Department of the Treasury

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

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

OMB No	1545-0047
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Inspe	Public e

inter	nai Revenue	e Service	L				for instructions				\mathcal{W}	winspection &	
<u>A</u>	For the			ar, or tax year	beginning 0	4/24/18	, and ending	07/31/	18				_
В	Check if appl	olicable	C Name of o	organization						I D E	mploye	r identification number	
	Address cha	ange			Intermount	ain Chris	stian Scho	ol					
\Box	Name chang	ae .	Doing bus									516297	
=		ľ		•	ox if mail is not delivere	ed to street address)		Room/suite			365-0370	
	Initial return			South Li		arougo pontol godo	 .		1	- °	<u> </u>	363-0370	_
	Final return/ terminated				, country, and ZIP or fo								
Γ	Amended re	eturn		Lake Cit		UT 84121				GG	ross rec	eipts\$ 111,084	<u>4</u>
ᆿ				address of principa					H(a) is this	a omun ret	urn for s	ubordinates? Yes X N	0
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					Lion Lan			\mathcal{O}	H(b) Are al				0
			Salt	<u>Lake C</u>	ity	UT 8	84121		l If	"No," attac	th a list	(see instructions)	
	Tax-exemp	ot status	X 50)1(c)(3) 50	1(c) () ◀	(insert no)	4947(a)(1) or	527					
J	Website	h	ttps:	//inter	nountaino	christia	n.org	1	H(c) Group	exemption	n numbe	er >	
K	Form of org	janization	X Corpo	oration Trust	Association	Other >		L	Year of formation	201	8	M State of legal domicite U'	Ē
P.	art I	Su	mmary		<u> </u>	_							
	1 Br			organization's i	mission or most s	ignificant activi	ties	Ì					_
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Activities & Governance	2 CH	heck this	s box ▶ 💆	if the organiz	cation discontinue	ed its operation	s or disposed of	more than 2	5% of its net	assets		_	
ಹ	3 Nt	umber o	of voting me	embers of the o	overning body (F	Part VI, line 1a)					3	7	_
es	4 Nu	umber o	of independ	dent voting mer	nbers of the gove	rning body (Pa	irt VI, line 1b)				4	7	
Ę	1			-	ed in calendar ye	• • •				i	5	60	_
뚪					te if necessary)		al Revenue S	Rosina			6	200	_
ď					rom Part VIII, coli								7
	1							028			7a	(_
_	b Ne	et unrela	ated busine	ess taxable inc	ome from Form 9	90-T, line 38	322				7b	(7
	l					, k	10V 3 n 202	•	Prio	r Year	\rightarrow	Current Year	_
U Revehus	4		-	rants (Part VIII,	· ·	l,	INA SE VIII	L. J				(_
慧	9 Pr	rogram	service rev	enue (Part VIII	, line 2g)							111,052	
Š					nn (A), lines 3, 4,		_					32	<u>?</u>
72	11 Ot	ther rev	enue (Part	VIII, column (A), lines 5, 6d, 8c,	9c, 10c, and 1	fe)qden, U1	•				(Ū
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M. Persesso					, column (D), line		9,4	11/	THE PARTY OF				<u> </u>
Ö					k), lines 11a–11d,							140,186	_
ပ္တ	18 To	otal expe	enses Add	d lines 13–17 (r	nust equal Part IX	C, column (A), I	ine 25)					641,299	
	19 Re	evenue	less exper	nses Subtract I	ine 18 from line 1	2						-530,215	<u>i</u>
Net Assets or						·			Beginning of			End of Year	_
Set	20 To	otal asse	ets (Part X,	, line 16)						338 , 9		1,607,645	
\$5 25	21 To	otal liabi	ılıtıes (Part	X, line 26)					2,4	438,0	045		
影	22 Ne	et asset	s or fund b	alances Subtr	act line 21 from li	ne 20			-	-99,	133	-629,348	3.
S.P.	art II it	Sic	gnature	Block									_
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		Firm's add			ake City		4121			Phone	no	801-695-9533	_
Ma	v the IRS	discuss	s this returi	n with the prepa	arer shown above	ez (see instructi	ions)					X Yes No	

Form 990 (2018)	Intermountain (Christian School	87-051629	97	Page 2
Part III	Statement of Program S	Service Accomplishments			
		tains a response or note to	any line in this Part III		
	cribe the organization's mission				
		d community that	equips and ins	pires students	to
thrive	in God's world				
				 	
		cant program services during the y	ear which were not listed on t	he	الآما
•	990 or 990-EZ?	ah a dala O		L	」Yes ∑ No
	escribe these new services on S				
	ganization cease conducting, or	make significant changes in how i	t conducts, any program	_	T., 67.,
services?	and the same at a same and Cabar	1		L.	Yes X No
	escribe these changes on Scher			b	
		ce accomplishments for each of its	_		
		organizations are required to rep	on the amount of grants and a	allocations to others,	
the total ex	penses, and revenue, ir any, ro	r each program service reported			
An (Code	\/Evpansos \$	451,831 including grant	on of C	\ (Bayanya ¢	111,052)
4a (Code)(Expenses \$	d community that) (Revenue \$	
	in God's world	d community chac	equips and ins	pries students	LU
CHILIVE	In God s world				
4b (Code) (Expenses \$	including grant	s of \$) (Revenue \$)
N/A					
4c (Code) (Expenses \$	including grant	e of ©) (Revenue \$	
N/A	/ (Expenses \$	including grant	301 \$) (Nevelide \$,
N/A					
4d Other prod	ram services (Describe in Sche	dule O)			
(Expenses		including grants of \$) (Revenue	5	
	ram service expenses >	451,831	7 17 10 10 10	·	

No Yes

=PartilV= **Checklist of Required Schedules**

- Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A
- 2 Is the organization required to complete Schedule B. Schedule of Contributors (see instructions)?
- 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
- 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
- 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
- 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
- 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
- Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 complete Schedule D, Part III
- 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
- 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
- 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
 - a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D. Part VI
 - 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
 - c 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
 - 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
 - e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
 - Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D. Part X
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII
 - Was the organization included in consolidated, independent audited financial statements for the tax year? 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
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
 - 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
- 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
- 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
- Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)
- 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
- 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
- 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H
 - b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
- Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 domestic government on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II

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2	Х	X
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4		_^_
5		X
6		<u>X</u>
7		X
8		х х х
9		X
10	х	
	X	
11a		X
11b		X
11c		X
11d	x	
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12a		
12b	X	X
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14b		X
15		<u>x</u>
16		X
17		X
18		X
19		×
20a		X
20b		
21	, 99¢	X (2018)
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Form **990** (2018)

	artiv Checklist of Required Schedules (continued)			age •
	artify Oneskinst of Redaired Generalies (communical)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Ĺ	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_	<u> </u>	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			۱
_	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		<u> </u>
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			1.7
_	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?	054		X
26	If "Yes," complete Schedule L, Part I	25b		
20	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,	20	<u> </u>	╁
	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,	<u>2</u> 222	11 Bac	1156
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	k 1213		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	34.000	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete		· · · · · ·	
	Schedule L, Part IV	28b		Х
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		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
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 Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	ļ	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	_37_		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
300°	19? Note. All Form 990 filers are required to complete Schedule O	38		X
5 13	Statements Regarding Other IRS Filings and Tax Compliance			\Box
	Check if Schedule O contains a response or note to any line in this Part V			لللام
4-	Establia number reported in Paris of Form 1006 Fates 0 start and table	্য কথ	Yes	No No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Enter the number of Forms W 20 included in less 1s. Enter 0 if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for constable payments to yearders and			描
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	E47	PERSONAL PROPERTY.	
	rependanc gaining (gamoling) withings to prize williers.	IC	1	Λ

Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 60 Statements, filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b -Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3b b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c ---d If "Yes," indicate the number of Forms 8282 filed during the year 7d ----Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 45 41 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 731 sponsoring organization have excess business holdings at any time during the year? 8 ME Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter 11 a Gross income from members or shareholders 11a 1 Gross income from other sources (Do not net amounts due or paid to other sources b against amounts due or received from them) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 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 Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a 14b b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N 55日 53末 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16

15 mg 1 mg

If "Yes," complete Form 4720, Schedule O

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					Γ"					
					Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	7								
	If there are material differences in voting rights among members of the governing body, or				i						
	if the governing body delegated broad authority to an executive committee or similar					ŀ					
	committee, explain in Schedule O	46	7								
Ъ	Enter the number of voting members included in line 1a, above, who are independent	1b		─ ┤							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			2		Х					
2	any other officer, director, trustee, or key employee?				 	<u> </u>					
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		Х					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	 	X					
5				5	 	X					
6	Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders?										
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			6	<u> </u>	X					
, a	one or more members of the governing body?			7a		X					
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		Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	by the	followi								
а	The governing body?			8a	Х						
b	Each committee with authority to act on behalf of the governing body?			8b	Х						
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		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte	rnal	Rever	nue Code)						
					Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?			10a	ļ	X					
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	ļ						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing t	he for	η?	11a	X	<u> </u>					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990				,						
12a				12a	<u> </u>	X					
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	o con	flicts?	12b		<u> </u>					
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	-						
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			ł							
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official			450		X					
a b	Other officers or key employees of the organization			15a 15b	\vdash	X					
U	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			135	 						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement				1	;					
	with a taxable entity during the year?			16a	1	X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			100							
	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	1						
Sec	tion C. Disclosure				•						
17	List the states with which a copy of this Form 990 is required to be filed ▶ UT		_								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Sec	ion 50	11(c)								
	(3)s only) available 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 interes	t polic	y, and								
	financial statements available to the public during the tax year										
20	State the name, address, and telephone number of the person who possesses the organization's books and record	s 🕨									
M	tch Menning 6515 South Lion Lane										
Sa	alt Lake City UT 8412	1		801-36	5-0	370					

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Form 990 (2018) Intermountain Christian School 87-0516297 Page
| Part VIII | 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

(A) Name and Title	(B) Average hours per week (list any hours for	bo: off	x, unle icer a	Pos check ess pe nd a d	rson i Iirecto	than or	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	organization and related organizations
(1)Mitch Menning										
Head of School	40.00 0.00			Х				89,982	0,	0
(2) Trever McGuire										
	0.50									_
President	0.00	-		X	ļ. —			0	0	0
(3) Jeremy Ferkin	0.50									
Vice President	0.00			Х				o	0	0
(4) Tammy Hawes	0.00			^		\vdash		0	0	0
(4) Tanany Hawes	0.50									
Secretary	0.00			Х				o	0.	0
(5) Tina Renaud										
	0.50									
Treasurer	0.00			X	<u> </u>			0	0	0
(6)										
(7)										
(8)										
(9)							-			
(10)		ļ								
(11)						\sqcup				

Form 990 (2018)

<u>i Pa</u>	rt VIII Section A Officers	, Directors, Trus	stee	s, Ke	y Er	nplo	yees	s, ar	nd Highest Compensated	Employees (continued)	· · · · · · · · · · · · · · · · · · ·
	(A) Name and title	(B) Average hours per week (list any	bo	x, unic	Pos check ess pe	rson	than o s both r/trust	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
<u></u>											
1b c	Sub-total Total from continuation shee	ets to Part VII, S	ectio	on A				>	89,982		
<u>d</u> 2	Total (add lines 1b and 1c) Total number of individuals (in- reportable compensation from			d to 1	those	list	ed at	oove	89,982 e) who received more than \$	100,000 of	1
3	Did the organization list any fo employee on line 1a? If "Yes,"	rmer officer, dire	ctor	, or t	ruste	e, k	ey en	nplo	yee, or highest compensate	ed	Yes No
4	For any individual listed on line organization and related organ individual	e 1a, is the sum o	of rep	porta	ble d	omp	ensa	ation			4 X
5 Secti	Did any person listed on line 1 for services rendered to the ordina B. Independent Contractor	ganization? <i>If "Y</i> e								ndıvıdual	5 X
1	Complete this table for your fiv compensation from the organization	e highest compe zation Report co							ar year ending with or withii	n the organization's tax yea	
	Name and	(A) business address							Descrip	(B) tion of services	(C) Compensation
2	Total number of independent or received more than \$100,000 or	contractors (inclu- of compensation	dıng from	but the	not li orga	mite	d to t	l hose ▶	e listed above) who	0	Districted to the second secon
DAA											Form 990 (2018)

Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax (A) Total revenue (B) Related or (C) Unrelated exempt business under section 512-514 function revenue revenue Grants (mounts 1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e Contributions, and Other Sim f All other contributions, gifts, grants, and similar amounts not included above g. Noncasti contributions included in times 1a-1f Total. Add lines 1a-1f Program Service Revenue Busn Code 42,888 2a Fundraising 42,888 Summer Program Income 31,016 31,016 19,353 19,353 Tuition 16,752 Athletics Income 16,752 6,231 <u>6,2</u>31 Before/After School Care f All other program service revenue -5,188-5,188g Total. Add lines 2a-2f 111,052 Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal Ga Gross rents **b** Less rental exps c Rental inc or (loss) Net rental income or (loss) Gross amount from (i) Securities (ii) Other sales of assets **b** Less cost or other basis & sales exps c Gain or (loss) d Net gain or (loss) \triangleright 8a Gross income from fundraising events Revenue (not including \$ of contributions reported on line 1c) See Part IV, line 18 Other I **b** Less direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities Þ 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Busn Code** 11a b All other revenue Total. Add lines 11a-11d Total revenue. See instructions 111,084 111

EPart IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses Do not include amounts reported on lines 6b, Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members 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) 392,386 310,016 82,370 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 76,189 60,189 16,000 Other employee benefits 32,538 25,705 6,833 10 Payroll taxes Fees for services (non-employees) Management Legal 1,903 c Accounting 1,903 Lobbying Professional fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 9,417 12 Advertising and promotion 7,746 7,746 Office expenses 13 Information technology 14 15 Royalties 16 Occupancy 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 21 Payments to affiliates 22 Depreciation, depletion, and amortization 4,069 4,069 23 Insurance 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 23,445 23,445 Maintenance & Repairs 23,11623,116 b Summer Program Expenses 18,063 18,063 Athletic Expenses C 15**,**798 15,798 Utilities 6,99636,629 All other expenses 29,633 9,417641,299 451,831 180,051 Total functional expenses. Add lines 1 through 24e 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 ▶ following SOP 98-2 (ASC 958-720)

FPart X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 149,704 Cash—non-interest bearing 1 <u>213,</u>876 10,082 2 10,084 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 999 754 168 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 10a other basis Complete Part VI of Schedule D b Less accumulated depreciation 10b 10c 11 Investments—publicly traded securities 11 12 12 Investments-other securities See Part IV, line 11 13 Investments-program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 168,119 15 338,912 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 32,543 17 Accounts payable and accrued expenses 17 18 Grants payable 18 2,102,112 976,779 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, iabilities. trustees, key employees, highest compensated employees, and 110,000 110,000 disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 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 193,390 of Schedule D Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here and Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 Net Assets or Fund Permanently restricted net assets 29 X Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 -629,348 Retained earnings, endowment, accumulated income, or other funds 32 32 -629,348 33 Total net assets or fund balances 33 338, 91 1,607,645 Total liabilities and net assets/fund balances

Form 990 (2018)

orm	<u> 1990 (2018) Intermountain Christian School 87-0516297</u>			Page	e 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				\square
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	11,0	
2	Total expenses (must equal Part IX, column (A), line 25)	2			99
3	Revenue less expenses Subtract line 2 from line 1	3		30,2	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		99,1	.33
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	-6:	29,3	48
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			' -	7, 1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	-	1. 11		-11-
	Schedule O		1		النا
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Χ
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		F 5		, <u>;</u> ; ,
	reviewed on a separate basis, consolidated basis, or both			1,	١;, }
	Separate basis Consolidated basis Both consolidated and separate basis		1.41	::	
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		1.1		- 1:]
	separate basis, consolidated basis, or both			-41	
	Separate basis Consolidated basis Both consolidated and separate basis		[, 1]	1. ·	
c	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		
	If the organization changed either its oversight process or selection process during the tax year, explain in			1	117
	Schedule O		# - 		15
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3ь		
			For	m 990 ((2018)

SCHEDULE A (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.

OMB No 1545-0047

Open to Public *** Inspection :

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

▶ Attach to Form 990 or Form 990-EZ.

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

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

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

Employer identification number Intermountain Christian School 87-0516297

1		A church, cor	nvention of churches, or asso	ociation of churches described i	n section	170(b)(1))(A)(ı).	1	
2	X	A school des	cribed in section 170(b)(1)(/	A)(ii). (Attach Schedule E (Form	1 990 or 9	90-EZ))		$N \mathcal{D}$	
3	П			ce organization described in sec			in.	() -	
4	Ħ	•		in conjunction with a hospital of			·	snital's name	
•	ш	city, and state	•	on conjunction with a nospital c	acson bea	3000.01	· · · · · · · · · · · · · · · · · · ·	opitar s riamo,	
5		•		of a college or unwarethy award	or operate	.d b./ a aa	vornmental unit described in		
9	Ш	_	•	of a college or university owned	or operate	o by a go	verimental unit described in		
		-	b)(1)(A)(iv). (Complete Part	· · · · · · · · · · · · · · · · · · ·	4: 4 7:	0/63/43/43	4.3		
6	H		•	overnmental unit described in se			• •		
7		_	ion that normally receives a s section 170(b)(1)(A)(vi). (Co	substantial part of its support fro omplete Part II)	m a gove	rnmental	unit or from the general public		
8		A community	trust described in section 1	70(b)(1)(A)(vi). (Complete Part	II)				
9		An agricultura	al research organization desi	cribed in section 170(b)(1)(A)(i	x) operate	ed in conju	inction with a land-grant colleg	е	
		or university of university	or a non-land-grant college o	of agriculture (see instructions)	Enter the	name, city	, and state of the college or		
10		An organizati	on that normally receives (1) more than 33 1/3% of its supp	ort from c	ontributio	ns, membership fees, and gros	S	
		•		pt functions—subject to certain	•				
			•	d unrelated business taxable in	•		•		
			-	D, 1975 See section 509(a)(2).					
11	Ц	An organizati	on organized and operated e	exclusively to test for public safe	ety See s	ection 50	9(a)(4).		
12	Ш	=		exclusively for the benefit of, to	•				
				ations described in section 509				•	
		Check the bo	x in lines 12a through 12d th	at describes the type of suppor	ting organ	ization an	d complete lines 12e, 12f, and	12g	
	а	Type I. A	supporting organization ope	erated, supervised, or controlled	by its sup	ported or	ganization(s), typically by giving	9	
		• •	• ,,	ver to regularly appoint or elect		of the dire	ectors or trustees of the		
				omplete Part IV, Sections A ar					
	b		• •	pervised or controlled in connec			1,		
				ting organization vested in the s	ame pers	ons that c	ontrol or manage the supporter	1	
			ion(s) You must complete	•					
	С			upporting organization operated tructions) You must complete				١,	
	d	Type III r	non-functionally integrated.	. A supporting organization ope	rated in co	nnection	with its supported organization	(s)	
				organization generally must sa	•		-	S	
		requirem	ent (see instructions) You m	rust complete Part IV, Section	s A and [), and Pa	rt V.		
	е			eived a written determination fro			a Type I, Type II, Type III		
				-functionally integrated support	ing organi	zation			
	f		nber of supported organization						
	g	Provide the to	ollowing information about the	e supported organization(s)					_
(1)		e of supported	(iı) EIN	(III) Type of organization	1	organization	(v) Amount of monetary	(vi) Amount of	
	org	ganization		(described on lines 1–10 above (see instructions))		ur governing ment?	support (see	other support (see instructions)	
				above (386 #15//dollo/15/)	Yes		instructions)	(instructions)	
/A\					108	No			_
(A)					i			•	
/D)					1		-		—
(B)									
					-				
(C)									
/ D:					-	-			
(D)									
/E\					+	 	<u> </u>		
(E)									
	_		,		 . 	-			
				, , , , , , , , , , , , , , , , , , ,]	· ,			
ota		work Dod	Act Notice see the instruction	no for Form 990 or 990 E7	<u> </u>	L. ,	Cabadala	A (Form 990 or 990-F7) 2	

Sched		<u>ermountai</u>				-051629		
<u> P</u> a	rt II Support Schedule for O	rganizations [Described in S	Sections 170(b)(1)(A)(iv) and	170(b)(1)(A	A)(vi) /
	(Complete only if you che						lualif	y únder
	Part III If the organization	fails to qualify	under the test	ts listed below,	please comple	ete Part III.)		<u>/</u>
Sec	tion A. Public Support	<u>.</u>		•		_		
Calen	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	\angle	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						'	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge				,			
4	Total. Add lines 1 through 3						\perp	
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)						理なる	
6	Public support. Subtract line 5 from line 4	計學學 计强制	#	J-12-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	*/#::::::::::::::::::::::::::::::::::::	#1 .25 9998	51	
Sec	tion B. Total Support				/			
Calen	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016 /	(d) 2017	(e) 2018		(f) Total
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources					•		
9	Net income from unrelated business activities, whether or not the business is regularly carried on							•
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	Ī						
11	Total support. Add lines 7 through 10		द्विराज्यक्ष्या द्वितान	111557411441144	- STANSON			
12	Gross receipts from related activities, etc. (<u> </u>	12	
13	First five years. If the Form 990 is for the	=	second, third, four	rth, or fifth tax year	as a section 501(c	:)(3)		
	organization, check this box and stop here		_/					<u> </u>
	tion C. Computation of Public St		,					
14	Public support percentage for 2018 (line 6,	,	, -	ו (f))		<u> </u>	14	
15	Public support percentage from 2017 Sche					—	15	<u> </u>
16a	33 1/3% support test—2018. If the organi	,			3 1/3% or more, ch	eck this		
	box and stop here. The organization quality							▶ □
b	33 1/3% support test—2017. If the organi	/			s is 33 1/3% or mor	e, check		. □
	this box and stop here. The organization of							▶ □
17a	10%-facts-and-circumstances test—201							
	10% or more, and if the organization meets	,			•			
	Part VI how the organization meets the "fac	cts-and-circumstan /	ices" test. The orga	anization qualifies a	as a publicly suppo	rted		
	organization					i		▶ ∐
b	10%-facts-and-circumstances test—201					line		
	15 is 10% or more, and if the organization					1 -1		
	Explain in Part VI how the organization me	ets the "facts-and-	circumstances" tes	t The organization	qualifies as a pub	licly		
4.0	supported organization			47				▶ 📋
18	Private foundation. If the organization did	not check a box of	n iine 13, 16a, 16b	, 1/a, or 17b, chec	k this box and see			▶ □
	instructions	·						

5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5				j		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b			/			
8	Public support. (Subtract line 7c from line 6)			驻那河			
	tion B. Total Support	,	·			· · · · · · · · · · · · · · · · · · ·	
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	ļ	<u> </u>	/			
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	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 the organization, check this box and stop here	- /	second, third, fou	rth, or fifth tax year	as a section 501(c)(3)	▶.□
Sec	tion C. Computation of Public S						
15	Public support percentage for 2018 (line 8			n (f))		15	%
16	Public support percentage from 2017 Scho					16	
	tion D. Computation of Investme						
17	Investment income percentage for 2018 (li			, column (f))		17	<u>%</u>
18	Investment income percentage from 2017 33 1/3% support tests—2018. If the organ			14 and line 15 is r	mara than 33 1/30/		<u>%</u>
198	17 is not more than 33 1/3%, check this/bo						▶ □
b	33 1/3% support tests—2017. If the organ	-	• .	•	•		
•	line 18 is not more than 33 1/3%, check th						▶ □
20	Private foundation. If the organization did	•	•			_	▶ □
DA 4						Schedule A (Form 9	90 or 990-EZ) 2018
DAA							

Part IV **Supporting Organizations**

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation if historic and continuing relationship, explain
- 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)
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- 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
- 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
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- 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
- 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)
- 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)
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 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)
- 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.
- 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.
- 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.
- 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
- 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
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_	10b		
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Schedu	e A (Form 990 or 990-EZ) 2018 Intermountain Christian School 8	<u> 37-0516297 </u>		Page 5
r. Par	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	72111	4E3551	THE PERSON
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	:4].f		
_	below, the governing body of a supported organization?	11a	-	
_			 	
	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.		L	
Secti	on B. Type I Supporting Organizations		r -	
		F-22: .	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			E E
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	₩	-17	15-5
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	3111		
	controlled the organization's activities. If the organization had more than one supported organization,		31.4	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	19.4 (1) (A) 14.	1132	12.11
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	تعديما	THE SECTION
2	Did the organization operate for the benefit of any supported organization other than the supported	- 	i et dit ur 1	·취보 43분
-		311		17.4
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part		胡麗	125,134
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,	<u>=1,†1</u>	田墨	17710
	supervised, or controlled the supporting organization			<u> </u>
Secti	on 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		EM HO	部止阻
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		11-12	11.
	or management of the supporting organization was vested in the same persons that controlled or managed			- 1.
	the supported organization(s)	1	312322	3451
Secti	on D. All Type III Supporting Organizations		L	 -
0000	on b. An Type in Supporting Sigarizations		T V	T
_	- 10	(4.2.4	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			222
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior ta	× Tit	11	1
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	<u> </u>	1111111111	TETTE
	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	and the second	1	· it at
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 10	12 1
	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	HSETT	It fifted	414:1454
•	significant voice in the organization's investment policies and in directing the use of the organization's	24	1111	16-74
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	1371	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
			dilities.	التنسنة
Conti	supported organizations played in this regard	1 3	L	L
	on E. Type III Functionally-Integrated Supporting Organizations	<u> </u>		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	e instructions)		
ͺa	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
C	The organization supported a governmental entity Describe in Part VI how you supported a government ent	hty (see instructions)		
2 A	ctivities 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	1-21+h	41-1-1-1-t-d	ment + M
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	1 4 1 4	111	700
	those supported organizations and explain how these activities directly furthered their exempt purposes,	1341		霜河清
	how the organization was responsive to those supported organizations, and how the organization determined	#H-H	ai idazz	ennectia
	that these activities constituted substantially all of its activities	<u>2a</u>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		1114	"新九都
	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	213	M. CA	
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	加 .	417 1-1774	推进民
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			福用
	trustees of each of the supported organizations? Provide details in Part VI.	3a	בבונובגר ן	التبليسي
h	• • • • • • • • • • • • • • • • • • • •		.म श्रेष्ट्र स	19,177254
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	, —		Birmin
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	l I	1

Schedu	le A (Form 990 or 990-EZ) 2018 Intermountain Christian Sch	ool	87-0516	297 Page 6
Par	t V. Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ganiza	ations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on No	v 20, 1	970 (explain in Part VI) Se	0
	instructions. All other Type III non-functionally integrated supporting organizations mus	t compl	ete Sections A through E	· · · · · · · · · · · · · · · · · · ·
Sect	on 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			
col	lection of gross income or for management, conservation, or			
ma	intenance of property held for production of income (see instructions)	6		
7		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			
ıns	tructions for short tax year or assets held for part of year)	1300		
	a Average monthly value of securities	1a		
·	b Average monthly cash balances	1b		
	c Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
	e Discount claimed for blockage or other	910 1 Pr		
	factors (explain in detail in Part VI)	14:1	"福油特特"	मा भारता चाराच
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	e 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	即獨特。由國法院和	
2	Enter 85% of line 1	2	可可能性性的性性性性不足	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	का व्यापितानिकार व्याप्त	
4	Enter greater of line 2 or line 3	4	111 21 100 112、北坡地下	
5	Income tax imposed in prior year	5	THE THE TEST	

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

Schedule A (Form 990 or 990-EZ) 2018

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

instructions)

Par	t V Type III Non-Functionally Integrated 509(a)(3)	·	ations (continued)	291 Page 7
		, outpoining organiza	teletie (commaco)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purported	oses		
2	Amounts paid to perform activity that directly furthers exempt purpose	es of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supp	ported organizations		
4	Amounts paid to acquire exempt-use assets	 		
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions		 	
	Total annual distributions. Add lines 1 through 6	<u> </u>		
8	Distributions to attentive supported organizations to which the organizations	zation is responsive		
	(provide details in Part VI) See instructions			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI) See			
_	instructions	,	ън н	, , , , , , , , , , , , , , , , , , ,
3	Excess distributions carryover, if any, to 2018			1 1 1 1 1 1
	From 2013			
	From 2014			1 7
	From 2016	<u> </u>		
-	From 2017			
	Total of lines 3a through e			++
	Applied to underdistributions of prior years		<u> </u>	
	Applied to 2018 distributions of prior years Applied to 2018 distributable amount			
	Carryover from 2013 not applied (see instructions)			
	Remainder Subtract lines 3g, 3h, and 3i from 3f			''
4	Distributions for 2018 from			
•	Section D, line 7 \$		•	
а	Applied to underdistributions of prior years	1177		
	Applied to 2018 distributable amount	, , , , , , , , , , , , , , , , , , , ,	•	· · · · · · · · · · · · · · · · · · ·
	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2018, if			
	any Subtract lines 3g and 4a from line 2 For result			
	greater than zero, explain in Part VI See instructions	·		` }
6	Remaining underdistributions for 2018 Subtract lines 3h	,		
	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c		, , , ,	
8	Breakdown of line 7			<u> </u>
а	Excess from 2014	-		, ; <u>;</u> }
b	Excess from 2015	-		,
С	Excess from 2016			1
_ d	Excess from 2017		4 + + + 1	33 4 4 4 5 5 5
Δ.	Excess from 2018			<u> </u>

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 Intermountain Christian School

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name	of the organization		Employer identification number
<u> </u>	ntermountain Christian School		87-0516297
P	art. Organizations Maintaining Donor Advised Fut Complete if the organization answered "Yes" on	inds or Other Similar Funds or Form 990, Part IV, line 6	Accounts.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		*
5	Did the organization inform all donors and donor advisors in writing that	t the assets held in donor advised	
	funds are the organization's property, subject to the organization's excli		☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor advisors in		
	only for charitable purposes and not for the benefit of the donor or dono		
	conferring impermissible private benefit?	, , , , , , , , , , , , , , , , , , , ,	Yes No
P	art II Conservation Easements.		
	Complete if the organization answered "Yes" on	Form 990, Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization (check	all that apply)	
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically impo	ortant land area
	Protection of natural habitat	Preservation of a certified historic	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified consei	rvation contribution in the form of a conser	vation
	easement on the last day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure incli	uded ın (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/6	06, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, ext	tinguished, or terminated by the organization	on during the
	tax year ▶		
4	Number of states where property subject to conservation easement is le	ocated >	
5	Does the organization have a written policy regarding the periodic moni	itoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of	f violations, and enforcing conservation ea	sements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, handling of violation	ations, and enforcing conservation easem	ents during the year
	▶\$		
8	Does each conservation easement reported on line 2(d) above satisfy to	he requirements of section 170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation easeme	ents in its revenue and expense statement	, and
	balance sheet, and include, if applicable, the text of the footnote to the	organization's financial statements that de	scribes the
_	organization's accounting for conservation easements		
, R	artill Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" on		Similar Assets.
			
та	If the organization elected, as permitted under SFAS 116 (ASC 958), no		
	works of art, historical treasures, or other similar assets held for public or		rance or
_	public service, provide, in Part XIII, the text of the footnote to its financial		oo ahaat
b		•	
	works of art, historical treasures, or other similar assets held for public entires provide the following amounts relating to these items	exhibition, education, or research in funnel	Idnoc UI
	public service, provide the following amounts relating to these items		▶ \$
	(i) Revenue included on Form 990, Part VIII, line 1		S
_	(ii) Assets included in Form 990, Part X	ather conder one to fee for	> \$
2	If the organization received or held works of art, historical treasures, or	• ,	ride the
	following amounts required to be reported under SFAS 116 (ASC 958)	relating to these items	. .
	Revenue included on Form 990, Part VIII, line 1		S
h	DECOTE INCUIDED IN LOTH DUIL LIGHT V		- 47

Sche	edule D (Form 990) 2018 Intermou	<u>ntain Chris</u>	tian School	<u>. 87-0</u>	<u> 516297</u>	Page 2
Pa	art III Organizations Maintaini	ng Collections of	Art, Historical T	reasures, or Oth	er Similar Asse	ts (continued)
3	Using the organization's acquisition, access collection items (check all that apply)	sion, and other records	, check any of the folio	owing that are a signific	cant use of its	
а	Public exhibition	d 🔲 🛚	Loan or exchange pro	grams		
b	Scholarly research	е 🔲	Other			
С	Preservation for future generations					
4	Provide a description of the organization's	collections and explain	how they further the o	rganization's exempt p	ourpose in Part	
	XIII					
5	During the year, did the organization solicit	or receive donations of	f art, historical treasure	es, or other similar		
	assets to be sold to raise funds rather than	to be maintained as pa	art of the organization's	s collection?		Yes No
Pa	art IV Escrow and Custodial A	rrangements.				· · · · · · · · · · · · · · · · · · ·
	Complete if the organizati	on answered "Yes	s" on Form 990, P	art IV, line 9, or re	ported an amou	nt on Form
	990, Part X, line 21					
1a	Is the organization an agent, trustee, custo	dian or other intermedia	ary for contributions or	other assets not		
	included on Form 990, Part X?					Yes No
b	If "Yes," explain the arrangement in Part XI	II and complete the follo	owing table			
						Amount
С	Beginning balance				1c	
d	Additions during the year				1d	
е	Distributions during the year				1e	
f	Ending balance				1f	
2a	Did the organization include an amount on	Form 990, Part X, line	21, for escrow or custo	dial account liability?		Yes No
b	If "Yes," explain the arrangement in Part XI	II Check here if the exp	olanation has been pro	ovided on Part XIII		
Pa	art:V Endowment Funds.					
	Complete if the organizati	on answered "Yes	" on Form 990, P	art IV, line 10		
		(a) Current year	(b) Pnor year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	85,131				
b	Contributions	38,049				
C	Net investment earnings, gains, and					
	losses					
d	Grants or scholarships					
е	Other expenditures for facilities and					
	programs	16,150				
f	Administrative expenses					
g	End of year balance	107,030				
2	Provide the estimated percentage of the cu	rrent year end balance	(line 1g, column (a)) h	neld as		
а	Board designated or quasi-endowment ▶	%				
b	Permanent endowment ▶ %	,				
С	Temporarily restricted endowment ▶	%				
	The percentages on lines 2a, 2b, and 2c sh	ould equal 100%				
3a	Are there endowment funds not in the poss	ession of the organizat	on that are held and a	dministered for the		
	organization by					Yes No
	(i) unrelated organizations					3a(i) X
	(ii) related organizations					3a(ii) X
b	If "Yes" on line 3a(ii), are the related organi	zations listed as require	ed on Schedule R?			3b
4	Describe in Part XIII the intended uses of the	ne organization's endov	vment funds			·
Pa	art VI Land, Buildings, and Eq	uipment.				
	Complete if the organizati	•	" on Form 990, Pa	art IV, line 11a Se	ee Form 990, Pa	rt X, line 10.
	Description of property	(a) Cost or other b			Accumulated	(d) Book value
_		(investment)	(othe	er) de	epreciation	
1a	Land					
	Buildings		-			
	Leasehold improvements		1			
d	<u> </u>					
_	Other	-				
	I. Add lines 1a through 1e (Column (d) must	equal Form 990. Part	X. column (B), line 10d	;)	▶	•

Schedule D (Form 990) 2018 Intermountain Christian School

Part VIII Investments—Other Securities

FLair'Aiii	Complete if the organization answered "Yes" of	on Form 990 Part IV III	ne 11b. See Form 990. F	Part X line 12
	(a) Description of security or category	(b) Book value	(c) Method of v.	
	(including name of security)		Cost or end-of-year	market value
(1) Financial o	derivatives			
(2) Closely-he	eld equity interests			
(3) Other				
(A)				<u> </u>
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				· · · · · · · · · · · · · · · · · · ·
(H)				
• •	n (b) must equal Form 990, Part X, col_(B) line 12) ▶	- · · -	المعتملة والمعالمة المتابعة المتعالمة والمتعالمة	THE PERSON AND THE
Part VIII	Investments—Program Related.	•	IN THE PARTY OF TH	1.14.14.1
	Complete if the organization answered "Yes" of	on Form 990. Part IV. III	ne 11c See Form 990. P	Part X. line 13
	(a) Description of investment	(b) Book value	(c) Method of ve	
			Cost or end-of-year	market value
(1)				
(2)		-		·
(3)				
(4)				
(5)	-		· · · · · · · · · · · · · · · · · · ·	
(6)				
(7)	· · · · · · · · · · · · · · · · · · ·			
(8)				
(9)				
	n (b) must equal Form 990, Part X, col (B) line 13) ▶			PERSONAL PROPERTY OF THE PROPERTY OF THE PERSONAL PROPERTY OF THE PERSO
Part IX	Other Assets.	L	Least a class well have seed then	I THE LANGE THE PARTY OF THE PA
	Complete if the organization answered "Yes" of	on Form 990 Part IV III	ne 11d. See Form 990. P	Part X line 15
	(a) Description	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10 114 000 101111 000,1	(b) Book value
(1)	Endowment Account	·		107,031
(2)	Equipment			41,445
(3)	Prepaid Expenses			40,062
(4)	Recoverables			17,876
(5)	Clearing			5,068
(6)	Sales Tax Receivable	-		3,734
(7)	Jarob Tan Modervabre			3//31
(8)				
(9)			·····	
	n (b) must equal Form 990, Part X, col (B) line 15)			215,216
Part X	Other Liabilities.			210/210
REAL PROPERTY AND STREET	Complete if the organization answered "Yes" of	on Form 990 Part IV Ju	ne 11e or 11f See Form	990 Part X
	line 25			
1.	(a) Description of liability	(b) Book value	1	
	income taxes	74.251		
	oll Liabilities	74,351		1107-20 1724
	Liabilities	64,460		
	t Cards	9,132		
(5)	***************************************			Topo Hi selen Linker In
(6)				
(7)				
(8)		1	The same to all the same to save the save to save	14-411-411541-2117

147,943 E.

(9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶

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

Sche	dule D (Form 990) 2018 Intermountain Christian	School 87-	0516297	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financia	l Statements With Reven	ue per Return.	
	Complete if the organization answered "Yes" on Fo	rm 990, <u>Part IV, line 12a</u>		_
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		- 77	
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities	2b	; ·	
С	Recoveries of prior year grants	2c	4.6	
d	Other (Describe in Part XIII)	2d	1 d 2t. 2	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
C	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	2.)	5	
Pa	rt XII Reconciliation of Expenses per Audited Financi		nses per Return.	
	Complete if the organization answered "Yes" on Fo	orm 990, Part IV, line 12a		. <u></u>
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	1 1	11	
а	Donated services and use of facilities			
b	Prior year adjustments	2b		
C	Other losses	2c		
d	Other (Describe in Part XIII)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	1 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1	;	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
Ç	Add lines 4a and 4b		4c	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Schedule D (Form 990) 2018 Intermountain Christian School 87-0516297

Part XIII Supplemental Information (continued)

Page 5

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Schools

► Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

▶ Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer Identification number

	Intermountain Christian School	87-0516297		
Pi	art I			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	X	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space, use Part II	3	X	
4	Does the organization maintain the following?	1 41		بينان الروب
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	ļ
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Х	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	X	
_	If you answered "No" to any of the above, please explain. If you need more space, use Part II			,
] .	
5	Does the organization discriminate by race in any way with respect to			
а	Students' rights or privileges?	<u>5a</u>	ļ	X
b	Admissions policies?	5b_		Х
С	Employment of faculty or administrative staff?			Х
d	Scholarships or other financial assistance?	5d		Х
е	Educational policies?	5e		Х
f	Use of facilities?	<u>5f</u>	ļ	X
9	Athletic programs?	<u>5g</u>		X
h	Other extracurricular activities?	5h		X
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II	1	, ,	1
		3		,
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	-	X
b	Has the organization's right to such aid ever been revoked or suspended?	6b		X
7	If you answered "Yes" on either line 6a or line 6b, explain on Part II Does the organization certify that it has complied with the applicable requirements of sections 4 01 through],		
•	4 05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	- v	'

87-0516297

Schedule E (Form 990 or 990-EZ) 2018 Intermountain Christian School 87Part II 5 Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable Also provide any other additional information. See instructions.

W096297SHYR 11/10/2020 9 51 AM

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open To Public

Name of the organ		O-b	•				Employ			on nun	nber		
Part	Intermountain Chri Excess Benefit Transactio			501(c)(4).	and 501(c)(29) c	87-0 organizations only		91				
	Complete if the organization answe								,				
1	(a) Name of disqualified person	(b) Relatio	nship between disq	ualifie	d pers	on and	(c) Description of tra	nsactio	n		_	Correct	ed?
			organizatio	n			<u> </u>				Yes	—!	No
(1)											├	+	
(2)											┢─	+	
(4)	· · · · · · · · · · · · · · · · · · ·					· · · · · · · · · · · · · · · · · · ·					\vdash		
(5)											┢	+	_
(6)											╁	\top	
2 Enter the under se	e amount of tax incurred by the organi ection 4958 e amount of tax, if any, on line 2, abov	_	·		sons	during the year		▶ \$; ;				
Part II	Loans to and/or From Inte	rested Perso	ons.										
	Complete if the organization answe	red "Yes" on For	m 990-EZ, Par	t V, I	ine 3	8a or Form 990, F	Part IV, line 26, oi	if the	;				
	organization reported an amount or							1	1 2 16			r	
	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan		oan to	(e) Original principal amount	(f) Balance due	(g) In (Jefault?	(h) Ap	oproved pard or	(i) W agree	'ntten ment?
					9?			—		_	nittee?	<u> </u>	
			ļ	To	From			Yes	No	Yes	No	Yes	No
Jeremy : _(1)	Ferkin Operations	Officer		$ _{X}$		35,000	35,000		X	X		Х	l
Mitch Me		Head of So	thool	† <u></u> -		33,000		<u> </u>	† <u> </u>	<u> </u>			
(2)	Operations			Х	Ш	25,000	25,000		Х	X		Х	
Trever I		Officer		,,					,,	,,		,	
(3)	Operations			X	\vdash	25,000	25,000	₩	X	X	 	Х	<u> </u>
Mike Me	-	Disqualif	ed Person	X		25 000	25 000		X	X		Х	ĺ
(4)	Operations			╁	Н	25,000	25,000	 	-	_		$\vdash $	\vdash
(5)													
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(7)				\vdash				<u> </u>	<u> </u>				-
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				T									
(10)				<u> </u>	LШ			13.	L	(1) }			1 1 k j
Part III	Grants or Assistance Bend	ofiting Intone	oted Deve			▶ \$	110,000	L		<u> </u>	₹	<u> </u>	. 4.4
	Complete if the organization answer												
	(a) Name of interested person	(b) Relation	ship between intere	sted	1	nount of assistance	(d) Type of assistance		(e)	Purpose	e of assi	stance	
(1)			-					土					
(2)								\bot					
(3)					_			+					
(4)					₩			+					
(5)					-								
(6)					 		 -	+					
(7) (8)		+			\vdash			+					
(9)					 			+					

(10)

t IV.		ing Interseted Persons	School	87-0516297	
	Business Transactions Involvi Complete if the organization answered "Y	ring interested Persons. res" on Form 990, Part IV, line 28a	, 28b, or 28c		
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) S of reve
		Organization .			Yes
					\top
					+
V.	Supplemental Information Provide additional information for respon	ses to questions on Schedule I. (se	e instructions)		
	1 Tovide additional information for respon	ses to questions on concounc E (se	oc motradiona)	- · · · · · · · · · · · · · · · · · · ·	
				·	
				Www.	
					·

SCHEDULE 0 (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 2018 Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 87-0516297

Intermountain Christian School

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 The trustees are provided a copy of the Form 990 before filing. If there are no further questions or issues discovered, one of the trustees will sign and mail the e-file signature Form 8879-EO to approve e-filing.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public