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Department of the Treasury Internal Revenue Service

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

A F	or the	2012 calendar year, or tax year beginning JUL 1, 2012 and e	nding J	UN 30, 2013						
Вс	heck if pplicable	C Name of organization		D Employer identific	cation number					
	Addres change Name	Blue Mountain Community Foundation			050104					
느	_change			91-1250104						
\vdash	return	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone number							
<u>_</u>	Termin	FO BOX 003		G Gross receipts \$	529-4371 4,666,129.					
	Amend return Applica	City, town, or post office, state, and ZIP code	City, town, or post office, state, and ZIP code							
	Ition pendin	Walla Walla, WA 99302	H(a) Is this a group re							
		F Name and address of principal officer.Karl Isaacson		for affiliates?	Yes X No					
_		PO Box 603; Walla Walla, WA 99362		H(b) Are all affiliates inc						
		mpt status X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) oi	r 527	1	list (see instructions)					
		e: ► bluemountainfoundation.org organization: X Corporation Trust Association Other ►	I Voor	H(c) Group exemption	State of legal domicile: WA					
	ırt l	Summary								
á		Briefly describe the organization's mission or most significant activities Encou			itating					
4 (1) 14 Activities & Governance		private giving and grantmaking for public								
Ę.	2 (Check this box 🕨 🔙 if the organization discontinued its operations or disposi	ed of more	than 25% of its net as						
ŏ	3 1	Number of voting members of the governing body (Part VI, line 1a)		3	<u>15</u>					
<u>م</u> ع	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	15					
es	l .	Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5	4					
Š₹	1	Total number of volunteers (estimate if necessary)		6	30					
ACS.	1	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.					
5	b	Net unrelated business taxable income from Form 990-T, line 34		7b						
	_		*	Prior Year	Current Year 2,023,327.					
Revenue		Contributions and grants (Part VIII, line 1h)	=` ,	1,447,796.	2,023,327.					
ب ق	l	Program service revenue (Part VIII, line 2g)		606 035						
9£	l	Investment income (Part VIII, column (A), lines 3, 4, and 7d) JAN 2 8 2014) 	696,035.	1,166,936.					
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	_12;}	164,357.	83,965. 3,274,228.					
		Total revenue - add lines 8 through 11 (must equal Part VIII, column-(A), line 12)		2,308,188.	1,744,754.					
5	l	drants and similar amounts paid (Fart IX, Column (A), Infos-		1,661,537.	1, 144, 134.					
	l	Benefits paid to or for members (Part IX, column (A), line 4)	-	241,087.	271,217.					
Expenses	l	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.					
Sen C		Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)	ı R							
Ä	l	Total fundraising expenses (Part IX, column (D), line 25) 122,31 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	-	267,708.	247,935.					
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1	2,170,332.	2,263,906.					
		Revenue less expenses. Subtract line 18 from line 12		137,856.	1,010,322.					
es	ופו	nevertue less experises. Subtract line 10 from line 12	Re	ginning of Current Year	End of Year					
ets (20	Total assets (Part X, line 16)		30,811,104.	34,182,386.					
ASS	21	Total liabilities (Part X, line 26)		6,638,438.	7,865,976.					
Net Assets or Fund Balances	22	Net assets or fund balances Subtract line 21 from line 20		24,172,666.	26,316,410.					
	art II	Signature Block								
Und	er pena	ties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of m	y knowledge and belief, it is					
		t, and complete. Declaration of preparer (other than officer) is based on all information of whi								
		dari Isaacson		1.21.	2014					
Sig	n	Signature of officer		Date						
Her	e	Kari Isaacson, Executive Director								
		Type or print name and title		D.14						
		Print/Type preparer's name Preparer's signature	4 01	Date Check C	PTIN					
Paid		Kristine Loomis, CPA muttur (self-employed P00367871							
-	arer	Firm's name Cordell, Neher & Company, P.L.L.	.C.	Film's EIN	91-0950793					
Use	Only	Firm's address P.O. Box 3068			00 (62 1661					
		Wenatchee, WA 98807-3068		Phone no. 5	09-663-1661					
		AS discuss this return with the preparer shown above? (see instructions)			X Yes No Form 990 (2012)					
2320	01 12-1	p. 12 LHA For Paperwork Reduction Act Notice, see the separate instruction	ins.		rom 330 (2012)					

LHA For Paperwork Reduction Act Notice, see the separate instructions.

	1990 (2012) Blue Mountain Community Foundation	<u>91-1250104</u>	Page 2
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission.		
	The mission of Blue Mountain Community Foundation is to		jacy_
	of healthy communities for future generations in the Blu		
	region by encouraging and facilitating private giving for	or the publi	lc
	good.		
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 expense	s.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
	revenue, if any, for each program service reported	, ,	
4a	(Code) (Expenses \$ 1,975,926. including grants of \$ 1,744,754.) (Revenue	les 1,250,	901.)
	Provided grants to 163 organizations, primarily in the I	Blue Mountai	
	area of southeastern Washington and northern Umatilla Co		
	addressing a variety of charitable purposes including be		
	health & wellness, education, vibrant economies, arts &		
	neighborhoods & communities, and the environment. Grants		
	scholarship funds supported more than 225 students in pu	regard ord	ier
	education. Worked with donors to create 9 new endowed fu		
	non-endowed funds, that will provide grants to support to	ne communit	<u>-y</u>
	into the future.		
	For more information visit our website at		
	www.bluemountainfoundation.org		
4b	(Code) (Expenses \$ including grants of \$) (Revenue)	ıe \$)
4-	10	ше\$	
4¢	(Code) (Expenses \$) (Reveni	19.2	
			
4d	Other program services (Describe in Schedule O.)		
-	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 1,975,926.		
<u>~</u> _		Form	990 (2012)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		169	_,,,,
•	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		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		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u>_X_</u>
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?	_		37
	If "Yes," complete Schedule D, Part IV	9		<u>x</u>
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 Did the organization report an amount for land, buildings, and equipment in Part X, line 102 if "Yes," complete Schedule D			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	x	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	x	
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	11c		X
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	_X_	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	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	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		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 Schoolule F. Parts Land IV.	146		_x_
15	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 assistance to any organization	14b		<u> </u>
15	or entity located outside the United States? 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 assistance to individuals	13		
	located outside the United States? 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		<u>x</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	ļ		_ -
-	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	L'	<u>x</u> _
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990	(2012)

0.4	Old the executation was at most than 65 000 of supplies and all the executations at the executation of the e		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the		v	
22	United States 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 and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	~	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22		
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	ľ	ľ	
	Schedule J	23		X
24.0	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	_23		
240	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 25	24a		X
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization mivest any proceeds of tax-exempt boilds beyond a temporary period exception: Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
٠	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		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	240		
200	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete		i	
	Schedule L, Part I	25b	ļ	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified	200		
	person outstanding as of the end of the organization's tax year? 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		- 1	
	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)		i	
а	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
	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		<u>X</u>
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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	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			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
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
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	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?			-
	If "Yes," complete Schedule R, Part V, line 2	36		<u>x</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	_		3.
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		. l	
	Note. All Form 990 filers are required to complete Schedule O	38	X 300 ((0040)
		⊦orm	990 (2012

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? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b

13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O

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

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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Х

12a

13a

14a

13b

13c

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

	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 to any question in this Part VI			X			
Sec	tion A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 15						
	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 0.						
b	Enter the number of voting members included in line 1a, above, who are independent 1b 15						
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		<u>X</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?	<u>3</u> 4		X			
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?							
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	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			.,			
	more members of the governing body?	7a_	-	<u> </u>			
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 following:	_	.				
	The governing body?	8a	X				
	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			X			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9					
sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	-	Yes	Na.			
40-	Did the average have lead about as hyperbox or offlicted?	10a	res	No X			
	Did the organization have local chapters, branches, or affiliates?	iva		Λ			
D	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					
44.		11a	X				
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?						
	 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 						
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	X				
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12.0					
·	in Schedule O how this was done	12c	х				
13	Did the organization have a written whistleblower policy?	13		Х			
14	Did the organization have a written document retention and destruction policy?	14	Х				
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	Х				
	Other officers or key employees of the organization	15b		Х			
	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					
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ►WA						
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	avaılat	le				
	for public inspection Indicate how you made these available. Check all that apply						
	X 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, an	d finar	ncial				
	statements available to the public during the tax year.						
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	tion: 🕨					
	Kate Bobrow-Strain - 509-529-4371						
3200	PO Box 603, Walla Walla, WA 99362						
2-10-	,	Forn	1 990	(2012)			

Form 990 (2012)		Blue	Mountain	Community	Foundati	on	91-1250104	Page		
Part VII Compen	sation	of Offic	cers, Director	s, Trustees, Ke	y Employees,	Highest Comp	ensated			
Employees, and Independent Contractors										

Check if Schedule O contains a response to any question 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

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

- 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	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					one h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) Dan Reid	1.00										
President	1.00	_		X	-	⊢		0.	0.	0.	
(2) Leslie Brown	1.00	ł	1		Ì	l			0.	^	
Secretary	1 00	\vdash		X			<u> </u>	0.	<u>U.</u>	0.	
(3) Craig Sievertsen	1.00			.,				0.	0.	0.	
Vice-President	1 00	-		X		┢╌		<u>U.</u>	<u> </u>		
(4) Shannon Bergevin	1.00	-		,,			ļ	0.	0.	_	
Treasurer	40.00	<u> </u>	_	X	-	├	├			0.	
(5) Lawson Knight	40.00			,,				99,029.	0.	0.	
Executive Director	1.00	\vdash	 	X	_	 	├-	99,029.			
(6) Tony Billingsley	1.00	X	l					0.	0.	0.	
Trustee	1.00	^		_	-	├~	┢		<u></u>	<u> </u>	
(7) Sherilee Coffey	1.00	х			ļ	ŀ		0.	0.	0.	
Trustee	1.00	^	 	_	\vdash	╫				<u>·</u>	
(8) Sandie Blackaby	1.00	X						0.	0.	0.	
Trustee Manage Manage	1.00	A	 		-	┢		- 0.		<u>.</u>	
(9) Carol Varga Morgan Trustee	1.00	x						0.	o.	0.	
(10) Keith Olson	1.00	-		-	_	\vdash	-				
Trustee	1.00	х						0.	0.	0.	
(11) Norm Passmore	1.00	-									
Trustee		х		İ		İ		0.	0.	0.	
(12) Laure Quaresma	1.00	==									
Trustee		x						0.	0.	0.	
(13) Larry Siegel	1.00	-	-								
Trustee		x			ĺ		ĺ	0.	o.	0.	
(14) Anne Walsh	1.00										
Trustee	_	X						0.	0.	0.	
(15) Richard M. Wylie	1.00										
Trustee		X				L		0.	0.	0.	
(16) Anne-Marie Zell Schwerin	1.00										
Trustee		X						0.	0.	0.	
						<u> </u>	<u> </u>		<u> </u>	5	

	1 990 (2012) Blue Mour									91-12	501	04	Page 8
rai	T VII Section A. Officers, Directors, Trus (A) Name and title	(B) Average hours per week	(B) Average nours per week (do not check box, unless pe officer and a c				than e	one h an	(D) Reportable compensation from	(E) Reportable compensation from related	othe		nated unt of ner
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from from organi and re organiz	zation elated
											+		
											-		
	!												
	Sub-total Total from continuation sheets to Part VI	I. Section A					>		99,029.) .) .		0.
	Total (add lines 1b and 1c) Total number of individuals (including but n		ose	liste	ed al	oove	e) wh	no re	99,029.		0.		0.
3	Did the organization list any former officer,		ustee	 ∋, ke	y en	nplo	yee,	or I	highest compensated e	mployee on		Ye	es No
4	line 1a? If "Yes," complete Schedule J for si For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportab								the organization		4	X
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," comption B. Independent Contractors							elate	ed organization or indiv	idual for services		5	x_
1	Complete this table for your five highest conthe organization. Report compensation for										ensat	ion fron	n
	(A) Name and business	address	NC	<u>N</u> E	3			_	(B) Description of s	services	Cor	(C) mpensa	ation
								_				 -	·· ·
2	Total number of independent contractors (in \$100,000 of compensation from the organization from the organizati		ot iir	nite	d to		se lis	sted	above) who received n	nore than			
23200											F	orm 99	0 (2012)

3,077.

1,250,901

3 274 228.

d All other revenue e Total. Add lines 11a-11d

Total revenue. See instructions.

	Check if Schedule O contains a respons		s Part IX	(C)	<u> </u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	1,334,521.	1,334,521.		
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22	410,233.	410,233.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	101 044	25 102	42 576	40 265
_	trustees, and key employees	121,044.	35,103.	43,576.	42,365
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)	125,027.	39,212.	65,556.	20,259
7	Other salaries and wages	125,027.	39,212.	05,550.	20,239
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,058.	_1,586.	2,652.	820
_	Other employee benefits	3,038.	1,027.	1,717.	531
9 10	Payroll taxes	16,813.	7,612.	4,101.	5,100
11	Fees for services (non-employees)	10,013.	1,012.	<u> </u>	3,100
	Legal				
c	. · · · · · · · · · · · · · · · · · · ·	20,173.		20,173.	
	Lobbying	20,1750		2072733	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	96,237.	96,237.		
5	column (A) amount, list line 11g expenses on Sch O.)	750.			750
12	Advertising and promotion	5,964.			5,964
13	Office expenses	14,986.	6,785.	3,655.	4,546
14	Information technology	45,088.	20,414.	10,997.	13,677
15	Royalties				
16	Occupancy	23,871.	10,808.	5,822.	7,241
17	Travel	1,635.	740.	399.	496
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	9,409.	4,260.	2,295.	2,854
20	Interest		. <u></u>		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,748.	1,244.	670.	834
23	Insurance	3,198.		3,198.	
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.)				
а	Desirable of Annal 1 desired and a	15,823.			15,823
b	Fund Expenses	3,599.	3,599.		
c	Postage	3,489.	1,580.	851.	1,058
đ	Special Projects	965.	965.		
	All other expenses				
25	Total functional expenses Add lines 1 through 24e	2,263,906.	1,975,926.	165,662.	122,318
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 tollowing SOP 98-2 (ASC 958-720)	_			

Part X	Balance	Sheet

Pai	π χ	Balance Sheet					
		Check if Schedule O contains a response to any	y questic	on in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	134,729.	1	121,983.		
	2	Savings and temporary cash investments			1,553,780.	2	1,989,339.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			4		
	5	Loans and other receivables from current and fo	ormer off	icers, directors,			
		trustees, key employees, and highest compensation	ated emp	oloyees Complete			
		Part II of Schedule L			5	 	
	6	Loans and other receivables from other disquali	ons (as defined under				
		section 4958(f)(1)), persons described in section	n 4958(c)	(3)(B), and contributing		, }	
		employers and sponsoring organizations of sect	c)(9) voluntary				
σ.		employees' beneficiary organizations (see instr).	. Comple	te Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or other					
		basis Complete Part VI of Schedule D	10a	55,565.			5 404
	b	Less accumulated depreciation	10b	48,161.	5,685.		7,404.
ĺ	11	Investments - publicly traded securities	23,892,139.	11	24,551,596.		
	12	Investments other securities See Part IV, line	5,224,771.	12	7,512,064.		
ĺ	13	Investments - program-related See Part IV, line	}		13		
ł	14	Intangible assets			14		
	15	Other assets See Part IV, line 11	20 011 104	15	24 102 206		
	16	Total assets. Add lines 1 through 15 (must equ	30,811,104.	16	34,182,386. 13,529.		
l	17	Accounts payable and accrued expenses	16,839. 309,001.	17 18	373,703.		
	18	Grants payable			309,001.	19	313,103.
	19	Deferred revenue				20	
	20 21	Tax-exempt bond liabilities Escrow or custodial account liability Complete I	Dort IV o	f Sahadula D		21	
Liabilities	22	Loans and other payables to current and former				-21	
Ę l	22	key employees, highest compensated employee					
Lia		Complete Part II of Schedule L	cs, and c	iisquaiiieu perseris		22	
	23	Secured mortgages and notes payable to unrela	ated third	1 narties		23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	•	i			
		Schedule D	,.		6,312,598.	25	7,478,744.
	26	Total liabilities. Add lines 17 through 25			6,638,438.		7,865,976.
		Organizations that follow SFAS 117 (ASC 958	3), check	here X and			
ဖွ		complete lines 27 through 29, and lines 33 an					
ğ	27	Unrestricted net assets			1,788,135.	27	1,937,133.
lala	28	Temporarily restricted net assets		22,384,531.		24,379,277.	
<u> </u>	29	Permanently restricted net assets		29			
7		Organizations that do not follow SFAS 117 (A	SC 958)	, check here 🕨 🔲 📗			
ō		and complete lines 30 through 34.	Í				
ets	30	Capital stock or trust principal, or current funds		30	<u> </u>		
Ass	31	Paid-in or capital surplus, or land, building, or eq	quipment	: fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	come, o	r other funds		32	
Z	33	Total net assets or fund balances		1	24,172,666.		26,316,410.
	34_	Total liabilities and net assets/fund balances			30,811,104.	34	34,182,386.

	1990 (2012) Blue Mountain Community Foundation	<u>91-1</u>	12501	04	Pag	_{је} 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI	<u></u> -				X
			_			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u> 274</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u> 263</u>		
3	Revenue less expenses Subtract line 2 from line 1	3		<u>010</u>		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	24,			
5	Net unrealized gains (losses) on investments	5	<u> 2 , </u>	<u> 381</u>	<u>,7'</u>	<u>73.</u>
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	<u><1,</u>	<u>248</u>	<u>, 3!</u>	<u>51.</u> >
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	26,	<u> 316</u>	, 4:	<u> 10.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					X
			_		es	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	0				
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a	$-\downarrow$	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both			1		
	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	e basıs,			i	
	consolidated basis, or both					
	X Separate basis Consolidated basis Both consolidated and separate basis				l	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,	-	1	Ì	
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O		İ	- [
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audi	ıt			
	Act and OMB Circular A-133?		L	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audi	t			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		
			F	orm 9	90 ((2012)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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. ➤ See separate instructions.

Open to Public Inspection

Name of	the organizat	ion							Employer	identificati	on number
		Blue Mo	untain Commu	nity	Found	<u>ation</u>	L	1	9	<u>1-1250</u>	104
Part I	Reason	for Public Chai	r ity Status (All organiz	zations mu	st complet	e this par	t.) See inst	ructions			
The organ		•	because it is: (For lines	_		-	•				
1 🖳	A church, co	nvention of churche	es, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)	-			
2	A school des	scribed in section 17	70(b)(1)(A)(ii). (Attach Sc	chedule E))						
3 🖳	•		ital service organization								
4	A medical re	search organization	operated in conjunction	with a hos	spital desci	ribed in se	ection 170	(b)(1)(A)	(iii). Enter	the hospital	s name,
 1	city, and stat				- · - · · - · · ·						
5 🔛	-		benefit of a college or u	niversity o	wned or op	perated by	a governi	nental u	nıt describ	ed in	
		(b)(1)(A)(iv). (Compl									
6 🖳		•	nent or governmental uni								
7 X			ceives a substantial part	of its supp	oort from a	governme	ental unit c	r from th	ne general	public desc	ribed in
		(b)(1)(A)(vi). (Comple									
8			section 170(b)(1)(A)(vi).								
9			ceives (1) more than 33								
			nctions - subject to certa								
			axable income (less sec	tion 511 ta	ix) from bu	sinesses a	acquired b	y trie org	ganization	after June 3	0, 1975.
10		509(a)(2). (Complete	e Part III.) perated exclusively to te	et for publ	lio cafatir S	co postic	n 500(n)(/	11			
11			perated exclusively to te perated exclusively for the						rry out the	nurnoses o	of one or
··			ations described in secti								
			organization and compl		•		-/. 000 30 0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	olanon en		
	a Type	· · · · · · · · · · · · · · · · · · ·			inctionally			1 🗀 TV	ne III - No	n-functionall	v integrated
e	e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)										
f		_	tten determination from	-					(/ (/		
	_	rganization, check t			•		, ,,				
g		_	organization accepted ai	ny gift or c	ontribution	from any	of the foll	owing pe	ersons?		
			directly controls, either a							',	Yes No
	the gov	erning body of the s	upported organization?							11g(i)	
	(ii) A family	member of a perso	n described in (i) above?	>						11g(ii)	
	(iii) A 35%	controlled entity of a	a person described in (i)	or (11) abov	e?					11g(iii)	
h	Provide the f	ollowing information	about the supported or	ganization	(s)						
											
(i) Name	of supported	(ii) EIN			organization			(vi)	Is the	(vii) Amount	of monetary
orga	organization (described on lines 1-9 in col. (i) listed in your organization in col. (i) organization in col. (ii) organization in col.		nized in the								
			above or IRC section (see instructions))			ļ			U.S.?		
			(000,	Yes	No	Yes	No	Yes	No		
								Į			
			<u></u>		 -		ļ	 			
			ļ	 	<u> </u>		 	 			
				1							
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			 	 -	 		 	 	 		
Total											
			<u> </u>		 	L	-				

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

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012 Blue Mountain Community Foundation 91-1250104 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	Include any "unusual grants ")	1,784,601,	2,307,168,	1,436,762.	1,447,795.	1,416,268.	8,392,594,
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to				1		
	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	1,784,601,	2,307,168,	1,436,762.	1,447,795,	1,416,268,	8,392,594,
5	The portion of total contributions						
	by each person (other than a					İ	
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,				,		
	column (f)						2,517,527,
6	Public support. Subtract line 5 from line 4						5 875 067
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4	1,784,601.	2,307,168,	1,436,762.	1,447,795.	1,416,268,	8 392 594.
8	Gross income from interest.				,,	,	
	dividends, payments received on			1			
	securities loans, rents, royalties				l		
	and income from similar sources	661,356.	811,316.	735,609.	780,523.	898,163.	3.886.967.
9	Net income from unrelated business	7000	<u> </u>				
_	activities, whether or not the					ļ	
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						12,279,561,
	Gross receipts from related activities,	etc (see instruction	ne)			12	
	First five years. If the Form 990 is for	•	•	d fourth or fifth ta	x vear as a sectio	L	
	organization, check this box and stor	-	mat, socoma, tim	a, 10a. a., o	or your do a coomo	., 55 . (5)(5)	
Se	ction C. Computation of Publ	ic Support Per	rcentage				
	Public support percentage for 2012 (olumn (f))		14	47.84 %
	Public support percentage from 2011		•	· · · · · · · · · · · · · · · · · · ·		15	53.46 %
	33 1/3% support test - 2012. If the o			n line 13, and line	14 is 33 1/3% or n		
	stop here. The organization qualifies	•					►X
b	33 1/3% support test - 2011. If the o		•		line 15 is 33 1/3%	or more, check th	
	and stop here. The organization qual						▶□
17a	10% -facts-and-circumstances tes	•	• •		13 16a or 16b a	and line 14 is 10%	or more
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"					How the organ	L
L		•	•	-		17a and line 15 is 1	10% or
L,	 10% -facts-and-circumstances tes more, and if the organization meets the 	~					1070 01
							ightharpoonup
10	organization meets the "facts-and-circ		•		•		
10	Private foundation. If the organization	in did flot check a t	JUX OIT IIITE 13, 10	a, 100, 17a, 01 17k		Ind see instructions	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions. 2012 Open to Public Inspection

Name of the organization

Blue Mountain Community Foundation

Employer identification number

91-1250104

Pa	rt I Organizations Maintaining Donor Advised		or Accounts Complete of the
<u> </u>			or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	(a) Donor advised funds	(b) Funds and other accounts
4	Total number at and of year	19	
1	Total number at end of year	170,514.	16
2	Aggregate contributions to (during year)		217,769.
3	Aggregate grants from (during year)	90,212. 599,813.	117,392. 1,248,979.
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	_	X Yes No
•	are the organization's property, subject to the organization's e	_	
6	Did the organization inform all grantees, donors, and donor action charitable purposes and not for the benefit of the donor or		-
	impermissible private benefit?	donor advisor, or for any other purpose of	X Yes No
Pa		enization answered "Ves" to Form 990 Pa	
1		-	it iv, in e 7.
'	Purpose(s) of conservation easements held by the organization		orically important land area
	Preservation of land for public use (e.g., recreation or ed Protection of natural habitat	Preservation of a certifi	orically important land area
	Preservation of open space	Freservation of a certifi	ed historic structure
2	Complete lines 2a through 2d if the organization held a qualification	ad consequences contribution in the form of	f a concentration easement on the last
2	day of the tax year.	ed 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic stru	eture included in (a)	2c
d		• •	
ŭ	listed in the National Register	itel 0/1//00, and not on a motorio ottaotal	2d
3	Number of conservation easements modified, transferred, rele	eased extinguished or terminated by the	<u> </u>
·	year	acce, extinguished, or terrimized by the	ga <u></u>
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the peri		
•	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, a		ring the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	in easements in its revenue and expense s	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes th	ne organization's accounting for
	conservation easements		
Pa	rt III Organizations Maintaining Collections of	Art, Historical Treasures, or Otl	her Similar Assets.
	Complete if the organization answered "Yes" to Form 9	990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue stateme	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	bition, education, or research in furtherand	ce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	es these items	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement a	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of publ	lic service, provide the following amounts
	relating to these items.		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical trea	sures, or other similar assets for financial (
	the following amounts required to be reported under SFAS 11	6 (ASC 958) relating to these items.	
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		> \$

		<u>untain Com</u>					91-12	<u>5010</u>	4 Pa	<u>age 2</u>
Pa	rt III Organizations Maintaining C									
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that	are a sigi	nıfıcant	use of its	collection	ı item	s
	(check all that apply).									
а	Public exhibition	d	Loan or excl	hange progran	ns					
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how they further th	he organization	n's exem	pt purp	ose in Par	: XIII		
5	During the year, did the organization solicit o	r receive donations of	of art, historical treas	sures, or other	sımılar a	ssets				
	to be sold to raise funds rather than to be ma							Yes		No
Pa	rt IV Escrow and Custodial Arran	gements. Comple	ete if the organization	n answered "Y	es" to F	orm 990), Part IV, I	ine 9, or		
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contribution	s or other asse	ets not ir	ıcluded		_		_
	on Form 990, Part X?						L	Yes	L	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table							
								Amount	<u>:</u>	
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					_1e				
f	Ending balance						<u> </u>			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?				Ĺ	Yes	<u>_</u>	No
	If "Yes," explain the arrangement in Part XIII									<u></u>
Pa	rt V Endowment Funds. Complete	the organization an	swered "Yes" to For	rm 990, Part IV	/, line 10			,		
		(a) Current year	(b) Prior year	(c) Two years	back (c) Three	years back	(e) Four	years	back
1a	Beginning of year balance	23,388,196.	24,602,186.	20,582	213	18,0	047,423.	21	210	607.
b	Contributions	1,058,292.	678,002.	1,185	579.	1.	775,162,	1	610	936.
С	Net investment earnings, gains, and losses	2,810,484.	<140,140,	4,511	665.	2,:	227,512,	<3	430	517.
d	Grants or scholarships	1,432,987.	1,437,870,	1,365	630.	1,	180 <u>,367</u> ,	1	080	215.
е	Other expenditures for facilities							!		
	and programs	24,889,								
f	Administrative expenses	319,254,	313,982,	311	741.		287,417.		263	388.
g	End of year balance	25,479,842,	23,388,196,	24,602	186.	20 .	582,313.	18_	047	423.
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g, column (a	a)) held as						
а	Board designated or quasi-endowment	6.91	_%							
b	Permanent endowment >	%								
С	Temporarily restricted endowment ▶ <u>9</u>	<u>3.09</u> %								
	The percentages in lines 2a, 2b, and 2c shou	ld equal 100%								
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administere	ed for the	organi	zation			
	by							r	Yes	No
	(i) unrelated organizations							3a(i)		X
	(ii) related organizations							3a(ii)		X
b	If "Yes" to 3a(II), are the related organizations							_3b		Ĺ
4	Describe in Part XIII the intended uses of the									
Pa	rt VI Land, Buildings, and Equipm	ent. See Form 990	, Part X, line 10							
	Description of property	(a) Cost or o basis (investin		or other (other)	• •	cumulat eciation		(d) Boo	k valu	е
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment		5	5,565.		48,1	61.		7,4	04.
e	Other									
Tota	I. Add lines 1a through 1e. (Column (d) must e	gual Form 990, Part	X, column (B), line 1	(O(c))			>		7,4	04.

Schedule D (Form 990) 2012

Schedule D (Form 990) 2012 Blue Mountai	n_Community	y Foundation	<u> </u>	<u>-1250104</u>	Page 3
Part VII Investments - Other Securities. See					
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat	on. Cost or end	l-of-year market	value
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other	2 02	2 5 7 6 77	. 35 .1 1		
(A) Accrued investment income	3,030				
(B) Alternative Investments	3,978,989				
(C) Real Assets	3,530,045	End-of-Year	<u> market</u>	value	
(D)					
(E) (F)					
(G)				. 	
(H)					
(1)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	7,512,064	1.			
Part VIII Investments - Program Related. See	Form 990 Part X lin	e 13			
(a) Description of investment type	(b) Book value	(c) Method of valuati	on Cost or end	l-of-year market	value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)			·		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)					
Part IX Other Assets. See Form 990, Part X, line 1					
(a) D	escription			(b) Book v	alue
(2)					
(3)					
(4)				ļ <u>-</u>	
(5)					
(6)					
(7)					
(8)					
(9)					
(10) Tatal (Caluma (h) must aqual Form 990, Part V, act (R) Inc.					
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. See Form 990, Part X, lir					
1. (a) Description of liability	.0 2.0	(b) Book value		 	
(1) Federal income taxes					
(2) Agency Obligations		6,592,274.			
(3) Unitrust and Annuity Oblig	ations	886,470.			
(4)	<u> </u>	<u> </u>			
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
Total. (Column (b) must equal Form 990, Part X, col (B) line	25.)	7,478,744.			
2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text	of the footnote to the	organization's financial stat	ements that rep	oorts the organiz	
liability for uncertain tax positions under FIN 48 (ASC 74	0) Check here if the t	ext of the footnote has been	provided in Pa	ırt XIII	X

Schedule D (Form 990) 2012

		(Form 990) 2012 'Blue Mountain Community Fou			91-	1250104	Page 4
Par	t XI	Reconciliation of Revenue per Audited Financial Statemer	nts W	ith Revenue per R	etur	n	
1	Total	revenue, gains, and other support per audited financial statements			1	4,027,	830.
2	Amo	ints included on line 1 but not on Form 990, Part VIII, line 12.		i			
а	Net L	nrealized gains on investments	2a	2,381,772.			
b	Dona	ted services and use of facilities	2b				
С	Reco	veries of prior year grants	2c				
d	Othe	(Describe in Part XIII)	2d	<1,528,331.	>		
е	Add	ines 2a through 2d			2e	853,	441.
3	Subt	act line 2e from line 1		•	3	3,174,	
4	Amo	ints included on Form 990, Part VIII, line 12, but not on line 1					
а	Inves	tment expenses not included on Form 990, Part VIII, line 7b	4a	96,240.			
b	Othe	(Describe in Part XIII)	4b	3,599.			
С	Add	ines 4a and 4b			4c	99,	839.
_ 5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	3,274,	228.
Pai		Reconciliation of Expenses per Audited Financial Stateme	nts V	ith Expenses per	Ret	urn	
1	Total	expenses and losses per audited financial statements			1	1,884,	087.
2	Amo	ints included on line 1 but not on Form 990, Part IX, line 25					
а		ted services and use of facilities	2a				
b	Prior	year adjustments	2b				
С		losses	2c			•	
d	Othe	(Describe in Part XIII)	2d				
е		ines 2a through 2d			2e	1	0.
3		act line 2e from line 1			3	1,884,	
4	Amo	ints included on Form 990, Part IX, line 25, but not on line 1					
а		tment expenses not included on Form 990, Part VIII, line 7b	4a	96,240.			
b		(Describe in Part XIII)	4b	283,579.			
С		ines 4a and 4b			4c	379,	819.
5		expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	2,263,	
Pai		Supplemental Information					
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any additional information. Part X, Line 2: The Foundation operates as a tax exempt organization							
under Section 501(c)(3) of the Internal Revenue Code; therefore, no							
provision for Federal income tax is presented. The Foundation has also							
bee	en o	classified as a publicly supported organ	niza	tion under S	ect	ions	
509)(a)	(1) and 170(b)(1)(A)(vi) of the Interna	1_R	evenue Code.	·		
		oundation has adopted the provisions of					

Schedule D (Form 990) 2012

Schedule D (Form 990) 2012 Blue Mountain Community Foundation 9: Part XIII Supplemental Information (continued)	1-1250104 Page 5
has taken no uncertain tax positions requiring adjustment to	the financial
statements to comply with these provisions. With few exception	ns, the
Foundation is no longer subject to income tax examinations by	U.S. Federal
tax authorities for the years before 2010, which is the standard	ard statute
of limitations look-back period.	
Part XI, Line 2d - Other Adjustments:	
FAS 136 agency related transactions	-1,419,520.
Change in value of split interest agreements	-108,811.
Total to Schedule D, Part XI, Line 2d	-1,528,331.
Part XI, Line 4b - Other Adjustments:	
Miscellaneous funds expense	3,599.
Part XII, Line 4b - Other Adjustments:	
FAS 136 agency related transactions	279,980.
Miscellaneous funds expense	3,599.
Total to Schedule D, Part XII, Line 4b	283,579.

% X 63. Employer identification number 91-1250104 Open to Public OMB No 1545-0047 approved by BMCF Board approved by BMCF Board approved by BMCF Board approved by BMCF Board approved by BMCF Board approved by BMCF Board 2012 Inspection (h) Purpose of grant or assistance Various purposes as Various purposes as Various purposes as /arious purposes as Various purposes as Various purposes as ☐ Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ાં ö ö 0 Ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. recipient that received more than \$5,000 Part II can be duplicated if additional space is needed 500 7,463, 58,515, 11,500 63,934 (d) Amount of 20,479 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Blue Mountain Community Foundation applied for 501(¢)(3 (c) IRC section rf applicable 91-0828499 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) Enter total number of other organizations listed in the line 1 table 76-0766147 91-1527239 53-0196605 91-0793597 93-6024531 General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? WA 99328 1 (a) Name and address of organization Blue Mountain Action Council Blue Mountain Heart to Heart Blue Mountain Humane Society 1520 Kelly Place, Suite 140 1520 Kelly Place, Suite 120 Blue Mountain Counseling of Dayton, Columbia County - 221 E. or government Walla Walla, WA 99362 Walla Walla, WA 99362 Walla Walla, WA 99362 Walla Walla, WA 99362 Athena Civic Memorial Athena, OR 97813-0012 Name of the organization American Red Cross Department of the Treasury Washington St. Internal Revenue Service P.O. Box 3067 7 George St. P.O. Box 12 SCHEDULE (Form 990) Part Part N

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

Schedule I (Form 990) (2012)

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Schedule I (Form 990) Blue Mountain Community Foundation | Part II | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Camp Fire USA Walla Walla Council 414 South Park St. Walla Walla, WA 99362	91-0626153	501(C)(3)	22,215,	0			Various purposes as approved by BMCF Board
Camp Kiwanis Foundation P.O. Box 416 Walla Walla, WA 99362	51-0175607	501(Ç)(3)	8 722,	0			Various purposes as approved by BMCF Board
Carnegie Picture Lab P.O. Box 3223 Walla Walla, WA 99362	91-0864854	501(C)(3)	13,500,	0			Various purposes as approved by BMCF Board
Catholic Charities of Spokane - Walla Walla Office - 408 W, Poplar St Walla Walla, WA 99362	91-0569880	501(C)(3)	6,000,	0			Various purposes as approved by BMCF Board
Children's Home Society of Washington/Walla Walla - 1612 Penny Lane - Walla Walla, WA 99362	91-0575955	501(C)(3)	12,500.	0			Various purposes as approved by BMCF Board
Christ Lutheran Church 1420 S. Second Avenue Walla Walla WA 99362	91-0858724	501(C)(3)	21,317,	0.			Various purposes as approved by BMCF Board
1 .5 1	91-0918048	501(C)(3)	76,346.	0			Various purposes as approved by BMCF Board
	91-6001243	Government	16,850,	0			Various purposes as approved by BMCF Board
Columbia Co. Community Network 166 East Main St. Dayton, WA 99328	94-3233100	501(C)(3)	5,700,	0			Various purposes as approved by BMCF Board Schedule I (Form 990)

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Schedule (Form 990) Blue Mountain Community Foundation Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	tain Comm Assistance to Go	unity Found evernments and Organ	Foundation and Organizations in the Un	ited States (Sche	dule I (Form 990), Par	91	1-1250104 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Columbia Co. Public Works PO Box 5 Dayton, WA 99328	91-6001309	Government	10,000.	0			Various purposes as approved by BMCF Board
Columbia School District 755 Maple St. Burbank, WA 99323	91-6001891	Public Sch	10,000,	*0			Various purposes as approved by BMCF Board
Computer Data Service PO Box 495 Walla Walla, WA 99362	91-1559737		696'9	0			James McClellan Annual Lecture on clinical care and caregiving
Domestic Violence Services 1103 S.E. Court Place Pendleton, OR 97801	93-0749483	501(c)(3)	000'9	0			Various purposes as approved by BMCF Board
Downtown WW Foundation 2 S. First, #300 Walla Walla, WA 99362	91-1321381	501(c)(3)	12,503.	0			Various purposes as approved by BMCF Board
Emmanuel Lutheran Church 628 Lincoln St. Walla Walla, WA 99362	91-1222504	501(c)(3)	41,784.	0			Various purposes as approved by BMCF Board
Eric Johnson 222 E. Commercial Dayton, WA 99328	51-0191098	501(c)(3)	11,834,	0			Various purposes as approved by BMCF Board
First Congregational Church 73 S. Palouse Walla Walla, WA 99362	91-0655578	501(c)(3)	25, 352.	0			Various purposes as approved by BMCF Board
First Presbyterian Church 325 S. First Walla Walla, WA 99362	91-0640784	501(c)(3)	33,523,	0			Various purposes as approved by BMCF Board Schedule! (Form 990)

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Schedule (Form 990) Blue Mountain Community	tain Com	nunity Found	oundation			:	91-1250104 Page 1
(a) Name and address of (b) EIN (c) IRC section or government or government (b) EIN (c) IRC section or government (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g)	Assistance to Go	(c) IRC section	(d) Amount of	(e) Amount of non-cash assistance	dule I (Form 990), Pa (f) Method of valuation (book, FMV.	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					appraisal, other)		
Fort Walla Walla Museum WW Valley Historical Society - 755 Myra Road							Various purposes as
6	91-6070983	501(C)(3)	13,913.	0,			
Friends of Children of Walla Walla 120 East Birch St., Suite 10							
Walla Walla, WA 99362	71-0886777	501(C)(3)	6,550.	0			approved by BMCF Board
Friends of Farm Labor Homes 220 Newell Street	1010800	501(2)(3)	7	c			
Walla Walla WA 99302	6690171-07	201(C)(3)	, 080.	0			approved by BMCF Board
Friends of the Library of Walla Walla - 1842 Parkview Place - Walla Walla, WA 99362	91-1104907	501(c)(3)	11,759.	0			Various purposes as approved by BMCF Board
Goodwill Industries of the							
Columbia - 815 N. Kellogg, Suite A							Various purposes as
- Kennewick, WA 99336	23-7071436	501(c)(3)	36,856.	0			approved by BMCF Board
Helpline PO Box 776							Various purposes as
Walla Walla, WA 99362	91-2148803	501(C)(3)	23,567.	0.			approved by BMCF Board
Lillie Rice Center, Inc. 2616 E. Isaacs Avenue							Various purposes as
Walla Walla, WA 99362	91-0789757	501(C)(3)	30,232,	0			approved by BMCF Board
Lincoln High School 421 S. Fourth St. Walla Walla WA 99362	91-6015450	Public Sch	20,300.	0			Various purposes as approved by BMCF Board
Little Theatre of Walla Walla							
P.O. Box 39	1032501	E01.07.03	22 118	c			Various purposes as
Walla Walla, WA 99302	10000000-16	161151100	46,110.				Schedule I (Form 990)

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Schedule I (Form 990) Blue Mountain Community Foundation

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
No Margin, No Mission 3121 Claremont Place Tacoma, WA 98407	45-2936429	501(C)(3)	9 000.	0			Various purposes as approved by BMCF Board
Pioneer United Methodist Church 209 E. Birch St. Walla Walla, WA 99362	91-0616712	501(C)(3)	38,193,	0			Various purposes as approved by BMCF Board
Pomeroy School District P.O. Box 950 Pomeroy, WA 99347	91-1099549	Public Sch	6,000.	0,			Various purposes as approved by BMCF Board
Port of Columbia 1 Port Way Dayton, WA 99328	91-0856165	Port Distr	15,000,	0			Various purposes as approved by BMCF Board
Project Timothy 249 E. Main St. Dayton, WA 99328	91-0569880	fiscally sponsored	d b 7,500.	0			Various purposes as approved by BMCF Board
Rising Sun Clubhouse 1520 Kelly Place, Suite 130 Walla Walla, WA 99362	16-1679931	501(C)(3)	2,000.	0			Various purposes as approved by BMCF Board
Rogers Adventist School 200 S.W. Academy Way College Place, WA 99324	91-0816206	501(C)(3)	7,070,	0			Various purposes as approved by BMCF Board
Rotary Club of Walla Walla P.O. Box 418 Walla Walla, WA 99362-0011	91-1823640	501(C)(3)	16,545,	0			Various purposes as approved by BMCF Board
Salvation Army P.O. Box 1244 Walla Walla, WA 99362	94-1156347	501(C)(3)	10,000,	0			Various purposes as approved by BMCF Board Schedule I (Form 990)

Schedule (Form 990) Blue Mountain Community Foundation Dart Continuation of Grante and Other Assistance to Governments and Organizations in the United States (Schedule (Form 990) Part 1)	tain Comm	nunity Foundation	ation	ited States (Sche	dule I (Form 990) Par		91-1250104 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
St. Joseph Catholic Church of Dayton, Washington - Parishes of St. Joseph and St. Mark - Dayton, WA 99328	91-1434774	501(c)(3)	7.126.	0			Various purposes as approved by BMCF Board
St. Mark Catholic Church of Waitsburg, Washington - Parishes of St. Joseph and St. Mark - Dayton, WA 99328	26-1303974	501(c)(3)	7,126.	0			
St. Paul's Episcopal Church 323 Catherine Street Walla Walla, WA 99362	91-0693234	501(c)(3)	15,528,	0			Various purposes as approved by BMCF Board
Student Health Options dba The Health Center - 534 South 3rd Avenue - Walla Walla, WA 99362	27-0401462	501(c)(3)	12,750.	0			Various purposes as approved by BMCF Board
The STAR Project P.O. Box 159 Walla Walla, WA 99362	73-1707241	501(c)(3)	5,000.	0			Various purposes as approved by BMCF Board
Trilogy Recovery Community PO Box 1754 Walla Walla, WA 99362	32-0303794	501(c)(3)	5,000.	0			Various purposes as approved by BMCF Board
Umatilla Morrow Head Start, Inc. 110 N.E. 4th Street Hermiston, OR 97838	93-0937286	501(c)(3)	*000'5	0.			Various purposes as approved by BMCF Board
United Way of Walla Walla 29 E. Sumach Walla Walla, WA 99362	91-0730322	501(c)(3)	36,476.	0			Various purposes as approved by BMCF Board
Waitsburg Historical Society P.O. Box 341 Waitsburg, WA 99361	23-7111750	501(C)(3)	11,376.	0			Various purposes as approved by BMCF Board Schedule I (Form 990)

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Schedule I (Form 990) Blue Mountain Community Foundation Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	tain Comm Assistance to Go	nunity Foundation	ation nizations in the Ur	nited States (Sche	dule I (Form 990), Pa		91-1250104 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Walla Walla Catholic Schools 919 E. Sumach Walla Walla, WA 99362	91-1430214	501(C)(3)	13,592.	0,			Various purposes as approved by BMCF Board
Walla Walla Chamber Music Festival P.O. Box 119 Walla Walla, WA 99362	26-0869372	501(C)(3)	5,000,	.0			Various purposes as approved by BMCF Board
Walla Walla Community College Foundation - 500 Tausick Way - Walla Walla, WA 99362	91-1207033	501(C)(3)	29,561.	0.			Various purposes as approved by BMCF Board
Walla Walla Community Hospice 1067 Isaacs Avenue Walla Walla, WA 99362	91-1144144	501(C)(3)	11,079.	0			Various purposes as approved by BMCF Board
Walla Walla Community Network 1520 Sturm Ave Walla Walla, WA 99362	91-0821964	fiscally sponsored b	ed b 10,000.	0			Various purposes as approved by BMCF Board
Walla Walla General Hospital Foundation - P.O. Box 1398 - Walla Walla, WA 99362	91-0617726	501(C)(3)	10,000,	0			Various purposes as approved by BMCF Board
Walla Walla Public Schools - Blue Ridge Elementary - 1150 W. Chestnut - Walla Walla, WA 99362	91-6015450	Government	9,000.	0			Various purposes as approved by BMCP Board
Walla Walla Senior Citizens Center, Inc., dba Center at the Park - 720 Sprague - Walla Walla, WA 99362	91-0874461	501(C)(3)	16,142,	0			Various purposes as approved by BMCF Board
Walla Walla Symphony P.O. Box 92 Walla Walla, WA 99362	91-0925802	501(C)(3)	30, 240.	0			Various purposes as approved by BMCF Board Schedule I (Form 990)

Schedule I (Form 990) Blue Mountain Community Foundation

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Walla Walla University 204 South College Ave. College Place, WA 99324	91-0617727	501(C)(3)	694.	0			Various purposes as approved by BMCF Board
Whitman College Financial Aid Office of Financial Aid Walla Walla, WA 99362	91-0567740	501(C)(3)	40,431,	0			Various purposes as approved by BMCF Board
YMCA P.O. Box 1637 Walla Walla, WA 99362	91-0580856	501(C)(3)	44, 626.	0			Various purposes as approved by BMCF Board
YWCA 213 S. First Ave Walla Walla, WA 99362	91-0613315	501(C)(3)	43,422,	0			Various purposes as approved by BMCF Board
							Schedule I (Form 990)

Schedule I (Form 990) (2012) (f) Description of non-cash assistance Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information (e) Method of valuation (book, FMV, appraisal, other) (Form 990) (2012) Blue Mountain Community Foundation

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed (d) Amount of non-cash assistance 2,000. 408,233 (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Scholarships to individuals Grants to individuals

Page 2

91-1250104

Schedule I (Form 990) (2012)

PartIII

31

SCHEDULE M (Form 990)

Noncash Contributions

2012

Department of the Treasury Internal Revenue Service ➤ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

➤ Attach to Form 990.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

Employer identification number

	Blue Mountai	n Comm	unity Fou	ndation				<u> 1 - 1 </u>	2501	04	
Pai	t I Types of Property										
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash cont amounts repo Form 990, Part V	rted on	nor			etermini ution an	_	 s
1	Art - Works of art										
2	Art - Historical treasures										
3	Art - Fractional interests						_				
4	Books and publications					<u> </u>					
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	X	8	97,	592.	Avg_	<u>FMV</u>	on_	gift	<u>: d</u> a	<u>ate</u>
13	Qualified conservation contribution -										
	Historic structures					<u> </u>					
14	Qualified conservation contribution - Other		<u> </u>								
15	Real estate - Residential					ļ					
16	Real estate - Commercial					 					
17	Real estate - Other					ļ <u></u>					
18	Collectibles					 					
19	Food inventory					 					
20	Drugs and medical supplies		ļ		·	<u> </u>					
21	Taxidermy										
22	Historical artifacts										
23	Scientific specimens					ļ					
24	Archeological artifacts					 					
25	Other ()					ļ			_		
26	Other ()					ļ	 -				
27	Other ()					 					
28_	Other ► (L.,	1 1	<u></u>					
29	Number of Forms 8283 received by the organiz		•								
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement	_29					Yes	
					4 00 4	_4.4				Yes	No
зvа	During the year, did the organization receive by								i 1		ĺ
	at least three years from the date of the initial of	contribution	, and which is not	required to be us	ea for exer	npt purp	oses ic)r	00-		v
	the entire holding period?								30a		X
	If "Yes," describe the arrangement in Part II.	- د - ۱۰ برمراه		of any non stand	ard aante-	utions					v
31	Does the organization have a gift acceptance p								31		<u> X</u>
32a	Does the organization hire or use third parties	or related of	rganizations to soli	CIL, process, or se	en noncash	I					v
	contributions?								32a		X
	If "Yes," describe in Part II	antium= (-\ '	for a tupa of are	etu far juhiah aali.	mn (a) :a al	2001/24					1
33	If the organization did not report an amount in	column (c) 1	ior a type of prope	rty for which colu	mm (a) is Ci	ieckea,					1
LHA	describe in Part II	the leature	tions for Earm 00				Caba	dula 84	(Form		(2012)
	For Paperwork Reduction Act Notice, see	wie mstruc	,uons ioi Form 99	∵.			Scrie	uule W	(FUIII)	22U) ((ZU IZ)

Chedule M	(Form 990) (2012)	<u>Blue</u>	<u>Mountai</u>	n Community	Foundation	91-1250104	Page 2
Part II	Supplemental the organization is Also complete this	Information of the second of t	ation. Comple in Part I, colum	ete this part to provide in (b), the number of c	the information required bootributions, the number of	y Part I, lines 30b, 32b, and 33, and virtuens received, or a combination of	whether both.
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2142 12-20-	12			······································		Schedule M (Form 99	90) (201

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.

2012
Open to Public Inspection

Name of the organization

Blue Mountain Community Foundation

Employer identification number 91-1250104

Form 990, Part VI, Section B, line 11: After completion of the IRS Form

990, it is circulated to the Audit Committee for review prior to submission

and later made available to the Board of Trustees at a Board meeting.

However, in order to preserve donor anonymity, Schedule B is not included

in the copy provided to the Audit Committee or the Board.

Form 990, Part VI, Section B, Line 12c: The implementation of the conflict of interest policy begins with a written disclosure by all Foundation volunteers. Then, in a matter where a decision is to be made that involves a disclosed conflict, a discussion takes place to decide how the matter proceeds. The conversation centers on whether the person with a conflict will participate in the discussion and/or the decision. Once a fair process is determined in keeping with the policy, then a group decision is made. The matter is recorded in the minutes of the meeting.

Form 990, Part VI, Section B, Line 15a: On an annual basis, the Executive

Committee of the board completes an employee review of the Executive

Director. The review process is managed by the Vice-President. A

comprehensive review document is used that involves a report on results of
the prior period by the employee followed by an assessment by the Executive

Committee with input from the entire Board of Trustees.

In circumstances where the Executive Committee believes that a change in compensation is appropriate, it is first determined whether there is capacity in the budget to make any increase. Then, the Executive Committee uses salary data gathered from local sources and the Council on

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

Schedule O (Form 990 or 990-EZ) (2012)

232211 01-04-13 The Foundation does submit its IRS Form 990 on a timely basis. The most current IRS Form 990, or any other IRS filing such as IRS Form 990-T that BMCF might file, is available for review on its website at http://www.bluemountainfoundation.org/finances or to request a copy, contact us.

The Foundation's governing documents are available for public inspection upon request.

Form 990, Part XI, line 9, Changes in Net Assets:

Change in value of split interest agreements -108,811.

FAS 136 agency related transactions -1,139,540.

Total to Form 990, Part XI, Line 9 -1,248,351.

The Audit Committee is responsible for the selection of the independent

Schedule O (Form 990 or 990-EZ) (2012)

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization Blue Mountain Community Foundation	Employer identification number 91-1250104
auditors as well as overseeing the audit of the financial	statements.
The policies and procedures to accomplish these tasks hav	e not changed
from the prior year.	
	<u> </u>

Schedule O (Form 990 or 990-EZ) (2012)

4562

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization 990 (Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return.

2012

Attachment Sequence No 179

Name(s) shown on return Business or activity to which this form relates Blue Mountain Community Foundation Form 990 Page 10 91-1250104 Part | Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 500,000. 1 Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 3 2,000,000. Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-5 Dollar limitation for tax year Subtract line 4 from line 1 lf zero or less, enter -0- if married filing separately, see instructions (a) Description of property (b) Cost (business use only) (c) Elected cost 7 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction Enter the smaller of line 5 or line 8 9 10 10 Carryover of disallowed deduction from line 13 of your 2011 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2013 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during 14 the tax year 15 15 Property subject to section 168(f)(1) election 16 Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property) (See instructions) Section A 2,748 17 17 MACRS deductions for assets placed in service in tax years beginning before 2012 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2012 Tax Year Using the General Depreciation System (b) Month and year placed in service (c) Basis for depreciation (business/investment use only - see instructions) (d) Recovery period (f) Method (a) Classification of property (e) Convention (g) Depreciation deduction 19a 3-year property b 5-year property 7-year property C d 10-year property 15-year property е 20-year property 25-year property 25 yrs. S/L g MM 27 5 yrs S/L h Residential rental property 27 5 yrs MM S/L MM S/L i Nonresidential real property MM S/L Section C - Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12 yrs. b 12-year S/L 40-year 40 yrs MM S/L Part IV Summary (See instructions) 21 Listed property Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 2,748. Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2012)