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Form 4

#### Extended to February 16, 2016

# Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury ▶ Information about Form 990 and its instructions is at www.irs.gov/form990 2014 and ending JUN 30, 2015 A For the 2014 calendar year, or tax year beginning JUL 1, C Name of organization D Employer identification number Check if Address change Blue Mountain Community Foundation Name change 91-1250104 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 509-529-4371 PO Box 603 term ated 27,959,319 G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amended Walla Walla, WA 99362 H(a) Is this a group return Applica-F Name and address of principal officer: Kari Isaacson ]Yes 🗶 No for subordinates? pending PO Box 603, Walla Walla, WA Yes H(b) Are all subordinates included? Tax-exempt status:  $\overline{X}$  501(c)(3) 501(c) ( 4947(a)(1) or If "No," attach a list (see instructions) Website: bluemountainfoundation.org H(c) Group exemption number L Year of formation: 1984 M State of legal domicile: WA K Form of organization: X Corporation Trust Other > Part I Summary Briefly describe the organization's mission or most significant activities: Encouraging and facilitating Governance private giving and grantmaking for public good. Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets. 13 Number of voting members of the governing body (Part VI, line 1a) 13 4 Number of independent voting members of the governing body (Part VI, line 1b) Activities & 6 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 17 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a Ō. 7h b Net unrelated business taxable income from Form 990-T, line 34 Prior Year **Current Year** FUE CIETA 2,603,471. 1,364,843. Contributions and grants (Part VIII, line 1h) 8 0. 0. 9 Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3 4, and 7d) 662,914. 2,077,407. 10 138,699. 96,273. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 4,362,658. 3,580,949. Total revenue - add lines 8 through 11 (must equal Part VIII; column (A), line 1 1,672,800. 1,792,675. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Ο. Benefits paid to or for members (Part IX, column (A), line 4) 14 255,297. 240,040. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 263,863. 285,011. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,317,726. 2,191,960. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,263,223. 2,170,698. Revenue less expenses Subtract line 18 from line 12 End of Year Beginning of Current Year 5 38,580,092. 38,361,795. 20 Total assets (Part X, line 16) 8,892,208. 8,859,962. 21 Total liabilities (Part X, line 26) 29,469,587 29,720,130. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Kari Signature of officer Sign Kari Isaacson, Executive Director Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature Drugged Ut ₽00367871 Kristine S. Loomis, CPA Paid Firm's EIN 91-0950793 Firm's name Cordell, Neher & Company, Preparer Firm's address ▶ P.O. Box 3068 Use Only Phone no. (509) 663-1661 WA 98807-3068 Wenatchee,

X Yes

May the IRS discuss this return with the preparer shown above? (see instructions)

Form 990 (2014)

91-1250104

1 is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A  2 is the organization required to complete Schedule B, Schedule of Contributors?  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 II  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 III  5 Is the organization as extention 501(c)(5) (5) (5)(c)(5) (5) (6)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III  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 II  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 III  9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IVI  10 Did the organization report an amount for line schedule D, Part VI  11 If the organization report an amount for line schedule D, Part VI  12 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII  13 Did the organization report an amount for other lassests in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  13 Did	X
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Schedule D, Parts XI and XII  b Was the organization included in consolidated, independent audited financial statements for the tax year?	<del>-</del>  -
b Was the organization included in consolidated, independent audited financial statements for the tax year?	x
	x
13 is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	х
14a Did the organization maintain an office, employees, or agents outside of the United States?	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	
investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	
or more? If "Yes," complete Schedule F, Parts I and IV	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	1
foreign organization? If "Yes," complete Schedule F, Parts II and IV	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	<u> X</u>
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	X
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	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	<u> X</u>
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  20b	

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a .	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		├
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
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	-	<del>  ^</del>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	26		x
07	complete Schedule L, Part II	20		<del>  ^</del>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			ŀ
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	27		X
20	of any of these persons? If "Yes," complete Schedule L, Part III  Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	-21	-	
28	instructions for applicable filing thresholds, conditions, and exceptions).			1
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	<del> </del>	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
Ū	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			Π
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32	<u> </u>	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		1	
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	$oldsymbol{ol}}}}}}}}}}}}}}}}}$	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			1
	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			

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

Form 990 (2014) Blue Mountain Community Foundation
Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Contadde Contains a response of flote to any line in this Part V			
4	Estantha combanna de Baro e (Estantha con Estantha con Es		Yes	No
	· · · · · · · · · · · · · · · · · · ·			
		4		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1	x	┼──┘
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1 <u>c</u>	+^	+ -
Lu	filed for the calendar year ending with or within the year covered by this return  2a	-		
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	<u> </u>	╁
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	120	+==	$\vdash$
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		1	
	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.	ا سنوي،	6 31 11 42	رثيته ,
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			<u> </u>
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
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			l
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>	<del> </del>	X
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	ļ	İ	
_	were not tax deductible?	6b		╁
7	Organizations that may receive deductible contributions under section 170(c).			<del>  ,</del>
	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?		_	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		┼─
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	70		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70		<del>-**</del> -
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	<del>- </del>	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71	$\overline{}$	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7</b> g		
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. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	J	X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12	4	.	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  [10b]			F 1
11	Section 501(c)(12) organizations. Enter.	'		
	Gross income from members or shareholders	-	1	٠.
D	Gross income from other sources (Do not net amounts due or paid to other sources against			1
122	amounts due or received from them.)  Section 4047(aV1) non-exercise has the structure of the executation files. Form 900 in least 6 form 10412.	-	-	┼
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12		+
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year  Section 501(c)(29) qualified nonprofit health insurance issuers.	$\dashv$		
	Is the organization licensed to issue qualified health plans in more than one state?	13	+	t
4	Note. See the instructions for additional information the organization must report on Schedule O.	13	+-	+
b	Enter the amount of reserves the organization is required to maintain by the states in which the			1
-	organization is licensed to issue qualified health plans	-		
С	Enter the amount of reserves on hand	7		
14a		14	a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14		1
				(2014

Form 990 (2014) Blue Mountain Community Foundation 91-1250104 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below response to lines 2 through 7b below response to lines 2 through 7b below resp to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI			$\lceil \overline{X} \rceil$
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 13	-		1 5
	If there are material differences in voting rights among members of the governing body, or if the governing	,	,	
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			1
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	٠, ا	, *	
	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?	з		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
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
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	:	`.	,
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	1		
	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	
þ	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			1
	ın Schedule O how this was done	12c	X	<u> </u>
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		-, ,	1 .
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		٠.	
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	1		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		,	
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			-
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			,
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►WA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailabl	9	
	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, and	financ	ıal	
	statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Joan Consani - 509-529-4371			
	PO Box 603, Walla Walla, WA 99362			

		•	
Form	990	(2014)	

#### Blue Mountain Community Foundation

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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 organization compensated any current officer, director, or trustee.										
(A)	(C)						(D)	(E)	(F)	
Name and Title	Average	Position (do not check more than one				ne	Reportable	Reportable	Estimated	
	hours per	box,	ox, unless person is both an ficer and a director/trustee)				an	compensation	compensation	amount of
	week		ceran	o a ci	recto	r/trus	(ee)	from	from related	other
	(list any	ector	ľ					the	organizations	compensation
	hours for	5	္က			ated		organization	(W-2/1099-MISC)	from the
	related	stee	trust		ا يو ا	Suad		(W-2/1099-MISC)	:	organization
	organizations	ᄩ	la la		흫	5 8				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	кеу етріоуее	Highest compensated employee	Former			organizations
(1) Craig Sievertsen	1.00						_			
President		X		X				0.	0.	0.
(2) Norm Passmore	1.00					Ì		1		
Vice-President		X		X	_	<u> </u>		0.	0.	0.
(3) Shannon Bergevin	1.00									
Treasurer		X		X	<u> </u>			0.	0.	0.
(4) Tony Billingsley	1.00									
Trustee		X						0.	0.	0.
(5) Sherilee Coffey	1.00						1			
Trustee		X			L	L		0.	0.	0.
(6) Sandi Blackaby	1.00									
Trustee		X						0.	0.	0.
(7) Keith Olson	1.00	]	ļ							
Trustee	<b>-</b>	X		ļ	<u> </u>	<u> </u>		0.	0.	0.
(8) Kevin Michelson	1.00						i			
Trustee		X	<u> </u>	<u> </u>	<u> </u>	<u> </u>	L	0.	0.	0.
(9) Anne Walsh	1.00	1		ĺ		1	ļ			
Trustee		X	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	0.	0.	0.
(10) Anne-Marie Zell Schwerin	1.00				ĺ					
Trustee		X		<u> </u>	<u></u>		L	0.	0.	0.
(11) Chris Drabek	1.00	_				l				ļ
Trustee		X	<u>L_</u>	<u> </u>	_			0.	0.	0.
(12) Tim Kennedy	1.00	1								_
Trustee		X	<u> </u>		igspace	<u> </u>	<u> </u>	0.	0.	0.
(13) Mindy Nelson	1.00								_	_
Trustee	<u> </u>	X	$ldsymbol{ldsymbol{ldsymbol{eta}}}$		$oxdapsymbol{oxed}$	<u> </u>	<u> </u>	0.	0.	0.
(14) Kari Isaacson	40.00	1								_
Executive Director			Ļ_	X	↓_	_		112,380.	0.	0.
		4								
	<b>_</b>	┼	$\vdash$	$\vdash$	<del> </del>	┼	├-	<del>                                     </del>		<del> </del>
,		-								
	<del>                                     </del>	╁╌	$\vdash$	+	$\vdash$	+-	$\vdash$	<del>                                     </del>	<del> </del>	<del> </del>
	<del></del>	1		-						
	<del></del>		_				4	<del></del>		

Blue Mountain Community Foundation

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			Check if Schedule O conta	ains a response d	or note to any line	e in this Part VIII	_		
					,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
र्घ य	1	а	Federated campaigns	. 1a					
ğä		b	Membership dues	1b		-		-	
S, G		С	Fundraising events	1c		,	· .		
엹펵		d	Related organizations	1d			,		
S,			Government grants (contributi				-		
ig a		f	All other contributions, gifts, gran	ts, and					
Έ¥			similar amounts not included above	/e <u>  <b>1f</b>  </u>	2,603,471.	*	, '	* * * *	
Contributions, Gifts, Grants and Other Similar Amounts			Noncash contributions included in lines	1a-1f \$	160,774.	,	· ·		
<u>ت ه</u>		<u>h</u> _	Total. Add lines 1a-1f	<del></del>		2,603,471.	<u> </u>		· <del></del>
	_				Business Code	- , ,			
ice	2								
E Š		b				*			
K E		C C							
gra		u ^		·					
Program Service Revenue		f	All other program service reve						
			Total. Add lines 2a-2f	ilu <del>o</del>	>				
	3	.ч.	Investment income (including	dividends, intere					
			other similar amounts)		<b>&gt;</b>	767,106.	767,106.		
	4		Income from investment of ta	x-exempt bond p	roceeds				
	5		Royalties	, ,	•				
			•	(i) Real	(II) Personal				
	6	а	Gross rents	81,098.			term of the	* 1	
		þ	Less: rental expenses	0.			The first	· , - ·	
		С	Rental income or (loss)	81,098.				,	1
		d	Net rental income or (loss)			81,098.	81,098.		
	7	а	Gross amount from sales of	(i) Secunties	(II) Other	, r ±2	*. *.		
			assets other than inventory	24,492,469.			, ,	7	, ,
		b	Less: cost or other basis					6.5	
			and sales expenses	23,596,661.			Company of the compan		
			Gain or (loss)	895,808.		205 202	005 000	•	-
	_		Net gain or (loss)		<u> </u>	895,808.	895,808.		<u> </u>
ne	8	а	Gross income from fundraisin			ļ		1.	
/en			including \$	of			, e	3	· ·
Re			contributions reported on line	•					, ,
Other Revenu		h	Part IV, line 18 Less: direct expenses	a b				,	
ಕ			Net income or (loss) from fund	_		<del>-</del>	,	-	
	9		Gross income from gaming a	=				<del>.</del>	<del> </del>
		_	Part IV, line 19	а		,			
		b	Less direct expenses	b		1			
			Net income or (loss) from gan	<del></del>	<b></b>		· <del></del>	<u> </u>	
	10		Gross sales of inventory, less	-					
			and allowances	а		,	1	<b>'</b>	
		b	Less cost of goods sold	b		<u> </u>		<u> </u>	
		С	Net income or (loss) from sale	es of inventory					
		_	Miscellaneous Reveni	ie	Business Code				
	11	а	Miscellaneous Revenue		900099	15,175.	15,175.		ļ
		b						ļ	<u> </u>
		С					<u> </u>	<u> </u>	
		d	All other revenue			<del> </del>			<u> </u>
		е	Total. Add lines 11a-11d		<b>&gt;</b>	15,175.		ļ	<u> </u>
	12		Total revenue. See instructions.		_	4,362,658.	1,759,187.	.1 0.	1 0.

# Form 990 (2014) Blue Mountain Community Foundation Part IX | Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must compl			polete column (A).	
	Check if Schedule O contains a response to include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations	1 226 567		gondrai experiede	CAPOTISCS
2	and domestic governments. See Part IV, line 21 Grants and other assistance to domestic	1,336,567.	1,336,567.		
	individuals See Part IV, line 22	336,233.	336,233.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign			· · · · · · · · · · · · · · · · · · ·	· , ;
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				<u></u>
5	Compensation of current officers, directors,	110 200	22 714	20 005	50,571.
_	trustees, and key employees	112,380.	33,714.	28,095.	30,371.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	108,105.	58,377.	38,918.	10,810.
7 8	Other salaries and wages Pension plan accruals and contributions (include	100,100.	30,377.	30,310.	10,010.
0	section 401(k) and 403(b) employer contributions)	4,231.	2,285.	1 523	423.
9	Other employee benefits	13,203.	7,130.	1,523. 4,753.	423. 1,320.
10	Payroli taxes	17,378.	9,384.	6,256.	1,738.
11	Fees for services (non-employees)	11,370.	3,301.	3,2300	
	Management				
b	Legal		·····		
G	Accounting	20,125.		20,125.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	127,015.	127,015.		
g	Other. (If line 11g amount exceeds 10% of line 25,		,		
Ū	column (A) amount, list line 11g expenses on Sch O.)	12,925.	12,925.		
12	Advertising and promotion	5,866.	2,933.		2,933.
13	Office expenses	9,679.	4,549.	3,194.	1,936.
14	Information technology	39,546.	18,587.	13,050.	7,909
15	Royalties .				
16	Occupancy [	29,004.	13,632.	9,571.	5,801
17	Travel	1,268.	596.	418.	254
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,821.	2,266.	1,591.	964
20	Interest	2.		2.	
21	Payments to affiliates .				
22	Depreciation, depletion, and amortization	4,171.	1,960.	1,377.	834
23	Insurance	271.	<del></del>	271.	<del></del>
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а		4,714.	2,357.		2,357
b	Postage	2,391.	1,124.	789.	478
c	Banking Fees	2,065.	· · · · · · · · · · · · · · · · · · ·	2,065.	
d		,			
e	All other expenses				-
25	Total functional expenses. Add lines 1 through 24e	2,191,960.	1,971,634.	131,998.	88,328
26	Joint costs. Complete this line only if the organization				<del> </del>
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)			<u> </u>	

**Balance Sheet** 

Part X

Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 149,772. 210,229. Cash - non-interest-bearing 2,107,242. 1,663,128. 2 2 Savings and temporary cash investments 1,139,146. 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L. 6 Notes and loans receivable, net 7 Inventories for sale or use Я Prepaid expenses and deferred charges 10a Land, buildings, and equipment, cost or other 28,732. basis. Complete Part VI of Schedule D 10a 9,250. 7,918. 20,814. b Less accumulated depreciation 10b 10c 28,308,738. 27,079,234. 11 Investments - publicly traded securities 8,005,090. 8,262,140. 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11 38,580,092. 38,361,795. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 9,477. 22,648. 17 17 Accounts payable and accrued expenses 382,128. 423,467. 18 Grants payable 18 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 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 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of 8,413,847. 8,500,603. Schedule D 8,892,208. 8,859,962. 26 Total liabilities, Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 1,581,792. 2,170,883. 27 Unrestricted net assets 27,887,795. 27,549,247. 28 28 Temporarily restricted net assets Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds 29,720,130. 29,469,587. 33 33 Total net assets or fund balances 38,361,795. 38,580,092. 34 Total liabilities and net assets/fund balances

	990 (2014) Blue Mountain Community Foundation	91-:	L250104	Page 12	2
Pai	t XI Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI			X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>2,658.</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	_2		1,960.	
3	Revenue less expenses. Subtract line 2 from line 1	3		,698.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	29,720		
5	Net unrealized gains (losses) on investments	5	-2,234	1,141.	<u>.                                    </u>
6	Donated services and use of facilities .	6			
7	Investment expenses	7			_
8	Prior period adjustments .	8			_
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-187	7,100.	<u>.                                    </u>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	29,469	<u>,587.</u>	<u>.                                    </u>
Pai	t XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII			X	<u>]</u>
				Yes No	_
1	Accounting method used to prepare the Form 990.   Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			⅃
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		1 8 .	
	separate basis, consolidated basis, or both.		*,	"	١
	Separate basis Consolidated basis Both consolidated and separate basis			' '	
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	_
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basıs,	, t		1
	consolidated basis, or both:			1 50	1
	X Separate basis Consolidated basis Both consolidated and separate basis			· · · · · ·	۱.
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,	<u>. `</u>	: \	╝
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	_
	If the organization changed either its oversight process or selection process during the tax year, explain in Schr	edule O		,	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audr	t <u>'`</u>	٠٠٠ ا	
	Act and OMB Circular A-133?		3a	X	_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit	: } }	1	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		_
			Form	990 (201	4)

# SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No 1545-0047

Open to Public Inspection

**Employer identification number** 

		Blue	Mountain C	Community Fou	ndati	on		91	-1250104			
Pa	rtl	Reason for Public C	harity Status (A	Il organizations must co	mplete this	s part ) See	e instructions					
The	organi	zation is not a private founda	tion because it is: (F	or lines 1 through 11, ch	eck only o	ne box.)						
1		A church, convention of chu	rches, or association	of churches described	ın sectior	n 170(b)(1)	)(A)(i).					
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)										
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,										
		city, and state:										
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
		section 170(b)(1)(A)(iv). (Complete Part II)										
6		A federal, state, or local gov	ernment or governme	ental unit described in s	ection 17	O(b)(1)(A)(	v).					
7	X	An organization that normal	y receives a substan	itial part of its support fro	om a gove	rnmental u	init or from the ger	neral p	ublic described in			
		section 170(b)(1)(A)(vi). (Co	mplete Part II.)									
8		A community trust describe	d in section 170(b)(	1)(A)(vi). (Complete Part	11)							
9		An organization that normali	y receives: (1) more	than 33 1/3% of its supp	ort from c	ontribution	s, membership fe	es, and	gross receipts from			
		activities related to its exem	pt functions - subjec	t to certain exceptions, a	and (2) no	more than	33 1/3% of its sup	port fr	om gross investment			
		income and unrelated busin	ess taxable income (	less section 511 tax) from	n busines	ses acquir	ed by the organiza	ition af	ter June 30, 1975.			
		See section 509(a)(2). (Con	nplete Part III.)									
10		An organization organized a	nd operated exclusiv	ely to test for public saf	ety. See s	section 50	9(a)(4).					
11		An organization organized a	nd operated exclusiv	ely for the benefit of, to	perform th	ne function	s of, or to carry ou	it the p	ourposes of one or			
		more publicly supported org	anizations described	d in section 509(a)(1) or	section 5	509(a)(2)	See <mark>section 509(a</mark>	)( <b>3</b> ). C	heck the box in			
		lines 11a through 11d that of	lescribes the type of	supporting organization	and comp	olete lines	11e, 11f, and 11g					
а		Type I. A supporting orga	nızatıon operated, su	pervised, or controlled b	y its supp	orted orga	ınızatıon(s), typical	lly by g	iving			
		the supported organizatio	n(s) the power to reg	ularly appoint or elect a	majority o	f the direct	tors or trustees of	the su	pporting			
		organization. You must c	omplete Part IV, Se	ctions A and B.								
þ	, [	Type II. A supporting orga	anization supervised	or controlled in connect	on with its	s supporte	d organization(s), t	oy havi	ng			
		control or management of	the supporting orga	inization vested in the sa	me persor	ns that cor	ntrol or manage the	e supp	orted			
		organization(s). You must	complete Part IV,	Sections A and C.								
C	;	Type III functionally integrated	grated. A supporting	g organization operated i	n connect	ion with, a	nd functionally into	egrate	d with,			
		its supported organization	n(s) (see instructions)	You must complete F	art IV, Se	ctions A, I	D, and E.					
d	ı		integrated. A supp	orting organization opera	ated in cor	nnection w	ith its supported c	organız	ation(s)			
		that is not functionally into	egrated. The organiz	ation generally must sati	sfy a distri	bution req	uirement and an a	ittentiv	eness			
	_	requirement (see instruction	ons). <b>You must com</b>	nplete Part IV, Sections	A and D,	and Part \	<b>V.</b>					
е	ــا (	Check this box if the orga	nization received a v	vritten determination froi	n the IRS	that it is a	Type I, Type II, Ty	pe III				
		functionally integrated, or	Type III non-function	nally integrated supporting	ng organiza	ation			r			
f	Ente	er the number of supported o	rganizations			•						
9		vide the following information		d organization(s).	(us) la tha a	rannization	(v) Amount of man	oton. I	(vi) Amount of			
	,	(i) Name of supported organization	(ii) EIN	(III) Type of organization (described on lines 1-9	listed i	n your	support (see	orary	(vi) Amount of other support (see			
		organization		above or IRC section	governing o		Instructions)		Instructions)			
				(see instructions))	Yes	No			<del></del>			
		<del></del>				<u> </u>			<del></del>			
—		,		··								
	_			<u>-</u>		<del></del>						
		<del></del>										
		<del></del>		<del></del>								
T - 4												

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and		- <del></del>				
	membership fees received. (Do not						
	include any "unusual grants ")	1436762.	1447795.	1416268.	1106175.	2603471.	8010471.
2	Tax revenues levied for the organ-						
	ızatıon'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				1106155	0600454	0010451
4	Total. Add lines 1 through 3	1436762.	1447795.	1416268.	1106175.	2603471.	8010471.
5	The portion of total contributions						
	by each person (other than a			, , , , , , , , , , , , , , , , , , ,	•	, , , , , , , , , , , , , , , , , , ,	
	governmental unit or publicly	,			, ,	,	Į
	supported organization) included		,	, ,			
	on line 1 that exceeds 2% of the		ı				
	amount shown on line 11,		, .				
	column (f)		. 1 %	-	<u> </u>	<u>'</u>	2425993.
	Public support. Subtract line 5 from line 4			· ·	, ,		5584478.
	ction B. Total Support	,	1	T	·		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	1436762.	1447795.	1416268.	1106175.	2603471.	8010471.
8	Gross income from interest,						
	dividends, payments received on					1	
	securities loans, rents, royalties				1010151	040 004	4054053
	and income from similar sources	735,609.	780,523.	898,163.	1012474.	848,204.	4274973.
9	Net income from unrelated business					<b>\</b>	
	activities, whether or not the		1				1
	business is regularly carried on					ļ <u>.</u>	
10	Other income. Do not include gain		-				
	or loss from the sale of capital						
	assets (Explain in Part VI)				<u> </u>		10005444
11	Total support. Add lines 7 through 10	<u> </u>	<u> </u>	, , , , , , , , , , , , , , , , , , , ,			12285444.
12	Gross receipts from related activities					12	
13	First five years. If the Form 990 is for	r the organization'	s first, second, thu	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	. —
~	organization, check this box and sto	p here					
Se	ction C. Computation of Publ					1 1	A.F. A.C
14	Public support percentage for 2014 (	(lıne 6, column (f) d	ivided by line 11, o	column (f))		14	45.46 %
15	Public support percentage from 2013					15	49.03 %
16a	33 1/3% support test - 2014. If the				14 is 33 1/3% or n	nore, check this bo	ox and ⊾ च्चि
	stop here. The organization qualifies						►X
k	33 1/3% support test - 2013. If the				d line 15 is 33 1/3%	6 or more, check th	nis box
	and stop here. The organization qua				•		▶[]
17 a	a 10% -facts-and-circumstances tes						
	and if the organization meets the "fa					art VI how the orga	anization
	meets the "facts-and-circumstances"						▶∟
t	10% -facts-and-circumstances tes						
	more, and if the organization meets						ne
	organization meets the "facts-and-cir						▶
18	Private foundation. If the organization	on did not check a	box on line 13, 16	Sa, 16b, 17a, or 17			
					Soh	adule A (Form 99	0 or 990-EZ) 2014

#### Part

Schedule A (Form 990 or 990 EZ) 2014  Part III   Support Schedule for Or	ganizations	Described in S	Section 509(a)	2)		Page_3
<del></del>	_		• •	• •	+	ion fails to
(Complete only if you checked t qualify under the tests listed bel			ganization failed to	o quality under Par	t ii ii the organizat	ion fails to
Section A. Public Support	ow, please comp	nete Fait II.)	<del></del>			
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and			107			
membership fees received (Do not						
include any "unusual grants.")		}				
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that	•					
are not an unrelated trade or bus-						
iness under section 513				]	,	
4 Tax revenues levied for the organ-		1				
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities				}		
furnished by a governmental unit to					İ	
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						<u></u>
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)		,	- (		, ,	
Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶ _	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6				<u> </u>		
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975					,	
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12)		<u> </u>	<u>L</u>	<u></u>	L	l
14 First five years. If the Form 990 is for	the organization'	s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiza	ation,

14 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) organiza	ation,
check this box and stop here		▶□
Section C. Computation of Public Support Percentage		
15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	. 16	%
Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests - 2014. If the organization did not check the box on line 14, and line 15 is n	nore than 33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly support		

than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and

line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

#### Part IV Supporting Organizations

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

2	ection	Δ	ΔΠ	Suppo	ntina	Orga	nizations
v	CCHOIL	М.	MII	Suppo	n ung	Orga	mzauons

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
  (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and If you checked 11a or 11b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- B Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes." answer (b) below
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No_
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Da	TIV   Supporting Organizations (continued)	2010	4 Pa	ige <b>5</b>
1 4	rt'IV   Supporting Organizations (continued)			
11	Hen the argentation constitute a set or examination from any of the fall ways of the fall w		Yes	_No
11	Has the organization accepted a gift or contribution from any of the following persons?			
•	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations	110		
	J. P. S.		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		ř	, ,
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		1:	
	controlled the organization's activities. If the organization had more than one supported organization,	i	'	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	,		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported		"	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	,		
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			•
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		•	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	,	. ,	٠,٠
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	•		**
	or management of the supporting organization was vested in the same persons that controlled or managed	- P	,	
	the supported organization(s).	1		
Sec	tion D. Type III Supporting Organizations			
		, <del></del>	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		, '	. 4
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax		٠,	
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			_
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	- :		; -
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	<u>`</u>	ļ	٠.٠٠
_	the organization maintained a close and continuous working relationship with the supported organization(s).		,	
3	By reason of the relationship described in (2), did the organization's supported organizations have a	· -		F 5 T
	significant voice in the organization's investment policies and in directing the use of the organization's		٠ ١	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		ļ	
800	supported organizations played in this regard.	3		
	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			١٠,
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			'
	those supported organizations and explain how these activities directly furthered their exempt purposes,		· ,	
	how the organization was responsive to those supported organizations, and how the organization determined	<u> </u>	<del>                                     </del>	├
_	that these activities constituted substantially all of its activities	2a	├	├
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	٠,		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	L- <u></u> -	<del>├</del>	├
_	activities but for the organization's involvement	2b		<del> </del>
3	Parent of Supported Organizations. Answer (a) and (b) below.		1	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	<u> </u>	├	<b>├</b>
	trustees of each of the supported organizations? Provide details in Part VI.	3 <u>a</u>	-	<del>  -</del> -
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	<u> </u>	-	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		<u> </u>

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.  Section A - Adjusted Net Income  (A) Prior Year (optional)  Net short-term capital gain  Recoveries of prior-year distributions  Other gross income (see instructions)  Add lines 1 through 3  Depreciation and depletion  5  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other year of Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.  (B) Current Year (optional)  4  5  Depreciation and depletion		······································	u viua		
other Type III non-functionally integrated supporting organizations must complete Sections A through E.  Section A - Adjusted Net Income  (A) Prior Year (optional)  Net short-term capital gain  Recoveries of prior-year distributions  Other gross income (see instructions)  Add lines 1 through 3					uotions All
Section A - Adjusted Net Income         (A) Prior Year         (B) Current Year (optional)           1 Net short-term capital gain         1           2 Recoveries of prior-year distributions         2           3 Other gross income (see instructions)         3           4 Add lines 1 through 3         4	•	· · · · · · · · · · · · · · · · · · ·	-		actions. All
1 Net short-term capital gain 1 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 3 4 Add lines 1 through 3 4	Secti		inpiere 3		l ' ' .
2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 Add lines 1 through 3 4	1	Net short-term capital gain	1		(Optional)
3 Other gross income (see instructions) 3 4 Add lines 1 through 3 4					<del> </del>
4 Add lines 1 through 3 4					<del></del>
Soprediction and depiction				<del></del>	<del></del>
6 Portion of operating expenses paid or incurred for production or		· · · · · · · · · · · · · · · · · · ·	_  _		<del> </del>
collection of gross income or for management, conservation, or	•	· · · · · · · · · · · · · · · · · · ·			
maintenance of property held for production of income (see instructions)			اء		
7 Other expenses (see instructions) 7	7				
				·	<del></del>
		Adjusted Net Income (Subtract lines 5, 6 and 7 from line 4)			(D) Current Veer
Section B - Minimum Asset Amount  (A) Prior Year  (b) Current Year  (optional)	ecti	ion B - Minimum Asset Amount		(A) Prior Year	
1 Aggregate fair market value of all non-exempt-use assets (see	1	Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):		instructions for short tax year or assets held for part of year):		•	, ;
a Average monthly value of securities 1a	а		1a		
b Average monthly cash balances 1b			1b		
c Fair market value of other non-exempt-use assets			1c		
d Total (add lines 1a, 1b, and 1c)	d	Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	е	Discount claimed for blockage or other			
factors (explain in detail in Part VI)		factors (explain in detail in Part VI)	٠, ٠		
2 Acquisition indebtedness applicable to non-exempt-use assets	2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d 3	3	Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions)		· · · · · · · · · · · · · · · · · · ·	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5	5				
6 Multiply line 5 by 035	6			· ·	
7 Recoveries of prior-year distributions 7	7				
8 Minimum Asset Amount (add line 7 to line 6) 8	8		8		
Section C - Distributable Amount Current Year	Secti		•		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A) 1	1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		1
2 Enter 85% of line 1 2	2		2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3	3				
4 Enter greater of line 2 or line 3 4					
5 Income tax imposed in prior year 5				,	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to				, ,	
emergency temporary reduction (see instructions)	-	•	6	,	
7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see	7			ated Type III supporting orga	anization (see
instructions).	•		,ugic	, po capporting orgi	

Schedule A (Form 990 or 990-EZ) 2014

Sched <b>Par</b>	lule A (Form 990 or 990 EZ) 2014 Blue Mountain  V   Type III Non-Functionally Integrated 509(			1-1250104 Page 7
Section	on D - Distributions	Current Year		
	Amounts paid to supported organizations to accomplish exer	mpt purposes		
	Amounts paid to perform activity that directly furthers exemp		<del></del>	
	organizations, in excess of income from activity			
	Administrative expenses paid to accomplish exempt purpose	s of supported organizations		
	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in Part VI). See instructions			
	Total annual distributions. Add lines 1 through 6.			
	Distributions to attentive supported organizations to which the	ne organization is responsive		
0	(provide details in Part VI). See instructions.	le digalitzation is responsive		
9	Distributable amount for 2014 from Section C, line 6		-	
	Line 8 amount divided by Line 9 amount	·· <del>·</del>		
10	Line o amount divided by Line 9 amount	(6)	(ii)	(iii)
		(i) Excess Distributions	(") Underdistributions	(ייי) Distributable
Section	on E - Distribution Allocations (see instructions)	LACESS DISTIDUTIONS	Pre-2014	Amount for 2014
	Distributable amount for 2014 from Castian C. line C		FI 6-2014	Amount for 20 14
1_	Distributable amount for 2014 from Section C, line 6	<u>,</u>		· · · · · ·
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			······································
_3	Excess distributions carryover, if any, to 2014			
_a				
<u>b</u>	<u> </u>			· · · · · · · · · · · · · · · · · · ·
C	` · · · · · · · · · · · · · · · · · · ·		<u> </u>	,
<u>d</u>				
	From 2013			1 - 1
f_	Total of lines 3a through e		' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	
<u>g</u>	Applied to underdistributions of prior years			- '
h	Applied to 2014 distributable amount			
<u>   i                                 </u>	Carryover from 2009 not applied (see instructions)			, " 1
_i_	Remainder Subtract lines 3g, 3h, and 3i from 3f		<u> </u>	
4	Distributions for 2014 from Section D,			
	line 7 \$	<u>``</u>	, , , , , ,	
<u>a</u>	Applied to underdistributions of prior years	· · · · · · · · · · · · · · · · · · ·		
b	Applied to 2014 distributable amount		· · · · · · · · · · · · · · · · · · ·	
С	Remainder Subtract lines 4a and 4b from 4.			, .
5	Remaining underdistributions for years prior to 2014, if	, , , ,		
	any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)			, ,
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			1
	instructions).	,		
7	Excess distributions carryover to 2015. Add lines 3j			,
-	and 4c			•
8	Breakdown of line 7:	<del>                                     </del>		,
a		<del> </del>		
<u>a</u>				
	Excess from 2013	1		
	Excess from 2014	<del> </del>		
<u> </u>	EAGGGG HUITI ZU 14	.1	I	L

Schedule A (Form 990 or 990-EZ) 2014

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# 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 Inspection

Name of the organization

**Employer identification number** 

	Blue Mountain Commu		91-1250104
Par			Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	23	16
2	Aggregate value of contributions to (during year)	206,223.	26,923.
3	Aggregate value of grants from (during year)	120,556.	106,464.
4	Aggregate value at end of year	748,184.	1,268,199.
5	Did the organization inform all donors and donor advisors in wr	iting that the assets held in donor advised	funds
	are the organization's property, subject to the organization's ex	clusive legal control?	X Yes No
6	Did the organization inform all grantees, donors, and donor adv	risors in writing that grant funds can be use	ed only
	for charitable purposes and not for the benefit of the donor or o	donor advisor, or for any other purpose con	
	impermissible private benefit?		X Yes No
Par	t II Conservation Easements. Complete if the orga	nization answered "Yes" to Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organization	(check all that apply).	
	Preservation of land for public use (e.g., recreation or ed	ucation) Preservation of a historic	cally important land area
	Protection of natural habitat	Preservation of a certifie	d historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the form of a	a conservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic struc	ture included in (a)	2c
ď	Number of conservation easements included in (c) acquired aff	er 8/17/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the or	ganization during the tax
	year ▶		
4	Number of states where property subject to conservation ease	ment is located >	
5	Does the organization have a written policy regarding the pend	dic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it h	nolds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, a	nd enforcing conservation easements durin	ng the year >
7	Amount of expenses incurred in monitoring, inspecting, and er	nforcing conservation easements during the	e year > \$
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170(h)(4	4)(B)(t)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expense sta	atement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes the	organization's accounting for
	conservation easements		
Par	t III Organizations Maintaining Collections of A	Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" to Form 9	90, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC	958), not to report in its revenue statemen	at and balance sheet works of art,
	historical treasures, or other similar assets held for public exhil	oition, education, or research in furtherance	e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe	es these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC	958), to report in its revenue statement an	nd balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, edu		
	relating to these items.		,,
	(i) Revenue included in Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		<b>\$</b>
2	If the organization received or held works of art, historical treas	sures, or other similar assets for financial or	
-	the following amounts required to be reported under SFAS 110		
а	Revenue included in Form 990, Part VIII, line 1	y 100 000) rotating to those items	<b>&gt;</b> \$
_	Assets included in Form 990, Part X		<b>\$</b>
U	rosota moladed in Form 230, Fart A		Ψ

Par		intain Comm				91-12		Page Z
3	Using the organization's acquisition, accession	on, and other records,	, check any of the f	ollowing that are a s	ignifican	it use of its c	ollection ite	ems
	(check all that apply)							
а	Public exhibition	d	Loan or exc	hange programs				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's exe	mpt pur	pose in Part :	XIII	
5	During the year, did the organization solicit or	r receive donations of	fart, historical treas	sures, or other simila	r assets		_	
	to be sold to raise funds rather than to be ma						Yes	No
Par	t IV Escrow and Custodial Arrang	gements. Complet	te if the organizatio	n answered "Yes" to	Form 9	90, Part IV, II	ne 9, or	
	reported an amount on Form 990, Par	t X, line 21.	- <del></del>					
1a	is the organization an agent, trustee, custodia	an or other intermedia	ary for contribution:	s or other assets not	include	d		
	on Form 990, Part X?						Yes	No No
b	If "Yes," explain the arrangement in Part XIII a	and complete the folk	owing table <sup>.</sup>					
					<u> </u>		Amount	
С	Beginning balance				_10	<u>c  </u>		
d	Additions during the year				10	d		
е	Distributions during the year				_10	e		
f	Ending balance				1	f		
2a	Did the organization include an amount on Fo	orm 990, Part X, line 2	21, for escrow or cu	ustodial account liab	ility?		Yes	No
<u> </u>	If "Yes," explain the arrangement in Part XIII	Check here if the exp	olanation has been	provided in Part XIII	, ,	11 1		
Par	t V Endowment Funds. Complete r	f the organization ans	swered "Yes" to Fo	rm 990, Part IV, line	10			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Thr	ee years back	(e) Four y	ears back
1a	Beginning of year balance	28,735,028.	25,479,842.	23,388,196.	24	1,602,186.	20,5	82,213.
b	Contributions	1,707,481.	848,233.	1,058,292.		678,002.	1,1	85,579.
С	Net investment earnings, gains, and losses	-355,750.	4,167,431.	2,810,484.		-140,140.	4,5	11,665.
d	Grants or scholarships	1,286,333.	1,388,609.	1,432,987.	1	1,437,870.	1,3	65,630.
e	Other expenditures for facilities		· · · · · · · · · · · · · · · · · · ·					
	and programs	97,012.	4,959.	24,889.				
f	Administrative expenses	470,168.	366,910.	319,254		313,982.	3	11,741.
	End of year balance	28,233,246.	28,735,028.		. 23	3,388,196.	24,6	02,186.
2	Provide the estimated percentage of the curr	·				· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
a	Board designated or quasi-endowment	3.91	%	,,, 11014 45.				
b	Permanent endowment	%	_′°					
	Temporarily restricted endowment ▶ 9							
·	The percentages in lines 2a, 2b, and 2c shou							
3a	Are there endowment funds not in the posse	· ·	tion that are held a	nd administered for	the orga	nization		
-	by:	ooion or and organiza		14 44111111010104 101			5	es No
	(i) unrelated organizations						3a(ı)	X
	(ii) related organizations		•				3a(ii)	X
h	If "Yes" to 3a(ii), are the related organizations	s listed as required or	Schedule R2				3b	
4	Describe in Part XIII the intended uses of the						<u> </u>	
_	t VI Land, Buildings, and Equipm		Willette Idilds					
L	Complete if the organization answere		Part IV line 11a S	ee Form 990 Part X	Line 10			
	Description of property	(a) Cost or o	<del></del>		Accumu		(d) Book	value
	bescription of property	basis (investri	1		deprecial	I	(4) 5000	, 4144
10	Land	525.5 (11105111	54313	(20.00)	٠,٠٠٠,۵٠			
D C	Buildings .	<del></del>		<del>-</del>				
ن	Leasehold improvements	•		28,732.	20	,814.	7	,918.
d	Equipment Other			10,752.		, , , , , ,		,,,,,,,
	I. Add lines 1a through 1e (Column (d) must e		Y				7	,918.

(a) Description (b) Book value

(1)
(2)
(3)
(4)
(5)
(6)
(7)
(8)
(9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

<u>1.                                    </u>	(a) Description of liability	(b) Book value	
(1)	Federal income taxes		•
(2)	Agency Obligations	7,607,101.	
(3)	Unitrust and Annuity Obligations	893,502.	• •
(4)			
(5)			
(6)			·
(7)			
(8)			!
(9)			
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>▶</b> 8,500,603.	

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.

Sched	dule D (Form 990) 2014 Blue Mountain Community For			250104 Page 4	
Par	· · · · · · · · · · · · · · · · · · ·	nts With Revenue per Re	turn.		
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements		1	1,513,316.	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a  -2,234,141.	.		
b	Donated services and use of facilities	2b	1 1		
C	Recoveries of prior year grants	2c	1 1		
d	Other (Describe in Part XIII)	2d -488,186.			
е	Add lines 2a through 2d		2e	$\frac{-2,722,327}{4,235,643}$	
3	Subtract line 2e from line 1		3	4,235,643.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a 127,015.	1 1		
þ	Other (Describe in Part XIII)	4b			
C	Add lines 4a and 4b	-	4c	127,015.	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	4,362,658.	
Par	t XII Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses per f	Return	<b>).</b>	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements		11	1,763,859.	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		i I		
а	Donated services and use of facilities	2a	1 1		
b	Prior year adjustments	2b	J., 1		
C	Other losses	2c	] '.		
d	Other (Describe in Part XIII )	2d			
е	Add lines 2a through 2d		2e	0.	
3	Subtract line 2e from line 1		3	1,763,859.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a 127,015.	1.		
b	Other (Describe in Part XIII )	4b 301,086.	7 '		
С	Add lines 4a and 4b		4c	428,101.	
_5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	•	5	2,191,960.	
Par	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any add		4; Part >	(, line 2, Part XI,	
Par	t X, Line 2:				
The	Foundation operates as a tax exempt organ	nization under Se	cti	on	
501	(c)(3) of the Internal Revenue Code; there	efore, no provisi	ion i	for	
Fed	eral income tax is presented. The Foundati	ion has also beer	n cla	assified	
as	a publicly supported organization under Se	ections 509(a)(1)	ano	đ.	
	(b)(1)(A)(vi) of the Internal Revenue Code				
	(2) (1) (V1) OI OHO INCOLUE COUC	<b>~•</b>			
The	Foundation has adopted the provisions of	FASB ASC 740-10	Mai	nagement	
has evaluated the Foundation's tax positions and concluded the Foundation					
has	taken no uncertain tax positions requiring	ng adjustment to	the	financial	
<u>sta</u>	tements to comply with these provisions. V	With few exception	ons,	the	
Fou	ndation is no longer subject to income tax	x examinations by	v U.:	S. Federal	

Schedule D (Form 990) 2014

Part XII   Supplemental Information (continued)  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 -440,992.  Change in value of split interest agreements -47,194.  Fotal to Schedule D, Part XI, Line 2d -488,186.  Part XII, Line 4b - Other Adjustments:	Schedule D (Form 990) 2014 Blue Mountain Community Foundation	91-1 <u>250104</u> Page 5
Part XI, Line 2d - Other Adjustments:  FAS 136 agency related transactions -440,992.  Change in value of split interest agreements -47,194.  Fotal to Schedule D, Part XI, Line 2d -488,186.  Part XII, Line 4b - Other Adjustments:	Part XIII   Supplemental Information (continued)	
Part XI, Line 2d - Other Adjustments:  FAS 136 agency related transactions -440,992.  Change in value of split interest agreements -47,194.  Fotal to Schedule D, Part XI, Line 2d -488,186.  Part XII, Line 4b - Other Adjustments:	tax authorities for the years before 2011, which is the s	tandard statute
FAS 136 agency related transactions -440,992.  Change in value of split interest agreements -47,194.  Fotal to Schedule D, Part XI, Line 2d -488,186.  Part XII, Line 4b - Other Adjustments:	of limitations look-back period.	
FAS 136 agency related transactions -440,992.  Change in value of split interest agreements -47,194.  Fotal to Schedule D, Part XI, Line 2d -488,186.  Part XII, Line 4b - Other Adjustments:		
Change in value of split interest agreements -47,194.  Potal to Schedule D, Part XI, Line 2d -488,186.  Part XII, Line 4b - Other Adjustments:	Part XI, Line 2d - Other Adjustments:	
Part XII, Line 4b - Other Adjustments:	FAS 136 agency related transactions	-440,992.
Part XII, Line 4b - Other Adjustments:	Change in value of split interest agreements	-47,194.
	Total to Schedule D, Part XI, Line 2d	-488,186.
FAS 136 agency related transactions 301,086.	Part XII, Line 4b - Other Adjustments:	
	FAS 136 agency related transactions	301,086.
		_

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

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

▶ Attach to Form 990.

OMB No 1545-0047 2014

Open to Public Inspection

Internal Rev	Internal Revenue Service ► Information about Schedule I (Form 990) and its instructions is at www.irs.cov/form990.	Inspection
Name of		Employer identification number
	Blue Mountain Community Foundation	91-1250104
Part	Part I General Information on Grants and Assistance	
1 0	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	'
crit	critena used to award the grants or assistance?	X Yes
2 De	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	
Part II	Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	ne 21, for any

recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	55,000 Part II can	be duplicated if additic	onal space is neede	ģ			
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, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Red Cross P.O. Box 3067 Walla Walla, WA 99362	53-0196605 501(C)(3)	501(C)(3)	19,301.	.0			Various purposes as approved by BMCF Board
Athena Civic Memorial P.O. Box 12 Athena, OR 97813-0012	applied 93-6024531 501(c)(3	applied for 501(c)(3	.038,8	.0			Various purposes as approved by BMCF Board
Blue Mountain Action Council 1520 Kelly Place, Suite 140 Walla Walla, WA 99362	91-0793597 501(C)(3)	501(C)(3)	44,731.	.0			Various purposes as approved by BMCF Board
Blue Mountain Heart to Heart 1520 Kelly Place, Suite 120 Walla Walla, WA 99362	91-1527239 501(C)(3)	501(C)(3)	21,575.	.0			Various purposes as approved by BMCF Board
Blue Mountain Humane Society 7 George St. Walla Walla, WA 99362	91-0828499 501(C)(3)	501(C)(3)	55,391.	.0			Various purposes as approved by BMCF Board
Boy Scouts Explorer Post 311 2017 Wallace St Walla Walla, WA 99362	22-1576300 501(C)(3)	501(C)(3)	.000,9	0.			Various purposes as approved by BMCF Board

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 8

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) (2014)

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91-125	
	Schedule I (Form 990), Part II.)
	sistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)
in Community Foundation	e to Governments and
.ue Mountain	and Other Assistance
lle I (Form 990) BI	Continuation of Gran
Schedu	Dart

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	Community Foundation ce to Governments and Organizations	ation izations in the Un	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
Boy Scouts of America Troop #305 PO Box 2665 Walla Walla, WA 99362	22-1576300	501(C)(3)	7,005.	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)	19,492.	· 0			Various purposes as approved by BMCF Board
Camp Kiwanis Foundation P.O. Box 416 Walla Walla, WA 99362	51-0175607 501(C)(3)	501(C)(3)	8,091.	.0			Various purposes as approved by BMCF Board
Carnegie Picture Lab P.O. Box 3223 Walla Walla, WA 99362	91-0864854 501(C)(3)	501(C)(3)	20,500.	.0			Various purposes as approved by BMCF Board
Catholic Charities of Spokane - Walla Walla Office - 408 W. Poplar St Walla Walla, WA 99362	91-0569880 501(C)(3)	501(C)(3)	12,035.	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)	.002,6	.0			Various purposes as approved by BMCF Board
Christ Lutheran Church 1420 S. Second Avenue Walla Walla, WA 99362	91-0858724 501(C)(3)	501(C)(3)	27,082.	.0			Various purposes as approved by BMCF Board
Christian Aid Center P.O. Box 56 Walla Walla, WA 99362	91-0918048 501(C)(3)	501(C)(3)	80,681.	0.			Various purposes as approved by BMCF Board
City of Dayton 111 S. First Dayton, WA 99328	91-6001243 Government	Government	20,045.	0.			Various purposes as approved by BMCF Board
•							Schedule I (Form 990)

	(Schedule I (Form 990), Part II.)
Blue Mountain Community Foundation	to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)
Community	ce to Governments
Mountain	of Grants and Other Assistance to Governme
Blue	of Grants an
e I (Form 990)	Continuation
Schedul	Part II

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	Assistance to Go	vernments and Organ	izations in the Un	ited States (Sche	dule I (Form 990), Par	t II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
City of Waltsburg 147 Main Street Waltsburg, WA 99361	91-6001289	Government	5,463.	0.			Various purposes as approved by BMCF Board
Community Council PO Box 2936 Walla Walla, WA 99362	35-2327775	501(C)(3)	5,300.	0.	:		Various purposes as approved by BMCF Board
Dayton Development Task Force Port of Col, 1 Port Way Dayton, WA 99328	94-3041790	501(C)(3)	12,931.	.0			Various purposes as approved by BMCF Board
Dayton Historical Depot Society, Inc - 222 E. Commercial Street - Dayton, WA 99328	51-0191098	501(C)(3)	9,688,	.0			Various purposes as approved by BMCF Board
Dayton School District No. 2 609 S 2nd St Dayton, WA 99328	91-1077434 Government	Government	8,000.	0.			Various purposes as approved by BMCF Board
Emmanuel Lutheran Church 628 Lincoln St. Walla Walla, WA 99362	91-1222504	501(c)(3)	59,436.	.0			Various purposes as approved by BMCF Board
First Congregational Church 73 S. Palouse Walla Walla, WA 99362	91-0655578	501(c)(3)	36,599.	.0			Various purposes as approved by BMCF Board
First Presbyterian Church 325 S. First Walla Walla, WA 99362	91-0640784 501(c)(3)	501(c)(3)	6,297.	°			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)	501(C)(3)	23,847.	0.0			Various purposes as approved by BMCF Board
•							Schedule I (Form 990)

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(a) Name and address of organization or government	(p) 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)	501(C)(3)	14,298.	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)	501(c)(3)	34,227.	.0			Various purposes as approved by BMCF Board
Helpline PO Box 776 Walla Walla, WA 99362	91-2148803 501(C)(3)	501(C)(3)	22,839.	.0			Various purposes as approved by BMCF Board
Lillie Rice Center, Inc. 2616 E. Isaacs Avenue Walla Walla, WA 99362	91-0789757	501(C)(3)	34,819.	°0			Various purposes as approved by BMCF Board
Lincoln High School 421 S 4th St Walla Walla, WA 99362	90-6015450	Government	16,550.	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)	24,331.	.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)	46,180.	0.			Various purposes as approved by BMCF Board
Pomeroy Conservation District PO Box 468 Pomeroy, WA 99347	91-0623543	Government	10,000.	.0			Various purposes as approved by BMCF Board

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Schedule   (Form 990) Blue Mountain	tain Comm		ation		1 6000 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		91-1250104 Page 1
Part II Continuation of Grants and Other Assistance to Governments and	Assistance to Gov		Organizations in the United States	- 1	(Schedule I (Form 990), Part II.)	t II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Pomeroy School District PO Box 950 Pomerov WA 99347	91-1099549 Government	Government	6,250	0			Various purposes as approved by BMCF Board
Project Timothy 249 E Main St Dayton, WA 99328	91-0569880	501(C)(3)	.000,2	0			Various purposes as approved by BMCF Board
Providence St. Mary Foundation Total - 401 W. Poplar St - Walla Walla, WA 99362	45-2841492 501(C)(3)	501(c)(3)	12,970.	0			Various purposes as approved by BMCF Board
Rising Sun Clubhouse 1520 Kelly Place, Suite 130 Walla Walla, WA 99362	16-1679931	501(C)(3)	5,000.	0			Various purposes as approved by BMCF Board
Rogers Adventist School 200 S.W. Academy Way College Place, WA 99324	91-0816206 501(C)(3)	501(C)(3)	6,794.	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)	6,630.	0			Various purposes as approved by BMCF Board
St. Mark Catholic Church of Waitsburg, Washington - Parishes of St. Joseph and St. Mark - Dayton, WA 99328	26-1303974	501(c)(3)	7,320.	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)	14,396.	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)	501(c)(3)	15,000.	0			Various purposes as approved by BMCF Board Schedule (Form 990)
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e I (Form 990) B	Continuation of Gra
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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States	Assistance to Gov	rernments and Organ	izations in the Un		(Schedule I (Form 990), Part II)	ון ))	
	(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
Touchet Valley Arts Council Total PO Box 233							
Dayton, WA 99328 Trilogy Recovery Community	91-1754968 501(C)(3)	501(C)(3)	6,040.	.0			approved by back board
515 W Poplar St Walla Walla, WA 99362	32-0303794	501(C)(3)	17,500.	0.			
United Way of Walla Walla 29 E. Sumach Walla Walla, WA 99362	91-0730322 501(c)(3)	501(c)(3)	35,013.	0			Various purposes as approved by BMCF Board
Waitsburg Historical Society P.O. Box 341 Waitsburg, WA 99361	23-7111750	501(c)(3)	9,805.	0.			Various purposes as approved by BMCF Board
Walla Walla Catholic Schools 919 E Sumach Walla Walla, WA 99362	53-0196617	501(C)(3)	6,423.	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)	8,250.	0.	:		Various purposes as approved by BMCF Board
Walla Walla Community College Foundation - 500 Tausick Way - Walla Walla, WA 99362	91-1207033	501(C)(3)	40,531.	0.			Various purposes as approved by BMCF Board
Walla Walla Community Hospice 1067 Isaacs Avenue Walla Walla, WA 99362	91-1144144 501(C)(3)	501(C)(3)	10,703.	0.			Various purposes as approved by BMCF Board
Walla Walla Community Network 1520 Sturm Ave	91-0821964 Government	Jovernment	10 000	0			Various purposes as approved by BMCF Board

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Schedule I (Form 990) Blue Mountain	tain Comm	Community Foundation	ation		( II And (000 mod) I oli bodo		91-1250104 Page 1
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States	Assistance to Go	vernments and Organ	izations in the Uni		dule I (Form 990), Par	(   )	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Walla Walla County Health Department - PO Box 1753 - Walla Walla, WA 99362	91-6001381 Government	Government	.000,2	0.			Various purposes as approved by BMCF Board
7al: 30(	47-2861464 501(C)(3)	501(C)(3)	5,000.	.0			Various purposes as approved by BMCF Board
Walla Walla Presbyterian Church 325 S First Ave Walla Walla, WA 99362	91-0640787 501(C)(3)	501(C)(3)	12,890.	0			Various purposes as approved by BMCF Board
Walla Walla Public Schools 364 S Park St Walla Walla, WA 99362	91-6015450 Government	Government	.002,6	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)	17,103.	.0			Various purposes as approved by BMCF Board
Walla Walla Symphony P.O. Box 92 Walla Walla, WA 99362	91-0925802	501(C)(3)	. 6, 558.	0.			Various purposes as approved by BMCF Board
Whitman College 345 Boyer Ave Walla Walla, WA 99362	91-0567740	501(C)(3)	35,031.	.0			Various purposes as approved by BMCF Board
WSU Foundation 255 E. Main St Suite 301 Pullman, WA 99164	91-1075542	501(C)(3)	6,000.	0			Various purposes as approved by BMCF Board
YMCA P.O. Box 1637 Walla Walla, WA 99362	91-0580856 501(C)(3)	501(C)(3)	60,722.	0			Various purposes as approved by BMCF Board Schedule I (Form 990)

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Schedule (Form 990) Blue Mountain Community Foundation	tain Comm	Blue Mountain Community Foundation	ttion	ted States (Sche	edule 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
YWCA 213 S. First Ave Walla Walla, WA 99362	91-0613315 501(C)(3)	501(C)(3)	40,548.	0.			Various purposes as approved by BMCF Board
							Schedule I (Form 990)

91-1250104 Schedule I (Form 990) (2014) Blue Mountain Community roumarion.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed Blue Mountain Community Foundation

Page 2

(f) Description of non-cash assistance N/A (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. 0 (d) Amount of non-cash assistance 336,233. (c) Amount of cash grant (b) Number of recipients 353 (a) Type of grant or assistance Scholarships to individuals

#### SCHEDULE M (Form 990)

Noncash Contributions

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

2014

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990

Attach to Form 990.

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

Name of the organization

Employer identification number

	Blue Mountain	n Comm	<u>unity Four</u>	ndation				<u> 1-1</u>	2501	04	
Par	t I Types of Property							_			
		(a) Check if applicable		(c) Noncash contrib amounts reporte Form 990, Part VII	ed on	no			terminin	_	
1	Art - Works of art										
2	Art - Historical treasures	<del></del>									
3	Art · Fractional interests										
4	Books and publications					·					
5	Clothing and household goods		`								
6	Cars and other vehicles			<del></del>						_	
7	Boats and planes										
8	Intellectual property							<del></del>			
9	Securities - Publicly traded	<del></del>		· · · · · · · · · · · · · · · · · · ·							
10	Securities - Closely held stock					<del></del>					
11	Securities - Partnership, LLC, or						-				
•••	trust interests	ļ				1					
12	Securities · Miscellaneous	x	8	160,7	774	Άνσ	VM'H	on	gift	ďа	te
13	Qualified conservation contribution -		<del>                                     </del>	100,	, , -	1149		011	9		
13	Historic structures	ļ		ļ							
14	Qualified conservation contribution - Other	<u></u>	<del> </del>			<del> </del>					
	Real estate - Residential					<del> </del> -					
15			<del> </del>		<del>-</del>						
16	Real estate - Commercial						-				
17	Real estate - Other	<u> </u>				1					
18	Collectibles					<del> </del> -					
19	Food inventory		<del> </del>	<del> </del>		<del> </del> -					
20	Drugs and medical supplies	ļ				ļ					
21	Taxidermy					<del> </del>					
22	Historical artifacts					<u> </u>					
23	Scientific specimens		ļ			<b>↓</b>					
24	Archeological artifacts					<b>├</b>					
25	Other ()										
26	Other ()		<u> </u>			<u> </u>					
27	Other ()		<u> </u>	<u></u>		ļ					
28_	Other (										
29	Number of Forms 8283 received by the organi	zation durin	g the tax year for o	ontributions							
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement	29						
										Yes	No
30a	During the year, did the organization receive b	y contribution	on any property rep	oorted in Part I, line	s 1 throu	gh 28, t	hat it		1 1		
	must hold for at least three years from the dat	e of the initia	al contribution, and	which is not requi	red to be	used fo	r		11		
	exempt purposes for the entire holding period			•					30a		Х
b	If "Yes," describe the arrangement in Part II										
31	Does the organization have a gift acceptance	policy that re	equires the review	of any non-standar	d contribi	utions?			31		X
	Does the organization hire or use third parties										
	contributions?			, p					32a		х
ь	If "Yes," describe in Part II.			•					<del></del>		
33	If the organization did not report an amount in	column (c)	for a type of prope	rty for which colum	ກ (a) is ch	ecked					1
-	describe in Part II.	20141111 (0)	is, a type of prope	, 101 11111011 0010111	(4) 13 011						

Do-	Supplemental Information. Provide the information required by Part Lines 30h, 32h, and 33, and whether the organization
Part II	<b>Supplemental Information.</b> Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
-	

# **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

### Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 Open to Public Inspection

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

Employer identification number

91-1250104 Blue Mountain Community Foundation Form 990, Part VI, Section B, line 11: After completion of the IRS Form 990, it is circulated to the Audit Committee for review prior to submission and later made available to the Board of Trustees at a Board meeting. However, in order to preserve donor anonymity, Schedule B is not included in the copy provided to the Audit Committee or the Board. Form 990, Part VI, Section B, Line 12c: The implementation of the conflict of interest policy begins with a written disclosure by all Foundation volunteers. Then, in a matter where a decision is to be made that involves a disclosed conflict, a discussion takes place to decide how the matter proceeds. The conversation centers on whether the person with a conflict will participate in the discussion and/or the decision. Once a fair process is determined in keeping with the policy, then a group decision is made. The matter is recorded in the minutes of the meeting. Form 990, Part VI, Section B, Line 15a: On an annual basis, the Executive Committee of the board completes an employee review of the Executive Director. The review process is managed by the Vice-President. A comprehensive review document is used that involves a report on results of the prior period by the employee followed by an assessment by the Executive Committee with input from the entire Board of Trustees.

Blue Mountain Community Foundation has an independent financial audit
performed annually. Audits for the current and prior year are available for
review. Please contact us. Our financial statements are currently audited
by Cordell, Neher & Company, PLLC of Wenatchee, Washington.

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Name of the organization  Blue Mountain Community Foundation	Employer identification number 91-1250104
The Foundation does submit its IRS Form 990 on a timely	basis. The most
current IRS Form 990, or any other IRS filing such as I	RS Form 990-T that
BMCF might file, is available for review on its website	at
http://www.bluemountainfoundation.org/finances or to red	quest a copy,
contact us.	
The Foundation's governing documents are available for p	public inspection
upon request.	
Form 990, Part XI, line 9, Changes in Net Assets:	
Change in value of split interest agreements	-47,194.
FAS 136 agency related transactions	-139,906.
Total to Form 990, Part XI, Line 9	-187,100.
Form 990, Part XII, Line 2c:	
The Audit Committee is responsible for the selection of	the independent
auditors as well as overseeing the audit of the financi	al statements.
The policies and procedures to accomplish these tasks h	ave not changed
from the prior year.	