

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490





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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

▶ Do not enter Social Security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

	A F	or the	2013 calendar year, or tax year beginning JUL 1, 2013 and endin	g JUN 3	0, 201	L 4
i	B C	heck if				tification number
		7Addres				
	<u> </u>	_change	Blue Mountain Community Foundation			
	느]Name]change]Initial				-1250104
	<u></u>	return Termin	Number and street (or P.O. box if mail is not delivered to street address)	/suite E Tele	phone num	
	37	Jated	FO BOX 003	 -		9-529-4371
		Ameno return Applica		1	receipts \$	13,162,451.
		Jtiòn pendin	Walla Walla, WA 39302		this a group	
			F Name and address of principal officer: Kari Isaacson PO Box 603, Walla Walla, WA 99362	1	r subordina	
	1 T	24-046	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or			h a list. (see instructions)
•			e: bluemountainfoundation.org			otion number
						M State of legal domicile: WA
		rt I	Summary	_rous_or rormati	<u> </u>	E W Otato of logal dofficio. WII
,			Briefly describe the organization's mission or most significant activities: Encoura	ging an	d faci	ilitating
	Activities & Governance		private giving and grantmaking for public g			
	rna		Check this box if the organization discontinued its operations or disposed of		% of its ne	t assets
	ove	3	Number of voting members of the governing body (Part VI, line 1a)	, .	L	3 13
	2	4	Number of independent voting members of the governing body (Part VI, line 1b)			4 13
	es	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)			5 7
	Ϋ́	6	Total number of volunteers (estimate if necessary)			6 14
2014	Act		Total unrelated business revenue from Part VIII, column (C), line 12	-		7a 0.
	_	b	Net unrelated business taxable income from Form 990 T, line 34			7b 0.
8			RECEIVED		r Year	Current Year
8	e e		Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4-and 7d)	2,0	23,327	
EC	Revenue		Program service revenue (Part VIII, line 2g)	1 1		0. 0.
DE	Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u> </u>	66,936	
A			Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9e, 10c, and 11e) Total revenue · add lines 8 through 11 (must equal Part VIII column (A), line 12)	3 2	83,965 74,228	
SCANNED			Grants and similar amounts paid (Part IX, column (A), lines 1-3)		44,754	
Z			Benefits paid to or for members (Part IX, column (A), line 4)			$0. \qquad 0.$
Ö	_s		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2	71,217	* · *
Ø	Expenses	I	Professional fundraising fees (Part IX, column (A), line 11e)			0.
	Ç	l	Total fundraising expenses (Part IX, column (D), line 25) 135,093.			
	Ω	l	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		47,935	5. 285,011.
		18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,2	63,906	6. 2,317,726.
		19	Revenue less expenses. Subtract line 18 from line 12	1,0	10,322	2. 1,263,223.
	sets or alances			Beginning o	of Current Ye	ear End of Year
	Sset	20	Total assets (Part X, line 16)	34,1	<u>.82,386</u>	
	Net A	1	Total liabilities (Part X, line 26)		65,970	
			Net assets or fund balances Subtract line 21 from line 20	26,3	16,410	0. 29,720,130.
		ırt II	Signature Block	 		
			alties of perjury, I declare that I have examined this return, including accompanying schedules and s			of my knowledge and belief, it is
	true,	correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of which pr	eparer nas any	T 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
	C:	_	Signature of officer		11 - 17 Date	. 17
	Sigr		Kari Isaacson, Executive Director		54.0	
	Her	e	Type or print name and title			
			Print/Type preparer's name Preparer's signature	Date,	Check	PTIN
	Paid		Kristine Loomis, CPA Duthus Al	u/14/	If self-en	mployed P00367871
		arer	Firm's name Cordell, Neher & Company, P.L.L.C.	· 11 · • <u>1</u>	Firm's EIN	
		Only	Firm's address P.O. Box 3068			
			Wenatchee, WA 98807-3068		Phone no.	(509) 663-1661
	X Yes No					
		01 10-2	RS discuss this return with the preparer shown above? (see instructions) 29-13 LHA For Paperwork Reduction Act Notice, see the separate instructions.			Form 990 (2013)

	990 (2013) Blue Mountain Community Foundation	91-1250104	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission		
	The mission of Blue Mountain Community Foundation is to	<u>build a leg</u>	acy
	of healthy communities for future generations in the Bl		
	region by encouraging and facilitating private giving f	<u>or the publi</u>	<u> </u>
	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?	L 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		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total expenses, a	and
	revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$ 2,026,168. including grants of \$ 1,792,675.) (Reven	ue \$ 2,216,	<u>106.</u>)
	Provided grants to 175 organizations, primarily in the	<u>Blue Mountai</u>	<u>n</u>
	area of southeastern Washington and northern Umatilla C	<u>ounty, Orego</u>	n,
	addressing a variety of charitable purposes including b	<u>asic needs,</u>	
	health & wellness, education, vibrant economies, arts &	<u>culture,</u>	
	neighborhoods & communities, and the environment. Grant	s from	
	scholarship funds supported more than 318 students in p		
	education. Worked with donors to create 11 new endowed		
	non-endowed funds, that will provide grants to support	the communit	У
	into the future.		
	For more information visit our website at		
	www.bluemountainfoundation.org		
4b	(Code) (Expenses \$) (Rever	iue \$)
4c	(o-t-) (o-t-)		
46	(Code) (Expenses \$) (Rever	iue \$	···········'
-			
		·	
		-	
		· · · - · · · · · · · · · · · · · · · · · · ·	
	Other and are a contract (December in Caberla I. O.)		
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$		
<u>4e</u>	Total program service expenses ▶ 2,026,168.		100 (25 : 5:
		Form 🖫	990 (2013)

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
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		<u>X</u> _
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	_X_	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8_		<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?			
	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.		i	
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	<u> </u>
ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		37	
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	-	X
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	444		
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	X
e f	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	11e		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	111	Α.	_
144	Schedule D, Parts XI and XII	12a	х	
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
-	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	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			_
_	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X _
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_x_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	-	-	
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>x</u> _
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
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	_X_
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990	(2013)

Blue Mountain Community Foundation 91-1250104 Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III X 22 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 X 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete X Schedule K. If "No", go to line 25a 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a X disqualified person during the year? If "Yes," complete Schedule L, Part I . . 25a b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete X Schedule L, Part I 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or 26 former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, X complete Schedule L. Part II 26 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 X of any of these persons? If "Yes," complete Schedule L, Part III 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions). a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X 28a Х b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b 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 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M X 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 X contributions? If "Yes." complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? X If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Х Schedule N, Part II 32 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 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 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

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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

If "Yes," complete Schedule R, Part V, line 2

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

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?

Form 990 (2013)

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X

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Form 990 (2	Blue Mountain Community Foundation	!	91-1250104	Pa	age 5
Part V	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V				
		1	10	es	No

			Yes	No_
1a	Enter the number reported in Box 3 of Form 1096. Enter -0 - if not applicable 10			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ►	ı		
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	•		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c_		
6a		_		,,
	any contributions that were not tax deductible as charitable contributions?	6a		<u> X</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	۵.		
_	were not tax deductible?	6b		, /
7	Organizations that may receive deductible contributions under section 170(c).			x
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		
b	Did the organization hotily the donor of the value of the goods of services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	76		-
C	to file Form 8282?	7c		x
d	1 - 1			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
э h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a	<u> </u>	X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	<u> </u>	X
10	Section 501(c)(7) organizations. Enter:		ŀ	'
а	Initiation fees and capital contributions included on Part VIII, line 12 10a	1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:	1	\ ``	'
а	Gross income from members or shareholders 11a	4		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)	-	ŀ	
_	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	- 12a	1-	 - -
b	· · · · · · · · · · · · · · · · · · ·	1	1	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u></u>	\vdash	
а	Is the organization licensed to issue qualified health plans in more than one state?	13 <u>a</u>	 	+-
	Note. See the instructions for additional information the organization must report on Schedule O.			
b				j '
	organization is licensed to issue qualified health plans [13b]	-		
140		44.	+	X
14a		14a	 	
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		J

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.

	the should be sh			
	Check if Schedule O contains a response or note to any line in this Part VI			X
<u>sec</u>	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 13			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			*
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
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		х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	<u>I a</u>		
D				x
_	persons other than the governing body?	7b	-	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	_ '	37	ì ì
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	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?	-		1
а	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15b	<u> </u>	Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	1.55		†
16~	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		1.	
104	taxable entity during the year?	40-	ľ	x
_		<u>16a</u>	 	<u> </u>
. D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		ļ	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		-	F
	exempt status with respect to such arrangements?	16b	<u> </u>	
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)	avaılat	ole	
	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, ar	d fina	ncıal	
	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:	>	
	Joan Consani - 509-529-4371	-		
	PO Box 603, Walla Walla, WA 99362			

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91-1250104

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

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

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

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

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

Check this box if neither the organization	nor any related	orga	ıniza	tion	cor	nper	nsat	ted any current officer, o			
(A)	(B)	(C) Position						(D)	(E)	(F)	
Name and Title	Average	(do	not c	POSI heck	ITION more	than	one	Reportable	Reportable	Estimated	
	hours per	box	, unle	ss pe	rson irecto	is bot or/trus	h an	compensation	compensation	amount of	
	week	-				1	T	from	from related	other	
	(list any hours for	or director					ļ	the organization	organizations (W-2/1099-MISC)	compensation from the	
	related	10 95	ste			iş.		(W-2/1099-MISC)	(***271033***********************************	organization	
	organizations	Individual trustee	Institutional trustee		Key employee	Ē		(** = *********************************		and related	
	below	nd tra	琶	as	em pic	est co	귤			organizations	
	line)	重	ınst	Officer	Key	Highest compensated employee	Former				
(1) Craig Sievertsen	1.00									•	
President	1	Х	ļ.	Х		-	_	0.	0.	0.	
(2) Leslie Brown	1.00		ļ			1					
Secretary	1 00	X		X		-	-	0.	0.	0.	
(3) Norm Passmore	1.00]						•	•	
Vice-President	1 00	X	 	X	ļ	-	├-	0.	0.	0.	
(4) Shannon Bergevin	1.00				ļ					0	
Treasurer	1 00	X	<u> </u>	X	<u> </u>	╄	ļ	0.	0.	0.	
(5) Tony Billingsley	1.00						l			•	
Trustee	1 00	X	-			+		0.	0.	0.	
(6) Sherilee Coffey	1.00	٠,								•	
Trustee	1 00	X	┝			-	-	0.	0.	0.	
(7) Sandi Blackaby	1.00	- -									
Trustee	1 00	X		ļ	-			0.	0.	0.	
(8) Keith Olson	1.00	X		1				0.	0.	0.	
Trustee	1.00	^			├	+	├	· · · · · · · · · · · · · · · · · · ·	0.	<u> </u>	
(9) Kevin Michelson	1.00	X	-				1	0.	0.	0.	
Trustee	1.00	^	-			\vdash	1		<u> </u>	<u> </u>	
(10) Laure Quaresma Trustee	1.00	X						0.	0.	0.	
(11) Anne Walsh	1.00	122	\vdash			\vdash			<u> </u>	<u> </u>	
Trustee	1100	x						0.	0.	0.	
(12) Anne-Marie Zell Schwerin	1.00		-								
Trustee		X						0.	0.	0.	
(13) Dan Reid	1.00										
Trustee		X						0.	0.	0.	
(14) Carol Varga Morgan	1.00										
Trustee		X			L	L	ļ	0.	0.	0.	
(15) Larry Siegel	1.00			1							
Trustee		X					<u> </u>	0.	0.	0.	
(16) Richard M. Wylie	1.00								1		
Trustee		X	_	<u> </u>	igspace	<u> </u>	1_	0.	0.	0.	
(18) Kari Isaacson	40.00	1									
Executive Director			_	X				64,887.	0.	0.	

(A) Name and title	(B) Average hours per week (list any	(do box offic	(C) Positio (do not check mo box, unless perso officer and a direct			than	one h an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimat amount other	of
	hours for related organizations below line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	the organizations (W-2/1099-MISC) (W-2/1099-MISC)			compensation from the organization and related organizations		
					-					_	.	
		_										
												_
											-	
										-		
1b Sub-total		<u> </u>			1	ļ	<u> </u>	64,887.		2.		0.
c Total from continuation sheets to Part V d Total (add lines 1b and 1c) 2 Total number of individuals (including but it			linte		have		>	64,887.	().		0.
2 Total number of individuals (including but recompensation from the organization		1056	, liste			— w	10 11	ecalved more than \$100		<u></u>	Yes	No
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s			e, ke	ey er	nplo	уее	, or	highest compensated e	employee on		3	х
4 For any individual listed on line 1a, is the s and related organizations greater than \$15	0,000? If "Yes	," cc	mpl	ete S	Sch	edul	e J i	for such ındivıdual			4	х
Did any person listed on line 1a receive or rendered to the organization? If "Yes," con Section B. Independent Contractors							relat	ed organization or indiv	ridual for services		5	Х
Complete this table for your five highest countries the organization. Report compensation for										ensatı	on from	
(A) Name and business	s address	N	ON	E				(B) Description of	services	Con	(C) npensati	on
	·-·									-	-	-
			. <u></u> .									
												
2 Total number of independent contractors		not l	ımıte	ed to		_	ste	d above) who received i	more than	<u> </u>		
\$100,000 of compensation from the organ	iization 🚩					0		-			orm 990	(2013

			Check if Schedule O conta	uns a response	or note to any line		····	<u> </u>	<u> </u>
			-		1	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
इ इ	1 :	а	Federated campaigns	1a					
E E			Membership dues	1b					
ا ڳي			Fundraising events	1c					
無別			Related organizations	1d				•	İ
S,E			Government grants (contribution	·		,			į
20			All other contributions, gifts, grant	·					ļ <u>.</u> .
Per l			similar amounts not included abov		1,364,843,				1
اعَظ			Noncash contributions included in lines	·	321,445.				
Contributions, Gifts, Grants and Other Similar Amounts		_	Total. Add lines 1a-1f		D	1 364 843.		•	
					Business Code		ï		
e l	2 :	а							
اه ک		b							
Program Service Revenue		С							
e a		d							
P. P.	,	е							
۳	1	f	All other program service rever	nue					
			Total. Add lines 2a-2f		•				
	3		Investment income (including	dıvıdends, ınter	est, and				
			other similar amounts)	ē		873,775,	873,775,		
	4		Income from investment of tax	exempt bond i	oroceeds 🕨				
	5		Royalties						<u></u>
				(i) Real	(II) Personal	1			
	6	а	Gross rents	138,699		•	,		
		b	Less: rental expenses	0					
		С	Rental income or (loss)	138,699		, , , , , ,	<u>'</u> -	*	
		d	Net rental income or (loss)		🕨	138,699.	138,699.	·	
	7	а	Gross amount from sales of	(i) Securities	(ii) Other	, -	•		
			assets other than inventory	10,785,134			1		
		b	Less: cost or other basis				-		
			and sales expenses	9,581,502			, , ,		
		С	Gain or (loss)	1,203,632	,	, , , , , , , , , , , , , , , , , , ,	[
		d	Net gain or (loss)			1,203,632.	1,203,632,		
<u>o</u>	8	а	Gross income from fundraising	g events (not		· 			
Other Revenue			including \$	of				•	
ě			contributions reported on line	1c) See			, , ,		
F			Part IV, line 18	a	1		,		
Ě		b	Less direct expenses	k	·				
_		С	Net income or (loss) from fund	draising events	<u> </u>		-		
	9	а	Gross income from gaming ac	tivities See					
			Part IV, line 19	á	1				
		b	Less, direct expenses	t	·				
		С	Net income or (loss) from gam	ning activities		_			
	10	а	Gross sales of inventory, less	returns				•	
			and allowances	•	a				1
		b	Less cost of goods sold	1		•			
		С	Net income or (loss) from sale	s of inventory					
			Miscellaneous Revenu	ie	Business Code	*	-		-
	11	а					<u> </u>		
		b					<u> </u>		
		¢					 	ļ	ļ
		d			L				
		e	Total. Add lines 11a-11d					ļ	
3330	12		Total revenue. See instructions.			3,580,949	2,216,106.	lc	0_

D:	Ohaali f Oakaalila Oaamaamaa a				
D -	Check if Schedule O contains a respon	se or note to any line in t	this Part IX	(0)	
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	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 $igspace$	1,342,310.	1,342,310.	` <u> </u>	·
2	Grants and other assistance to individuals in			•	•
	the United States. See Part IV, line 22	450,365.	450,365.		
3	Grants and other assistance to governments,			•	-
	organizations, and individuals outside the	1			
	United States. See Part IV, lines 15 and 16			1	· · · · · · · · · · · · · · · · · · ·
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	87,003.	<u>25,231.</u>	31,321.	30,451.
	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	126,479.	39,667.	66,317.	20,495.
	Pension plan accruals and contributions (include	4 40=			
	section 401(k) and 403(b) employer contributions)	4,197.	1,316.	2,201.	680.
	Other employee benefits	6,246.	1,959.	3,275.	1,012.
	Payroll taxes	16,115.	7,296.	3,931.	4,888.
	Fees for services (non-employees):				
а	Management				
þ	Legal .				
	Accounting .	21,242.	<u> </u>	21,242.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17		, , , , , , , , ,		
	Investment management fees .	108,656.	108,656.		
_	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	6,183.			6,183
	Advertising and promotion .	28,799.			28,799
	Office expenses	10,986.	4,974.	2,680.	3,332
14	Information technology	38,786.	17,561.	9,460.	11,765
15	Royalties				
16	Occupancy	31,102.	14,082.	7,586.	9,434
17	Travel	5,753.	2,605.	1,403.	1,745
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	7,514.	3,402.	1,833.	2,279
20	Interest	57.		57.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,737.	1,692.	911.	1,134
23	Insurance	3,513.		3,513.	
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.)	- ,			- L
а	Printing/Publications	11,981.			11,981
	Fund Expenses	3,680.	3,680.		
c	Postage	3,015.	1,365.	735.	915
d	Special Projects	7.	7.	<u>'`</u>	
	All other expenses	- · · · · · · · · · · · · · · ·			
25	Total functional expenses. Add lines 1 through 24e	2,317,726.	2,026,168.	156,465.	135,093
	Joint costs. Complete this line only if the organization	2,311,1200	2,020,100.	100, 100	133,033
26	ount costs. Complete this line only it the organization	1		l i	
26	reported in column (R) joint chete from a combined			· ·	
26	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Balance Sheet

Part X

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year Cash - non-interest-bearing 121,983. 149,772. 1,989,339. 2,107,242. 2 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 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 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 Assets Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 61,148. basis. Complete Part VI of Schedule D 10a 10b 51,898. 7,404. 9,250. b Less accumulated depreciation 10c 24,551,596. 28,308,738. 11 Investments - publicly traded securities 11 7,512,064. 8,005,090. 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 15 34,182,386 38,580,092. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 13,529. 22,648. 17 Accounts payable and accrued expenses 17 373,703. 423,467. Grants payable 18 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 8,413,847. <u>7,478,744.</u> Schedule D 7,865,976. 8,859,962. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 2,170,883. <u>1,937,133.</u> 27 27 Unrestricted net assets 24,379,277. 27,549,247. 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 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 32 Retained earnings, endowment, accumulated income, or other funds 32 26,316,410. 29,720,130. 33 33 Total net assets or fund balances 38,580,092. Total liabilities and net assets/fund balances 34,182,386.

	990 (2013) Blue Mountain Community Foundation	91-12	5010	4 P	age 12
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				\mathbf{x}
	·				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>949.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>726.</u>
3	Revenue less expenses Subtract line 2 from line 1	_3			223.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	26,3		
5	Net unrealized gains (losses) on investments	5	3,1	<u>70,:</u>	301.
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	<1,0	<u> 29,1</u>	304.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	29,7	20,	<u>130.</u>
Pa	t 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		- l ⁻		1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.	- }		٠,
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2	<u>a </u>	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			ŀ
	separate basis, consolidated basis, or both.		,	,	
	Separate basis Consolidated basis Both consolidated and separate basis				· , ' '
þ	Were the organization's financial statements audited by an independent accountant?		2t	<u> X</u>	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	- 1	١,	
	consolidated basis, or both:		_	.	
	Separate basis Consolidated basis Both consolidated and separate basis			2	•
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?			c X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Audıt		'	
	Act and OMB Circular A-133?		. 3	a	X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audıt			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 31		
			For	rm 99 0	(2013)

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.

► Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection

Employer identification number

OMB No 1545-0047

Part I	Decear f		intain Commu				\ Cae :=: 1:		9:	<u>1-1250</u>	104	
L	·		ty Status (All organiza		•			uctions.				
		•	ecause it is: (For lines 1	•		•	•					
1			or association of churc		ribea in sec	ction 170	b)(1)(A)(i).					
2			0(b)(1)(A)(ii). (Attach Sch	•		4700.1/41/	4) / · · · ›					
3 📙	•	•	al service organization o					LV4VAV:::) Entert	ho hoondal	'a nam	_
4 📖		-	perated in conjunction v	with a nos	pital descri	Dea in Se	τιοπ 17υ(D)(1)(A)(III). Enter t	ne nospital	Snam	θ,
5	City, and state		enefit of a college or un	uvereity ov	whed or on	erated by	a doverno	nental unit	describ	ed in		
5 <u> </u>	_	b)(1)(A)(iv). (Complet		iiversity ov	wiled of op	erated by	a governin	ioniai unii	describ	ea III		
6 🗀			nt or governmental unit	described	t in contin	- 170/b\/1	VAVO					
7 🗓		_	overnmental unit					r from the	general	nublic dasc	nhed u	2
ر لما	•	o)(1)(A)(vi). (Complet	·	or its supp	on nom a	governine	ntai umi o	i ironii tii o	y o riciai	public desc	indea i	•
8 🗔			ection 170(b)(1)(A)(vi). (Complete	Part II \							
9 🗀	-		eives. (1) more than 33 1		•	om contri	outions m	emhershir	n fees a	nd aross re	ceints :	from
•	•	•	ctions - subject to certa					•		-	•	
		•	xable income (less sect		•	•			• •	_		
		509(a)(2). (Complete	•		,			,				-
10 🔲			erated exclusively to tes	st for publi	c safety. S	ee sectio	n 509(a)(4).				
11	An organization	on organized and op	erated exclusively for th	e benefit d	of, to perfo	rm the fur	nctions of,	or to carry	out the	purposes o	of one	or
	=	-	tions described in section									
			organization and comple									
	a Type I	ь 🔲 Ту	pe II c 🔲 Ty	pe III - Fui	nctionally i	ntegrated	d	□ Тур	e III - No	n-functiona	lly integ	grated
e 🗀	By checking t	his box, I certify that	t the organization is not	controlled	directly or	ndirectly	by one or	more disc	qualified	persons of	her tha	n
	foundation ma	anagers and other th	nan one or more publicly	, supporte	d organiza	tions desc	cribed in s	ection 509	9(a)(1) or	section 509	9(a)(2).	
f	If the organiza	ation received a writt	en determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	· III				
	supporting or	ganization, check th	is box									
g	Since August	17, 2006, has the or	rganızation accepted ar	ny gift or co	ontribution	from any	of the follo	owing pers	sons?			
	(i) A persor	n who directly or ındı	rectly controls, either al	one or tog	ether with	persons c	lescribed i	n (ii) and (ııi) below		Yes	No
	the gove	erning body of the su	pported organization?							11g(i)	ļ	
		•	described in (i) above?	-						11g(ii)	 	
			person described in (i) o							11g(iii)	L
h	Provide the fo	ollowing information	about the supported or	ganization	(s).							
				T -								
(i) Name	e of supported	(ii) EIN	(iii) Type of organization		organization		notify the	(vi) is organizatio	the on in col.	(vii) Amour	nt of mo	netary
org	ganization		(described on lines 1-9 above or IRC section	, ,	sted in your document?	_	ion in col. r support?	(i) organız U.S	ed in the	su	oport	
			(see instructions))				,	ļ	,			
				Yes	No	Yes	No	Yes	No		_	
			 	-	<u> </u>				 			
		-		_		_	_					
		-		 	 		ļ —					
				 	 				-			
***	<u> </u>	-	 	 -	1	-				 		
				1	1		<u> </u>					
Total						1						

<u> Schedule A (Form 990 or 990-EZ) 2013 Blue Mountain Community Foundation</u>

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2009 (b) 2010 (c) 2011(d) 2012 (e) 2013 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2,307,168 1,436,762 1,447,795 1,416,268 1,106,175 7,714,168, 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 2.307.168 1,436,762 1,447,795 268 7,714,168, 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) 1,854,343. 6 Public support. Subtract line 5 from line 4 5 859 825. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total 7 Amounts from line 4 2,307,168 1,436,762, 1,447,795 1,416,268 1,106,175 7,714,168, 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties 735,609. 780,523. 898,163. 811,316. and income from similar sources 1.012,474 4,238,085. 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 IV.) 11 Total support. Add lines 7 through 10 11,952,253, 12 Gross receipts from related activities, etc (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 49.03 14 15 Public support percentage from 2012 Schedule A, Part II, line 14

organiza	ation, check this box	and stop nere	
Section C	. Computation	of Public Suppor	t Percentage

47.84 15 16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and

stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box

and stop here. The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

Schedule A	(Form	990 or	990-F7	20 13
Octionale F	 O	33U UI	330-62	<i>-</i> 20 10

▶ X

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Blue Mountain Community Foundation

Employer identification number

91-1250104 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 139,963. 2 Aggregate contributions to (during year) 31,541. 112<u>,388.</u> 66,832. 3 Aggregate grants from (during year) Aggregate value at end of year 705,545. ,370,557. Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? X Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? X Yes Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 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 an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art. historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990. Part VIII. line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Par		untain Com			Other			50104	
ь									
3	Using the organization's acquisition, accessing	on, and other record	s, check any of the	following that a	ire a sig	nificant	use of its i	collection i	tems
	(check all that apply).								
а	Public exhibition	d	Loan or excl	hange program	IS				
b	Scholarly research	е	Other						
C	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they further th	ne organization	's exem	pt purpo	se in Part	XIII.	
5	During the year, did the organization solicit o	r receive donations o	of art, historical trea	sures, or other	sımılar a	assets			
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's co	ilection?				Yes	No.
Par			ete if the organizatio	n answered "Y	es" to F	orm 990	, Part IV, I	ne 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	is or other asse	ts not II	ncluded		_	
	on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:						
								Amount	
C	Beginning balance		_			1c			
d	Additions during the year					1d			
	Distributions during the year					1e			
	Ending balance		•			1f			
	Did the organization include an amount on Fe	orm 990. Part X. line	21?					Yes	☐ No
	If "Yes," explain the arrangement in Part XIII.			nrovided in Pa	rt XIII				一
Par)			
		(a) Current year	(b) Prior year	(c) Two years			ears back	(a) Four V	rears back
10	Beginning of year balance								
	Contributions	25,479,842,	23,388,196,	24,602,	- 1		82,213,		047,423,
	•••	848,233,	1,058,292,	678.		•	185,579		775,162.
	Net investment earnings, gains, and losses	4 167 431.	2,810,484.		140.>		511,665.	1	227,512.
	Grants or scholarships	1,388,609.	1,432,987,	1,437,	870.	1,3	365,630.	1,1	180,367,
е	Other expenditures for facilities				i				
	and programs	4,959.	24,889,						
f	Administrative expenses	366,910,	319,254,	313.	982.	:	311 _. 741 <u>.</u>		<u> 287,417.</u>
g	End of year balance .	28,735,028,	25,479,842,	23,388	196.	24,6	502,186.	20,5	582,313 <u>.</u>
2	Provide the estimated percentage of the cur		e (line 1g, column (a	a)) held as:					
а	Board designated or quasi-endowment	6.73	_%						
b	Permanent endowment >	%							
C	Temporarily restricted endowment ▶9	3.27 <u>%</u>							
	The percentages in lines 2a, 2b, and 2c should	uld equal 100%.							
За	Are there endowment funds not in the posse	ession of the organiz	ation that are held a	ınd administere	d for th	e organi	zation		
	by:					-		[Yes No
	(i) unrelated organizations			_				3a(i)	X
	(ii) related organizations					- ••		3a(ii)	X
ь	If "Yes" to 3a(ii), are the related organization:	s listed as required o	on Schedule R?	• •				3b	
4	Describe in Part XIII the intended uses of the	-					•		
	t VI Land, Buildings, and Equipm								
	Complete if the organization answere	d "Yes" to Form 990), Part IV, line 11a. S	See Form 990, F	art X, I	ine 10.			
	Description of property	(a) Cost or o		t or other		cumulat	ed	(d) Book	value
		basis (investr	1	(other)		reciation	1	,, = · ·	. =
1a	Land								
	Buildings								-
2	Leasehold improvements	-	-						
	Equipment			1,148.		51,8	9.0	0	,250.
d	Other			, 1, 140 •		٥, بر	70.		, 430.
	Add lines 1a through 1e. (Column (d) must e	aual Form 900 Part	Y column (P) line	10(a))		-		0	250.

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013 Blue Mounta	in Community	Foundation	. 91-	1250104	Page
Part VII Investments - Other Securities.					
Complete if the organization answered "Yes"					
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation. Cost or end	of-year market v	/alue
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A) Accrued investment income			<u>ear Market</u>		
(B) Alternative Investments	4,131,029		<u>ear Market</u>		
(C) Real Assets	3,861,691	. End-of-Y	<u>ear Market</u>	<u>Value</u>	
(D)					
<u>(E)</u>					
<u>(F)</u>					
(G)					
(H)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	8,005,090) .			
Part VIII Investments - Program Related.					
Complete if the organization answered "Yes"	to Form 990, Part IV, Iir				
(a) Description of investment	(b) Book value	(c) Method of v	aluation. Cost or end	-of-year market	/alue
(1)					
(2)					
(3)					
(4)				_	
(5)					
(6)					
(8)					
(9)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	L	_L			
Part IX Other Assets.					
Complete if the organization answered "Yes"		e 11d. See Form 990,	Part X, line 15.		
	Description			(b) Book va	alue
(1)				-	
(2)				 	
(3)		 			
(4)					
(5)					
(6)					
(7)	· · · · · · · · · · · · · · · · · · ·	_			
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)	_ : ·	<u> </u>		
Part X Other Liabilities.					
Complete if the organization answered "Yes"	to Form 990, Part IV, III		n 990, Part X, line 25.		
1. (a) Description of liability		(b) Book value	4		
(1) Federal income taxes		B 465 455	4		
(2) Agency Obligations		7,467,195.			
(3) Unitrust and Annuity Obli	gations	- 946,652.			_
(4)			1		

(8) 8,413,847. 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

(5) (6) (7)

Schedule D (Form 990) 2013 Blue Mountain Community For Part XI Reconciliation of Revenue per Audited Financial Statem	oundation	91-1250104 Page 4
	-	neturii.
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a		F 214 008
1 Total revenue, gains, and other support per audited financial statements	•	1 5,214,908.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	-
a Net unrealized gains on investments	2a 3,170,301	<u> - </u>
b Donated services and use of facilities	2b	⊣ `
c Recoveries of prior year grants	2c .1 422 000	
d Other (Describe in Part XIII)	2d < 1,423,999	—
e Add lines 2a through 2d	•	2e 1,746,302.
3 Subtract line 2e from line 1		3 3,468,606.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1. 1.00 656	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a 108,656	
b Other (Describe in Part XIII)	4b 3,687	
c Add lines 4a and 4b		4c 112,343.
5 Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	nanta With Evpanson no	5 3,580,949.
Part XII Reconciliation of Expenses per Audited Financial Stater		er neturn.
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	· · · · · · · · · · · · · · · · · · ·	
Total expenses and losses per audited financial statements .	•	1 1,811,188.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25.	1 1	<u> </u>
a Donated services and use of facilities	2a	<u>-</u>
b Prior year adjustments	2b	
c Other losses	2c	_
d Other (Describe in Part XIII.)	2d	┥╵┃
e Add lines 2a through 2d		2e 0.
3 Subtract line 2e from line 1		3 1,811,188.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a 108,656	
b Other (Describe in Part XIII)	4b 397,882	
c Add lines 4a and 4b		4c 506,538.
		0 045 506
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	· · · · · · · · · · · · · · · · · · ·	5 2,317,726.
Part XIII Supplemental Information.		
Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Pa		
Part XIII Supplemental Information.		
Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Pa		
Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Palines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac		
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Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Palines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac	dditional information.	e 4; Part X, line 2; Part XI,
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Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Palines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad	dditional information.	e 4; Part X, line 2; Part XI,
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Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Palines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any address and 2. Part X, Line 2: Explanation: The Foundation operates as a testion 501(c)(3) of the Internal Revenue Conformation for Federal income tax is presented. The Foundation operates as a publicly supported organization.	ax exempt organiode; therefore, undation has als	zation under no provision
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Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Palines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any address and 2. Part X, Line 2: Explanation: The Foundation operates as a testion 501(c)(3) of the Internal Revenue Conformation for Federal income tax is presented. The Foundation operates as a publicly supported organization.	ax exempt organiode; therefore, undation has als tion under Section Code.	zation under no provision so been ons 509(a)(1)
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Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Palines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional explanation: The Foundation operates as a tassection 501(c)(3) of the Internal Revenue Conformation for Federal income tax is presented. The Foundation operates are also classified as a publicly supported organization and 170(b)(1)(A)(vi) of the Internal Revenue Conformation for the Internal Reve	ax exempt organiode; therefore, undation has alstion under Section Code. f FASB ASC 740-1	e 4; Part X, line 2; Part XI, zation under no provision so been ons 509(a)(1)
Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Palines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional explanation: The Foundation operates as a testing section 501(c)(3) of the Internal Revenue Conformation for Federal income tax is presented. The Foundational explanation and 170(b)(1)(A)(vi) of the Internal Revenue The Foundation has adopted the provisions of the Foundation has adopted the provisions of the explanation in the Foundation has adopted the provisions of the Evaluated the Foundation is tax position.	ax exempt organiode; therefore, undation has alstion under Section Code. f FASB ASC 740-1 and concluded	e 4; Part X, line 2; Part XI, zation under no provision so been ons 509(a)(1) 0. Management the Foundation
Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Palines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any address and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any address and 2. Explanation: The Foundation operates as a tassection 501(c)(3) of the Internal Revenue Conformation for Federal income tax is presented. The Foundation of the Internal Revenue and 170(b)(1)(A)(vi) of the Internal Revenue The Foundation has adopted the provisions of the Foundation has adopted the provisions of the Internal Revenue The Foundation has adopted the provisions of the Internal Revenue The Foundation has adopted the provisions of the Internal Revenue The Foundation has adopted the provisions of the Internal Revenue The Foundation has adopted the provisions of the Internal Revenue The Foundation has adopted the provisions of the Internal Revenue The Foundation has adopted the provisions of the Internal Revenue The Foundation has adopted the provisions of the Internal Revenue The Foundation has adopted the provisions of the Internal Revenue The Foundation has adopted the provisions of the Internal Revenue The Foundation has adopted the provisions of the Internal Revenue The Foundation has adopted the provisions of the Internal Revenue The Foundation has adopted the provisions of the Internal Revenue The Foundation has adopted the provisions of the Internal Revenue The Foundation has adopted the provisions of the Internal Revenue The Foundation has adopted the provisions of the Internal Revenue The Foundation has adopted the provisions of the Internal Revenue The Foundation has adopted the provisions of the Internal Revenue The Foundation has adopted the provisions of the Internal Revenue The Foundation has adopted the provisions of the Internal Revenue The Foundation has adopted the Provisions of the Internal Revenue The Foundation has adopted the Internal Revenue The Foundation Helphanes T	ax exempt organiode; therefore, undation has alstion under Section Code. f FASB ASC 740-1 and concluded	e 4; Part X, line 2; Part XI, zation under no provision so been ons 509(a)(1) 0. Management the Foundation
Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Pallines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any acceptance of the part X, Line 2: Explanation: The Foundation operates as a test of Section 501(c)(3) of the Internal Revenue Control of the Federal income tax is presented. The Foundation organizated and 170(b)(1)(A)(vi) of the Internal Revenue The Foundation has adopted the provisions of the Foundation has adopted the provisions of the Evaluated the Foundation's tax position has taken no uncertain tax positions required.	ax exempt organiode; therefore, undation has alstion under Section Code. f FASB ASC 740-1 and concluded ing adjustment to the section of the section concluded the section conc	zation under no provision so been ons 509(a)(1) O. Management the Foundation to the financial
Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Palines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional explanation: The Foundation operates as a testing section 501(c)(3) of the Internal Revenue Conformation for Federal income tax is presented. The Foundational explanation and 170(b)(1)(A)(vi) of the Internal Revenue The Foundation has adopted the provisions of the Foundation has adopted the provisions of the explanation in the Foundation has adopted the provisions of the Evaluated the Foundation is tax position.	ax exempt organiode; therefore, undation has alstion under Section Code. f FASB ASC 740-1 and concluded ing adjustment to the section of the section concluded the section conc	zation under no provision so been ons 509(a)(1) O. Management the Foundation to the financial
Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Palines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any acceptance of the part XIII in the Section 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any acceptance of the Internal Revenue Complete this part to provide any acceptance of the Internal Revenue Complete this part to provide any acceptance of the Internal Revenue Complete this part to provide any acceptance of the Internal Revenue Complete this part to provide any acceptance of the Internal Revenue Complete this part to provide any acceptance of the Internal Revenue Complete this part to provide any acceptance of the Internal Revenue Complete this part to provide any acceptance of the Internal Revenue Complete this part to provide any acceptance of the Internal Revenue Complete this part to provide any acceptance of the Internal Revenue Complete this part to provide any acceptance of the Internal Revenue Complete this part to provide any acceptance of the Internal Revenue Complete this part to provide any acceptance of the Internal Revenue Complete this part to provide any acceptance of the Internal Revenue Complete this part to provide any acceptance of the Internal Revenue Complete this part to provide any acceptance of the Internal Revenue Complete this part to provide any acceptance of the Internal Revenue Complete this part to provide any acceptance of the Internal Revenue Complete this part to provide any acceptance of the Internal Revenue Complete this part to provide any acceptance of the Internal Revenue Complete this part to provide any acceptance of the Internal Revenue Complete this part to provide any acceptance of the Internal Revenue Complete this part to provide any acceptance of the Internal Revenue Complete this part to provide any acceptance of the Internal Revenue Complete this part to provide any acceptance of the Internal Revenue Complete this part	ax exempt organiode; therefore, undation has alstion under Section Code. f FASB ASC 740-1 and concluded ing adjustment to the with few exceptions.	e 4; Part X, line 2; Part XI, zation under no provision so been ons 509(a)(1) O. Management the Foundation to the financial
Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Pallines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any acceptance of the part X, Line 2: Explanation: The Foundation operates as a test of Section 501(c)(3) of the Internal Revenue Control of the Federal income tax is presented. The Foundation organizated and 170(b)(1)(A)(vi) of the Internal Revenue The Foundation has adopted the provisions of the Foundation has adopted the provisions of the Evaluated the Foundation's tax position has taken no uncertain tax positions required.	ax exempt organiode; therefore, undation has alstion under Section Code. f FASB ASC 740-1 and concluded ing adjustment to the with few exceptions.	e 4; Part X, line 2; Part XI, zation under no provision so been ons 509(a)(1) O. Management the Foundation to the financial

Schedule D (Form 990) 2013 Blue Mountain Community Foundation Part XIII Supplemental Information (continued)	91-1250104 Page 5
tax authorities for the years before 2011, which is the	standard statute
of limitations look-back period.	
Part XI, Line 2d - Other Adjustments:	
FAS 136 agency related transactions	-1,269,116.
Change in value of split interest agreements	-154,883.
Total to Schedule D, Part XI, Line 2d	-1,423,999.
Part XI, Line 4b - Other Adjustments:	
Miscellaneous funds expense	3,687.
Part XII, Line 4b - Other Adjustments:	
FAS 136 agency related transactions	394,195.
Miscellaneous funds expense	3,687.
Total to Schedule D, Part XII, Line 4b	397,882.

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

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

Open to Public OMB No 1545-0047 2013 Inspection

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

Employer identification number

Name (Name of the organization	Employer identification number
	Blue Mountain Community Foundation	91-1250104
Part	Part I General Information on Grants and Assistance	
٠	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	[
Q	criteria used to award the grants or assistance?	X Yes No
,	Describe in Dat IV the exempation's recording for monitoring the use of great finds in the linear States	

48 pproved by BMCF Board pproved by BMCF Board pproved by BMCF Board approved by BMCF Board pproved by BMCF Board (h) Purpose of grant /arious purposes as arious purposes as /arious purposes as Various purposes as 7arious purposes as arious purposes as or assistance pproved by BMCF 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 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) ٥. Ö 0 o (e) Amount of assistance non-cash : recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant 9,257, 19,867 6,500 25, 329 12,000 7,370 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table applied for $501(\phi)(3)$ (c) IRC section if applicable 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 91-1527239 53-0196605 93-6024531 26-0007270 91-0793597 76-0766147 (a) EIN Washington St. - Dayton, WA 99328 1 (a) Name and address of organization Blue Mountain Action Council Blue Mountain Heart to Heart Beynon Sports Surfaces, Inc. 1520 Kelly Place, Suite 120 1520 Kelly Place, Suite 140 Blue Mountain Counseling of or government Columbia County - 221 E. Walla Walla, WA 99362 Walla Walla, WA 99362 Walla Walla, WA 99362 Athena Civic Memorial Athena, OR 97813-0012 American Red Cross 19495 SW Teton Ave Tualatin, OR 97062 P.O. Box 3067 P.O. Box 12 Part II

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

Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2013)

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Schedule I (Form 990) Blue Mountain Community Foundation	tain Comm	nunity Foundation	ation	ited States (Sche	dule i (Form 990) Par		91-1250104 Page 1
	(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
Blue Mountain Humane Society 7 George St. Walla Walla, WA 99362	91-0828499	501(C)(3)	56,860,	0.			Various purposes as approved by BMCF Board
Camp Fire USA Walla Walla Council 414 South Park St. Walla Walla, WA 99362	91-0626153	501(C)(3)	17,800.	0			Various purposes as approved by BMCF Board
Camp Kiwanis Foundation P.O. Box 416 Walla Walla, WA 99362	51-0175607	501(C)(3)	8,395.	0			Various purposes as approved by BMCF Board
Carnegie Picture Lab P.O. Box 3223 Walla Walla, WA 99362	91-0864854	501(C)(3)	18,000,	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)	5,205.	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)	13,750.	0			Various purposes as approved by BMCF Board
Christ Lutheran Church 1420 S. Second Avenue Walla Walla, WA 99362	91-0858724	501(C)(3)	15,415.	0			Various purposes as approved by BMCF Board
Christian Aid Center P.O. Box 56 Walla Walla, WA 99362	91-0918048	501(C)(3)	88,420,	0			Various purposes as approved by BMCF Board
City of Dayton 111 S. First Dayton, WA 99328	91-6001243	Government	16,004,	0			Various purposes as approved by BMCF Board Schedule (Form 990)

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Schedule I (Form 990) Blue Mountain Community Foundation Schedule I (Form 990) Blue Mountain Community Foundation	tain Commassistance to Go	Community Found	oundation Id Organizations in the Ur	nited States (Sche	dule I (Form 990), Par	ļ	91-1250104 Page 1
	(b) EIN	(c) IRC secton f 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
City of Waltsburg 147 Main Street Waltsburg, WA 99361	91-6001289	Government	5,331,	0.			Various purposes as approved by BMCF Board
Columbia Co. Hospital District dba Columbia Co. Health System - 1012 S. 3rd Street - Dayton, WA 99328	91-0741968	Government	8 544.	0.			Various purposes as approved by BMCF Board
Computer Data Service PO Box 495 Walla Walla, WA 99362	91-1559737		12,919.	0			James McClellan Annual Lecture on clinical care and caregiving
Dayton Historical Depot Society, Inc - 222 E. Commercial Street - Dayton WA 99328	51-0191098	501(C)(3)	8,959.	0			Various purposes as approved by BMCF Board
Don Sherwood Endowment Charitable Trust of the Rotary Club of Walla Walla - PO Box 418 - Walla Walla, WA 99362	91-1823640	501(¢)(3)	15,945.	0			Various purposes as approved by BMCF Board
Emmanuel Lutheran Church 628 Lincoln St. Walla Walla, WA 99362	91-1222504	501(c)(3)	36,272.	0			Various purposes as approved by BMCF Board
First Congregational Church 73 S. Palouse Walla Walla, WA 99362	91-0655578	501(c)(3)	16,646,	0			Various purposes as approved by BMCF Board
First Presbyterian Church 325 S. First Walla Walla, WA 99362	91-0640784	501(c)(3)	27,987.	0			Various purposes as approved by BMCF Board
Fort Walla Walla Museum WW Valley Historical Society - 755 Myra Road - Walla Walla, WA 99362	91-6070983	501(C)(3)	13,537,	0			Various purposes as approved by BMCF Board Schedule I (Form 990)

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Schedule I (Form 990) Blue Mountain Community Foundation Dark III Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part III.)	tain Comm	Community Found	oundation dorganizations in the Un	nited States (Sche	dule I (Form 990), Par		91-1250104 Page 1
	(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
Friends of Children of Walla Walla 120 East Birch St., Suite 10 Walla Walla, WA 99362	71-0886777	501(C)(3)	6,000.	0			Various purposes as approved by BMCF Board
Friends of the Library of Walla Walla - 1842 Parkview Place - Walla Walla, WA 99362	91-1104907	501(C)(3)	11,877,	0			Various purposes as approved by BMCF Board
Goodwill Industries of the Columbia - 815 N. Kellogg, Suite A - Kennewick, WA 99336	23-7071436	501(c)(3)	35,492.	0			Various purposes as approved by BMCF Board
Helpline PO Box 776 Walla Walla, WA 99362	91-2148803	501(C)(3)	20,127.	0			Various purposes as approved by BMCF Board
Lillie Rice Center, Inc. 2616 E. Isaacs Avenue Walla Walla, WA 99362	91-0789757	\$01(C)(3)	31,538.	0			Various purposes as approved by BMCF Board
Little Theatre of Walla Walla P.O. Box 39 Walla Walla, WA 99362	91-6033581	501(C)(3)	95, 294.	0			Various purposes as approved by BMCF Board
Milton Freewater Rotary 801 S. Main Milton-Freewater, OR 97862	30-0585430	501(C)(3)	5,000.	0			Various purposes as approved by BMCF Board
North Central Missouri College Foundation - 1301 Main Street - Trenton, MO 64683	43-1423040	501(C)(3)	15,000.	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)	47,142.	0			Various purposes as approved by BMCF Board Schedule I (Form 990)

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Schedule I (Form 990) Blue Mountain Community Foundation	tain Comm	unity Foundation	ation	ited States (Sche	dula 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
Providence St. Mary Foundation Total - 401 W. Poplar St - Walla Walla, WA 99362	45-2841492	501(C)(3)	6 544.	°°°			Various purposes as approved by BMCF Board
Rising Sun Clubhouse 1520 Kelly Place, Suite 130 Walla Walla, WA 99362	16-1679931	501(C)(3)	19,025.	0			Various purposes as approved by BMCF Board
Rogers Adventist School 200 S.W. Academy Way College Place, WA 99324	91-0816206	\$01(C)(3)	6,989.	. 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)	8,500.	0			Various purposes as approved by BMCF Board
St. Joseph Catholic Church of Dayton, Washington - Parishes of St. Joseph and St. Mark - Dayton, WA 99328	91-1434774	501(c)(3)	6,871,	0			Various purposes as approved by BMCF Board
St. Mark Catholic Church of Waltsburg, Washington - Parishes of St. Joseph and St. Mark - Dayton, WA 99328	26-1303974	501(c)(3)	9,271.	0			Various purposes as approved by BMCF Board
St. Paul's Episcopal Church 323 Catherine Street Walla Walla, WA 99362	91-0693234	501(c)(3)	14,939.	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)	6,000.	0			Various purposes as approved by BMCF Board
Touchet Valley Arts Council Total PO Box 233 Dayton, WA 99328	91-1754968	501(C)(3)	7,000,1	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	Blue Mountain Community Foundation strants and Other Assistance to Governments and Organizations is	ation izations in the Ur	ited 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
United Way of Walla Walla 29 E. Sumach Walla Walla, WA 99362	91-0730322	501(c)(3)	36,698,	0			Various purposes as approved by BMCF Board
Waitsburg Historical Society P.O. Box 341 Waitsburg, WA 99361	23-7111750	501(C)(3)	11,079,	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)	7,250.	0			Various purposes as approved by BMCF Board
Walla Walla Community Hospice 1067 Isaacs Avenue Walla Walla, WA 99362	91-1144144	501(C)(3)	10,884.	0			Various purposes as approved by BMCF Board
Walla Walla Senior Citizens Center, Inc., dba Center at the Park - 720 Sprague - Walla Walla, WA 99362	91-0874461	501(C)(3)	21,478,	0			Various purposes as approved by BMCF Board
Walla Walla Symphony P.O. Box 92 Walla Walla, WA 99362	91-0925802	501(C)(3)	17,142,	0			Various purposes as approved by BMCF Board
Walla Walla University 204 South College Ave. College Place, WA 99324	91-0617727	501(C)(3)	17,162,	0			Various purposes as approved by BMCF Board
Whitman College Total 345 Boyer Ave Walla Walla, WA 99362	91-0567740	501(C)(3)	5,500,	0			Various purposes as approved by BMCF Board
WSU Foundation Total 255 E. Main St Suite 301 Pullman, WA 99164	91-1075542	501(C)(3)	8,500	0			Various purposes as approved by BMCF Board Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	r Assistance to Go	overnments and Orga	nizations in the Ur	nited States (Sch	edule I (Form 990), Pa	(= t	
(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
YMCA P.O. BOX 1637 Walla Walla, WA 99362	91-0580856	501(C)(3)	27,934.	•0			Various purposes as approved by BMCF Board
1 1	91-0613315	501(C)(3)	39,719.	.0			Various purposes as approved by BMCF Board
	_						
332241 05-01-13							Schedule I (Form 990)

Page 2 Schedule I (Form 990) (2013) (f) Description of non-cash assistance 91-1250104 (e) Method of valuation (book, FMV, appraisal, other) 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. Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. 0.N/A (d) Amount of non-cash assistance Blue Mountain Community Foundation 450,365, (c) Amount of cash grant (b) Number of recipients 318 (a) Type of grant or assistance Scholarships to individuals Schedule I (Form 990) (2013) 332102 10-29-13 Part IV Part III

SCHEDULE M (Form 990)

Department of the Treasury

Noncash Contributions

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

Attach to Form 990.

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

2013

Open to Public Inspection

Internal Revenue Service

Name of the organization

Blue Mountain Community Foundation

Employer identification number 91-1250104

Par	ti Types of Property		,							
		(a)	(b)	(c)	[]		(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported or				eterminın	_	
		applicable		Form 990, Part VIII, line	e 1a	noncasi	ontrib	ution amo	ounts	
1	Art - Works of art							-	-	
2	Art - Historical treasures								-	
3	Art - Fractional interests									
4	Books and publications				1.					
5	Clothing and household goods	•						ű	-	
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	321,44	5. A	vg FM	V on	gift	đa	<u>ite</u>
13	Qualified conservation contribution -		,							
	Historic structures .									
14	Qualified conservation contribution - Other									
15	Real estate - Residential									
16	Real estate - Commercial									
17	Real estate - Other									
18	Collectibles									
19	Food inventory .	_								
20	Drugs and medical supplies									
21	Taxidermy		_			_				
22	Historical artifacts	ļ. <u>-</u>								
23	Scientific specimens				-					
24	Archeological artifacts		ļ					•		
25	Other ()									
26	Other ()		-							
27	Other ()		<u> </u> -							
28	Other (L	<u> </u>	<u> </u>						
29	Number of Forms 8283 received by the organi									
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement 29				<u> </u>	- 1	
20-	Divine the case did the company to be accessed to			andrala Dad David	00 11				res	No
Sua	During the year, did the organization receive b	_		•	-				1	
	at least three years from the date of the initial the entire holding period?	CONTRIBUTION	i, and which is not	required to be used for	exemp	ot purposes	ior			v
h.	If "Yes," describe the arrangement in Part II.							30a		X
31	Does the organization have a gift acceptance	policy that i	requires the review	of any non standard or	antribui	hono?		-	_	· v
	Does the organization hire or use third parties	-		•		lions r		31		<u> </u>
ÇZd	contributions?	or related C	ganizations to SO	ion, process, or sen nor	icasn			222		x
ь	If "Yes," describe in Part II.		•					32a		
33	If the organization did not report an amount in	column (c)	for a type of prope	rty for which column (c) ie obo	cked				
55	describe in Part II.	Columnii (C)	ioi a type oi prope	rty for writeri column (a	y is crie	rckeu,				
	GOSONDO III I AIL II.							ــــــــــــــــــــــــــــــــــــــ		

SCHEDULE O (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.

Open to Public

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

332211 09-04-13

Name of the organization

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

Blue Mountain Community Foundation

Employer identification number 91-1250104

Schedule O (Form 990 or 990-EZ) (2013)

Form 990, Prior Year Column, Lines 13-19 Explanation: Amended 2013 Form 990 due to transposition error of prior year expenses. No other changes made to return. Form 990, Part VI, Section B, line 11: Explanation: 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: Explanation: 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: Explanation: 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

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

Schedule O (Form 990 or 990-EZ) (2013) Page 2 Name of the organization **Employer identification number** Blue Mountain Community Foundation 91-1250104 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 Foundation's salary and benefits survey. It has been the practice of the Executive Committee to meet, but not exceed, the median salary of peer community foundations based on asset size and geography. Form 990, Part VI, Section C, Line 19: Explanation: Blue Mountain Community Foundation will make available for public inspection the last three years of its tax documents, including Internal Revenue Service Forms 990 and 990-T (if applicable). The copies available for public inspection will not include any support schedules with contributors' names. If the request for any of these documents is made in person, the requested documents will be provided on the day of the request, if possible. If the request is in writing (including email), copies will be provided within 30 days of the request. The requestor will be charged a reasonable fee for the cost of copying, plus postage. Additionally, these documents will be available on the Foundation's website at

The Foundation reserves the right to amend any policy, procedure, or agreement which, in the sole discretion of the Foundation's Board of Trustees, should be changed.

www.bluemountainfoundation.org.

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Depreciation and Amortization (Including Information on Listed Property) 990

► Attach to your tax return.

OMB No 1545-0172

Attachment Sequence No 179

▶ See separate instructions.

Business or activity to which this form relates

Identifying number

<u> </u>	e Mountain Communi	ty Founda	tion	For	m 99	0 Pa	ge 10		91-1250104
Part	Election To Expense Certain Prope	rty Under Section 17	79 Note: If yo	u have any lis	ted prop	erty, co	omplete Part	/ before yo	ou complete Part I.
1 M	aximum amount (see instructions)							1	500,000.
2 To	tal cost of section 179 property plac	ed ın service (see	instructions)				2	
3 Th	reshold cost of section 179 property	before reduction	ın lımıtatıon					3	2,000,000.
4 Re	eduction in limitation. Subtract line 3	from line 2. If zero	or less, ente	er -0-				4	
_	llar limitation for tax year. Subtract line 4 from line				instruction	19		5	
6	(a) Description of pr			(b) Cost (busin			(c) Elected	cost	, ·
					-				
	-								
7 L:	sted property Enter the amount from	line 29				7			
	otal elected cost of section 179 prope	•	ın column (c), lines 6 and	7			8	
	entative deduction. Enter the smaller	-	•	•				9	
	arryover of disallowed deduction from		•	662		•		10	
	usiness income limitation. Enter the s	-		-	ro) or line	. 5	•	11	
	ection 179 expense deduction. Add l		•		•			12	
	arryover of disallowed deduction to 2				. (13			
	Do not use Part II or Part III below for								
Par	t II Special Depreciation Allowa	ance and Other D	epreciation	(Do not inclu	de listed	prope	rty.)		
14 S	pecial depreciation allowance for qua		-						
	e tax year	p. opoy (ou		рр , , р.				14	
	roperty subject to section 168(f)(1) el	ection .		•	-		-	15	
	ther depreciation (including ACRS)			-				16	
Par		ot include listed pr	operty.) (Se	e instructions.	.)			, ,,,	
•				ection A					
17 M	ACRS deductions for assets placed	in service in tax ve	ears beginni	na before 201	3		•	17	3,737.
	you are electing to group any assets placed in se					ck here	▶□	7	
	Section B - Asset						eral Deprecia	ation Syste	em
	(a) Classification of property	(b) Month and year placed in service	(búsiness/	or depreciation investment use a instructions)		covery riod	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property								
b	5-year property	-		•					-
c	7-year property								
_ _	10-year property	\dashv		-					
e e	15-year property	- ·	-					<u> </u>	
-					1				
	20-year property 25-year property	- . ,			25	yrs.		S/L	
	20 year property	,	 			yrs. 5 yrs.	MM	S/L	
h	Residential rental property	,				5 yrs.	MM	S/L	
		' , ''	-				MM	S/L	_
i	Nonresidential real property	/	 		1 39	yrs.	MM	S/L	
	Section C - Assets	Placed in Service	During 201	13 Tay Voor II	leina tha	Altar			etem
		Flaceu III Sel Vice	During 20	io rax rear U	Jamy tile	AILEIT	ianive Debie		stem -
<u>20a</u>	Class life	\dashv			+			S/L	
<u> </u>	12-year	 	 		_	yrs.	 	S/L	
C	40-year	/	·		<u> </u>	yrs.	MM	S/L	1
	t IV Summary (See instructions)	•						Т	<u> </u>
	isted property. Enter amount from lir							21	
	otal. Add amounts from line 12, lines	=							
E	nter here and on the appropriate line	-	-	and S corpora	ations - <u>s</u>	ee insti	r	22	3,737
									1
23 F	or assets shown above and placed i	n service during th	e current ye	ar, enter the					-
	ortion of the basis attributable to sec		e current ye	ar, enter the		23			