

Extended to May 16, 2022

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# Form 990

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

# 2020

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

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

**A** For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

<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>P O Box 603</b>		<b>G</b> Gross receipts \$ <b>24,368,131.</b>	
	City or town, state or province, country, and ZIP or foreign postal code <b>Walla Walla, WA 99362</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" 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(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions	
<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>	1 Briefly describe the organization's mission or most significant activities: <b>Encouraging and facilitating private giving and grantmaking for public good.</b>			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	13	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	13	
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	6	
	6	Total number of volunteers (estimate if necessary)	55	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.	
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	0.	
<b>Revenue</b>			<b>Prior Year</b>	<b>Current Year</b>
	8	Contributions and grants (Part VIII, line 1h)	2,540,343.	10,387,935.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,083,480.	3,200,001.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	89,038.	143,788.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,712,861.	13,731,724.
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,415,073.	8,840,444.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	364,196.	352,347.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
		16b Total fundraising expenses (Part IX, column (D), line 25)	133,751.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	278,927.	362,838.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,058,196.	9,555,629.
19	Revenue less expenses. Subtract line 18 from line 12	-345,335.	4,176,095.	
<b>Net Assets or Fund Balances</b>			<b>Beginning of Current Year</b>	<b>End of Year</b>
	20	Total assets (Part X, line 16)	47,717,463.	63,373,665.
	21	Total liabilities (Part X, line 26)	10,060,191.	12,798,558.
22	Net assets or fund balances. Subtract line 21 from line 20	37,657,272.	50,575,107.	

## 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 <i>Kol Medina</i>		Date <b>12-15-2021</b>	
	Type or print name and title <b>Kol Medina, President and CEO</b>			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/> PTIN <b>P00461275</b>
	Firm's name	Firm's EIN		
	Firm's address	Phone no.		

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 build a legacy of healthy communities for future generations in the Blue Mountain region by encouraging and facilitating private giving for the public good.

2 Did the organization undertake any significant program services during the year which were not listed on the 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 \$ 9,250,704. including grants of \$ 8,840,444. ) (Revenue \$ 3,343,789. ) Provided grants to 235 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 392 students in pursuing higher education. Worked with donors to create 7 new endowed funds and 8 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 9,250,704.

**Part IV Checklist of Required Schedules**

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

**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> .....	<b>22</b> 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> .....	<b>23</b>	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> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<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>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<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> .....	<b>25a</b>	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> .....	<b>25b</b>	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> .....	<b>26</b>	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> .....	<b>27</b>	X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
<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> .....	<b>28a</b>	X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b> 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> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	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> .....	<b>32</b>	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> .....	<b>33</b>	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> .....	<b>34</b>	X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>	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>35b</b>	
<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> .....	<b>36</b>	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> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O .....	<b>38</b> X	

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

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

**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.		
	<b>1a</b> 13		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 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 in 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 in 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 in 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 **None**
- 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 **Joan Consani - 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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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) Kari Isaacson Executive Director	40.00			X				106,527.	0.	6,537.
(2) Kol Medina CEO	40.00			X				10,333.	0.	1,480.
(3) Gary Ponti President	1.00	X		X				0.	0.	0.
(4) Mark Sherry Vice President	1.00	X		X				0.	0.	0.
(5) Jay Takemura Secretary	1.00	X		X				0.	0.	0.
(6) Barbara Roloff 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) Sherilee Coffey Trustee	1.00	X						0.	0.	0.
(10) Chris Drabek Trustee	1.00	X						0.	0.	0.
(11) Michelle Janning Trustee	1.00	X						0.	0.	0.
(12) Mark Kajita Trustee	1.00	X						0.	0.	0.
(13) Norm Passmore Trustee	1.00	X						0.	0.	0.
(14) Tom Sawatzki Trustee	1.00	X						0.	0.	0.
(15) Steve Van Ausdle Trustee	1.00	X						0.	0.	0.
(16) Teri Barilla Trustee	1.00	X						0.	0.	0.
(17) Rodney Outlaw 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
(18) Greg Pepin Trustee	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								116,860.	0.	8,017.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								116,860.	0.	8,017.

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
3 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
4 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
5 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>	10,387,935.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 934,591.				
	<b>h Total.</b> Add lines 1a-1f .....			10,387,935.			
<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) .....		1,013,951.	1,013,951.			
	<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	143,788.			
			(ii) Personal				
				0.			
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>	143,788.				
	<b>d</b> Net rental income or (loss) .....			143,788.	143,788.		
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities	12,822,457.			
			(ii) Other				
				10,636,407.			
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>					
<b>c</b> Gain or (loss) .....	<b>7c</b>	2,186,050.					
<b>d</b> Net gain or (loss) .....			2,186,050.	2,186,050.			
<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 .....			13,731,724.	3,343,789.	0.	0.	

**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	7,991,458.	7,991,458.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	848,986.	848,986.		
<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	132,346.	26,469.	39,704.	66,173.
<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	163,169.	81,584.	53,030.	28,555.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	9,733.	4,867.	3,163.	1,703.
<b>9</b> Other employee benefits	22,499.	11,250.	7,312.	3,937.
<b>10</b> Payroll taxes	24,600.	12,300.	7,995.	4,305.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	175.	175.		
<b>c</b> Accounting	23,850.		23,850.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	180,780.	180,780.		
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	42,846.	42,117.	729.	
<b>12</b> Advertising and promotion	9,424.	4,712.		4,712.
<b>13</b> Office expenses	21,209.	9,407.	5,847.	5,955.
<b>14</b> Information technology	34,520.	15,189.	11,046.	8,285.
<b>15</b> Royalties				
<b>16</b> Occupancy	35,371.	15,563.	11,319.	8,489.
<b>17</b> Travel	102.	45.	33.	24.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	4,225.	1,859.	1,352.	1,014.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	2,496.	1,098.	799.	599.
<b>23</b> Insurance	4,995.		4,995.	
<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> _____				
<b>b</b> _____				
<b>c</b> _____				
<b>d</b> _____				
<b>e</b> All other expenses _____	2,845.	2,845.		
<b>25</b> Total functional expenses. Add lines 1 through 24e	9,555,629.	9,250,704.	171,174.	133,751.
<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 .....	423,965.	<b>1</b>	415,928.
	<b>2</b> Savings and temporary cash investments .....	1,760,652.	<b>2</b>	2,779,590.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	34,572.	<b>4</b>	1,040,227.
	<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>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	4,560.	<b>9</b>	7,698.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 29,836.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 16,917.	<b>10c</b>	12,919.
	<b>11</b> Investments - publicly traded securities .....	40,910,410.	<b>11</b>	53,016,057.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	4,577,528.	<b>12</b>	6,101,246.
	<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) .....	47,717,463.	<b>16</b>	63,373,665.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	22,832.	<b>17</b>	20,561.
	<b>18</b> Grants payable .....	500,451.	<b>18</b>	595,237.
	<b>19</b> Deferred revenue .....		<b>19</b>	29,859.
	<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 .....	64,198.	<b>24</b>	0.
	<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 .....	9,472,710.	<b>25</b>	12,152,901.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	10,060,191.	<b>26</b>	12,798,558.
<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 .....	1,885,320.	<b>27</b>	2,380,301.
	<b>28</b> Net assets with donor restrictions .....	33,087,303.	<b>28</b>	48,194,806.
	<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 .....	37,657,272.	<b>32</b>	50,575,107.
	<b>33</b> Total liabilities and net assets/fund balances .....	47,717,463.	<b>33</b>	63,373,665.

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	13,731,724.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	9,555,629.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	4,176,095.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	37,657,272.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	11,530,194.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	-2,788,454.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	50,575,107.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b>	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.	X	
<b>3a</b>	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? _____		X
<b>b</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 _____		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

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

OMB No. 1545-0047

**2020**

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).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 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 (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 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, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 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 described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - 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 .....
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	4614520.	5059305.	2173455.	2540343.	10387935.	24775558.
<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 .....	4614520.	5059305.	2173455.	2540343.	10387935.	24775558.
<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) .....						5892798.
<b>6 Public support.</b> Subtract line 5 from line 4.						18882760.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	4614520.	5059305.	2173455.	2540343.	10387935.	24775558.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	971,890.	1268708.	1488181.	1437556.	1157739.	6324074.
<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						31099632.
<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 2020 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	60.72 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	44.89 %
<b>16a 33 1/3% support test - 2020.</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 - 2019.</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 - 2020.</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 - 2019.</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**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**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**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2020</b> (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2019</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** 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 - 2019.** 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 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</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 in 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 in 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 in lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described in line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<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>1</b>		
<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>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>1</b>		
<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>2</b>		
<b>3</b> By reason of the relationship described in 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>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>	Yes	No
<b>2a</b>		
<b>b</b> Did the activities described in 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>2b</b>		
<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>3a</b>		
<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>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)

<b>Section D - Distributions</b>		<b>Current Year</b>
<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 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2020</b>	<b>(iii) Distributable Amount for 2020</b>
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<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 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, 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 2020. 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 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			





Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

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

[X] 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

[X] 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 or 990-EZ), 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

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
1	<hr/> <hr/> <hr/>	\$ <u>3,888,796.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>297,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>200,668.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>80,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>237,184.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>233,966.</u>	Person <input checked="" 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 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
7	<hr/> <hr/> <hr/>	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<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
3	Securities <hr/> <hr/> <hr/>	\$ 200,668.	12/11/20
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____

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 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

2020

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 regarding 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 sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure); 2. Conservation contribution details (table with 2a-2d); 3-9. Monitoring and enforcement details (number of states, policy, staff hours, expenses, and reporting requirements).

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 sections 1a-1b and 2. 1a: Text of footnote for art collection. 1b: Amounts for art collection (revenue/assets). 2: Amounts for art collection for financial gain (revenue/assets).

**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	36,077,673.	39,156,410.	38,106,184.	34,017,853.	27,512,384.
b Contributions	9,889,657.	1,721,549.	2,071,750.	3,647,611.	4,337,578.
c Net investment earnings, gains, and losses	11,461,330.	-1,455,434.	1,248,840.	2,811,128.	4,088,489.
d Grants or scholarships	8,243,988.	2,763,507.	1,690,769.	1,866,497.	1,497,066.
e Other expenditures for facilities and programs	55,829.	91,789.	89,298.	30,767.	14,361.
f Administrative expenses	507,488.	489,556.	490,297.	473,144.	409,171.
g End of year balance	48,621,355.	36,077,673.	39,156,410.	38,106,184.	34,017,853.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  3.1800 %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Term endowment  96.8200 %
- 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		29,836.	16,917.	12,919.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				12,919.

**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	1,279,141.	End-of-Year Market Value
(B) Real assets	4,822,105.	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>6,101,246.</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	11,291,178.
(3) Unitrust and Annuity Obligations	861,723.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>12,152,901.</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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	21,745,318.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	11,530,194.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	-3,335,820.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	8,194,374.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	13,550,944.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	180,780.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	180,780.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	13,731,724.

**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.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	8,827,483.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	8,827,483.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	180,780.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	547,366.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	728,146.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	9,555,629.

**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 2017, which is the standard statute of limitations look-back period.

Part XI, Line 2d - Other Adjustments:

FAS 136 agency related transactions	-3,111,319.
Change in value of split interest agreements	-224,501.
Total to Schedule D, Part XI, Line 2d	-3,335,820.

Part XII, Line 4b - Other Adjustments:

FAS 136 agency related transactions	547,366.
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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

**2020**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
American Red Cross - NW Region 7202 W Deschutes Ave Kennewick, WA 99336	53-0196605	501(C)(3)	16,580.	0.			Various purposes as approved by BMCF Board
ArtWalla PO Box 2192 Walla Walla, WA 99362	91-1575336	501(C)(3)	27,850.	0.			Various purposes as approved by BMCF Board
Athena Civic Mem'l Assn PO Box 12 Athena, OR 97813	93-6024531	501(C)(3)	14,800.	0.			Various purposes as approved by BMCF Board
Athena's Gem, Inc. PO Box 85 Athena, OR 97813	30-0360180	501(C)(3)	45,910.	0.			Various purposes as approved by BMCF Board
Birthright of Washington 609 W Birch St Walla Walla, WA 99362	91-1347552	501(C)(3)	10,460.	0.			Various purposes as approved by BMCF Board
Blue Mountain Artisans Guild PO Box 76 Pomeroy, WA 99347	27-1394209	501(C)(3)	67,120.	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 **▶ 134.**
- 3** Enter total number of other organizations listed in the line 1 table **▶ 0.**

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

Schedule I (Form 990) 2020



**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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Blue Mountain Audubon Society PO Box 1106 Walla Walla, WA 99362	91-1004337	501(C)(3)	6,060.	0.			Various purposes as approved by BMCF Board
Blue Mountain Community Church/ The Ark - 928 Sturm Avenue - Walla Walla, WA 99362	91-0881575	501(C)(3)	56,000.	0.			Various purposes as approved by BMCF Board
Blue Mountain Community Foundation PO Box 603 Walla Walla, WA 99362	91-1250104	501(C)(3)	25,345.	0.			Various purposes as approved by BMCF Board
Blue Mountain Counseling 221 E Washington St Dayton, WA 99328	76-0766147	501(C)(3)	27,724.	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)	34,500.	0.			Various purposes as approved by BMCF Board
Blue Mountain Heart to Heart 1520 Kelly Pl #120 Walla Walla, WA 99362	91-1527239	501(C)(3)	6,373.	0.			Various purposes as approved by BMCF Board
Blue Mountain Heritage Society PO Box 163 Dayton, WA 99328	20-2616285	501(C)(3)	11,974.	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)	201,703.	0.			Various purposes as approved by BMCF Board
Blue Mountain Land Trust PO Box 1473 Walla Walla, WA 99362	91-1989279	501(C)(3)	444,699.	0.			Various purposes as approved by BMCF Board

**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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Blue Mountain Resource Conservation & Development Council - PO Box 594 - Waitsburg, WA 99361	91-2152491	501(C)(3)	9,950.	0.			Various purposes as approved by BMCF Board
Blue Mountain Wildlife 71046 Appaloosa Lane Pendleton, OR 97801	93-1102469	501(C)(3)	6,670.	0.			Various purposes as approved by BMCF Board
Blue Mountain Young Life PO Box 3131 Walla Walla, WA 99362	84-0385934	501(C)(3)	10,000.	0.			Various purposes as approved by BMCF Board
BMAC 8 E Cherry St Walla Walla, WA 99362	91-0793597	501(C)(3)	467,456.	0.			Various purposes as approved by BMCF Board
Books for Babes PO Box 2995 Walla Walla, WA 99362	90-0768652	501(C)(3)	22,454.	0.			Various purposes as approved by BMCF Board
Calvary Hills Ministries Pataha Flour Mill - 50 Hutchens Hill Road - Pomeroy, WA 99347	91-1292410	501(C)(3)	50,000.	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)	24,294.	0.			Various purposes as approved by BMCF Board
Camp Kiwanis Foundation PO Box 416 Walla Walla, WA 99362	51-0175607	501(C)(3)	7,888.	0.			Various purposes as approved by BMCF Board
Carnegie Center, dba Carnegie Picture Lab - PO Box 3223 - Walla Walla, WA 99362	91-0864854	501(C)(3)	25,500.	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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Catholic Charities Eastern Washington - 408 W Poplar St - Walla Walla, WA 99362	91-0569880	501(C)(3)	44,492.	0.			Various purposes as approved by BMCF Board
Children's Home Society of Washington - 1612 Penny Lane - Walla Walla, WA 99362	91-1083222	501(C)(3)	98,200.	0.			Various purposes as approved by BMCF Board
Christ Lutheran Church 1420 S 2nd Ave Walla Walla, WA 99362	91-0858724	501(C)(3)	13,692.	0.			Various purposes as approved by BMCF Board
Christian Aid Center PO Box 56 Walla Walla, WA 99362	91-0918048	501(C)(3)	295,996.	0.			Various purposes as approved by BMCF Board
City of Dayton 111 S First Dayton, WA 99328	91-6001243	Government	12,288.	0.			Various purposes as approved by BMCF Board
City of Pomeroy PO Box 370 Pomeroy, WA 99347	91-6001265	Government	100,591.	0.			Various purposes as approved by BMCF Board
City of Walla Walla - Parks & Recreation - 55 E. Moore St - Walla Walla, WA 99362	91-6001290	Government	20,559.	0.			Various purposes as approved by BMCF Board
Columbia County 4-H Youth Development - 137 E Main St - Dayton, WA 99328	83-0513026	501(C)(3)	7,657.	0.			Various purposes as approved by BMCF Board
Columbia County Community Network 702 E Dayton Ave Dayton, WA 99328	94-3233100	501(C)(3)	15,550.	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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Columbia County Public Health 112 N. 2nd Street Dayton, WA 99328	91-6001309	Government	7,500.	0.			Various purposes as approved by BMCF Board
Community Council PO Box 2936 Walla Walla, WA 99362	35-2327775	501(C)(3)	100,586.	0.			Various purposes as approved by BMCF Board
Community Food Bank of Dayton PO Box 284 Dayton, WA 99328	91-1240257	501(C)(3)	56,120.	0.			Various purposes as approved by BMCF Board
Dayton Development Task Force 1 Port Way Dayton, WA 99328	94-3041790	501(C)(3)	10,781.	0.			Various purposes as approved by BMCF Board
Dayton Historical Depot Society 222 E Commercial Ave Dayton, WA 99328	51-0191098	501(C)(3)	57,303.	0.			Various purposes as approved by BMCF Board
Don Sherwood Endow Charitable Trust of the Rotary Club of WW - Don Sherwood-Rotary WW - Walla Walla, WA 99362	91-1823640	501(C)(3)	17,484.	0.			Various purposes as approved by BMCF Board
Doughty Home for Veteran Women 101 N 5th Ave Ste 1 Walla Walla, WA 99362	83-2456922	501(C)(3)	36,450.	0.			Various purposes as approved by BMCF Board
Downtown Walla Walla Foundation 109 E Main Suite 302T Walla Walla, WA 99362	91-1321381	501(C)(3)	22,562.	0.			Various purposes as approved by BMCF Board
Dream Catcher Therapeutics PO Box 34 Pendleton, OR 97801	93-1311929	501(C)(3)	5,000.	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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Early Learning Coalition c/o WWCC Fdn-ELC Walla Walla, WA 99362	91-1207033	501(C)(3)	31,800.	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)	27,905.	0.			Various purposes as approved by BMCF Board
Emmanuel Lutheran Church 628 Lincoln St Walla Walla, WA 99362	91-1222504	501(c)(3)	32,825.	0.			Various purposes as approved by BMCF Board
First Congregational Church 73 S Palouse St Walla Walla, WA 99362	91-0655578	501(c)(3)	17,888.	0.			Various purposes as approved by BMCF Board
Fort Walla Walla Museum 755 Myra Rd Walla Walla, WA 99362	91-6070983	501(C)(3)	217,397.	0.			Various purposes as approved by BMCF Board
Frazier Farmstead Museum PO Box 764 Milton Freewater, OR 97862	93-0859235	501(C)(3)	6,503.	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)	52,400.	0.			Various purposes as approved by BMCF Board
Friends of Dayton Memorial Library PO Box 74 Dayton, WA 99328	91-1137031	501(C)(3)	7,267.	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)	17,659.	0.			Various purposes as approved by BMCF Board

**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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Garfield County Aging & Disability Resource Center - PO Box 23 - Pomeroy, WA 99347	91-6001318	501(C)(3)	12,500.	0.			Various purposes as approved by BMCF Board
Garfield County- Eastern WA Agricultural Museum - PO Box 326 - Pomeroy, WA 99347	91-6001318	501(C)(3)	31,560.	0.			Various purposes as approved by BMCF Board
Garfield County Fire District PO Box 700 Pomeroy, WA 99347	91-0895707	501(C)(3)	15,000.	0.			Various purposes as approved by BMCF Board
Garfield County Food Bank PO Box 15 Pomeroy, WA 99347	91-1657333	501(C)(3)	19,700.	0.			Various purposes as approved by BMCF Board
Garfield County Health District PO Box 130 Pomeroy, WA 99347	91-1393016	Government	15,000.	0.			Various purposes as approved by BMCF Board
Garfield County Hospital District No. 1 - 66 N 6th St - Pomeroy, WA 99347	91-6008648	Government	14,035.	0.			Various purposes as approved by BMCF Board
Garfield County PO Box 278 Pomeroy, WA 99347	91-6001318	Government	31,560.	0.			Various purposes as approved by BMCF Board
Gesa Power House Theater 111 N. 6th Avenue Walla Walla, WA 99362	32-0498056	501(C)(3)	288,764.	0.			Various purposes as approved by BMCF Board
Good Samaritan Ministries 1815 Portland Ave, Suite 2 Walla Walla, WA 99362	93-0772616	501(C)(3)	6,270.	0.			Various purposes as approved by BMCF Board

**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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Goodwill Industries of the Columbia - Goodwill Industries of the Columbia - Kennewick, WA 99336	23-7071436	501(c)(3)	33,489.	0.			Various purposes as approved by BMCF Board
Helpline 1520 Kelly Place, Suite 180 Walla Walla, WA 99362	91-2148803	501(C)(3)	222,000.	0.			Various purposes as approved by BMCF Board
Holy Rosary Foundation 634 High Street Pomeroy, WA 99347	20-8429509	501(C)(3)	6,000.	0.			Various purposes as approved by BMCF Board
Hope Street 1887 Home Ave Walla Walla, WA 99362	83-3052347	501(C)(3)	61,050.	0.			Various purposes as approved by BMCF Board
Interlink, Inc. 549 5th Street Clarkston, WA 99403	94-3156974	501(C)(3)	10,000.	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)	12,300.	0.			Various purposes as approved by BMCF Board
Kirkman House Museum 214 N Colville St Walla Walla, WA 99362	91-6185837	501(C)(3)	44,900.	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)	94,625.	0.			Various purposes as approved by BMCF Board
Little League Baseball Inc Pacific PO Box 96 Walla Walla, WA 99362	51-0256091	501(C)(3)	10,000.	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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Little Theatre of Walla Walla PO Box 39 Walla Walla, WA 99362	91-6033581	501(C)(3)	46,478.	0.			Various purposes as approved by BMCF Board
Milton Freewater Neighborhood Senior Center - 311 N. Main St. - Milton Freewater, OR 97862	93-0697842	501(C)(3)	7,500.	0.			Various purposes as approved by BMCF Board
Milton-Freewater Downtown Alliance PO Box 21 Milton-Freewater, OR 97862	27-0252581	501(C)(3)	5,225.	0.			Various purposes as approved by BMCF Board
Neighbor 2 Neighbor Pendleton Inc. 715 SE Court Ave Pendleton, OR 97801	47-2085583	501(C)(3)	16,000.	0.			Various purposes as approved by BMCF Board
Northwest Public Broadcasting PO Box 642530 Pullman, WA 99164	91-6001108	501(C)(3)	5,340.	0.			Various purposes as approved by BMCF Board
Overtime Training Foundation 608 Buckley Rd Walla Walla, WA 99362	81-3752778	501(C)(3)	60,000.	0.			Various purposes as approved by BMCF Board
Page Ahead Children's Literacy Program - 1130 NW 85th Street - Seattle, WA 98117	91-1600084	501(C)(3)	8,000.	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)	21,760.	0.			Various purposes as approved by BMCF Board
Pioneer United Methodist Church 209 E Birch St Walla Walla, WA 99362	91-0616712	501(C)(3)	44,403.	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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Planned Parenthood of Greater Washington and North Idaho - 1117 Tieton Dr - Yakima, WA 98902	91-6071384	501(C)(3)	35,973.	0.			Various purposes as approved by BMCF Board
Pomeroy Assist Garfield County Humanitarian Services - PO Box 804 - Pomeroy, WA 99347	83-2537144	501(C)(3)	8,600.	0.			Various purposes as approved by BMCF Board
Pomeroy School District PO Box 950 Pomeroy, WA 99347	91-1099549	Government	67,620.	0.			Various purposes as approved by BMCF Board
Pomeroy Spinners PO Box 745 Pomeroy, WA 99347	91-1065648	501(C)(3)	27,200.	0.			Various purposes as approved by BMCF Board
Port of Columbia 1 Port Way Dayton, WA 99328	91-0856165	Government	28,500.	0.			Various purposes as approved by BMCF Board
Providence St. Mary Foundation PO Box 1477 Walla Walla, WA 99362	45-2841492	501(C)(3)	77,705.	0.			Various purposes as approved by BMCF Board
Quality Behavioral Health 900 7th St Clarkston, WA 99403	91-1156943	501(C)(3)	20,000.	0.			Various purposes as approved by BMCF Board
Rogers Adventist School 200 SW Academy Way College Place, WA 99324	91-0816206	501(C)(3)	6,684.	0.			Various purposes as approved by BMCF Board
Saint Basil Academy of Classical Studies - 2346 S Wilbur Ave - Walla Walla, WA 99362	20-5287365	501(C)(3)	10,752.	0.			Various purposes as approved by BMCF Board

**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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Shakespeare Walla Walla PO Box 2875 Walla Walla, WA 99362	26-3709151	501(C)(3)	27,460.	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)	133,994.	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)	10,206.	0.			Various purposes as approved by BMCF Board
St. Joseph Catholic Church of Dayton, Washington - Parishes of St. Joseph and St. Mark - Dayton, WA 99328	26-1366950	501(C)(3)	6,529.	0.			Various purposes as approved by BMCF Board
St. Joseph Catholic Church of Dayton-Project Timothy - PO Box 0003 - Dayton, WA 99328	91-1434774	501(C)(3)	56,950.	0.			Various purposes as approved by BMCF Board
St. Mark Catholic Church of Waitsburg, Washington - Parishes of St. Joseph and St. Mark - Dayton, WA 99328	26-1366950	501(C)(3)	7,368.	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)	14,003.	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)	58,180.	0.			Various purposes as approved by BMCF Board
The Club 528 Cameron St. Dayton, WA 99328	82-1340967	501(C)(3)	158,200.	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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Health Center 534 S 3rd Ave, Ste 16 Walla Walla, WA 99362	27-0401462	501(C)(3)	186,303.	0.			Various purposes as approved by BMCF Board
The Kids' Place 209 Marcus St Walla Walla, WA 99362	91-1298488	501(C)(3)	64,900.	0.			Various purposes as approved by BMCF Board
The Salvation Army - Pendleton PO Box 1572 Pendleton, OR 97801	94-1156347	501(C)(3)	10,400.	0.			Various purposes as approved by BMCF Board
The Salvation Army - Walla Walla 827 W Alder St Walla Walla, WA 99362	94-1156347	501(C)(3)	9,660.	0.			Various purposes as approved by BMCF Board
The STAR Project 321 Wellington Walla Walla, WA 99362	73-1707241	501(c)(3)	14,040.	0.			Various purposes as approved by BMCF Board
Touchet Educational Foundation PO Box 272 Touchet, WA 99360	41-2080699	501(C)(3)	9,647.	0.			Various purposes as approved by BMCF Board
Touchet Valley Arts Council PO Box 233 Dayton, WA 99328	91-1754968	501(C)(3)	75,115.	0.			Various purposes as approved by BMCF Board
Tri State Steelheaders PO Box 1375 Walla Walla, WA 99362	91-1244161	501(C)(3)	7,550.	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)	67,810.	0.			Various purposes as approved by BMCF Board

**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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Umatilla County Pioneers Association - PO Box 42 - Weston, OR 97886	51-0175755	501(C)(3)	7,340.	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)	54,433.	0.			Various purposes as approved by BMCF Board
Valley Residential Services 240 Bush St Walla Walla, WA 99362	91-1163446	501(C)(3)	45,900.	0.			Various purposes as approved by BMCF Board
Waitsburg Historical Society PO Box 341 Waitsburg, WA 99361	23-7111750	501(C)(3)	11,632.	0.			Various purposes as approved by BMCF Board
Waitsburg Town Hall Association PO Box 122 Waitsburg, WA 99361	91-0994387	501(C)(3)	69,000.	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)	48,740.	0.			Various purposes as approved by BMCF Board
Walla Walla Catholic Schools 919 E Sumach Walla Walla, WA 99362	53-0196617	501(C)(3)	395,164.	0.			Various purposes as approved by BMCF Board
Walla Walla Chamber Music Festival PO Box 119 Walla Walla, WA 99362	26-0869372	501(C)(3)	45,430.	0.			Various purposes as approved by BMCF Board
Walla Walla Choral Society PO Box 2367 Walla Walla, WA 99362	91-1528601	501(C)(3)	7,390.	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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Walla Walla Community College Foundation - 500 Tausick Way - Walla Walla, WA 99362	91-1207033	501(C)(3)	293,321.	0.			Various purposes as approved by BMCF Board
Walla Walla Community Hospice 1067 Isaacs Ave Walla Walla, WA 99362	91-1144144	501(C)(3)	35,538.	0.			Various purposes as approved by BMCF Board
Walla Walla FFA Alumni 196 E Langdon Road Walla Walla, WA 99362	47-1330616	501(C)(3)	53,713.	0.			Various purposes as approved by BMCF Board
Walla Walla Piano Group PO Box 306 Walla Walla, WA 99362	47-2861464	501(C)(3)	8,200.	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)	131,276.	0.			Various purposes as approved by BMCF Board
Walla Walla Public Library 238 E Alder St Walla Walla, WA 99362	91-6001290	Government	18,000.	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	50,000.	0.			Various purposes as approved by BMCF Board
Walla Walla Senior Center 720 Sprague St Walla Walla, WA 99362	91-0874461	501(C)(3)	41,665.	0.			Various purposes as approved by BMCF Board
Walla Walla Symphony PO Box 92 Walla Walla, WA 99362	91-0925802	501(C)(3)	155,434.	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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Walla Walla University Financial Services College Place, WA 99324	91-0617727	501(C)(3)	50,576.	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)	96,631.	0.			Various purposes as approved by BMCF Board
Walla Walla Valley Bands PO Box 272 Walla Walla, WA 99362	94-3123047	501(C)(3)	10,500.	0.			Various purposes as approved by BMCF Board
Walla Walla Valley Disability Network - PO Box 1918 - Walla Walla, WA 99362	47-1298237	501(C)(3)	21,280.	0.			Various purposes as approved by BMCF Board
Wesley United Methodist Church 816 S Main Street Milton Freewater, OR 97862	93-0386878	501(C)(3)	10,000.	0.			Various purposes as approved by BMCF Board
Whitman College, Trust Department 345 Boyer Ave Walla Walla, WA 99362	91-0567740	501(C)(3)	48,632.	0.			Various purposes as approved by BMCF Board
Wilkinson Estate LLC 710 Lynch Lane Yakima, WA 98903	83-3357565	501(C)(3)	5,632.	0.			Various purposes as approved by BMCF Board
WW Immigrant Rights Coalition 209 E. Birch Street Walla Walla, WA 99362	91-0616712	501(C)(3)	15,000.	0.			Various purposes as approved by BMCF Board
YMCA PO Box 1637 Walla Walla, WA 99362	91-0580856	501(C)(3)	237,152.	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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Young People in Recovery 1415 Park Ave W Denver, CO 80205	46-4109067	501(C)(3)	11,270.	0.			Various purposes as approved by BMCF Board
YWCA 213 S 1st St Walla Walla, WA 99362	91-0613315	501(C)(3)	572,398.	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	392	848,986.	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

**2020**

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	18	934,591. 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			
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**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which 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.		



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

Blue Mountain Community Foundation

Employer identification number

91-1250104

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:

On an annual basis, the Executive Committee of the board completes an employee review of the President/CEO. The review process is managed by the Vice-President. A comprehensive review document is used that involves a report on results of the prior period by the employee followed by an assessment by the Executive Committee with input from the entire Board of Trustees.

In circumstances where the Executive Committee believes that a change in

Name of the organization

Blue Mountain Community Foundation

Employer identification number

91-1250104

compensation is appropriate, it is first determined whether there is capacity in the budget to make any increase. Then, the Executive Committee uses salary data gathered from local sources and the Council on Foundation's salary and benefits survey. It has been the practice of the Executive Committee to meet, but not exceed, the median salary of peer community foundations based on asset size and geography.

Form 990, Part VI, Section C, Line 19:

Blue Mountain Community Foundation will make available for public inspection the last three years of its tax documents, including Internal Revenue Service Forms 990 and 990-T (if applicable). The copies available for public inspection will not include any support schedules with contributors' names. If the request for any of these documents is made in person, the requested documents will be provided on the day of the request, if possible. If the request is in writing (including email), copies will be provided within 30 days of the request. The requestor will be charged a reasonable fee for the cost of copying, plus postage. Additionally, these documents will be available on the Foundation's website at [www.bluemountainfoundation.org](http://www.bluemountainfoundation.org).

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

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

Name of the organization Blue Mountain Community Foundation	Employer identification number 91-1250104
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The Foundation does submit its IRS Form 990 on a timely basis. The most current IRS Form 990, or any other IRS filing such as IRS Form 990-T that BMCF might file, is available for review on its website at <http://www.bluemountainfoundation.org/finances> or to request a copy, contact us.

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

Change in value of split interest agreements	-224,501.
FAS 136 agency related transactions	-2,563,953.
Total to Form 990, Part XI, Line 9	-2,788,454.

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.