
CHIEF FINANCIAL OFFICER	1.00			X				137,001.		0.	<u> </u>		0.
			_		_								
	-									\longrightarrow			
	+		\vdash		\vdash		\vdash			-+			
										\neg			
1b Sub-total								280,235.		0.		7,20	00.
c Total from continuation sheets to Part \								0.		0.			0.
d Total (add lines 1b and 1c)								280,235.		0.		7,20	00.
2 Total number of individuals (including but	not limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	Э			
compensation from the organization													2
										ſ		Yes	No
3 Did the organization list any former office	r, director, or tru	ıste	e, ke	y en	nplo	yee,	or l	highest compensated er	nployee on				
line 1a? If "Yes," complete Schedule J for	such individual										3	\square	_X_
4 For any individual listed on line 1a, is the s	sum of reportabl	e cc	mpe	ensa	tion	and	oth	ner compensation from t	ne organization				
and related organizations greater than \$15	50,000? If "Yes,	" co	mple	ete S	Sche	edule	Jf	or such individual			4	X	
5 Did any person listed on line 1a receive or													
rendered to the organization? If "Yes," co	mplete Schedule	e J f	or st	ıch į	oers	on .					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest of	•									oensat	tion fro	om	
the organization. Report compensation fo	r the calendar ye	ear e	endir	ng w	ith c	or wi	thin		ear.				
(A)	s address							(B)	onvices		(C		2
Name and busines	5 audi 655						- 1	Description of s	CI VICES		ompe	nsatior	.1

(A) Name and business address	(B) Description of services	(C) Compensation
MNA GROUP BENEFITS TRUST, 1 N LAST CHANCE	HEALTH INSURANCE	000 606
GULCH STE 4, HELENA, MT 59106 MONTANA STATE FUND	PREMIUMS	909,626.
PO BOX 31477, BILLINGS, MT 59107	INSURANCE PREMIUMS	237,597
ADVOCATE MEDICAL BILLING		
1305 KATHRYN ST, HURST, TX 76053	MEDICAL BILLING	100,876.
O Tabel as under a finder and each control to the little wheat limited to the soulist		
Total number of independent contractors (including but not limited to those liste	ed above) who received more than	

\$100,000 of compensation from the organization

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INTERMOUNTAIN DEACONESS CHILDREN'S SERVICES

Form 990 (2015) SERVICE
Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any line	in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
s s	1 8	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
		Fundraising events		173,764.				
		d Related organizations	1 1					
		Government grants (contribution						
	1	All other contributions, gifts, grant						
		similar amounts not included abov	·	1,458,503.				
ğ		Noncash contributions included in lines 1	·					
Sor	ì	n Total. Add lines 1a-1f			1,632,267.			
				Business Code				
Ф	2 8	TREATMENT SERVICES		623990	4,845,997.	4,845,997.		
Program Service Revenue	-			623990	189,881.	189,881.		
	(USDA NUTRITION PROGRAM		623990	79,034.	79,034.		
an e ve	(TRAINING INCOME		623990	11,098.	11,098.		
ogra Be	•							
Pro	1	All other program service rever	nue					
	9	Total. Add lines 2a-2f			5,126,010.			
	3	Investment income (including		I				
		other similar amounts)			198,026.			198,026.
	4	Income from investment of tax						
	5	Royalties			35,301.			35,301.
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	ŀ	Less: rental expenses						
	(Rental income or (loss)						
	(d Net rental income or (loss)						
	7 8	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	2,163,930.					
	ŀ	Less: cost or other basis						
		and sales expenses	2,044,352.					
	(Gain or (loss)	119,578.					
	(d Net gain or (loss)			119,578.	119,578.		
ø	8 8	a Gross income from fundraising	g events (not					
'n		including \$173,	764. of					
eve		contributions reported on line	•					
F		Part IV, line 18	а					
Other Revenu	ŀ	Less: direct expenses	b	468,807.				
		Net income or (loss) from fund			306,327.			306,327.
	9 a	a Gross income from gaming ac						
		Part IV, line 19						
	ŀ	Less: direct expenses						
		Net income or (loss) from gam						
	10 a	Gross sales of inventory, less in						
		and allowances						
		Less: cost of goods sold						
	(Net income or (loss) from sales		D				
		Miscellaneous Revenue	e	Business Code	2 000	2 000		
		OTHER INCOME		623990	3,220.	3,220.		-
		·						-
	(
		d All other revenue			2 220			
	10	Total revenue See instructions			3,220. 7 420 729.	5 248 808.	0 .	539 654.

INTERMOUNTAIN DEACONESS CHILDREN'S

Form 990 (2015) SERVICES
Part IX Statement of Functional Expenses

0					
<u>Secti</u>	on 501(c)(3) and 501(c)(4) organizations must comp		-	nplete column (A).	X
	Check if Schedule O contains a respons		this Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	Management and	Fundraising
			expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
•	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
4	individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members				
3	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified				
0	persons (as defined under section 4958(f)(1)) and				
7	Other salaries and wages	4,716,252.	3,088,249.	1,262,155.	365,848.
8	Pension plan accruals and contributions (include	_,,,,	2,000,210.	2,202,200	203,010.
J	section 401(k) and 403(b) employer contributions)	117,008.	62,017.	43,280.	11,711.
9	Other employee benefits	753,005.	502,009.	197,697.	53,299.
10	Payroll taxes	498,738.	333,184.	125,176.	40,378.
11	Fees for services (non-employees):		000,2020		
	Management				
	Legal	9,257.	3,470.	3,287.	2,500.
	Accounting	27,180.	•	27,180.	•
	Lobbying	-			
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	374,487.	173,614.	175,313.	25,560.
12	Advertising and promotion	19,369.	4,654.	11,702.	3,013.
13	Office expenses	163,687.	73,578.	39,448.	50,661.
14	Information technology				
15	Royalties				
16	Occupancy	96,867.	35,415.	54,693.	6,759.
17	Travel	143,814.	58,672.	63,188.	21,954.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	290,131.		290,131.	
20	Interest	490,131.		490,131.	
21	Payments to affiliates	247,716.	1,838.	243,879.	1,999.
22	Depreciation, depletion, and amortization	161,819.	1,030.	160,425.	1,394.
23 24	Other expenses. Itemize expenses not covered	101,017.		100,425.	1,354.
24	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
a	PERSONNEL TRAINING	119,662.	21,244.	88,273.	10,145.
b	EQUIPMENT AND VEHICLES	78,989.	33,399.	37,422.	8,168.
c	PROGRAM SUPPLIES	29,748.	23,537.	4,033.	2,178.
d	SCHOLARSHIP EXPENSE - A	23,677.	0.	23,677.	,=:
	All other expenses SEE SCH O	-997,671.	1,229,360.	-2,331,367.	104,336.
25	Total functional expenses. Add lines 1 through 24e	6,873,735.	5,644,240.	519,592.	709,903.
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)				200

Form 990 (2015)
Part X Balance Sheet

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	445,299.	1	213,075.
	2	Savings and temporary cash investments		2	1,618,771.
	3	Pledges and grants receivable, net		3	345,647.
	4	Accounts receivable, net	1,885,736.	4	1,485,741.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
Š		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net	813,131.	7	610,841.
ğ	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	79,926.	9	66,041.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 15,894,037.			
	b	Less: accumulated depreciation 10b 3,724,670.		10c	12,169,367. 4,998,745.
	11	Investments - publicly traded securities	5,748,902.	11	4,998,745.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	4,741,565.	15	5,507,052.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	26,498,632.	16	27,015,280.
	17	Accounts payable and accrued expenses	1,261,365.	17	1,051,570.
	18	Grants payable		18	56.440
	19	Deferred revenue		19	56,119.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees,			
∄		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L	7 070 601	22	6 015 776
_	23	Secured mortgages and notes payable to unrelated third parties	7,079,621.	23	6,815,776.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of	4EC E10		470 707
		Schedule D	456,519. 8,797,505.	25	472,797. 8,396,262.
	26	Total liabilities. Add lines 17 through 25	0,797,303.	26	0,390,202.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
es		complete lines 27 through 29, and lines 33 and 34.	12,740,966.		13,151,003.
anc	27	Unrestricted net assets	2,539,464.	27	2,997,242.
Bal	28	Temporarily restricted net assets	2,420,697.	28	2,470,773.
pu	29	Permanently restricted net assets	2,420,097.	29	2,410,773.
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here			
s or	20	and complete lines 30 through 34.		20	
set	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	17,701,127.	32	18,619,018.
_	33	Total liebilities and not seed of und belences	26,498,632.	33	
	34	Total liabilities and net assets/fund balances	40,430,034.	34	27,015,280.

INTERMOUNTAIN DEACONESS CHILDREN'S

Form 990 (2015) SERVICES 81-0231775 Page 12

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,42		
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,87	3,7:	<u>35.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	54	6,9	94.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	17,70	1,1	<u> 27.</u>
5	Net unrealized gains (losses) on investments	5	42	0,78	82.
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	-4	9,8	85.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	18,61	9,0	18.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	D .			
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	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 separate	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	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		ı

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2015

Open to Public Inspection

Name of the organization

INTERMOUNTAIN DEACONESS CHILDREN'S SERVICES

 $Employer\ identification\ number \\ 81-0231775$

Pa	rt I	Reason for Public C	Charity Status (All organizations must c	omplete th	is part.) Se	e instructions.	
he (organi	zation is not a private found						
1	\bigcap	A church, convention of chu)(A)(i).	
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4	一	A medical research organiza						the hospital's name.
		city, and state:	i					1
5		An organization operated for	r the benefit of a col	lege or university owner	d or operat	ed by a go	vernmental unit describe	ed in
•		section 170(b)(1)(A)(iv). (C						
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v)	
	X	An organization that normal						oublic described in
•		section 170(b)(1)(A)(vi). (Co	•	itiai part of ito support i	rom a gove	on montar (ariit or iroin the general p	Jabilo accoribed in
8		A community trust describe		1\(\Delta\(\vi)\) (Complete Par	+ II \			
9	H	An organization that normal			•	contribution	ne mambarchin face an	d gross receipts from
9		activities related to its exem	*	•	•		· · ·	•
		income and unrelated busin	-				* *	-
		See section 509(a)(2). (Cor		(less section of reak) in	JIII busii les	sses acquii	ed by the organization a	inter durie 30, 1973.
10		An organization organized a	•	volv to tost for public sa	foty Soo	saction FC	10(2)(4)	
11	H	An organization organized a	•	•	•			nurnosos of one or
• •	ш	more publicly supported or	•	•	-		· · · · · · · · · · · · · · · · · · ·	
		lines 11a through 11d that						DIRECK THE DOX III
_		Type I. A supporting orga	* *					aivin a
а			• •	•		•		
		the supported organization			a majority C	n the direc	tors or trustees or the st	ipporting
L		organization. You must o			tion with its		d arganization(a) by bay	vin a
b		Type II. A supporting orga	•					-
		control or management of			ame perso	ns mai cor	itroi or manage the supp	oortea
_		organization(s). You mus			in connect	ion with a	and functionally intograte	od with
C		Type III functionally inte	-					ed with,
-1		its supported organization		·				ti(-)
d		Type III non-functionally					* * * * * * * * * * * * * * * * * * * *	
		that is not functionally into						reness
_		requirement (see instructi	·	-				
е		Check this box if the orga					Type I, Type II, Type III	
_	Ento	functionally integrated, or	rachiene					
		r the number of supported o		d avacaization(a)				
9		ride the following information Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of
		organization		(described on lines 1-9	listed i		support (see	other support (see
				above (see instructions))	Yes	No	instructions)	instructions)
					1.00			
-oto								

81-0231775 Page 2

Part II 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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2261552.	2802099.	2654000.	2708960.	2407401.	12834012.
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	2261552.	2802099.	2654000.	2708960.	2407401.	12834012.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						12834012.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	2261552.	2802099.	2654000.	2708960.	2407401.	12834012.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	298,904.	291,965.	251,964.	172,789.	352,905.	1368527.
9	Net income from unrelated business	-	-	-	-		
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	99,789.	5,397.			3,220.	108,406.
11	Total support. Add lines 7 through 10						14310945.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 5	,126,010.
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectior	1 501(c)(3)	
	organization, check this box and stop	here					>
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2015 (I	ine 6, column (f) di	vided by line 11, co	olumn (f))		14	89.68 %
	Public support percentage from 2014					15	89.03 %
16a	33 1/3 % support test - 2015. If the o	organization did no	t check the box or	line 13, and line	14 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2014. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	- 2015. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	is box and stop h	ere. Explain in Pa	rt VI how the orgar	nization
	meets the "facts-and-circumstances"	-			-		
b	10% -facts-and-circumstances test	- 2014. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the		•				•
	organization meets the "facts-and-circ			•	,		▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	· >

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

(Complete only if you checked the box on line 9 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.)

Se	quality under the tests listed be ction A. Public Support	now, please comp	Diete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
(: Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ► 📗	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	•		•	•	. , . ,	
	check this box and stop here						>
	ction C. Computation of Public					T T	
	Public support percentage for 2015 (lin			olumn (f))		15	<u>%</u>
	Public support percentage from 2014 ction D. Computation of Investigation					16	<u>%</u>
	•					147	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from 2					18	% 7 :t
198	33 1/3% support tests - 2015. If the						. —
	more than 33 1/3%, check this box and						
k	33 1/3% support tests - 2014. If the						
20	line 18 is not more than 33 1/3%, chec						
∠U	Private foundation. If the organization	i ulu not check a	DOX OH IINE 14, 19	a, or 190, check th	iis dux and see ins	รเเนตเเดมร	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d 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 11a or 11b 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?
- 6 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 (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.)

		V	N1 z
		Yes	No
	1		
	2		
	За		
	OI:		
	3b		
	3c		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	10a		
	10b		
n 9	90 or 99	0-EZ)	2015

	dule A (Form 990 or 990-EZ) 2015 SERVICES 61-02	<u> </u>	D Pa	age 5
Pa	rt IV Supporting Organizations (continued)		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
44	Lies the examination eccented a gift or contribution from any of the fallowing persons?		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
а	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	1 110		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? 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			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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			
			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			
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	1		
	tion 217th Type in cupperting organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
•	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	-		
	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			
	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			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions).		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	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		
b	that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	Za		
b	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			
		2b		
3	activities but for the organization's involvement. Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		
b				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

INTERMOUNTAIN DEACONESS CHILDREN'S

Schedule A (Form 990 or 990-EZ) 2015 SERVICES

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Pai	Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orgai	nizations	<u> </u>
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970. See instru	ıctions. All
	other Type III non-functionally integrated supporting organizations must co	omplete S	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly-integrat	ted Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2015

instructions).

Par	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations _(continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
a				
b				
С				
	From 2013			
	From 2014			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
ī	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
-	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a				
b				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

INTERMOUNTAIN DEACONESS CHILDREN'S

81-023<u>1775 Page 8</u> Schedule A (Form 990 or 990-EZ) 2015 SERVICES 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. Part VI (See instructions.)

Schedule B (Form 990, 990-EZ,

Department of the Treasury Internal Revenue Service

or 990-PF)

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 .

OMB No. 1545-0047

Name of the organization

Organization type (check one):

INTERMOUNTAIN DEACONESS CHILDREN'S **SERVICES**

Employer identification number

81-0231775

Filers of:	Section:		
Filers of.			
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treated as a private foundation		
	527 political organization		
Form 990-PF	501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a private foundation		
	501(c)(3) taxable private foundation		
, ,	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.		
Note: Only a section 50 f(c)(7), (o), or (10) organization can oneck boxes for both the deneral rule and a Special rule. See instructions.		
General Rule			
-	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.		
Special Rules			
sections 509(a)(1) a any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1. Complete Parts I and II.		
year, total contribu	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.		
year, contributions is checked, enter h purpose. Do not co	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year		
-	nat is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to		

Schedule B (Form 990, 990-EZ, or 990-PF) (2015) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Employer identification number

81-0231775

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MICHAEL AND JANNA TAYLOR PO BOX 210 DAYTON, MT 59914	\$805,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	MARY ALICE FORTIN FOUNDATION, INC. 201 CHILEAN AVE PALM BEACH, FL 33480	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	DENNIS MANALO FAST ENTERPRISES CENTENNIAL, CO 80111	\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No	Name, address, and ZIP + 4 WADE AND GEE GEE ALLRED PO BOX 31177 LAS VEGAS, NV 89173	\$ 62,305.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	ZINNGRABE CHARITABLE FOUNDATION 541 E CHAPMAN AVE SUITE E ORANGE, CA 92866	\$51,653.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	EARL AND LINDA BATES 439 GRAND AVE #226 BIGFORK, MT 59911	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

81-0231775

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
7	CLEVELAND FOUNDATION 1422 EUCLID AVENUE, SUITE 1300 CLEVELAND, OH 44115	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
8	BILL AND IVY CRIVELLO 8945 DOUGLAS CIRCLE HELENA, MT 59602	\$38,159.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
9	MONTANA HEALTHCARE FOUNDATION 777 EAST MAIN STREET, SUITE 206 BOZEMAN, MT 59715	\$35,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Employer identification number

81-0231775

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		\$			

Employer identification number

_	_		_	_	_	_	_	_	_
8	1	_	U	2	3	1	7	7	5

	the year from any one contributor. Complete colucompleting Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional s	naritable, etc., contributions of \$1,000 or	less for the year. (Enter this info. once.) \$
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
- -		(e) Transfer of gif	
-	Transferee's name, address, and a	ZIP + 4	Relationship of transferor to transferee
D. 1 1	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
- -		(e) Transfer of gif	
 - -	Transferee's name, address, and 2	ZIP + 4	Relationship of transferor to transferee
lo. n t l	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_ _		(e) Transfer of gif	
 - -	Transferee's name, address, and 2	ZIP + 4	Relationship of transferor to transferee
lo. n t l	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		t	
-	Transferee's name, address, and a	ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

INTERMOUNTAIN DEACONESS CHILDREN'S **SERVICES**

Employer identification number 81-0231775

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	2	
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year	1,097,027.	
5	Did the organization inform all donors and donor advisors in wi	_	
	are the organization's property, subject to the organization's ex		
6	Did the organization inform all grantees, donors, and donor adv	visors in writing that grant funds can be us	sed only
	for charitable purposes and not for the benefit of the donor or		
Da	impermissible private benefit?		
Pa	Tompiete ii uie eige		art IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or ed	. —	rically important land area
	Protection of natural habitat	Preservation of a certif	ied historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
a			
b	•	sky or to all all all to (A)	
C	Number of conservation easements on a certified historic structure.		
a	Number of conservation easements included in (c) acquired aff	•	1 1
2	listed in the National Register Number of conservation easements modified, transferred, relea		
3		ased, extinguished, or terminated by the o	rganization during the tax
4	year Number of states where property subject to conservation ease	mont is located	
5	Does the organization have a written policy regarding the period		
3	violations, and enforcement of the conservation easements it h		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha		
	b	anamig or molanone, and emoloning conce	realist sussition adming the year
7	Amount of expenses incurred in monitoring, inspecting, handlin	ng of violations, and enforcing conservation	on easements during the year
•	\\$		or casee. aan ng the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170(h)	(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes th	e organization's accounting for
	conservation easements.		
Pai	rt III Organizations Maintaining Collections of A	Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC	958), not to report in its revenue stateme	nt and balance sheet works of art,
	historical treasures, or other similar assets held for public exhib	oition, education, or research in furtheranc	ce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe	es these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC	958), to report in its revenue statement a	nd balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, edu	ucation, or research in furtherance of publi	c service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical treas	sures, or other similar assets for financial g	
	the following amounts required to be reported under SFAS 116	6 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		🕨 \$
b	Assets included in Form 990, Part X		🕨 \$

	t III Organizations Maintaining Co	ollections of Art	, Historical Tre	easures, or	Other	Simila	ır Asset	S (continu	r age =
3	Using the organization's acquisition, accession	on, and other records	, check any of the	following that	are a si	gnificant	use of its	collection it	ems
	(check all that apply):								
а	Public exhibition	d	Loan or exc	hange progra	ms				
b	Scholarly research	е							
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further th	ne organizatio	n's exen	not purpa	ose in Par	t XIII.	
5	During the year, did the organization solicit or	·	•	•					
	to be sold to raise funds rather than to be ma						Г	Yes	☐ No
Par	t IV Escrow and Custodial Arrang								
	reported an amount on Form 990, Par		·· ··· g				-,	, -:	
1a	Is the organization an agent, trustee, custodia	an or other intermedia	ary for contribution	s or other ass	ets not i	ncluded			
	on Form 990, Part X?		•					Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a								
	, ,	•	Ü					Amount	
С	Beginning balance					1c			
	Additions during the year					. —			
	Distributions during the year								
f	Ending balance								
	Did the organization include an amount on Fo							Yes	No
	If "Yes," explain the arrangement in Part XIII.					•		_	
Par						10.			
	·	(a) Current year	(b) Prior year	(c) Two years			years back	(e) Four v	ears back
1a	Beginning of year balance	3,194,776.	3,068,867.	 			603,509		03,376.
b	Contributions	50,076.	68,910.	 	,237.	,	64,927		38,399.
c	Net investment earnings, gains, and losses	-15,299.	56,999.		,100.		49,094		38,266.
d	Grants or scholarships	,	,						
	Other expenditures for facilities								
_	and programs	112,000.							
f	Administrative expenses	,							
g	End of year balance	3,117,553.	3,194,776.	3,068	,867.	2.	717,530	2,6	03,509.
2	Provide the estimated percentage of the curre			•	, ,	·		,	
a	Board designated or quasi-endowment	•	%	,,,					
b	Permanent endowment	%	_, ~						
	Temporarily restricted endowment								
	The percentages on lines 2a, 2b, and 2c shou								
За	Are there endowment funds not in the posses	•	ion that are held a	nd administere	ed for th	e organiz	zation		
	by:	3				3		<u></u>	res No
	(i) unrelated organizations							3a(i)	Х
	The state of the s								Х
b	If "Yes" on line 3a(ii), are the related organization								
4	Describe in Part XIII the intended uses of the								
Pai									
	Complete if the organization answered	d "Yes" on Form 990,	Part IV, line 11a. S	See Form 990,	Part X,	line 10.			
	Description of property	(a) Cost or ot		t or other		ccumulat	ted	(d) Book	value
	,	basis (investm		(other)	de	preciation	n	. ,	
1a	Land		1,74	4,284.				1,744	
	Buildings		12,99	0,594.	2,	770,4	72.	L0,220	
С	Leasehold improvements		1	3,939.		9,8	69.		,070.
d	Equipment	I	1,14	5,220.		944,3			,891.
e	Other								
	. Add lines 1a through 1e. (Column (d) must ed		column (B) line 1	0c.)			. • :	L2,169	,367.

SERVICES

Part VII Investments - Other Securities.	5 000 B 1 N/	, 441 O E 200 D LV II 40	OI UZJI775 Page U
Complete if the organization answered "Yes" or (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-vear market value
(A) E:	(b) Dook value	(c) Welfied of Valuation. Cost of	cha or year market value
(1) Financial derivatives (2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	n Form 000 Dort IV	line 11e See Form 000 Port V line 12	
Complete if the organization answered "Yes" or (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered "Yes" or	n Form 990 Part IV	line 11d See Form 990 Part X line 15	
	escription	inie 17d. dee 1 dini 33d, 1 art X, inie 13.	(b) Book value
(1) OTHER ASSETS			942,662.
(2) INTEREST AND DIVIDENDS REC	ETVABLE		10,404.
(3) DUE FROM RELATED PARTIES			4,105,786.
(4) CONSTRUCTION IN PROCESS			63,930.
(5) ANNUITIES RECEIVABLE			184,745.
(6) LAND HELD FOR INVESTMENT			138,723.
(7) DEBT ISSUANCE COSTS			60,802.
(8)			00,0021
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	15.)		5 ,507,052.
Part X Other Liabilities.	- F 000 B1 N/	line data and data One Ferre 200 Book V. line	05
Complete if the organization answered "Yes" or 1. (a) Description of liability	n Form 990, Part IV,	(b) Book value	25.
······································		(b) Book value	
(1) Federal income taxes (2) PLANNED GIFT LIABILITIES		472,797.	
		4/2,/9/-	
(3)			
<u>(4)</u>			
(5)			
(6)			
(7)			
(8)			
		172 797	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 2	25.)	472,797.	

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

	rt XI Reconciliation of Revenue per Audited Financial S	tatements With Revenue	ner Return	J Page ¬
· ui	Complete if the organization answered "Yes" on Form 990, Part IV		por riotarii	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a		2a		
b				
c				
d				
е			2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а		4a		
b				
С	, , , , , , , , , , , , , , , , , , , ,	•	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line			
Pai	rt XII Reconciliation of Expenses per Audited Financial	Statements With Expens	es per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV	, line 12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b		I I		
С				
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С				
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18.)	5	
	rt XIII Supplemental Information.			
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar		rt V, line 4; Part X, line 2; Pa	rt XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	e any additional information.		
CCI.	HEDULE D PART V			
SCI	HEDOLE D FART V			
ENI	DOWMENT FUNDS ARE HELD AS PERMANENTLY	RESTRICTED ASSET	S AND THE EARN	TNGS
	DOWNLINI I ONDO ANLI IIILID AO I DIREMINITEI	REDIRICIED ADDEL	D AND THE DAKE	11100
ON	THE FUNDS ARE USED BASED UPON THE DON	ORS STIPULATIONS	OR THE BOARD	
PRO	OPERLY DESIGNATES. THE FUNDS MAY BE US	ED FOR OPERATION	S, FACILITY	
IMI	PROVEMENTS, SCHOLARSHIPS AND CAPITAL I	MPROVEMENTS.		

SCHEDULE G

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990
INTERMOUNTAIN DEACONESS CHILDREN'S Emplo

Inspection

Employer identification number

OMB No. 1545-0047

Open to Public

81-0231775 SERVICES Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations e X Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants g X Special fundraising events Phone solicitations X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. MT

Schedule G (Form 990 or 990-EZ) 2015 SERVICES 81-0231775 Pare Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 pare 100 pare 81-0231775 Page 2

		of fundraising event contributions and gro		-EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			FESTIVAL OF	SUMMER		(add col. (a) through
			TREES	ROUNDUP	2	col. (c)
-			(event type)	(event type)	(total number)	COI. (C))
Revenue						
e e	1	Gross receipts	643,077.	279,739.	26,082.	948,898.
Ä			, , ,	,	, , , ,	,
	2	Less: Contributions	173,764.			173,764.
	_	Less. Continuations				
	3	Gross income (line 1 minus line 2)	469,313.	279,739.	26,082.	775,134.
						,
	4	Cash prizes				
	•	Cuon prizes				
	5	Noncash prizes				
S	3	Noncash phaces				
nse	6	Rent/facility costs				
épe	U	Tient/lacinty costs				
Direct Expenses	7	Food and hoverease				
irec	7	Food and beverages				
	0	Entartainment				
	8	Entertainment Others direct consenses	333,848.	134,959.		468,807.
	9	Other direct expenses				468,807.
					_	306,327.
Pa	rt l	Net income summary. Subtract line 10 from li Gaming. Complete if the organization a		990 Part IV line 19 or r		300,327.
		\$15,000 on Form 990-EZ, line 6a.	answered res on rom	1 550, 1 art 17, iii c 15, 61 1	cported more trian	
		Ψ10,000 0111 01111 030 E2, iii1c 0a.		(b) Pull tabs/instant		(d) Total gaming (add
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Revenue				gg		(2)
Re	4	Cross revenue				
	_	Gross revenue				
	2	Cash prizes				
ses	_	Cush ph2co				
en	3	Noncash prizes				
Direct Expenses	Ü	1101104011 p11200				
ect	1	Rent/facility costs				
Ë	•	Tions radinty doors				
	5	Other direct expenses				
		Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No	No	
	U	Volunteer labor	NO	140	NO	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
	•	Direct expense summary. Add lines 2 through	13 iii coluitiii (u)			
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)			
	0	Net garning income summary. Subtract line r	monnine i, column (u)		······	
۵	En	ter the state(s) in which the organization condu	cte gaming activities:			
		the organization licensed to conduct gaming ac				Yes No
						res No
Ŋ	"	No," explain:				
	_					
10-	\\/	ere any of the organization's gaming licenses re	woked suspended or to	minated during the tay w		Yes No
					oai:	163 NO
IJ	"	Yes," explain:				
	_					

INTERMOUNTAIN DEACONESS CHILDREN'S

Schedule G (Form 990 or 990-EZ) 2015 SERVICES	81-0231775 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity for	
to administer charitable gaming?	
13 Indicate the percentage of gaming activity conducted in:	
	ره ا مدا
a The organization's facility	
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books a	and records:
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming rever	nue? Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and	d the amount
of gaming revenue retained by the third party \$\bigs\\$	
c If "Yes," enter name and address of the third party:	
Name	
Address	
16 Gaming manager information:	
Name ▶	
Gaming manager compensation > \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
·	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	□ Vee □ Ne
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations	or spent in the
organization's own exempt activities during the tax year > \$	
Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	(v); and Part III, lines 9, 9b, 10b, 15b,

Schedule G	G (Form 990 or 990-EZ)	SERVICES		81-0231775	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Infor	mation (continued)			
		(continued)			
			 <u> </u>		
		· · · · · · · · · · · · · · · · · · ·	 	 	

SCHEDULE J (Form 990)

Department of the Treasury

Part I

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

► Attach to Form 990.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

Questions Regarding Compensation

INTERMOUNTAIN DEACONESS CHILDREN'S SERVICES

Employer identification number 81-0231775

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	41		
_	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	- -		v
	The organization?	5a		X
D	Any related organization?	5b		Α_
_	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
•	contingent on the net earnings of:	6a		Х
	The organization?	6b		X
b	Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	OD		- 21
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
•	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
5		8		Х
9	Initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	5		
_	Regulations section 53.4958-6(c)?	9		
		_		

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Page 2

Schedule J (Form 990) 2015 SERVICES

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of \(\)	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	eldi	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(J-(D)	in column (B) reported as deferred on prior Form 990
(1) JAMES FITZGERALD	Ξ	143,234.	0	0	0	7,200.	150,434.	0
CHIEF EXECUTIVE OFFICER	€		0	0	0	0	0	0
	Ξ							
	≘							
	Ξ							
	▣							
	Ξ							
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	(ii)							
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	▣							
	Ξ							
	(ii)							
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	⊞							
	Ξ							
	▣							
	Ξ							
	⊞							
532112 10-14-15							Schedu	Schedule J (Form 990) 2015

81-0231775

INTERMOUNTAIN DEACONESS CHILDREN'S SERVICES

Schedule J (Form 990) 2015 Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. Schedule J (Form 990) 2015

Part III Supplemental Information

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

INTERMOUNTAIN DEACONESS CHILDREN'S **SERVICES**

Employer identification number 81-0231775

Par	t I Types of Property				•		
		(a) Check if applicable		(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1q	(d) Method of deter noncash contribution	_	ts
1	Art - Works of art		Tromo commodica	Tronness, rune vini, into 19			
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
• •	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other (IN KIND)	Х	380	173,764.	FMV		
26	Other ()						
27	Other ()						
28	Other ()						
29	Number of Forms 8283 received by the organization	zation during	the tax year for c	ontributions			
	for which the organization completed Form 82			1 1			
	· ·					Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it		
	must hold for at least three years from the date	of the initia	l contribution, and	which is not required to be	used for		
	exempt purposes for the entire holding period		•			0a	Х
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance	oolicy that re	equires the review	of any non-standard contribu	tions?	31 X	
	Does the organization hire or use third parties						
	contributions?		•	, ,	3	2a X	
b	If "Yes," describe in Part II.						
33	If the organization did not report an amount in	column (c) f	or a type of proper	ty for which column (a) is che	ecked,		
	describe in Part II.	() .	,, , ₁ ₁ ₁ ₁ ₁	() = =	,		
LHA	For Paperwork Reduction Act Notice, see	the Instruct	tions for Form 990).	Schedule M (Fo	orm 990)	(2015)

Schedule M (Form 990) (2015) SERVICES 81-0231775 Page 2 Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization Part II is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. SCHEDULE M, LINE 32B: INTERMOUNTAIN DEACONESS CHILDREN'S SERVICES RECEIVES DONATIONS ON BEHALF OF IT'S RELATED PARTIES: CHILDWISE INSTITUTE AND INTERMOUNTAIN CHILDREN'S HOME AND DISTRIBUTES THEM ACCORDINGLY.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 INTERMOUNTAIN DEACONESS CHILDREN'S **SERVICES**

Employer identification number 81-0231775

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THERAPEUTIC SERVICES THROUGH COMMUNITY GROUP HOMES, FOSTERCARE, AND CLINICS FOR CHILDREN, YOUTH AND FAMILIES. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PROVIDING SUCH SERVICES, THE ORGANIZATION GRANTS CREDIT PRIMARILY TO UNITS OF STATE AND LOCAL GOVERNMENT. THE GOVERNMENTAL UNITS ARE LOCATED WITHIN VARIOUS STATES WITH A CONCENTRATION OF CREDIT WITHIN THE STATES OF MONTANA, IDAHO AND CALIFORNIA. THE ORGANIZATION IS ECONOMICALLY DEPENDENT ON THESE ARRANGEMENTS. FORM 990, PART VI, SECTION B, LINE 11: MANAGEMENT AND THE BOARD ARE PROVIDED A COPY OF THE DRAFT FORM 990 PRIOR TO FILING AND OFFERED TIME TO REVIEW AND ASK QUESTIONS. FORM 990, PART VI, SECTION B, LINE 12C: THE POLICY ON PROHIBITION OF DUAL RELATIONSHIPS AND THE CODE OF CONDUCT POLICY REQUIRE REGULAR MONITORING AND ENFORCEMENT OF POTENTIAL CONFLICTS OF INTEREST. FORM 990, PART VI, SECTION B, LINE 15: INTERMOUNTAIN DEACONESS HOME FOR CHILDREN CONTRACTS WITH A PERSONNEL

PROFESSIONAL TO DETERMINE MARKET VALUE OF NEW POSITIONS AND CHANGES IN

EXISTING POSITIONS WITHIN THE ORGANIZATION.

FUNDRAISING EXPENSES	14.
MANAGEMENT AND GENERAL EXPENSES	1,644.
PROGRAM SERVICE EXPENSES	2,046.
OTHER:	
TOTAL EXPENSES	4,438.
FUNDRAISING EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
PROGRAM SERVICE EXPENSES	4,438.
DIRECT CARE COSTS:	
TOTAL EXPENSES	11,288.
FUNDRAISING EXPENSES	2,520.
MANAGEMENT AND GENERAL EXPENSES	4,554.
PROGRAM SERVICE EXPENSES	4,214.
BANK CHARGES:	
TOTAL EXPENSES	20,746.
FUNDRAISING EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	20,746.
PROGRAM SERVICE EXPENSES	0.
ANNUITY EXPENSE:	
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES	:
THE COMMUNITY. COPIES OF FORM 990 ARE PROVIDED TO THE PUBL	IC UPON REQUEST.
THE INTERMOUNTAIN DEACONESS CHILDREN'S SERVICES ANNUAL REP	ORT PROVIDED TO
INTERMOUNTAIN'S EXTRANET WEBSITE. FINANCIAL DATA IS PROVID	ED IN SUMMARY IN
INTERMOUNTAIN DEACONESS CHILDREN'S SERVICES POLICIES ARE M	AINTAINED ON
SERVICES	81-0231775
Schedule O (Form 990 or 990-EZ) (2015) Name of the organization INTERMOUNTAIN DEACONESS CHILDREN'S	Page 2 Employer identification number

Name of the organization INTERMOUNTAIN DEACONESS CHILDREN'S SERVICES	Employer identification number 81-0231775
TOTAL EXPENSES	3,704.
DEPARTMENT DISTRIBUTIONS:	
PROGRAM SERVICE EXPENSES	1,218,662.
MANAGEMENT AND GENERAL EXPENSES	-2,358,311.
FUNDRAISING EXPENSES	101,802.
TOTAL EXPENSES	-1,037,847.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN VALUE - SPLIT INTEREST AGREEMENTS	-49,885.

SCHEDULE R (Form 990)

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

► Attach to Form 990.

Open to Public Inspection

2015

OMB No. 1545-0047

► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. INTERMOUNTAIN DEACONESS CHILDREN'S

Employer identification number 81-0231775

(e) ੁ Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. <u>ပ</u> 9 <u>(a)</u> PartI

SERVICES

Name of the organization Department of the Treasury Internal Revenue Service

(e) (f) End-of-year assets Direct controlling entity			or more related tax-exempt
(End-of-ye			it had one
(d) Total income			t IV, line 34 because
(c) Legal domicile (state or foreign country)			if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt
(b) Primary activity			ons Complete if the organization ans
(a) Name, address, and EIN (if applicable) of disregarded entity			Part II Identification of Related Tax-Exempt Organizations Complete organizations during the tax year.

(a)	(q)	(c)	(p)	(e)	(±)	(g)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)(13)	(SL)(a) pe
of related organization		foreign country)	section	status (if section	entity	entity?	~
				501(c)(3))		Yes	% N
INTERMOUNTAIN CHILDREN'S HOME - 27-4469949							
500 S LAMBORN							
HELENA, MT 59601	THERAPEUTIC YOUTH HOME	MONTANA	501(C)(3)	LINE 7			×
CHILDWISE INSTITUTE - 27-4470144							
500 S LAMBORN	PROMOTE AWARENESS OF CHILD						
HELENA, MT 59601	WELL BEING	MONTANA	501(C)(3)	LINE 7			×

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

Schedule R (Form 990) 2015

532161 09-08-15 LHA

SERVICES

Schedule R (Form 990) 2015

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. Part III

Page 2

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(j) (k) General or Percentage managing ownership		
General or managing partner?		
Code V-UBI Ger amount in box ma 20 of Schedule Pa K-1 (Form 1065) Ye		
ortionate tions?		
(h) Disproportionate allocations?		
(g) Share of end-of-year assets		
(f) Share of total income		
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		
(d) Direct controlling entity		
Legal domicile (state or foreign country)		
(b) Primary activity		
(a) Name, address, and EIN of related organization		

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. Part IV

ı			1		ı		ı		ı		ı	
	<u> </u>	512(b)(13) controlled entity?	Yes No									
	- 2	512(cont	Yes									
	(F)	Percentage ownership										
		Share of end-of-year	assets									
	Œ	Share of total income										
	(e)	Type of entity (C corp, S corp,	or trust)									
	(p)	Direct controlling Type of entity (C corp, S corp,										
	(c)	Legal domicile (state or foreign	country)									
ing the tax year.	(q)	Primary activity										
organizations treated as a corporation of trast during the tax year.	(a)	Name, address, and EIN of related organization										

Schedule R (Form 990) 2015

Page 3

SERVICES Schedule R (Form 990) 2015 Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

ŝ × × × × × × × × × × × × × × × × Yes × × × 무 4 19 크 우 9 <u>4</u> 19 18 무 ÷ Method of determining amount involved # ÷ = 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. During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? (c) Amount involved (b)
Transaction type (a-s) Performance of services or membership or fundraising solicitations for related organization(s) Performance of services or membership or fundraising solicitations by related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity Lease of facilities, equipment, or other assets from related organization(s) Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Lease of facilities, equipment, or other assets to related organization(s) c Gift, grant, or capital contribution from related organization(s) Other transfer of cash or property from related organization(s) Reimbursement paid to related organization(s) for expenses Reimbursement paid by related organization(s) for expenses r Other transfer of cash or property to related organization(s) **b** Gift, grant, or capital contribution to related organization(s) d Loans or loan guarantees to or for related organization(s) Sharing of paid employees with related organization(s) (a)
Name of related organization e Loans or loan guarantees by related organization(s) Purchase of assets from related organization(s) Exchange of assets with related organization(s) Sale of assets to related organization(s) Dividends from related organization(s) Ε _ ٥ ٥ b

18,754. ACTUAL COSTS

Z

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0

1,013,064. ACTUAL COSTS

3,662,486. ACTUAL COSTS

0

z

(1) INTERMOUNTAIN CHILDREN'S HOME

(2) INTERMOUNTAIN CHILDREN'S HOME

(3) INTERMOUNTAIN CHILDREN'S HOME

(4) CHILDWISE INSTITUTE

(6) CHILDWISE INSTITUTE

4,623,868. ACTUAL COSTS

133,715. ACTUAL COSTS

81-0231775

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SERVICES

Schedule R (Form 990) 2015

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.

(k) Percentage ownership				
(j) General or Famanaging partner? Yes No				
Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)				
(h) Disproportionate allocations?				
(g) Share of end-of-year assets				
Share of total income				
(e) Are all Partners sec. For Orde, (3) Orde, (3) Orde, (4) Are all Area No				
Predominant income (related, unrelated, excluded from tax under sections 512-514)				
(c) Legal domicile (state or foreign country)				
(b) Primary activity				
(a) Name, address, and EIN of entity				

Schedule R (Form 990) 2015

Schedule R	(Form 990) 2015 SERVICES	81-0231775	Page 5
Part VII	Supplemental Information		
	Provide additional information for responses to questions on Schedule R (see instructions).		