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Extended to February 15, 2017

Return of Organization Exempt From Income Tax

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

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

2015
Open to Public Inspection

Department of the Treasury

▶ Information about Form 990 and its instructions is at www.irs.gov/form990 A For the 2015 calendar year, or tax year beginning JUL 1. 2015 and ending JUN 30, 2016 C Name of organization D Employer identification number Check if Address Blue Mountain Community Foundation Name Ichange 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 Feturn PO Box 603 509~529-4371 7,428,335. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended Walla Walla, WA 99362 H(a) Is this a group return Applica-Ition pending F Name and address of principal officer Kari Isaacson Yes X No for subordinates? PO Box 603, Walla Walla, WA Yes H(b) Are all subordinates included? Tax-exempt status: X = 501(c)(3) = 501(c)() ◀ (insert no.) 4947(a)(1) or If "No," attach a list (see instructions) Website: ▶ bluemountainfoundation.org H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Other -L Year of formation: 1984 M State of legal domicile: WA Part I Summary Briefly describe the organization's mission or most significant activities. Encouraging and facilitating 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. 15 Number of voting members of the governing body (Part VI, line 1a) 15 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 21 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year** Current Year 1,879,028.2,603,471 Contributions and grants (Part VIII, line 1h) 0. 9 Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,662,914. 923,433. 10 96,273. 94,306. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,896,767. 4,362,658. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 1,672,800. 1,814,454. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Benefits paid to or for members (Part IX, column (A), line 4) 0. 14 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 255,297. 270,784. 0. 16a Professional fundraising fees (Part IX, column (A)-line 117e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 96,727. ,997. 263,863. 379 Other expenses (Part IX, column (A), lines-11a-11d, 11f-24e) 17 18 Total expenses Add lines 13-17 (must-equal Part-IX-) côluṃn (a), line 25 2,191,960. 2,465,235. Revenue less expenses Subtract line 38 from line 12 2,170,698. 431,532. OGDEN, UT Beginning of Current Year End of Year 38,361,795. 37,115,469. 20 Total assets (Part X, line 16) 8,340,589. 8,892,208. 21 Total liabilities (Part X, line 26) 28,774,880. Net assets or fund balances Subtract line 21 from line 20 29,469,587. | 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. Hari Joaacom Signature of officer Sign Kari Isaacson, Executive Director Here Type or print name and title Date Preparer's signatu Print/Type preparer's name Sean M. Patton, CPA P00461275 Paid 12/2 sell employed Firm's name Cordell, Neher 91-0950793 Preparer Firm's EIN Firm's address P.O. Box 3068 Use Only

X Yes No

Phone no. (509) 663-1661

Wenatchee, WA 98807-3068

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

	1990 (2015) Blue Mountain Community Foundation 91-1250104 Page 2
Ра	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission
	The mission of Blue Mountain Community Foundation is to build a legacy
	of healthy communities for future generations in the Blue Mountain
	region by encouraging and facilitating private giving for the public
	good.
2	Did the organization undertake any significant program services during the year which were not listed on
	the pnor Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
•	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
40	revenue, if any, for each program service reported (Code) (Expenses \$2, 226, 063. including grants of \$1, 814, 454.) (Revenue \$1, 017, 739.)
44	(Code)(Expenses \$ 2,226,063. including grants of \$ 1,814,454.) (Revenue \$ 1,017,739.) Provided grants to 175 organizations, primarily in the Blue Mountain
	area of southeastern Washington and Umatilla County, Oregon, addressing
	a variety of charitable purposes including basic needs, health &
	wellness, education, vibrant economies, arts & culture, neighborhoods &
	communities, and the environment. Grants from scholarship funds
	supported more than 318 students in pursuing higher education. Worked
	with donors to create 11 new endowed funds and 6 new non-endowed funds,
	that will provide grants to support the community into the future.
	For more information visit our website at
	www.bluemountainfoundation.org
4b	(Code) (Expenses \$
4c	(Code) (Expenses \$
14	Other program convices (Describe in Schodule O.)
4d	Other program services (Describe in Schedule O)
40	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses \$ 2.226.063.

Form 990 (2015)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_ '		v
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to		х	
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	6_	Α.	
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			 -
•	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	<u> </u>		
_	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			1
	If "Yes," complete Schedule D. Part IV	9		X
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X		,	,
	as applicable	<u> </u>		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
þ	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	}		ı
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	}		•
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			Х
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		ļ,	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
5	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	1	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15_	 	X
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			7,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	<u> </u>	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		ŀ	v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	 	<u> </u>
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		x
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	18_	 	 ^
19	complete Schedule G. Part III.	19		х
	COMMISSION STATE III.		990	(2015)

Pai	t IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	<u> </u>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	-22		
20			i	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			x
04-	Schedule J	23		<u> </u>
24 a	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	.	l	X
	Schedule K If "No", go to line 25a	24a		<u> </u>
a	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			1
	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	[]		l
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? // "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	Ì]
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	}		1
	instructions for applicable filing thresholds, conditions, and exceptions)	L		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	1		ļ _
	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			Į .
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	1		1
	If "Yes," complete Schedule N, Part I	31	L	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		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
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u>L</u> _
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	l	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	<u></u>	X

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

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Form 990 (2015) Blue Mountain Community Foundation
Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	11			
b	Enter the number of Forms W-2G included in line 1a Enter -0 if not applicable 1b	0	ł	}	ſ
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable ga	ming	- 1	-	
	(gambling) winnings to prize winners?	Ţ	1c.	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	Γ			
	filed for the calendar year ending with or within the year covered by this return	4	l		_`
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	L	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over	ər, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	Ĺ	4a		<u> </u>
b	If "Yes," enter the name of the foreign country		1	`	İ
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FB	IAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	L	5a		<u>X</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	L	5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<u> </u>	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	on solicit	1		
	any contributions that were not tax deductible as charitable contributions?	<u> </u>	6a		<u>X</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		į		
	were not tax deductible?	<u> </u>	6b		
7	Organizations that may receive deductible contributions under section 170(c).	1			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provide	· · · · · ·	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	-	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	į	ļ	ļ	7.7
	to file Form 8282?	-	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year				**
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<u>-</u>	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	., -	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	· ·	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Figure and the organization are interested by the	orm 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	 -	8		X
Ω.	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	}	- 		^
9	Did the sponsoring organization make any taxable distributions under section 4966?	<u>}</u>	9a		X
d	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<u> </u>	9b		X
10	Section 501(c)(7) organizations. Enter	<u> </u>	90		<u> </u>
	Initiation fees and capital contributions included on Part VIII, line 12	l	Į		`
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		Į	,	
11	Section 501(c)(12) organizations. Enter		j	-	
	Gross income from members or shareholders	j			
b	Gross income from other sources (Do not net amounts due or paid to other sources against		- }		,
_	amounts due or received from them)				'
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		ì		
а	is the organization licensed to issue qualified health plans in more than one state?	Γ	13a		
	Note. See the instructions for additional information the organization must report on Schedule O	Γ			
b	Enter the amount of reserves the organization is required to maintain by the states in which the		ļ		,
	organization is licensed to issue qualified health plans		Í		[.
С	Enter the amount of reserves on hand]		<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O		14b		
	· · · · · · · · · · · · · · · · · · ·		Form	990	(2015)

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

2	Check if Schedule O contains a response or note to any line in this Part VI						X		
sec.	tion A. Governing Body and Management					1			
		1.	I	1 = [Yes	No		
та	Enter the number of voting members of the governing body at the end of the tax year	1a)	_15		- 1	1		
	If there are material differences in voting rights among members of the governing body, or if the governing			1	Ì	l]		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.	١		15		l			
	Enter the number of voting members included in line 1a, above, who are independent	1b				1			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any otner	ŀ			X		
_	officer, director, trustee, or key employee?	14		}	_2		<u>~</u>		
3	Did the organization delegate control over management duties customarily performed by or under the	e aireci	supervision]		- 1	v		
	of officers, directors, or trustees, or key employees to a management company or other person?	.00	- 51- 40	}	3	-+	X X		
4									
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ers?		}	5		X		
6	Did the organization have members or stockholders?	naint i		ŀ	_6_				
/a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or	}	7-		x		
L	more members of the governing body? Are any governing degrees of the organization recognised to (or subject to consend by) more bore.	احطاراهما	ldoro or	}	7a				
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	OCKNO	idels, Di]	7.		X		
	persons other than the governing body?	ur by +b	followers	}	7b	-+	^		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	บงเทย	s tollowing;	}		$\overline{\mathbf{x}}$			
	The governing body?			ŀ	8a oh	$\frac{\hat{\mathbf{x}}}{\mathbf{x}}$			
a 9	Each committee with authority to act on behalf of the governing body?	ob o 러 -	+ +h.a	}	8b	^			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rear	cnea a	t the]	9		X		
Sac	organization's mailing address? If "Yes." provide the names and addresses in Schedule O				9		<u> </u>		
<u> </u>	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			Vas			
100	Did the arganization have lead chapters branches or affiliates?			ſ	100	Yes	No X		
	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such ch	antore	affiliatos	Ì	10a				
D		apters	, annates,	i	10h	ľ			
44	and branches to ensure their operations are consistent with the organization's exempt purposes?	v hofor	a filina tha fai		10b 11a	X			
	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?								
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990								
	2a Did the organization have a written conflict of interest policy? If "No," go to line 13								
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Did the organization regularly and consistently monitor and enforce compliance with the policy? # "\"			}	12b	Х			
·		res, a	escribe	1	12c	X			
13	in Schedule O how this was done Did the organization have a written whistleblower policy?			ŀ	13	X			
14	Did the organization have a written document retention and destruction policy?			į	14	X			
15	Did the process for determining compensation of the following persons include a review and approva	d by in	denendent	t					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ı by ii li	acpendent]	,		
а	The organization's CEO, Executive Director, or top management official			!	15a	X			
	Other officers or key employees of the organization				15b		X		
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			Ì	· • • • • • • • • • • • • • • • • • • •				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent w	ith a	[- 1		
	taxable entity during the year?				16a		<u>_x</u>		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua:	te its n	articipation	Į	.54		٦		
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					- 1	{		
	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	(Secti	on 501(c)(3)s	only) av	allable	,			
	for public inspection. Indicate how you made these available. Check all that apply	,	(-/(-/-	. 71					
	X Own website Another's website X Upon request Other (explain	n in Sc	hedule (1)						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, coil		•	cy, and f	inanc	al			
	statements available to the public during the tax year.			,,					
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks an	d records	•					
	Joan Consani - 509-529-4371								
	PO Box 603, Walla Walla, WA 99362								

orm 990 (2015)	Blue	Mountain	Communit

91-1250104

<u>y Foundation</u> Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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.

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

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A) Name and Title	(B) Average hours per week	(C) Position (do not check more than box, unless person is bot officer and a director/trus					an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Craig Sievertsen	1.00							·		
Past President		X		X	L.,			0.	0.	0.
(2) Norm Passmore	1.00									
President		X		X	L			0.	0.	0.
(3) Shannon Bergevin	1.00									
Treasurer		X		X				0.	0.	0.
(4) Tony Billingsley	1.00									
Trustee		X		L	L_	L		0.	0.	0.
(5) Sherilee Coffey	1.00					İ				
Secretary		X				L	L	0.	0.	0.
(6) Sandi Blackaby	1.00				ŀ					
Vice-President		Х			_	_		0.	0.	0.
(7) Keith Olson	1.00				İ					
Trustee		X				_		0.	0.	0.
(8) Kevin Michelson	1.00				ļ	ļ		1	į	ā i
Trustee		X	<u> </u>		L	<u> </u>		0.	0.	0.
(9) Anne Walsh	1.00	}	ŀ							
Trustee	1	X						0.	0.	0.
(10) Anne-Marie Zell Schwerin	1.00]	}]					
Trustee		X						0.	0.	0.
(11) Chris Drabek	1.00									
Trustee		X	<u> </u>					0.	0.	0.
(12) Tim Kennedy	1.00									
Trustee		X				L		0.	0.	0.
(13) Mindy Nelson	1.00]			1				1	
Trustee		X				L.	_	0.	0.	0.
(14) Gary Ponti	1.00									
Trustee		X	<u> </u>					0.	0.	0.
(15) Mark Sherry	1.00		Γ							
Trustee		X			L			0.	0.	0.
(16) Jay Takemura	1.00									
Trustee		X					ł	0.	0.	0.
(17) Kari Isaacson	40.00	Π								
Executive Director		1	1	Х	1	1	1	97,850.	0.	18,062.

	1990 (2015) Blue Mou									91-12	2501	L04	Pa	ige 8
Par	t VII Section A. Officers, Directors, True	stees, Key Emp	oloy	ees,	and	d Hı	ghes	t C	ompensated Employee	s (continued)				
	(A)	(B)	ĺ			C)			(D)	(E)	j		(F)	
	Name and title	Average	(40			itior	ገ than e		Reportable	Reportable	ļ	Est	mate	d
		hours per	box	, unle	ss pe	rson	is both	an	compensation	compensatio	n	am	ount o	of
		week	offic	cer an	nd a d	irecto	or/trus	tee)	from	from related		c	ther	
		(list any	cto						the	organizations	3	comp	ensat	ion
		hours for) H				귤		organization	(W-2/1099-MIS	C)	fro	m the	•
		related	stee	rister			E SS		(W-2/1099-MISC)			orga	nızatı	on
		organizations	Ē	132		loyee	Eg =					and	relate	ed
		below	individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	盲				orgai	nızatıc	ons
		line)	Ë	finst	100	ě,	물통	휸						
											i			
							T							
			_				ļ					•		
			_	-	_	-	-	_						
												1		
				-	-		┼							
				_	ļ	_		<u> </u>						
											İ			
												-		
	Sub-total	-l	<u> </u>	L	L	.1	1	>	97,850.		0.	18	, 06	
	Total from continuation sheets to Part V	II, Section A							0.		0.			0.
	Total (add lines 1b and 1c)							<u> </u>	97,850.		0.	18	, 06	2.
2	Total number of individuals (including but incompensation from the organization	not limited to th	ose	liste	d at	oove	e) wh	о ге	ceived more than \$100,	000 of reportable				0
	compensation from the organization										-		Yes	No
3	Did the organization list any former officer	director or tri	ietor	n ko	w or	mole	31/00	orl	highest compensated or	nnlovoo on	[
•				6, NG	;y &ı	пріс	усс,	UII	ngriest compensated er	iipioyee oii	ŀ	3		X
	line 1a? If "Yes," complete Schedule J for										- }	3		
4	For any individual listed on line 1a, is the s								•	ne organization	ŀ	_+		v
	and related organizations greater than \$15										ŀ	4		X
5	Did any person listed on line 1a receive or							elate	ed organization or individ	dual for services			\dashv	Х
Sec	rendered to the organization? If "Yes." continuo B. Independent Contractors	npiete Scheduli	<u> </u>	or si	ıcn	pers	son				!	5		
1	Complete this table for your five highest complete the organization. Report compensation for	•								•	ensat	ion fro	m	
	(A)	the calendar ye	Jai C	311(31)	19 1	VILI .	OI WI		(B)	eai		(C		
	Name and busines	s address	N	INC	Ε				Description of s	ervices	С	ompen		٦
			•						-,-,-					
												 -		
								-						
								l						

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0

		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
Contributions, Gifts, Grants and Other Similar Amounts	1 a b c d e f	Related organizations Government grants (contributions) All other contributions, gifts, grant similar amounts not included above	s, and ve 1f	1,879,028. 1,105,136.	1,879,028.			
<u> </u>		Total Machines		Business Code	, ,			
Program Service Revenue	2 a b c c d e f			545111055 0040				
	9							
	3 4 5	Investment income (including of other similar amounts) Income from investment of tax Royalties		>	860,591.	860,591.		
	6 a	Less rental expenses	(i) Real 94,306. 0. 94,306.	(ii) Personal				
				•	94,306.	94,306.		
	b	Gross amount from sales of assets other than inventory Less. cost or other basis and sales expenses Gain or (loss)	(i) Securities 4,594,410. 4,531,568. 62,842.	(II) Other	,			
	d			•	62,842.	62,842.		
Other Revenue	8 a	Gross income from fundraising including \$ contributions reported on line Part IV, line 18 Less direct expenses	of 1c) See a		-			
)		Net income or (loss) from fund		_				ļ
	l to	Gross income from gaming ac Part IV, line 19 Less direct expenses	a b					
	10 a	 Net income or (loss) from gam Gross sales of inventory, less and allowances Less cost of goods sold Net income or (loss) from sale 	returns a b	>				
		Miscellaneous Revenu	е	Business Code				
)						
	12	Total revenue See instructions.		•	2,896,767.	1,017,739.	0.	0.

Section	on 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).	
	Check if Schedule O contains a respon	se or note to any line in t (A)	his Part IX (B)	(C)	(D)
	ot include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				,
	and domestic governments. See Part IV, line 21	1,445,698.	1,445,698.	<u> </u>	
2	Grants and other assistance to domestic		_	-	
	individuals See Part IV, line 22	368,756.	368,756.	·	
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16			к.	,
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	114,216.	34,265.	28,554.	51,397.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	111,773.	60,358.	40,238.	11,177.
8	Pension plan accruals and contributions (include				450
	section 401(k) and 403(b) employer contributions)	4,698.	2,537.	1,691. 7,439.	470. 2,066.
9	Other employee benefits	20,664.	11,159.	7,439.	2,066.
10	Payroll taxes	19,433.	10,494.	6,996.	1,943.
11	Fees for services (non-employees)				
а	Management				
b	Legal	00.000		00 000	
C	Accounting	20,000.		20,000.	
đ	Lobbying				
е	Professional fundraising services. See Part IV, line 17	000 107	000 107	2	
f	Investment management fees	202,187.	202,187.		
g	Other (If line 11g amount exceeds 10% of line 25,	0.770	0 770		
	column (A) amount, list line 11g expenses on Sch 0.)	8,778.	8,778.		7 (00
12	Advertising and promotion	15,200.	7,600.	2 275	7,600.
13	Office expenses	10,226.	4,806.	3,375.	2,045.
14	Information technology	26,935.	12,659.	8,889.	5,387.
15	Royalties	20 601	14 405	10 100	6 120
16	Occupancy	30,691.	14,425.	10,128.	6,138.
17	Travel	8,253.	3,879.	2,723.	1,651.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	7 621	2 500	2 510	1 527
19	Conferences, conventions, and meetings	7,634.	3,588.	2,519.	1,527.
20	Interest				
21	Payments to affiliates	1 006	938.	659.	399.
22	Depreciation, depletion, and amortization	1,996. 7,613.	730.	7,613.	333.
23	Insurance	7,013.	· · · · · · · · · · · · · · · · · · ·	7,013.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				,
а	The district and become and when	28,026.	28,026.		
a b	Printing/Publications	8,770.	4,385.		4,385.
c	Postage	2,712.	1,275.	895.	542.
d	Banking Fees	726.		726.	
_	All other expenses	250.	250.		
	Total functional expenses Add lines 1 through 24e	2,465,235.	2,226,063.	142,445.	96,727.
25 26	Joint costs Complete this line only if the organization	2,100,200			
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				
	II IOIIOWING SOP 86-2 (ASC 938-720)	<u> </u>	·	·	

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 210,229. 232,419. Cash - non-interest-bearing 1 1,663,128. 2,393,162. Savings and temporary cash investments 2 2 444,720. 1,139,146. 3 3 Pledges and grants receivable, net 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 6 Assets Notes and loans receivable, net 7 Inventories for sale or use 8 7,986. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 28,732. basis. Complete Part VI of Schedule D 10a 7,918. 22,810. 5,922. **b** Less accumulated depreciation 10b 10c 27,079,234. 27,015,262. Investments - publicly traded securities 11 11 8,262,140. 7,015,998. Investments - other securities. See Part IV, line 11 12 12 Investments - program-related See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 38,361,795. 37,115,469. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 7,168. 9,477. 17 17 Accounts payable and accrued expenses 382,128. 405,161. 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, 22 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 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of 8,500,603. 7,928,260. Schedule D 25 8,892,208. 8,340,589. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here 🕨 🔀 and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 1,528,883. 1,581,792. 27 27 Unrestricted net assets 27,887,795. 27,245,997. 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 29,469,587. 28,774,880. 33 Total net assets or fund balances 33 37,115,469. 38,361,795. Total liabilities and net assets/fund balances

	990 (2015) Blue Mountain Community Foundation	91-:	<u> 1250</u>	104	Pag	ge 12
Par	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,896</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	,465		
3	Revenue less expenses Subtract line 2 from line 1	3				<u>32.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		,469			
5	Net unrealized gains (losses) on investments	5	<1,	602	, 04	<u>2.></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		47	5,8	03.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	28	,774	1,8	<u>80.</u>
Par	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					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	0				LJ
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		,	,	٠
	separate basis, consolidated basis, or both					١, ١
	Separate basis Consolidated basis Both consolidated and separate basis					لــــا
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basıs,				
	consolidated basis, or both			l i		
	X Separate basis Consolidated basis Both consolidated and separate basis			l i	٠.	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audıt,		ļ		لـــــا
	review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Sche			2c	X	ļ
			٠.	٠ ا		
За	:	\vdash	· ·	<u> </u>		
	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				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b	000	
				Form	990	(2015)

SCHEDULE A

Internal Revenue Service

(Form 990 or 990-EZ)

, Department of the Treasury

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

Employer identification number

2015

Open to Public Inspection

Blue Mountain Community Foundation 91-1250104 Reason for Public Charity Status (All organizations must complete this part) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having

С	Type III functionally inte	•			•	, ,	d with,
d e	Type III non-functionally that is not functionally int requirement (see instructional Check this box if the organization).	rintegrated. A supplegrated The organizations) You must conanization received a v	oorting organization oper cation generally must sat nplete Part IV, Sections written determination fro	rated in corristy a district A and D, m the IRS	nnection with the state of the	ith its supported organiz uirement and an attentiv	• •
	functionally integrated, or Enter the number of supported or	• •	nally integrated supporti	ng organiza	ation.		· · · · · · · · · · · · · · · · · · ·
' a	Provide the following information	•	d organization(s)				
	(i) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(IV) Is the or listed i governing o	n your	(v) Amount of monetary support (see	(vi) Amount of other support (see
			above (see instructions))	Yes No		instructions)	instructions)
ota	1						

control or management of the supporting organization vested in the same persons that control or manage the supported

organization(s) You must complete Part IV, Sections A and C.

Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and				_		
	membership fees received. (Do not						
	include any "unusual grants.")	1447795.	1416268.	1106175.	2603471.	1879028.	8452737.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf				_		
3	The value of services or facilities			-		-	
	furnished by a governmental unit to	1					
	the organization without charge						
4	Total. Add lines 1 through 3	1447795.	1416268.	1106175.	2603471.	1879028.	8452737.
5	The portion of total contributions						
	by each person (other than a					1	
	governmental unit or publicly	į	٠	-		į.	
	supported organization) included	•	-		,	-	
	on line 1 that exceeds 2% of the						
	amount shown on line 11,	,	,	*			
	column (f)			N	,		2882152.
6	Public support. Subtract line 5 from line 4	:	,		` ,	,	5570585.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	1447795.	1416268.	1106175.	2603471.	1879028.	8452737.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	780,523.	898,163.	1012474.	848,204.	954,897.	4494261.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)				!		
11	Total support. Add lines 7 through 10			,		١	12946998.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	501(c)(3)	
	organization, check this box and stop	here					▶□
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2015 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	43.03 %
15	Public support percentage from 2014	Schedule A, Part	II, line 14			15	45.46 %
16a	33 1/3% support test - 2015. If the	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies	as a publicly supp	orted organization				ightharpoons X
b	33 1/3% support test - 2014. If the	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	s box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test	- 2015. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstand	es" test, check th	is box and stop h	nere. Explain in Pa	rt VI how the orgar	nization
	meets the "facts-and-circumstances"	test The organizat	ion qualifies as a p	oublicly supported	organization		ightharpoons
b	10% -facts-and-circumstances test	- 2014. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circui	mstances" test, ch	eck this box and	stop here. Explair	n in Part VI how the	_
	organization meets the "facts-and-circ	cumstances" test	The organization q	ualifies as a public	ly supported orgai	nization	
18_	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	▶ □

Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services 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 business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support. (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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) Total support (Add lines 9, 10c, 11, and 12) 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) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) % 15 16 Public support percentage from 2014 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f) 17 % 18 Investment income percentage from 2014 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2014. 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 in line 11 on Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E, If you checked 11d of Part I, complete Sections A and D, and complete Part V)

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

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11. Has the organization accepted a gift or confribition from any of the following persons? 3. A person wind directly or infliently controls, where alone or together with persons described in (b) and (c) below. The person along the supported organization? 3. A startly member of a person described in (d) at (b) above? 4. A startly member of a person described in (d) at (b) above? 5. A startly member of a person described in (d) at (b) above? 5. A startly member of a person described in (d) at (b) above? 6. A startly member of a person described in (d) at (b) above? 7. B tartly member of a person described in (d) at (b) above? 8. A startly member of a person described in (d) at (b) above? 8. A startly member of a person described in (d) at (b) above? 9. If yes I so the directors, trustess, or membership of one or more supported organizations have the power to regulately appoint or elect at least a majority of the organization is directors or trustess et all times during the tax year? 1. Did the directors, trustess, or membership of one or more supported organizations, appeared, or controlled the organization startly how the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year (d) and the provided organization operate for the benefit of any supported organization person the person of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supporting organizations. 9. Exection C. Type II Supporting Organizations 9. Ves No 1. Were a majority of the organization's directors or trustess during the tax year also a majority of the directors or trustess during the tax year also a majority of the directors or trustess of each of the topoparization provide to each of the supported organization of the supported organization is a very of the promised the supported organization is supported organiza		dule A (Form 990 or 990 EZ) 2015 Blue Mountain Community Foundation 91-12	2010	4 Pa	<u> 19e 5</u>
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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 that these activities constituted substantially all of its activities b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more 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 activities but for the organization's involvement 2b 3 Parent of Supported Organizations Answer (a) and (b) below a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	а] .	
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that these activities constituted substantially all of its activities b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more 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 activities but for the organization's involvement 2b Parent of Supported Organizations Answer (a) and (b) below a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			1		1
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activities but for the organization's involvement 3 Parent of Supported Organizations Answer (a) and (b) below a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		•		 	
Parent of Supported Organizations Answer (a) and (b) below a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			2h	 	
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	9		 20	 	
trustees of each of the supported organizations? Provide details in Part VI b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	_				
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	d		3a		
	h	•	7		
	J	of its supported organizations? If "Yes," describe in Part VI, the role played by the organization in this regard.	3b		

Pai	dule A (Form 990 or 990 EZ) 2015 Blue Mountain Community V Type III Non-Functionally Integrated 509(a)(3) Supportin			1-1250104 Page 6
1	Check here if the organization satisfied the integral Part Test as a qualifying			ations All
'	other Type III non-functionally integrated supporting organizations must co	_		Mons. All
Sect	ion A - Adjusted Net Income	In piece de	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	7 1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)	-		-
a	Average monthly value of securities	1a		
ь	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other	Ţ.		
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8	_	
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	' _ ' _	
2	Enter 85% of line 1	2	· ·	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	,	
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	71-7-1		
-	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional		ted Type III supporting organ	ization (see
	instructions)	3	2, ne	,

			1-1250104 Page 7
- -		199:1111:4991	Current Year
	npt purposes		
	, ,		
Administrative expenses paid to accomplish exempt purpose	·		
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 th	e organization is responsive		
(provide details in Part VI) See instructions	·		
Distributable amount for 2015 from Section C, line 6			
Line 8 amount divided by Line 9 amount			· · · · · · · · · · · · · · · · · · ·
	(i)	(iu)	(iii)
	Excess Distributions	Underdistributions	Distributable
on E - Distribution Allocations (see instructions)		Pre-2015	Amount for 2015
Distributable amount for 2015 from Section C, line 6			
Underdistributions, if any, for years prior to 2015			
(reasonable cause required-see instructions)	•		, i
	. ,	,	
		- ,	
From 2013		*	· · · · · · · · · · · · · · · · · · ·
From 2014		-	
Total of lines 3a through e			
		, , ,	
		•	
line 7: \$	- (•
Applied to underdistributions of prior years			
	,		· · · · · · · · · · · · · · · · · · ·
			
			· · · · · · · · · · · · · · · · · · ·
- · · · · · · · · · · · · · · · · · · ·	1 *		
·			,
			
·			
	 	 	
•			
		 	
Excess from 2013			
	 		
·			
	Type III Non-Functionally Integrated 509(on D - Distributions Amounts paid to supported organizations to accomplish exer Amounts paid to perform activity that directly furthers exemp organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purpose 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 (provide details in Part VI) See instructions Distributable amount for 2015 from Section C, line 6 Line 8 amount divided by Line 9 amount on E - Distribution Allocations (see instructions) Distributable amount for 2015 from Section C, line 6 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions) Excess distributions carryover, if any, to 2015: From 2013 From 2014 Total of lines 3a through e Applied to underdistributions of prior years Applied to 2015 distributable amount Carryover from 2010 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2015 from Section D, line 7: \$ Applied to underdistributions of prior years Applied to 2015 distributable amount Remaining underdistributions of prior years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) Excess distributions carryover to 2016. Add lines 3j and 4c Breakdown of line 7	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga on D - Distributions Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to supported organizations, in excess of income from activity furthers exempt purposes of supported organizations, in excess of income from activity. Administrative expenses paid to accomplish exempt purposes of supported organizations 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 organization is responsive (provide details in Part VI). See instructions Distributable amount for 2015 from Section C, line 6 Line 8 amount divided by Line 9 amount (I) Excess Distributions Distributable amount for 2015 from Section C, line 6 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions) Excess distributions carryover, if any, to 2015: From 2013 From 2014 Total of lines 3a through e Applied to underdistributions of prior years Applied to 2015 distributable amount Carryover from 2010 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2015 from Section D, line 7: \$ Applied to underdistributions of prior years Applied to 2015 distributable amount Remainder. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions). Excess distributions carryover to 2016. Add lines 3; and 4e Breakdown of line 7 Excess from 2013 Excess from 2014	Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) on D. Distributions Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations. Amounts paid to acquire exemptives assets Qualified set saids amounts fignor 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 organization is responsive (provide details in Part VI) See instructions Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distribution attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distribution and Allocations (see instructions) Interest and the organization is responsive (in) Interest and the organization is responsive (in) Underdistributions Pre-2015 Distribution Allocations (see instructions) Excess distributions carryover, if any, to 2015 (ii) Line 3 amount divided by Line 9 amount Prom 2013 From 2013 From 2014 Total of lines 3 attributions of prior years Applied to 2015 distributable amount Remainer, Subtract lines 3g, alt, and 3 from 3f. Distributions for 2015 from Section 0, line 7: Applied to 2015 distributable amount Remainer of 2015 distributable amount Remaining underdistributions of prior years Applied to 2015 distributable amount Remaining underdistributions of 2015 Subtract lines 3h and 4b from line 2 (if amount greater than zero, see instructions) Excess from 2013 Excess from 2013 Excess from 2014

Schedule A (Form 990 or 990-EZ) 2015

Schedule A	Form 990 or 990 EZ) 2015 Blu Supplemental Information	e Mountain	Community	Foundation	91-1250104 Page 8
Part VI	Supplemental Information Part IV, Section A, lines 1, 2, 3b, 3 line 1, Part IV, Section D, lines 2 a Section D, lines 5, 6, and 8, and F (See instructions)	3c, 4b, 4c, 5a, 6, 9a, and 3, Part IV, Section	9b, 9c, 11a, 11b, ar on E, lines 1c, 2a, 2b	nd 11c, Part IV, Section B, lin , 3a and 3b, Part V, line 1; P	7a or 17b, Part III, line 12, les 1 and 2, Part IV, Section C, art V, Section B, line 1e; Part V,
			-		
					
				·····	
			-		
			· · · · · · · · · · · · · · · · · · ·		
					
		 			
					

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

Inspection-

OMB No 1545-0047

Name of the organization

Employer identification number

	Blue Mountain Commu		91-1250104
Par	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds or A	ccounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	24	16
2	Aggregate value of contributions to (during year)	1,152,711.	105,945.
3	Aggregate value of grants from (during year)	140,099.	79,283.
4	Aggregate value at end of year	1,807,108.	1,293,104.
5	Did the organization inform all donors and donor advisors in v	_	
_	are the organization's property, subject to the organization's	5	X Yes No
6	Did the organization inform all grantees, donors, and donor ac	3 0	•
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any other purpose confe	
Par	impermissible private benefit? t II Conservation Easements. Complete if the org	ranization answered "Ves" on Form 990. Part IV	
1	Purpose(s) of conservation easements held by the organization		v, inte i
•	Preservation of land for public use (e.g., recreation or ed		ly important land area
	Protection of natural habitat	Preservation of a certified I	• •
	Preservation of open space	Troop valies of a sestimod .	motorio di dotaro
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form of a c	onservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	ifter 8/17/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the orgai	nization during the tax
	year >		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the pen		ш. ш.
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I	nariding of violations, and emorcing conservati	ion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation e	asements during the year
•	S	and of violations, and emotoring conservation of	ascribitis during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(E	3)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense state	ment, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ion's financial statements that describes the or	ganization's accounting for
	conservation easements		
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue statement a	and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furtherance o	f public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (AS	,	·
	treasures, or other similar assets held for public exhibition, ec	ducation, or research in furtherance of public se	ervice, provide the following amounts
	relating to these items		.
	(i) Revenue included on Form 990, Part VIII, line 1		S
	(ii) Assets included in Form 990, Part X	course or other employ seeds for forest-	\$
2	If the organization received or held works of art, historical treating following amounts required to be reported under SEAS 1:	-	, ρισνιάθ
_	the following amounts required to be reported under SFAS 11	to thore and relating to these items.	L ¢
a	Revenue included on Form 990, Part VIII, line 1		\$

		intain Comm			ar Cimila	91-12		Page 2
3	Using the organization's acquisition, accession	n, and other records	s, check any of the f	ollowing that are a	significant i	use of its c	ollection it	ems
	(check all that apply)		r					
a	Public exhibition	d		hange programs				
р	Scholarly research	е	Other					
C	Preservation for future generations		Same district and the same			· O- 4	V/111	
4	Provide a description of the organization's col					ise in Part.	XIII	
5	During the year, did the organization solicit or				ar assets	_	٦.,	
Par	to be sold to raise funds rather than to be ma				- Court 000		Yes	No
<u> </u>	reported an amount on Form 990, Part		ite ii trie organizatioi	n answered Yes" c	n Form 990), Pan IV, I	me 9, or	
12	Is the organization an agent, trustee, custodia		any for contributions	or other assets so	t unalisidad			
, a	on Form 990, Part X?	and other intermedia	ary for continuutions	or other assets no	t ii iciaaea		Yes	☐ No
h	If "Yes," explain the arrangement in Part XIII a	and complete the follo	owina tahla			<u> </u>] 163	140
~	Too, explain the arrangement in rate Am a	and complete the foll	Owning table		ļ	Ţ	Amount	
С	Beginning balance				1c		7 anount	
d	Additions during the year				1d	 		
e	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on Fo	orm 990. Part X. line 2	21. for escrow or cu	stodial account liab	·	<u> </u>	Yes	No
	if "Yes," explain the arrangement in Part XIII				•	_		一
Pai		the organization ans	swered "Yes" on Fo	rm 990, Part IV, line	10.			
		(a) Current year	(b) Prior year	(c) Two years back		years back	(e) Four y	ears back
1a	Beginning of year balance	28,233,246.	28,735,028.	25,479,842	23,	88,196.	24,6	02,186.
b	Contributions	1,506,586.	1,707,481.	848,233	. 1,0	58,292.	6	78,002.
С	Net investment earnings, gains, and losses	<325,011.>	<355,750.>	4,167,431.	2,8	310,484.	<14	0,140.>
d	Grants or scholarships	1,377,972.	1,286,333.	1,388,609	1,4	132,987.	1,4	37,870.
e	Other expenditures for facilities							
	and programs	65,590.	97,012.	4,959		24,889.		
f	Administrative expenses	458,875.	470,168.	366,910.		319,254.	3	13,982.
g	End of year balance	27,512,384.	28,233,246.	28,735,028.	25,4	179,842.	23,3	88,196.
2	Provide the estimated percentage of the curre	ent year end balance	(line 1g, column (a)) held as				
а	Board designated or quasi-endowment	3.70	_%					
b	Permanent endowment ►00	%						
C	Temporarily restricted endowment ▶96	5.30%						
	The percentages on lines 2a, 2b, and 2c should	•						
За	Are there endowment funds not in the posses	ssion of the organizat	tion that are held an	d administered for	the organiz	ation	_	
	by.							es No
	(i) unrelated organizations						3a(ı)	<u>X</u>
	(ii) related organizations						3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organizat						3b	
4	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipme		wment funds	 				
Pai								
	Complete if the organization answered					 		
	Description of property	(a) Cost or of	1 , ,		Accumulat	T I	(d) Book	value
 -		basis (investm	nent) basis	(Outer) C	lepreciation	` 		
	Land	——						
b	Buildings	 						
ر د	Leasehold improvements			8,732.	22,8	10	<u>_</u>	,922.
d	• •		4	0,134.	44,0			, 744.
	Other		<u> </u>				5	922.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Agency Obligations	7,116,489.
(3) Unitrust and Annuity Obligations	811,771.
(4)	
(5)	
(6)	
(7)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.)	7,928,260.

^{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.

	edule D (Form 990) 2015 Blue Mountain Community Fo		91-1250104 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	· · · · · · · · · · · · · · · · · · ·	Return.
_	 Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total revenue, gains, and other support per audited financial statements 	<u>a.</u>	1 1,125,018.
1	Amounts included on line 1 but not on Form 990, Part VIII, line 12		1 1,125,018.
a	Net unrealized gains (losses) on investments	2a <1,602,042.	> .
b	Donated services and use of facilities	2b	7
С	Recoveries of prior year grants	2c	7, 1
d	Other (Describe in Part XIII)	2d 60,506	
е	Add lines 2a through 2d		2e <1,541,536.>
3	Subtract line 2e from line 1		3 2,666,554.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1 000 010	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 230,213	<u>-</u>
b	Other (Describe in Part XIII)	4b	230,213.
С 5	Add lines 4a and 4b Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		4c 230,213. 5 2,896,767.
	rt XII Reconciliation of Expenses per Audited Financial Staten	nents With Expenses per	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a	T 1 010 F0F
1	Total expenses and losses per audited financial statements		1 1,819,725.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	11	
a	Donated services and use of facilities Prior year adjustments	2a	
b	Other losses	2b 2c	
d	Other (Describe in Part XIII.)	2d	╡
e	Add lines 2a through 2d		2e 0.
3	Subtract line 2e from line 1		3 1,819,725.
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 202,188	
b	Other (Describe in Part XIII)	4b 443,323	==-
C	Add lines 4a and 4b		4c 645,511.
5 1 Da	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information.		5 2,465,236.
	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa	rt IV lines 1h and 2h Part V line	A Part X line 2 Part XI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad	· · · · ·	s 4, 1 art X, IIIIO 2, 1 art XI,
	, , , , , , , , , , , , , , , , , , ,		
Pa	rt X, Line 2:		
Ψħ	Foundation operates as a tax exempt orga	unization under S	Section
	s roundarion operation as a can enempt orgo	director under b	
50	1(c)(3) of the Internal Revenue Code; ther	efore, no provis	ion for
Fe	deral income tax is presented. The Foundat	ion has also bee	n classified
			. 1
<u>as</u>	a publicly supported organization under S	sections 509(a)(1	.) and
<u>17</u>	O(b)(1)(A)(vi) of the Internal Revenue Cod	le.	
_			
The	e Foundation has adopted the provisions of	FASB ASC 740-10	. Management
ha	s evaluated the Foundation's tax positions	and concluded t	he Foundation
<u>ha</u>	s taken no uncertain tax positions requiri	ing adjustment to	the financial
st	atements to comply with these provisions.	With few excepti	ons, the
FO ⁵³²⁰⁵	undation is no longer subject to income to	ax examinations b	oy U.S. Federal Schedule D (Form 990) 2015

Schedule D (Form 990) 2015 Blue Mountain Community Foundation 91 Part XIII Supplemental Information (continued)	-1250104 Page 5
tax authorities for the years before 2012, which is the standar	d statute
of limitations look-back period.	
Part XI, Line 2d - Other Adjustments:	
FAS 136 agency related transactions	75,315.
Change in value of split interest agreements	-14,809.
Total to Schedule D, Part XI, Line 2d	60,506.
Part XII, Line 4b - Other Adjustments:	
FAS 136 agency related transactions	415,297.
Bad debt on bequest receivable	28,026.
Total to Schedule D, Part XII, Line 4b	443,323.
	1

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

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

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

▶ Attach to Form 990.

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

Open to Public

Inspection

OMB No 1545-0047

Name of the organization Blue Moun	tain Comm	Blue Mountain Community Foundation	ıtion				Employer identification number 91-1250104
Part I General Information on Grants and Assistance	nd Assistance						
1 Does the organization maintain records to substantiate the amount of the	to substantiate the	amount of the grants of	or assistance, the g	rantees' eligibility f	or the grants or assis	e grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	No X Yes
Describe in Part IV the organization's procedures for monitoring the use	cedures for monite	oring the use of grant f	of grant funds in the United States	States			
181	Domestic Organiz	ations and Domestic	Governments. C	omplete if the orgar	"Y" lization answered	Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	IV, line 21, for any
recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	\$5,000 Part II can	be duplicated if addition	onal space is neede	þ			
1 (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
American Red Cross							
P.O. Box 3067				_			Various purposes as
Walla Walla, WA 99362	53-0196605 501(C)(3)	501(C)(3)	17,138.	0.			approved by BMCF Board
Athena Civic Memorial Association							
P.O. Box 12							
Athena, OR 97813-0012	93-6024531	501(c)(3)	13,120.	0			approved by BMCF Board
Blue Mountain Action Council							
1520 Kelly Place, Suite 140							Various purposes as
Walla Walla, WA 99362	91-0793597 501(C)(3)	501(C)(3)	35,726.	0.			approved by BMCF Board
Blue Mountain Heart to Heart							
1520 Kelly Place, Suite 120							Various purposes as
Walla Walla, WA 99362	91-1527239	501(C)(3)	6,147.	0			approved by BMCF Board
Blue Mountain Humane Society							
7 George St.							Various purposes as
Walla Walla, WA 99362	91-0828499 501(C)(3)	501(C)(3)	57,029.	0.			approved by BMCF Board

532101 10-28-15

.69

Board

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18,107,

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

91-0626153 501(C)(3)

Camp Fire USA Walla Walla Council

Walla Walla, WA 99362 414 South Park St.

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

Various purposes as approved by BMCF Schedule I (Form 990) (2015)

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91-1250104	キャナヘクカナ ナノ

லட	tain Comm	Community Foundation	Foundation Foundation States		School de l'Enm 0001 Part II)		91-1250104 Page 1
(a) Name and address of (b) EIN (c) IRC organization or government (a) EIN (f) application or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant		(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Camp Kiwanis Foundation P.O. Box 416 Walla Walla, WA 99362	51-0175607	501(C)(3)	8,484.	0			Various purposes as approved by BMCF Board
Carnegie Picture Lab P.O. Box 3223 Walla Walla, WA 99362	91-0864854	501(C)(3)	15,000.	0			Various purposes as approved by BMCF Board
Christ Lutheran Church 1420 S. Second Avenue Walla Walla, WA 99362	91-0858724	501(C)(3)	23,597.	0.			Various purposes as approved by BMCF Board
Christian Aid Center P.O. Box 56 Walla Walla, WA 99362	91-0918048	501(C)(3)	102,217.	0			Various purposes as approved by BMCF Board
City of Dayton 111 S. First Dayton WA 99328	91-6001243 Government	Government	15,163.	.0			Various purposes as approved by BMCF Board
Por 370	91-6001265	Government	5,300.	0			Various purposes as approved by BMCF Board
	91-6001289 Government	Government	5,039.	0.			Various purposes as approved by BMCF Board
Columbia Co Community Network 166 E Main Street Dayton, WA 99328	94-3233100	501(C)(3)	8,500.	0.			Various purposes as approved by BMCF Board
Columbia School District 755 Maple Street Burbank, WA 99323	91-6001891	91-6001891 Government	11,000.	0.			Various purposes as approved by BMCF Board Schedule (Form 990)
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Schedule (Form 990) Blue Mountain Community Foundation	tain Comm	Community Foundation	tion	Service Services	100 (000 min)		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
Community Council PO Box 2936 Walla Walla, WA 99362	35-2327775	501(C)(3)	13,800.	.0			Various purposes as approved by BMCF Board
Dayton Depot Historical Society 222 E. Commercial Street Dayton, WA 99328	51-0191098	501(C)(3)	8,300.	0			Various purposes as approved by BMCF Board
Don Sherwood Endow Charitable Trust of the Rotary Club of Walla Walla - PO Box 418 - Walla Walla,	91-1823640 501(C)(3)	501(C)(3)	51,404.	.0			Various purposes as approved by BMCF Board
Emmanuel Lutheran Church 628 Lincoln St. Walla Walla, WA 99362	91-1222504	501(c)(3)	32,728.	.0			Various purposes as approved by BMCF Board
First Congregational Church 73 S. Palouse Walla Walla, WA 99362	91-0655578 501(c)(3)	501(c)(3)	28,620.	0.			Various purposes as approved by BMCF Board
Fort Walla Walla Museum WW Valley Historical Society - 755 Myra Road - Walla Walla, WA 99362	91-6070983	501(C)(3)	24,879.	.0			Various purposes as approved by BMCF Board
Friends of Children of Walla Walla 120 East Birch St., Suite 10 Walla Walla, WA 99362	71-0886777	501(C)(3)	8,723.	.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)	13,462.	.0			Various purposes as approved by BMCF Board
Garfleld County Hospital District No. 1 - 66 N 6th Street - Pomeroy, WA 99347	91-6008648 Government	Government	5,500.	0.			Various purposes as approved by BMCF Board Schedule I (Form 990)
							(000 1110 1) 1 0 1000

Page 1	
dation 91-1250104	
Foundation	

Schedule (Form 990) Blue Mountain Community Part II Continuation of Grants and Other Assistance to Governments	tain Comm	Community Foundation ce to Governments and Organizations	Foundation and Organizations in the United States		(Schedule I (Form 990), Part II)		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
Goodwill Industries of the Columbia - 815 N. Kellogg, Suite A - Kennewick, WA 99336	23-7071436	501(c)(3)	35,907.	.0			Various purposes as approved by BMCF Board
Helpline PO Box 776 Walla Walla, WA 99362	91-2148803	501(C)(3)	13,859.	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	501(C)(3)	156,043.	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)	24,623.	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	501(C)(3)	47,984.	0.			Various purposes as approved by BMCF Board
Prescott School District PO Box 65 Prescott, WA 99348	91-1491438 Government	Government	5,000.	.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)	21, 427.	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)	7,134.	.0			Various purposes as approved by BMCF Board
Salvation Army of Walla Wall PO Box 1244 Walla Walla, WA 99362	94-1156347 501(C)(3	501(C)(3)	6,000.	0			Various purposes as approved by BMCF Board
							Schedule I (Form 990)

Page 1	
91-1250104	
	chedule (Form 990) Part II.)
lation	(S) Stations in the United States
n Community Founda	to Governments and Organ
Blue Mountain Co	

Schedule (Form 990) Blue Mountain Community	tain Comm	unity Foundation	ıtion				91-1250104 Page 1	-[
(a) Name and address of (b) EIN (c) IRC section (d) Amount of Grants and Other Assistance to Governments and Other Assistance to Governments and Other Assistance to Government (b) EIN (c) IRC section (d) Amount of Government (e) Amount of Government (h) EIN (e) IRC section (d) Amount of Government (e) Amount of Government (e) EIN (e) IRC section (e) Amount of Government (e) EIN (e) IRC section (e) Amount of Government (e) EIN (e) IRC section (e) Amount of Government (e) EIN (e) IRC section (e) Amount of Government (e) EIN (e) IRC section (e) IRC sectio	Assistance to Go (b) EIN	vernments and Organ (c) IRC section If applicable	(d) Amount of		(Schedule I (Form 990), Part to (f) Method of valuation	(g) Description of	(h) Purpose of grant	- 1
	i ,		, , , , , , , , , , , , , , , , , , ,	assistance	(book, FMV, appraisal, other)			
Shakespeare Walla Walla								
218 W Main Street							Various purposes as	
Walla Walla, WA 99362	26-3709151 501(C)(3	501(C)(3)	6,950.	0.			approved by BMCF Board	- 1
SOS Health Services of Walla Walla								
1200 SE 12th Street, Suite 4							Various purposes as	
College Place, WA 99324	73-1626280 501(C)(3	501(C)(3)	5,000.	0.			approved by BMCF Board	- 1
St. Joseph Catholic Church of								l
Dayton, Washington - Parishes of								
St. Joseph and St. Mark - Dayton,	,		1	•			seso	
WA 99328	91-1434774 501(C)(3	501(C)(3)	17,366.	0			approved by BMCF Board	- 1
St. Mark Catholic Church of								
Waitsburg, Washington - Parishes								
of St. Joseph and St. Mark -							Various purposes as	
Dayton, WA 99328	26-1303974 501(c)(3	501(c)(3)	8,010.	0.			approved by BMCF Board	Į,
•								
e S			1	,			urposes	
Walla Walla, WA 99362	91-0693234 501(c)(3	501(c)(3)	15,108.	0.			approved by BMCF Board	- 1
Student Health Options dba The								
Health Center - 536 South 3rd							Varions nurposes as	
- Walla Walla WA	27-0401462	501(c)(3)	10 800.	0				
							 	1
The Cardinals' Nest			-					
PO Box 217							Various purposes as	
Waitsburg, WA 99361	26-3430717 501(c)(3	501(c)(3)	5,000.	0			approved by BMCF Board	
				-				ļ
roughet Educational Foundation								
Touchet, WA 99360	41-2080699 501(c)(3	501(c)(3)	5,477.	0			approved by BMCF Board	- 1
:								
Touchet Valley Arts Council							Varions numbers as	
Dayton WA 99328	91-1754968 501(C)(3	501(C)(3)	6,000.	0			approved by BMCF Board	
							Schedule I (Form 990)	1 =

Page 1	
91-1250104	
	Thed (Porm 990) Part II)
tion	Stone in the United States (Sc
ity Founda	nmonte and Organi
Blue Mountain Community Fo	Secretained to Govern
Blue Mountain Cor	of Grants and Other Assistance to Governments and

Schedule (Form 990) Blue Mountain	tain Comm	Community Foundation	ation				91-1250104 Page 1
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 Uni	ted States (Sche	dule I (Form 990), Par	† 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
United Way of Walla Walla 29 E. Sumach	91-0730322	501(c)(3)	34 671	a			Various purposes as approved by BMCF Board
Btor A 99	23-7111750		11, 293.	0.			
Walla Walla Chamber Music Festival P.O. Box 119 Walla Walla, WA 99362	26-0869372 501(C)(3)	501(C)(3)	8,750.	0.			Various purposes as approved by BMCF Board
Walla Walla Community College 500 N Tausick Way Walla Walla, WA 99362	91-0821964 Government	Government	10,000.	0.			Various purposes as approved by BMCF Board
Walla Walla Community College Foundation - 500 Tausick Way - Walla Walla, WA 99362	91-1207033 501(C)(3)	501(C)(3)	21,545.	0			Various purposes as approved by BMCF Board
Walla Walla Community Hospice 1067 Isaacs Avenue Walla Walla, WA 99362	91-1144144	501(C)(3)	9,819.	.0			Various purposes as approved by BMCF Board
Walla Walla Piano Group PO Box 306 Walla Walla, WA 99362	47-2861464	501(C)(3)	.000,3	.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)	17,968.	0			Various purposes as approved by BMCF Board
Walla Walla Public Schools 364 S Park St Walla Walla, WA 99362	91-6015450 Government	Government	6,150.	0.			Various purposes as approved by BMCF Board Schedule (Form GAN)
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Schedule I (Form 990) Blue Mountain Community Foundation Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II	Ssistance to Gov	unity Founda vernments and Organi	oundation d Organizations in the Uni	ited States (Sche	dule I (Form 990), Par	i	91-1250104 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Walla Walla Senior Citizens Center, Inc., dba Center at the Park - 720 Sprague - Walla Walla, WA 99362	91-0874461	501(C)(3)	18,716.	.0			Various purposes as approved by BMCF Board
Walla Walla Symphony P.O. Box 92 Walla Walla, WA 99362	91-0925802	501(C)(3)	17,633.	0			Various purposes as approved by BMCF Board
Whitman College 345 Boyer Ave Walla Walla, WA 99362	91-0567740	501(C)(3)	62,078.	0			Various purposes as approved by BMCF Board
WSU Foundation 255 E. Main St Suite 301 Pullman, WA 99164	91~1075542	501(C)(3)	6,500.	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)	43,989.	0.			Various purposes as approved by BMCF Board
YWCA 213 S. First Ave Walla Walla, WA 99362	91-0613315	501(C)(3)	39,994.	0.			Various purposes as approved by BMCF Board
							Schedule I (Form 990)

Page 2 91-1250104 Schedule I (Form 990) (2015) Blue Mountain Community Foundation

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

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

(f) Description of non-cash assistance								
(f) Description of I	N/A							
(e) Method of valuation (book, FMV, appraisal, other)	0. N/A			ditional information				
(d) Amount of non- cash assistance	.0			Part I, line 2, Part III, column (b), and any other additional information				
(c) Amount of cash grant	368,756.			2, Part III, column				
(b) Number of recipients	388			uired in Part I, line				
(a) Type of grant or assistance	Scholarships to individuals			Part IV Supplemental Information. Provide the information required in				

Schedule I (Form 990) (2015)

SCHEDULE M (Form 990) ,

Department of the Treasury Internal Revenue Service

Name of the organization

Noncash Contributions

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

OMB No 1545-0047

Open To Public

Attach to Form 990.

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

Inspection

Employer identification number

91-1250104 Blue Mountain Community Foundation Part Types of Property (a) (b) (c) (d) Number of Noncash contribution Method of determining Check if applicable contributions or amounts reported on noncash contribution amounts items contributed Form 990, Part VIII, line 1q Art · Works of art Art · Historical treasures Art · Fractional interests Books and publications 5 Clothing and household goods Cars and other vehicles Boats and planes Intellectual property 8 Securities - Publicly traded 10 Securities - Closely held stock Securities - Partnership, LLC, or trust interests 1,105,136. Avg FMV on gift date X 12 Securities - Miscellaneous Qualified conservation contribution -13 Historic structures Qualified conservation contribution - Other 14 15 Real estate - Residential 16 Real estate - Commercial 17 Real estate - Other 18 Collectibles Food inventory 19 Drugs and medical supplies 20 21 Taxidermy Historical artifacts Scientific specimens 23 24 Archeological artifacts 25 Other 26 Other 27 Other Other 28 Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for X 30a exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II X Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х 32a contributions? b If "Yes," describe in Part II. If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

Schedule in Leon 330) (5012) Pine Modificati Community Foundation	91-1250104	Page 2
Schedule M (Form 990) (2015) Blue Mountain Community Foundation Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 3 is reporting in Part I, column (b), the number of contributions, the number of items received, or a contribution this part for any additional information	33, and whether the organiza	tion
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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. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

Open to Public Inspection

OMB No 1545-0047

Employer identification number

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

Schedule O (Form 990 or 990-EZ) (2015) Page 2 Name of the organization Employer identification number Blue Mountain Community Foundation 91-1250104 compensation is appropriate, it is first determined whether there is capacity in the budget to make any increase. Then, the Executive Committee uses salary data gathered from local sources and the Council on Foundation's salary and benefits survey. It has been the practice of the Executive Committee to meet, but not exceed, the median salary of peer community foundations based on asset size and geography. Form 990, Part VI, Section C, Line 19: Blue Mountain Community Foundation will make available for public inspection the last three years of its tax documents, including Internal Revenue Service Forms 990 and 990-T (if applicable). The copies available for public inspection will not include any support schedules with contributors' names. If the request for any of these documents is made in person, the requested documents will be provided on the day of the request, if possible. If the request is in writing (including email), copies will be provided within 30 days of the request. The requestor will be charged a reasonable fee for the cost of copying, plus postage. Additionally, these documents will be available on the Foundation's website at www.bluemountainfoundation.org. The Foundation reserves the right to amend any policy, procedure, or agreement which, in the sole discretion of the Foundation's Board of Trustees, should be changed. 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.

Blue Mountain Community Foundation	91-1250104				
The Foundation does submit its IRS Form 990 on a timely ba	sis. The most				
current IRS Form 990, or any other IRS filing such as IRS	Form 990-T that				
BMCF might file, is available for review on its website at					
http://www.bluemountainfoundation.org/finances or to reque	est a copy,				
contact us.					
The Foundation's governing documents are available for pub	olic inspection				
upon request.					
Form 990, Part XI, line 9, Changes in Net Assets:					
Change in value of split interest agreements	-14,809.				
FAS 136 agency related transactions	490,612.				
Total to Form 990, Part XI, Line 9	475,803.				
Form 990, Part XII, Line 2c:					
The Audit Committee is responsible for the selection of the	ne independent				
auditors as well as overseeing the audit of the financial	statements.				
The policies and procedures to accomplish these tasks have not changed					
from the prior year.					