

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2021**

Department of the Treasury  
Internal Revenue Service

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>BLUE MOUNTAIN COMMUNITY FOUNDATION</b>		<b>D</b> Employer identification number <b>91-1250104</b>
	Doing business as		<b>E</b> Telephone number <b>509-529-4371</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>46,760,942.</b>
	P O BOX 603		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code <b>WALLA WALLA, WA 99362</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>F</b> Name and address of principal officer: <b>KOL MEDINA</b> <b>PO BOX 603, WALLA WALLA, WA 99362</b>		<b>H(c)</b> Group exemption number <b>▶</b>	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: <b>▶ BLUEMOUNTAINFOUNDATION.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: <b>1984</b>
			<b>M</b> State of legal domicile: <b>WA</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>ENCOURAGING AND FACILITATING PRIVATE GIVING AND GRANTMAKING FOR PUBLIC GOOD.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>13</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>13</b>
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>7</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>80</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 10,387,935.	<b>Current Year</b> 12,739,114.
	<b>9</b> Program service revenue (Part VIII, line 2g)	0.	0.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,200,001.	1,385,720.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	143,788.	37,901.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,731,724.	14,162,735.
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	8,840,444.
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		352,347.	456,212.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>162,568.</b>			
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		362,838.	704,756.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		9,555,629.	8,776,364.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	4,176,095.	5,386,371.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 63,373,665.	<b>End of Year</b> 59,624,094.
	<b>21</b> Total liabilities (Part X, line 26)	12,798,558.	12,473,956.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	50,575,107.	47,150,138.

**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.

<b>Sign Here</b>	Signature of officer		Date		
	KOL MEDINA, PRESIDENT AND CEO Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	SEAN M. PATTON, CPA	SEAN M. PATTON, CPA	01/23/23		P00461275
Firm's name ▶ CORDELL, NEHER & COMPANY, P.L.L.C.			Firm's EIN ▶ 91-0950793		
Firm's address ▶ P.O. BOX 3068 WENATCHEE, WA 98807-3068			Phone no. (509) 663-1661		

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part 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 BE THE CATALYST THAT TRANSFORMS THE BLUE MOUNTAIN REGION BY GROWING GENEROSITY AND CONNECTING PEOPLE, CHARITABLE CAUSES, AND COMMUNITY NEEDS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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 revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 8,395,101. including grants of \$ 7,615,396. ) (Revenue \$ ) PROVIDED GRANTS TO 231 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 376 STUDENTS IN PURSUING HIGHER EDUCATION. WORKED WITH DONORS TO CREATE 24 NEW ENDOWED FUNDS AND 12 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 \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 8,395,101.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	<b>X</b>	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		<b>X</b>
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	<b>X</b>	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		<b>X</b>
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....	<b>X</b>	
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		<b>X</b>
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		<b>X</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<b>X</b>	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	<b>X</b>	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....	<b>X</b>	
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i> .....		<b>X</b>
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>X</b>	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>X</b>	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>X</b>	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		<b>X</b>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		<b>X</b>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		<b>X</b>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		<b>X</b>
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions .....		<b>X</b>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		<b>X</b>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<b>X</b>	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....		X
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	X	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	X	

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

**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
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and various organizational requirements.

**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 on Schedule O. See instructions.

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a		13
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		13
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		X
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **OR**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **►**  
**KRISTIN BOYER - 509-529-4371**  
**PO BOX 603, WALLA WALLA, WA 99362**

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KOL MEDINA CEO	40.00			X			118,845.	0.	16,658.	
(2) GARY PONTI PAST CHAIR	1.00	X		X			0.	0.	0.	
(3) MARK SHERRY CHAIR	1.00	X		X			0.	0.	0.	
(4) JAY TAKEMURA VICE CHAIR	1.00	X		X			0.	0.	0.	
(5) BARBARA ROLOFF SECRETARY	1.00	X		X			0.	0.	0.	
(6) GREG PEPIN TREASURER	1.00	X		X			0.	0.	0.	
(7) SANDI BLACKABY PAST PRESIDENT	1.00	X					0.	0.	0.	
(8) BERTHA POIRIER CLAYTON TRUSTEE	1.00	X					0.	0.	0.	
(9) CHRIS DRABEK TRUSTEE	1.00	X					0.	0.	0.	
(10) MARK KAJITA TRUSTEE	1.00	X					0.	0.	0.	
(11) TOM SAWATZKI TRUSTEE	1.00	X					0.	0.	0.	
(12) STEVE VAN AUSDLER TRUSTEE	1.00	X					0.	0.	0.	
(13) TERI BARILLA TRUSTEE	1.00	X					0.	0.	0.	
(14) RODNEY OUTLAW TRUSTEE	1.00	X					0.	0.	0.	
(15) HOLLINA WADSWORTH TRUSTEE	1.00	X					0.	0.	0.	
(16) BOB COX TRUSTEE	1.00	X					0.	0.	0.	
(17) VESNA DODGE TRUSTEE	1.00	X					0.	0.	0.	

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Subtotal</b> .....							118,845.	0.	16,658.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							118,845.	0.	16,658.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

**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**



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	12,739,114.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 4,197,875.				
	<b>h Total.</b> Add lines 1a-1f .....		12,739,114.				
<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		1,109,332.			1109332.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real	37,901.			
			(ii) Personal				
				0.			
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>	37,901.				
	<b>d</b> Net rental income or (loss) .....		37,901.			37,901.	
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities	32,874,595.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	32,598,207.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>	276,388.				
<b>d</b> Net gain or (loss) .....		276,388.			276,388.		
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
	<b>b</b> Less: direct expenses .....	<b>8b</b>					
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
	<b>b</b> Less: direct expenses .....	<b>9b</b>					
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions .....			14,162,735.	0.	0.	1423621.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	6,822,702.	6,822,702.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	792,694.	792,694.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	135,503.	27,100.	40,651.	67,752.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	247,338.	123,669.	80,385.	43,284.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	10,612.	5,306.	3,449.	1,857.
<b>9</b> Other employee benefits	35,200.	17,600.	11,440.	6,160.
<b>10</b> Payroll taxes	27,559.	13,779.	8,957.	4,823.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	26,045.		26,045.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	507,695.	507,695.		
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	18,437.	18,118.	319.	
<b>12</b> Advertising and promotion	3,600.	1,800.		1,800.
<b>13</b> Office expenses	41,635.	18,629.	10,438.	12,568.
<b>14</b> Information technology	37,059.	16,306.	11,859.	8,894.
<b>15</b> Royalties				
<b>16</b> Occupancy	36,141.	15,902.	11,565.	8,674.
<b>17</b> Travel	8,908.	3,920.	2,850.	2,138.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	14,875.	6,545.	4,760.	3,570.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	4,366.	1,921.	1,397.	1,048.
<b>23</b> Insurance	4,580.		4,580.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> MISCELLANEOUS	1,415.	1,415.		
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	8,776,364.	8,395,101.	218,695.	162,568.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	415,928.	<b>1</b>	513,536.
	<b>2</b> Savings and temporary cash investments .....	2,779,590.	<b>2</b>	5,447,870.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	1,040,227.	<b>4</b>	8,837.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	248,285.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	7,698.	<b>9</b>	5,721.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 33,210.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 15,603.	12,919.	<b>10c</b> 17,607.
	<b>11</b> Investments - publicly traded securities .....	53,016,057.	<b>11</b>	46,614,497.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	6,101,246.	<b>12</b>	6,767,741.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	63,373,665.	<b>16</b>	59,624,094.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	20,561.	<b>17</b>	86,852.
	<b>18</b> Grants payable .....	595,237.	<b>18</b>	582,146.
	<b>19</b> Deferred revenue .....	29,859.	<b>19</b>	0.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	12,152,901.	<b>25</b>	11,804,958.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	12,798,558.	<b>26</b>	12,473,956.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	2,380,301.	<b>27</b>	2,239,779.
	<b>28</b> Net assets with donor restrictions .....	56,936,546.	<b>28</b>	44,910,359.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	50,575,107.	<b>32</b>	47,150,138.
<b>33</b> Total liabilities and net assets/fund balances .....	63,373,665.	<b>33</b>	59,624,094.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,162,735.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,776,364.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,386,371.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	50,575,107.
5	Net unrealized gains (losses) on investments	5	-9,044,786.
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 on Schedule O)	9	233,446.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	47,150,138.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization: BLUE MOUNTAIN COMMUNITY FOUNDATION
Employer identification number: 91-1250104

Part I 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 12, 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).
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X 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).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture.
10 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...
11 An organization organized and operated exclusively to test for public safety.
12 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...
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support.

Total

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	5059305.	2173455.	2540343.	10387935.	12739114.	32900152.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	5059305.	2173455.	2540343.	10387935.	12739114.	32900152.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						7102167.
<b>6 Public support.</b> Subtract line 5 from line 4.						25797985.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	5059305.	2173455.	2540343.	10387935.	12739114.	32900152.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	1268708.	1488181.	1437556.	1157739.	1147233.	6499417.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						39399569.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	65.48	%
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	60.09	%
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

14 First 5 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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2021. 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 - 2020. 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 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> 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? <i>If "Yes" or "No" provide details in Part VI.</i>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( *explain in Part VI*). **See instructions.**  
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or 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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2021 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017			
<b>b</b> Excess from 2018			
<b>c</b> Excess from 2019			
<b>d</b> Excess from 2020			
<b>e</b> Excess from 2021			



Schedule A

Identification of Excess Contributions  
Included on Part II, Line 5

2021

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Total Contributions	Excess Contributions
PROSSER SCHOLARSHIP FUND	2,646,228.	1,858,237.
ESTATE OF JOHN MCGILLIS	813,650.	25,659.
SUSAN MONAHAN AND MARK BRUCKS	1,491,801.	703,810.
ESTATE OF JO WINN	1,000,000.	212,009.
JESSIE B AND WILLIAM W DAY TRUST	5,090,443.	4,302,452.
Total Excess Contributions to Schedule A, Part II, Line 5 .....		7,102,167.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Name of the organization

**BLUE MOUNTAIN COMMUNITY FOUNDATION**

Employer identification number

**91-1250104**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization  <b>BLUE MOUNTAIN COMMUNITY FOUNDATION</b>	Employer identification number  <b>91-1250104</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	<hr/> <hr/> <hr/>	\$ <u>3,550,000.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	<hr/> <hr/> <hr/>	\$ <u>1,540,443.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	<hr/> <hr/> <hr/>	\$ <u>287,280.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	<hr/> <hr/> <hr/>	\$ <u>475,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>BLUE MOUNTAIN COMMUNITY FOUNDATION</b>	Employer identification number  <b>91-1250104</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	1485 ACRES OF AGRICULTURAL REAL PROPERTY _____ _____ _____	\$ 3,550,000.	03/15/22
3	SECURITIES _____ _____ _____	\$ 287,280.	12/29/21
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____



Name of organization  <b>BLUE MOUNTAIN COMMUNITY FOUNDATION</b>	Employer identification number  <b>91-1250104</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>BLUE MOUNTAIN COMMUNITY FOUNDATION</b>	Employer identification number <b>91-1250104</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... ▶ \$ 0.
- 3 Volunteer hours for political campaign activities .....

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....	0.													
<b>d</b>	Other exempt purpose expenditures .....														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....	0.													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	0.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....	0.													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
<b>c</b> Media advertisements? .....			
<b>d</b> Mailings to members, legislators, or the public? .....			
<b>e</b> Publications, or published or broadcast statements? .....			
<b>f</b> Grants to other organizations for lobbying purposes? .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....			
<b>i</b> Other activities? .....			
<b>j</b> Total. Add lines 1c through 1i .....			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? .....	<b>3</b>	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members .....	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	<b>2a</b>	
<b>b</b> Carryover from last year .....	<b>2b</b>	
<b>c</b> Total .....	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? .....	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures. See instructions .....	<b>5</b>	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

**SCHEDULE C, PART II-A**

THE FOUNDATION FILED A SECTION 501(H) ELECTION DURING THE CURRENT YEAR.

HOWEVER, THE FOUNDATION HAS NOT YET PARTAKEN IN ANY LOBBYING ACTIVITIES.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization BLUE MOUNTAIN COMMUNITY FOUNDATION Employer identification number 91-1250104

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form with multiple questions (1-9) regarding conservation easements, including purpose, monitoring, and reporting requirements. Includes a sub-table for 'Held at the End of the Tax Year' with rows 2a-2d.

Part 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.

Form with questions 1a-1b and 2 regarding art and historical treasures, including revenue and asset reporting requirements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	48,621,355.	36,077,673.	39,156,410.	38,106,184.	34,017,853.
b Contributions	10,374,273.	9,889,657.	1,721,549.	2,071,750.	3,647,611.
c Net investment earnings, gains, and losses	-5,892,569.	11,461,330.	-1,455,434.	1,248,840.	2,811,128.
d Grants or scholarships	6,913,378.	8,243,988.	2,763,507.	1,690,769.	1,866,497.
e Other expenditures for facilities and programs	70,061.	55,829.	91,789.	89,298.	30,767.
f Administrative expenses	779,158.	507,488.	489,556.	490,297.	473,144.
g End of year balance	45,340,462.	48,621,355.	36,077,673.	39,156,410.	38,106,184.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  3.0750 %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Term endowment  96.9250 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes                      | No                                  |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		33,210.	15,603.	17,607.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				17,607.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) ALTERNATIVE INVESTMENTS	1,100,182.	END-OF-YEAR MARKET VALUE
(B) REAL ASSETS	5,667,559.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<b>6,767,741.</b>	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) AGENCY OBLIGATIONS	11,123,228.
(3) UNITRUST AND ANNUITY OBLIGATIONS	681,730.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>11,804,958.</b>

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	4,174,232.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-9,044,786.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-436,022.	
e	Add lines 2a through 2d	2e		-9,480,808.
3	Subtract line 2e from line 1	3		13,655,040.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	507,695.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		507,695.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		14,162,735.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	7,599,201.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		0.
3	Subtract line 2e from line 1	3		7,599,201.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	507,695.	
b	Other (Describe in Part XIII.)	4b	669,468.	
c	Add lines 4a and 4b	4c		1,177,163.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		8,776,364.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2:**

THE FOUNDATION OPERATES AS A TAX EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE; THEREFORE, NO PROVISION FOR FEDERAL INCOME TAX IS PRESENTED. THE FOUNDATION HAS ALSO BEEN CLASSIFIED AS A PUBLICLY SUPPORTED ORGANIZATION UNDER SECTIONS 509(A)(1) AND 170(B)(1)(A)(VI) OF THE INTERNAL REVENUE CODE.

THE FOUNDATION HAS ADOPTED THE PROVISIONS OF FASB ASC 740-10. MANAGEMENT HAS EVALUATED THE FOUNDATION'S TAX POSITIONS AND CONCLUDED THE FOUNDATION HAS TAKEN NO UNCERTAIN TAX POSITIONS REQUIRING ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THESE PROVISIONS. WITH FEW EXCEPTIONS, THE FOUNDATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY U.S. FEDERAL



**Part XIII** Supplemental Information (continued)

TAX AUTHORITIES FOR THE YEARS BEFORE 2018, WHICH IS THE STANDARD STATUTE OF LIMITATIONS LOOK-BACK PERIOD.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FAS 136 AGENCY RELATED TRANSACTIONS	-501,518.
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	65,496.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-436,022.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

FAS 136 AGENCY RELATED TRANSACTIONS	669,468.
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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization **BLUE MOUNTAIN COMMUNITY FOUNDATION** Employer identification number **91-1250104**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS - NW REGION 7202 W DESCHUTES AVE KENNEWICK, WA 99336	53-0196605	501(C)(3)	9,604.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD
BLUE MOUNTAIN HUMANE SOCIETY 7 E GEORGE ST WALLA WALLA, WA 99362	91-0828499	501(C)(3)	150,604.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD
FIRST CONGREGATIONAL CHURCH 73 S PALOUSE ST WALLA WALLA, WA 99362	91-0655578	501(C)(3)	27,013.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD
FORT WALLA WALLA MUSEUM 755 MYRA RD WALLA WALLA, WA 99362	91-6070983	501(C)(3)	225,350.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD
YMCA PO BOX 1637 WALLA WALLA, WA 99362	91-0580856	501(C)(3)	146,468.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD
YWCA 213 S 1ST ST WALLA WALLA, WA 99362	91-0613315	501(C)(3)	461,397.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **70.**

3 Enter total number of other organizations listed in the line 1 table **11.**

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

Schedule I (Form 990) 2021

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WALLA WALLA SYMPHONY PO BOX 92 WALLA WALLA, WA 99362	91-0925802	501(C)(3)	97,872.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD
BMAC 8 E CHERRY ST WALLA WALLA, WA 99362	91-0793597	501(C)(3)	202,330.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD
CAMP FIRE USA WALLA WALLA COUNCIL 414 S PARK ST WALLA WALLA, WA 99362	91-0626153	501(C)(3)	32,717.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD
FRIENDS OF THE WELLER PUBLIC LIBRARY - PO BOX 35 - WAITSBURG, WA 99361	91-1140807	501(C)(3)	6,138.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD
HELPLINE 412 W POPLAR ST WALLA WALLA, WA 99362	91-2148803	501(C)(3)	87,581.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD
WALLA WALLA CATHOLIC SCHOOLS 919 E SUMACH WALLA WALLA, WA 99362	53-0196617	501(C)(3)	127,487.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD
LILLIE RICE CENTER, INC. 2616 E ISAACS AVE WALLA WALLA, WA 99362	91-0789757	501(C)(3)	89,703.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD
WALLA WALLA COMMUNITY HOSPICE 1067 ISAACS AVE WALLA WALLA, WA 99362	91-1144144	501(C)(3)	28,033.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD
THE SALVATION ARMY 180 EAST OCEAN BOULEVARD LONG BEACH, CA 90802	94-1156347	501(C)(3)	8,600.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WAITSBURG HISTORICAL SOCIETY PO BOX 341 WAITSBURG, WA 99361	23-7111750	501(C)(3)	10,168.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD
UNITED WAY OF THE BLUE MOUNTAINS PO BOX 1134 WALLA WALLA, WA 99362	91-0730322	501(C)(3)	76,209.	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)	49,231.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD
GOODWILL INDUSTRIES OF THE COLUMBIA - 815 N KELLOGG STE A - KENNEWICK, WA 99336	23-7071436	501(C)(3)	29,620.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD
LITTLE THEATRE OF WALLA WALLA PO BOX 39 WALLA WALLA, WA 99362	91-6033581	501(C)(3)	45,495.	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)	112,815.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD
WALLA WALLA SENIOR CENTER 720 SPRAGUE STREET WALLA WALLA, WA 99362	91-0874461	501(C)(3)	40,492.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD
CHRISTIAN AID CENTER PO BOX 56 WALLA WALLA, WA 99362	91-0918048	501(C)(3)	405,622.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD
BLUE MOUNTAIN HEART TO HEART 1520 KELLY PL SUITE 120 WALLA WALLA, WA 99362	91-1527239	501(C)(3)	12,132.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S HOME SOCIETY OF WASHINGTON - WALLA WALLA - 1612 PENNY LANE - WALLA WALLA, WA 99362	91-0575955	501(C)(3)	38,370.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD
WALLA WALLA CHORAL SOCIETY PO BOX 2367 WALLA WALLA, WA 99362	91-1528601	501(C)(3)	12,882.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD
PLANNED PARENTHOOD OF GREATER WASHINGTON AND NORTH IDAHO - 1117 TIETON DR - YAKIMA, WA 98902	91-6071384	501(C)(3)	24,674.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD
CITY OF WAITSBURG PO BOX 35 WAITSBURG, WA 99361	91-6001289	GOVERNMENT	23,582.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD
CAMP KIWANIS FOUNDATION PO BOX 416 WALLA WALLA, WA 99362	51-0175607	501(C)(3)	7,966.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD
DAYTON HIGH SCHOOL 609 S 2ND ST DAYTON, WA 99328	91-1077434	GOVERNMENT	98,443.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD
BLUE MOUNTAIN LAND TRUST PO BOX 1473 WALLA WALLA, WA 99362	91-1989279	501(C)(3)	197,086.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD
ROGERS ADVENTIST SCHOOL 200 SW ACADEMY WAY COLLEGE PLACE, WA 99324	91-0816206	501(C)(3)	6,776.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD
BLUE MOUNTAIN RESOURCE CONSERVATION & DEVELOPMENT COUNCIL - PO BOX 594 - WAITSBURG, WA 99361	91-2152491	501(C)(3)	13,448.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF WALLA WALLA - PARKS & RECREATION - 55 E MOORE ST - WALLA WALLA, WA 99362	91-6001290	GOVERNMENT	5,733.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD
TOUCHET VALLEY ARTS COUNCIL PO BOX 233 DAYTON, WA 99328	91-1754968	501(C)(3)	61,885.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD
FRIENDS OF CHILDREN OF WALLA WALLA 120 E BIRCH ST, SUITE 10 WALLA WALLA, WA 99362	71-0886777	501(C)(3)	37,951.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD
WALLA WALLA VALLEY ACADEMY 300 SW ACADEMY WAY COLLEGE PLACE, WA 99324	91-6056118	501(C)(3)	102,334.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD
EMMANUEL LUTHERAN CHURCH 628 LINCOLN ST WALLA WALLA, WA 99362	91-1222504	501(C)(3)	22,962.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD
DAYTON HISTORICAL DEPOT SOCIETY 222 E COMMERCIAL AVE DAYTON, WA 99328	51-0191098	501(C)(3)	33,492.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD
FRIENDS OF THE LIBRARY OF WALLA WALLA - 1842 PARKVIEW PL - WALLA WALLA, WA 99362	91-1104907	501(C)(3)	17,247.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD
ST. PAUL'S EPISCOPAL CHURCH 323 CATHERINE ST WALLA WALLA, WA 99362	91-0693234	501(C)(3)	13,786.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD
COLUMBIA COUNTY HEALTH SYSTEM 1012 S 3RD ST DAYTON, WA 99328	91-0741968		140,964.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PIONEER UNITED METHODIST CHURCH 209 E BIRCH ST WALLA WALLA, WA 99362	91-0616712	501(C)(3)	52,251.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD
CHRIST LUTHERAN CHURCH 1420 S 2ND AVE WALLA WALLA, WA 99362	91-0858724	501(C)(3)	17,707.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD
ATHENA CIVIC MEM'L ASSN PO BOX 12 ATHENA, OR 97813	93-6024531	501(C)(3)	12,800.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD
PROVIDENCE ST. MARY FOUNDATION PO BOX 1477 WALLA WALLA, WA 99362	45-2841492	501(C)(3)	129,071.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD
POMEROY SPINNERS PO BOX 745 POMEROY, WA 99347	91-1065648	501(C)(4)	17,133.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD
TOUCHET EDUCATIONAL FOUNDATION PO BOX 272 TOUCHET, WA 99360	41-2080699	501(C)(3)	7,489.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD
COLUMBIA COUNTY COMMUNITY NETWORK PO BOX 208 DAYTON, WA 99328	94-3233100	501(C)(3)	10,000.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD
THE STAR PROJECT 321 WELLINGTON WALLA WALLA, WA 99362	73-1707241	501(C)(3)	15,886.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD
DON SHERWOOD ENDOW CHARITABLE TRUST OF THE ROTARY CLUB OF WW - PO BOX 418 - WALLA WALLA, WA 99362	91-1823640	501(C)(3)	17,693.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WALLA WALLA CHAMBER MUSIC FESTIVAL PO BOX 119 WALLA WALLA, WA 99362	26-0869372	501(C)(3)	37,865.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD
SUSTAINABLE LIVING CENTER/WALLA WALLA VALLEY FARM TO SCHOOL - 500 TAUSICK WAY - WALLA WALLA, WA 99362	04-3690725	501(C)(3)	19,541.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD
PROJECT TIMOTHY CHRISTIAN AID CENTER - PO BOX 0003 - DAYTON, WA 99328	88-2781589	501(C)(3)	26,794.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD
STUDENT HEALTH OPTIONS PO BOX 1075 WALLA WALLA, WA 99362	27-0401462	501(C)(3)	83,675.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD
ST. MARK CATHOLIC CHURCH OF WAITSBURG, WASHINGTON - PO BOX 3 - DAYTON, WA 99328	26-1366950		7,448.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD
ST. JOSEPH CATHOLIC CHURCH OF DAYTON, WASHINGTON - PO BOX 3 - DAYTON, WA 99328	26-1366950		6,601.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD
UMATILLA-MORROW HEAD START, INC. 110 NE 4TH ST HERMISTON, OR 97838	93-0937286	501(C)(3)	18,000.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD
WAITSBURG TOWN HALL ASSOCIATION PO BOX 122 WAITSBURG, WA 99361	91-0994387	501(C)(3)	15,000.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD
WALLA WALLA PUBLIC SCHOOLS - BUSINESS OFFICE - 364 S PARK ST - WALLA WALLA, WA 99362	91-6015450	GOVERNMENT	17,100.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARNEGIE PICTURE LAB PO BOX 3223 WALLA WALLA, WA 99362	91-0864854	501(C)(3)	41,939.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD
SKYLINE ADVENTURES PO BOX 167 DAYTON, WA 99328	47-1952033	501(C)(3)	28,234.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD
PRESCOTT JOINT PARK & RECREATION DISTRICT - PO BOX 30 - PRESCOTT, WA 99348	91-1197639		11,000.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD
WHITMAN COLLEGE, TRUST DEPARTMENT 345 BOYER AVE WALLA WALLA, WA 99362	91-0567740	501(C)(3)	39,598.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD
VITAL WINES PO BOX 15 WALLA WALLA, WA 99362	81-4293805	501(C)(3)	26,605.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD
THE CLUB 528 W CAMERON ST DAYTON, WA 99328	82-1340967	501(C)(3)	60,325.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD
EARLY LIFE SPEECH AND LANGUAGE 607 E MAIN STREET WALLA WALLA, WA 99362	91-1239678	501(C)(3)	16,843.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD
HOPE STREET 1887 HOME AVE WALLA WALLA, WA 99362	83-3052347	501(C)(3)	42,739.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD
ARTWALLA PO BOX 2192 WALLA WALLA, WA 99362	91-1575336	501(C)(3)	7,833.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEIGHBOR 2 NEIGHBOR PENDLETON INC. 715 SE COURT AVE PENDLETON, OR 97801	47-2085583	501(C)(3)	12,110.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD
BLUE MOUNTAIN HEALTH COOPERATIVE 1103 S 2ND AVE, STE B WALLA WALLA, WA 99362	85-3547291	501(C)(3)	9,021.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD
HOLY ROSARY FOUNDATION 634 HIGH STREET POMEROY, WA 99347	20-8429509	501(C)(3)	5,026.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD
WASHINGTON DEPARTMENT OF FISH AND WILDLIFE - 2134 TUCANNON RD - POMEROY, WA 99347	91-1632572	GOVERNMENT	10,000.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD
CONFEDERATED TRIBES OF THE UMATILLA INDIAN RESERVATION - 46411 TIMNE WAY - PENDLETON, OR 97801	93-0624734		10,000.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD
OREGON CAMP CEDARBROOK 51711 JOHNSON ROAD ATHENA, OR 97813	23-7122757	501(C)(3)	10,000.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD
INNOVIA FOUNDATION 818 W. RIVERSIDE AVE, SUITE 650 SPOKANE, WA 99201	91-0941053	501(C)(3)	26,892.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD
HORIZON PROJECT INC. 608 N. RUSSELL ST. MILTON FREEWATER, OR 97862	93-0683413	501(C)(3)	16,193.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD
NONPROFIT DEVELOPMENT CENTER P.O. BOX 603 WALLA WALLA, WA 99362	91-1250104	501(C)(3)	16,000.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF DAYTON MEMORIAL LIBRARY PO BOX 74 DAYTON, WA 99328	91-1137031		7,076.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD
CATHOLIC CHARITIES EASTERN WASHINGTON - 408 W POPLAR ST - WALLA WALLA, WA 99362	91-0569880		9,133.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD
GOOD SAMARITAN MINISTRIES 1815 PORTLAND AVE STE 2 WALLA WALLA, WA 99362	93-0772616	501(C)(3)	19,465.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD
SOS HEALTH SERVICES OF WALLA WALLA 1200 SE 12TH ST, SUITE 4 COLLEGE PLACE, WA 99324	73-1626280	501(C)(3)	12,537.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD
KIRKMAN HOUSE MUSEUM 214 N COLVILLE ST WALLA WALLA, WA 99362	91-6185837		5,176.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD
DOWNTOWN WALLA WALLA FOUNDATION 109 E MAIN STE 302T WALLA WALLA, WA 99362	91-1321381	501(C)(3)	9,535.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD
CHILDREN'S MUSEUM OF WALLA WALLA 77 WAINWRIGHT DR WALLA WALLA, WA 99362	74-3109578		5,993.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD
WALLA WALLA VALLEY BANDS PO BOX 272 WALLA WALLA, WA 99362	94-3123047		18,467.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD
BLUE MOUNTAIN YOUNG LIFE PO BOX 3131 WALLA WALLA, WA 99362	84-0385934		8,311.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VALLEY RESIDENTIAL SERVICES 240 BUSH ST WALLA WALLA, WA 99362	91-1163446	501(C)(3)	13,915.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD
THE KIDS' PLACE 209 MARCUS ST WALLA WALLA, WA 99362	91-1298488		7,198.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD
JUNIOR ACHIEVEMENT OF WASHINGTON - SOUTHEASTERN REGION - 6855 W CLEARWATER AVE A101-108 - KENNEWICK, WA 99336	91-0604913	501(C)(3)	5,322.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD
COMMUNITY COUNCIL PO BOX 2936 WALLA WALLA, WA 99362	35-2327775	501(C)(3)	44,366.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD
COMMUNITY FOOD BANK OF DAYTON PO BOX 284 DAYTON, WA 99328	91-1240257	501(C)(3)	15,857.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD
ATHENA'S GEM, INC. PO BOX 85 ATHENA, OR 97813	30-0360180		116,350.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD
SONBRIDGE CENTER FOR BETTER LIVING 1200 SE 12TH ST COLLEGE PLACE, WA 99324	52-0643036	501(C)(3)	37,387.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD
TRILOGY RECOVERY COMMUNITY 120 E BIRCH ST #14 WALLA WALLA, WA 99362	32-0303794	501(C)(3)	20,911.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD
TRI STATE STEELHEADERS PO BOX 1375 WALLA WALLA, WA 99362	91-1244161		6,018.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOOKS FOR BABES PO BOX 2995 WALLA WALLA, WA 99362	90-0768652		5,209.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD
PANTRY SHELF OF WALLA WALLA 325 S 1ST AVE WALLA WALLA, WA 99362	91-2143214	501(C)(3)	8,165.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD
GESA POWER HOUSE THEATRE 111 N. 6TH AVENUE WALLA WALLA, WA 99362	32-0498056	501(C)(3)	44,972.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD
WALLA WALLA VALLEY DISABILITY NETWORK - PO BOX 1918 - WALLA WALLA, WA 99362	47-1298237		16,731.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD
BLUE MOUNTAIN WILDLIFE 71046 APPALOOSA LANE PENDLETON, OR 97801	93-1102469		30,976.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD
TRI-COUNTY PARTNERS HABITAT FOR HUMANITY - 313 WELLSIAN WAY - RICHLAND, WA 99352	91-1591086		7,051.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD
MILTON-FREEWATER DOWNTOWN ALLIANCE PO BOX 21 MILTON-FREEWATER, OR 97862	27-0252581		23,282.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD
BIRTHRIGHT OF WASHINGTON 609 W BIRCH ST WALLA WALLA, WA 99362	91-1347552	501(C)(3)	5,753.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD
WALLA WALLA ALLIANCE FOR THE HOMELESS - PO BOX 3431 - WALLA WALLA, WA 99362	47-4473859	501(C)(3)	30,171.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLUE MOUNTAIN BROADCASTING ASSOCIATION - 1200 SE 12TH ST STE 2 - COLLEGE PLACE, WA 99324	91-1504395	501(C)(3)	61,139.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD
WW PICKLEBALL ASSOCIATION PO BOX 2823 WALLA WALLA, WA 99362	81-1975127	501(C)(3)	112,822.	0.			VARIOUS PURPOSES AS APPROVED BY BMCF BOARD

**Part III** Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS TO INDIVIDUALS	376	792,694.	0.	N/A	N/A

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

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**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **BLUE MOUNTAIN COMMUNITY FOUNDATION** Employer identification number **91-1250104**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous	X	13	647,875.	AVG FMV ON GIFT DATE
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other	X	1	3,550,000.	PROFESSIONAL APPRAIS
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** **1**

- 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 isn't required to be used for exempt purposes for the entire holding period? **X**
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **X**
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **X**
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2021





**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

BLUE MOUNTAIN COMMUNITY FOUNDATION

Employer identification number

91-1250104

FORM 990, PART VI, SECTION A, LINE 4:

BMCF AMENDED AND RESTATED ITS ARTICLES OF INCORPORATION FOR THE FIRST TIME  
IN ITS 38 YEAR HISTORY. THE PURPOSE WAS TO CLEARLY STATE THAT BMCF IS NOT A  
MEMBERSHIP ORGANIZATION, TO REMOVE SUPERFLUOUS LANGUAGE, ADD MODERN  
ARTICLES, AND TO GENERALLY CLEAN UP THE ARTICLES OF INCORPORATION.

FORM 990, PART VI, SECTION B, LINE 11B:

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:

TYPICALLY ON AN ANNUAL BASIS, THE EXECUTIVE COMMITTEE OF THE BOARD  
COMPLETES AN EMPLOYEE REVIEW OF THE PRESIDENT/CEO. A COMPREHENSIVE REVIEW

Name of the organization	BLUE MOUNTAIN COMMUNITY FOUNDATION	Employer identification number	91-1250104
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PROCESS IS USED WHICH INVOLVES A REPORT BY THE CEO ON RESULTS OF THE PRIOR PERIOD AND AN ASSESSMENT BY THE EXECUTIVE COMMITTEE WITH INPUT FROM, OR FULL ASSESSMENT FROM, THE ENTIRE BOARD OF TRUSTEES.

IN CIRCUMSTANCES WHERE THE EXECUTIVE COMMITTEE BELIEVES THAT A CHANGE IN COMPENSATION IS APPROPRIATE, IT IS FIRST DETERMINED WHETHER THERE IS CAPACITY IN THE BUDGET TO MAKE ANY INCREASE. THEN, THE EXECUTIVE COMMITTEE USES SALARY DATA GATHERED FROM LOCAL SOURCES AND THE COUNCIL ON FOUNDATION'S SALARY AND BENEFITS SURVEY. IT HAS BEEN THE PRACTICE OF THE EXECUTIVE COMMITTEE TO MEET, BUT NOT EXCEED, THE MEDIAN SALARY OF PEER COMMUNITY FOUNDATIONS BASED ON ASSET SIZE AND GEOGRAPHY.

FORM 990, PART VI, SECTION C, LINE 18:

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, THE CURRENT AND PRIOR YEAR 990 AND 990-T (IF APPLICABLE) ARE MADE AVAILABLE ON THE FOUNDATIONS WEBSITE AT [HTTPS://WWW.BLUEMOUNTAINFOUNDATION.ORG/FINANCES/AUDITS-AND-990/](https://www.bluemountainfoundation.org/finances/audits-and-990/).

AN ORGANIZATION IS ONLY REQUIRED TO MAKE ITS FORM 1023 AVAILABLE TO THE PUBLIC IF IT FILED FOR EXEMPTION AFTER 7/15/1987, OR IF IT FILED FOR

Name of the organization

BLUE MOUNTAIN COMMUNITY FOUNDATION

Employer identification number

91-1250104

EXEMPTION PRIOR TO 7/15/1987 AND HAD A COPY OF ITS FORM 1023 AT 7/15/1987.

THE FOUNDATION APPLIED FOR TAX EXEMPT STATUS IN 1986 AND DOES NOT HAVE A COPY OF ITS FORM 1023 AVAILABLE. AS SUCH, IT IS NOT REQUIRED TO MAKE A COPY OF ITS FORM 1023 AVAILABLE FOR PUBLIC INSPECTION.

FORM 990, PART VI, SECTION C, LINE 19:

BLUE MOUNTAIN COMMUNITY FOUNDATION HAS AN INDEPENDENT FINANCIAL AUDIT PERFORMED ANNUALLY. ANNUAL AUDITED FINANCIAL STATEMENTS FOR THE CURRENT AND PRIOR YEAR ARE CURRENTLY MADE AVAILABLE FOR REVIEW ON OUR WEBSITE AT [HTTPS://WWW.BLUEMOUNTAINFOUNDATION.ORG/FINANCES/AUDITS-AND-990/](https://www.bluemountainfoundation.org/finances/audits-and-990/). OUR FINANCIAL STATEMENTS ARE CURRENTLY AUDITED BY CORDELL, NEHER & COMPANY, PLLC OF WENATCHEE, WASHINGTON.

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.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	65,496.
FAS 136 AGENCY RELATED TRANSACTIONS	167,950.
TOTAL TO FORM 990, PART XI, LINE 9	233,446.

PART VII, LINE 2C

THE AUDIT COMMITTEE IS RESPONSIBLE FOR THE SELECTION OF THE 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.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization **BLUE MOUNTAIN COMMUNITY FOUNDATION** Employer identification number **91-1250104**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
DAY FARM REAL PROPERTY LLC 22 E POPLAR ST WALLA WALLA, WA 99362	REAL ESTATE	WASHINGTON	0.	0.	BLUE MOUNTAIN COMMUNITY FOUNDATION

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

Schedule R (Form 990) 2021

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity .....
- b** Gift, grant, or capital contribution to related organization(s) .....
- c** Gift, grant, or capital contribution from related organization(s) .....
- d** Loans or loan guarantees to or for related organization(s) .....
- e** Loans or loan guarantees by related organization(s) .....
- f** Dividends from related organization(s) .....
- g** Sale of assets to related organization(s) .....
- h** Purchase of assets from related organization(s) .....
- i** Exchange of assets with related organization(s) .....
- j** Lease of facilities, equipment, or other assets to related organization(s) .....
- k** Lease of facilities, equipment, or other assets from related organization(s) .....
- l** Performance of services or membership or fundraising solicitations for related organization(s) .....
- m** Performance of services or membership or fundraising solicitations by related organization(s) .....
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....
- o** Sharing of paid employees with related organization(s) .....
- p** Reimbursement paid to related organization(s) for expenses .....
- q** Reimbursement paid by related organization(s) for expenses .....
- r** Other transfer of cash or property to related organization(s) .....
- s** Other transfer of cash or property from related organization(s) .....

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>1c</b>		
<b>1d</b>		
<b>1e</b>		
<b>1f</b>		
<b>1g</b>		
<b>1h</b>		
<b>1i</b>		
<b>1j</b>		
<b>1k</b>		
<b>1l</b>		
<b>1m</b>		
<b>1n</b>		
<b>1o</b>		
<b>1p</b>		
<b>1q</b>		
<b>1r</b>		
<b>1s</b>		

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<b>(1)</b>				
<b>(2)</b>				
<b>(3)</b>				
<b>(4)</b>				
<b>(5)</b>				
<b>(6)</b>				

**Part VI Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	



**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

[Lined area for supplemental information]