

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



SCANNED MAR 2 8 2011

Form **990-PF** 

# Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

2010

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

. The foundation may be able to use a copy of this return to satisfy state reporting requirements

For cal	enda	r year 2010, or tax year beginning		, 2010	, and ending				
G Che	eck al	I that apply: Initial return In	tial Return o	of a former p	ublic charity	_			Final return
		Amended return		Address	change	Nar	ne c	change	
							A	Employer identification	n number
PEND PO B		ON COMMUNITY MEMORIAL HE	ALTH COL	æ			<u> </u>	93-0477693	the instructions)
		ON, OR 97801					В	Telephone number (see (541) 276-3	
		, on 5.002					c		on is pending, check here
								1 Foreign organizations,	. —
H C	heck	type of organization: X Section 50	)1(c)(3) exe	npt private f	oundation		i -	2 Foreign organizations	meeting the 85% test, check
		ction 4947(a)(1) nonexempt charitable	trust Ot	her taxable j	orivate founda	ation	_	here and attach compu	
I F	air mar	ket value of all assets at end of year J 👃		ethod: XC	ash L_Acc	rual	E	If private foundation si under section 507(b)(1	
		art II, column (c), line 16)	Other (specify		· <u>- ,</u> -		F	If the foundation is in	a 60-month termination
<b>&gt;</b> \$			I, column (a	) must be or	n cash basis )		<u> </u>	under section 507(b)(1	
Gary		nalysis of Revenue and xpenses (The total of amounts in		enue and per books	(b) Net inve		nt	(c) Adjusted net	(d) Disbursements for charitable
	co	lumns (b). (c). and (d) may not neces	- expenses	hei nooks	1111011	110		income	purposes
	sa (s	rily equal the amounts in column (a) ee the instructions))							(cash basis only)
	1	Contributions, gifts, grants, etc, received (att sch)						And Berlin	
	2	Ck ► X if the foundn is <b>not</b> req to att Sch B							
	3	Interest on savings and temporary cash investments		31,060.	3	1,06	io.	31,06	0.
	4	Dividends and interest from securities							
		Gross rents .	اخت میں استان					0	
_		Medical Cel VED	ž.		k	1 (1) 1 (1)			
REVENU	l °	Net gain/(loss) from sale of assets to on line 10 Gross sales price for all							
Ā	9	assets on line 6a.  Capital Gain riet income (from Part A) line 2).			<u> </u>			F 12 18 19	
N	8	Net short-term capital gain.		A	· · · · · · · · · · · · · · · · · · ·				
U E	9	Income_modifications	16			alagham nj			
-	10a	Gross sates Tes N, UT		A. S.				医腹点流	to the same of
	<u>_</u>	Less. Cost of goods sold				3			
		: Gross profit/(loss) (att sch).				77 . V			
	11	Other income (attach schedule) .							
		SEE STATEMENT	-	500. 31,560.		1,06		31,06	
	12 13	<b>Total.</b> Add lines 1 through 11 Compensation of officers, directors, trustees, etc	<del>                                     </del>	51,560.	3	1,00	<u> </u>	31,00	5,400.
	14	Other employee salaries and wages		-,7					
	15	Pension plans, employee benefits .							
A	16a	Legal fees (attach schedule)	<u> </u>	075					075
M		Accounting fees (attach sch) SEE . ST 2		875.					875.
Ň	17	Other prof fees (attach sch)		<del></del>				<del> </del>	<del></del>
O P E R A T	18	Taxes (attach schedule)(see instr.) SEE STM 3	;	2,140.				<del></del>	2,140.
R R	_	Depreciation (attach							
1 i	20	sch) and depletion	<b> </b>				-		
Ň V G E	21	Travel, conferences, and meetings		424.					424.
A E N X D P	22	Printing and publications							
	23	Other expenses (attach schedule)	j	1 411					1 411
E N S	24	SEE STATEMENT 4  Total operating and administrative		1,411.					1,411.
Ě	24	expenses. Add lines 13 through 23		10,250.					10,250.
	25	Contributions, gifts, grants paid $PART$ . $XV$		44,355.	j.				44,355.
	26	Total expenses and disbursements. Add lines 24 and 25		54,605.			0.		0. 54,605.
	27	Subtract line 26 from line 12:		J4, 00J.			Ť		31,000.
		Excess of revenue over expenses		22 045					
	_	and disbursements		23,045.	3	1,06	n		<u> </u>
		Adjusted net income (if negative, enter -0-)				<u>-, 00</u>	Ť	31,06	0.

743,725.

5

6

Decreases not included in line 2 (itemize)

Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

(a) List and desc	ribe the kind(s) of property sold (e.g., ouse; or common stock, 200 shares M	real estate.	(b) How acquired P — Purchase D — Donation	(C) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1a N/A	-				
<b>b</b> ,					
C					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other ba plus expense of sa	sis le	(h) Gain or (e) plus (f) n	(loss) ninus (g)
a					
b					
С					
d					
e					
Complete only for assets sh	nowing gain in column (h) and owned l	by the foundation on 12/31/	69	(I) Gains (Col	umn (h)
(f) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column over column (j), if a	n (i)	gain minus column ( han -0-) <b>or</b> Losses (f	k), but not less
а					
b					
c					
d					
е					
2 Capital gain net income or	(net capital loss) If gain, also	enter in Part I, line 7 ter -0- in Part I, line 7	. 2		
3 Net short-term capital gain	or (loss) as defined in sections 1222(5	i) and (6).			
If gain, also enter in Part I, in Part I, line &	line 8, column (c) (see the instruction	s). If (loss), enter -0-	. 3	<u> </u>	
If 'Yes,' the foundation does not	section 4942 tax on the distributable a	complete this part	N/A	XYes	☐ No
	int in each column for each year; see t		ing any entrie		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use as	sets (co	(d) Distribution Distribution Diumn (b) divided	
2009					
2008					
2007					
2006					
2005					
2 Total of line 1, column (d)			2		
3 Average distribution ratio for	r the 5-year base period– divide the to	otal on line 2 by 5, or by the	e 🗀		
number of years the founda	tion has been in existence if less than	5 years .	. 3		<del>,</del>
4 Enter the net value of nonc	haritable-use assets for 2010 from Par	t X, line 5	. 4	<del>                                     </del>	
5 Multiply line 4 by line 3			<u>5</u>		
6 Enter 1% of net investment	income (1% of Part I, line 27b) .		. 6		
7 Add lines 5 and 6			7		
8 Enter qualifying distribution	s from Part XII, line 4		8	<u></u>	
If line 8 is equal to or great	er than line 7, check the box in Part V	I, line 1b, and complete tha	at part using a	1% tax rate. Se	e the

Pa	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see the inst	ructions)		
1:	Exempt operating foundations described in section 4940(d)(2), check here Improve and enter 'N/A' on line 1.			
	Date of ruling or determination letter: (attach copy of letter if necessary — see instr.)			
ı	Domestic foundations that meet the section 4940(e) requirements in Part V,		6	21.
	check here. ► and enter 1% of Part I, line 27b			
•	c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable			
_	foundations only. Others enter -0-)			<u>0.</u>
3	Add lines 1 and 2		6	<u>521.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-).	<del></del>		0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		6	21.
6	Credits/Payments:			
	2010 estimated tax pmts and 2009 overpayment credited to 2010			
	Exempt foreign organizations — tax withheld at source			E 3. 7
	Tax paid with application for extension of time to file (Form 8868) 6c 6d		ادر خ د دورد	
		' 15 E	6	580.
_	Total creats and payments. Add lines od allough od			<del>,,,,,</del>
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here If Form 2220 is attached  Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed  8 9		<del></del>	0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	<del>.</del>		59.
11				0.
	NIA Statements Regarding Activities			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
16	participate or intervene in any political campaign?	1a		X
ŀ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes			
_	(see the instructions for definition)?	1 b		X
	If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published	11/2	9-4	1
	or distributed by the foundation in connection with the activities			
	Did the foundation file <b>Form 1120-POL</b> for this year?  I Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	1 c		
•		o.	4	4
€	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on	1		
	foundation managers   \$ 0.		<b>3</b> 55	N V
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	. 2	2	X
	If 'Yes,' attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes	3	A. S. S. S. S. S.	X
4.	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
	olf 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?	. 4b	N	/A
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
•	If 'Yes,' attach the statement required by General Instruction T			137
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
_	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict			,
	with the state law remain in the governing instrument?	. 6	<u> </u>	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV	. 7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see the instructions) •			
	OR			
b	of the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If 'No,' attach explanation	8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)	(5)		
-	for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If 'Yes,' complete Part X	îv. 9		<u>X</u>
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses.	10		_X
BAA		Form 99	0-PF (	

	990-PF (2010) PENDLETON COMMUNITY MEMORIAL HEALTH CORP	93-	<u>0477693</u>		P	age !
Par	Statements Regarding Activities (Continued)		<del></del>			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)			11		Х
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract bef August 17, 2008?	fore		12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and e Website address ▶ N/A	exemption applica	tion?	13	Х	
14	The bests are in case of a DAN CENTCA	elephone no.	(541) 2	76-	318	<u>-</u>
• •		IP + 4 ► 978		- '	210	<u>-</u>
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Che			J/A.		П
	and enter the amount of tax-exempt interest received or accrued during the year	<b>&gt;</b>  -	1	-,		N/A
16	At any time during calendar year 2010, did the foundation have an interest in or a signature of bank, securities, or other financial account in a foreign country?	r other authority o	over a	16	Yes	No X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If 'Yes,' ent foreign country ►		ne 🥞			
Par	VIEB Statements Regarding Activities for Which Form 4720 May Be Requi	ired				
	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.				Yes	No
1 a	During the year did the foundation (either directly or indirectly)					
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes	X No	1		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	Yes	X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	X No		Ç 9	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	X No	ž		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	Yes	XNo			
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)	n Yes	X No			
b	If any answer is 'Yes' to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see the	ribed in instructions)?	<u> </u>	1 b	N/	A
	Organizations relying on a current notice regarding disaster assistance check here	•				7
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than except that were not corrected before the first day of the tax year beginning in 2010?	ed acts,	22	1 c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation we private operating foundation defined in section 4942(j)(3) or 4942(j)(5)).	as a				
	At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010?  If 'Yes,' list the years   20_9 , 20_ , 20_ , 20	XYes	□No			
	11 Tes, list tile years 2005, 20, 20, 20					1
	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of secti (relating to incorrect valuation of assets) to the year's undistributed income? (If applying sectionally years listed, answer 'No' and attach statement — see the instructions)	on 4942(a)(2) to		2b	X	
С	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the   ▶ 20, 20, 20, 20	e years here.				
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	Yes	X No			
	If 'Yes,' did it have excess business holdings in 2010 as a result of (1) any purchase by the four or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or beque (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 472 determine if the foundation had excess business holdings in 2010.).	Indation approved est, or 20, to		3b	N/	A
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?			4a		X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that cou jeopardize its charitable purpose that had not been removed from jeopardy before the first day the tax year beginning in 2010?	of		4b	- 4	X
RΔA			Form		DE (2	

PartVILB Statements Regarding Activiti	es for Which Forn	<u>n 4720 May Be Req</u>	<u>uired (continued)</u>	
5a During the year did the foundation pay or incu	r any amount to:			
(1) Carry on propaganda, or otherwise attempt	t to influence legislation	on (section 4945(e))?	. Yes X	No Ball
(2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra	lic election (see section	n 4955); or to carry		No
(3) Provide a grant to an individual for travel,	study, or other similar	purposes?	. Yes X	No
(4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section	nan a charitable, etc, o 4940(d)(2)? (see instri	rganization described uctions)	Yes X	No
(5) Provide for any purpose other than religion educational purposes, or for the preventio	us, charitable, scientific n of cruelty to children	c, literary, or or animals? .	. Yes X	No No
<b>b</b> If any answer is 'Yes' to 5a(1)-(5), did <b>any</b> of the described in Regulations section 53.4945 or in (see instructions)?	the transactions fail to a current notice regard	qualify under the excep ding disaster assistance	tions	56 N/A
Organizations relying on a current notice regar	rding disaster assistani	ce check here	▶	
c If the answer is 'Yes' to question 5a(4), does to tax because it maintained expenditure responsible 'Yes,' attach the statement required by Region 1997.	sibility for the grant?.		N/A Yes	] No
6a Did the foundation, during the year, receive ar on a personal benefit contract?			S Yes X	No
<b>b</b> Did the foundation, during the year, pay premi	ums, directly or indirec	tly, on a personal bene		6b X
If 'Yes' to 6b, file Form 8870		,,		
7a At any time during the tax year, was the found	lation a party to a proh	ubited tax shelter transa	iction? . $\square$ Yes $\overline{\mathbb{X}}$	No Republic
<b>b</b> If yes, did the foundation receive any proceed				7b
Rankville Information About Officers, Di and Contractors	rectors, Trustees,	Foundation Manag	gers, Highly Paid	Employees,
1 List all officers, directors, trustees, foundation	n managers and their	compensation (see inst	nuctions)	
List all officers, directors, trustees, foundado	(b) Title and average		(d) Contributions to	(e) Expense account,
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other allowances
EE STATEMENT 5				
		5,400.	0.	. 0.
2 Compensation of five highest-paid employee	s (other than those inc	luded on line 1— see in	structions). If none, e	enter 'NONE.'
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other allowances
NONE			compensation	
	,		<u> </u>	
· <b></b>	:			
<u></u>				ļ
otal number of other employees paid over \$50,000	TEEA0306L 0			Form <b>990-PF</b> (2010)

Form 990-PF (2010) PENDLETON COMMUNITY MEMORIAL HEALTH CORP

93-0477693

Page 6

93-0477693

Page 7

6 Adjusted qualifying distributions. Subtract line 5 from line 4...

Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) 1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes: a Average monthly fair market value of securities . . . . 1 a 75,000. 1 b 679,948. **b** Average of monthly cash balances . . . c Fair market value of all other assets (see instructions) 1 c 754,948. d Total (add lines 1a, b, and c) 1 d e Reduction claimed for blockage or other factors reported on lines 1a and 1c 0. 0. 2 2 Acquisition indebtedness applicable to line 1 assets 754,948. 3 3 Subtract line 2 from line 1d . Cash deemed held for charitable activities Enter 1-1/2% of line 3 11,324. (for greater amount, see instructions). 4 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 5 743,624. 37,181. Minimum investment return. Enter 5% of line 5 6 Part Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part.) 37,181. 1 Minimum investment return from Part X, line 6 2a Tax on investment income for 2010 from Part VI, line 5 <u>2a</u> 621 b Income tax for 2010. (This does not include the tax from Part VI.) 2b 2 c 621. c Add lines 2a and 2b 3 36,560. 3 Distributable amount before adjustments. Subtract line 2c from line 1 4 Recoveries of amounts treated as qualifying distributions Add lines 3 and 4 5 36,560. 6 6 Deduction from distributable amount (see instructions). Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 7 36,560. PartXIII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes a Expenses, contributions, gifts, etc - total from Part I, column (d), line 26. 54,605. 1 a 1 b **b** Program-related investments — total from Part IX-B 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc. purposes 2 Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required). За 36 **b** Cash distribution test (attach the required schedule) 54,605. Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions)

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

BAA

Form 990-PF (2010)

54,605.

6

# Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2009	<b>(c)</b> 2009	<b>(d)</b> 2010
1 Distributable amount for 2010 from Part XI, line 7				36,560.
2 Undistributed income, if any, as of the end of 2010:			-	
a Enter amount for 2009 only			36,758.	
<b>b</b> Total for prior years: 20, 20, 20		0.		
3 Excess distributions carryover, if any, to 2010:				
<b>a</b> From 2005		•		*
<b>b</b> From 2006			ar.	
<b>c</b> From 2007	-			
<b>d</b> From 2008 .			4 1	* , £=;
<b>e</b> From 2009				
f Total of lines 3a through e.	0.	<u>, , , , , , , , , , , , , , , , , , , </u>	· • • • • • • • • • • • • • • • • • • •	
4 Qualifying distributions for 2010 from Part				: : : : : : : : : : : : : : : : : : : :
XII, line 4: ► \$ 54,605.	. · . 3 5	* *	* * * * * * * * * * * * * * * * * * * *	
a Applied to 2009, but not more than line 2a		<u> </u>	36,758.	
<b>b</b> Applied to undistributed income of prior years (Election required – see instructions)		0.	y . • . ***,	
c Treated as distributions out of corpus (Election required – see instructions)	0.	12		
d Applied to 2010 distributable amount .	The state of the s	- · · · · · · · · · · · · · · · · · · ·		17,847.
e Remaining amount distributed out of corpus	0.	1	,	
5 Excess distributions carryover applied to 2010	0.	<u> </u>	+ · · · · · · · · · · · · · · · · · · ·	0.
(If an amount appears in column (d), the same amount must be shown in column (a))		; ,		
Same amount must be shown in column (a)	i proc. ii ),	4 ( ) ¥		the said of
6 Enter the net total of each column as indicated below:	<u> </u>			
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0.	*		
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b	·	0.	i. '4 -4 x	
c Enter the amount of prior years' undistribut- ed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0.	* 4°	
d Subtract line 6c from line 6b. Taxable amount — see instructions		0.	,	· · · · · · · · · · · · · · · · · · ·
e Undistributed income for 2009. Subtract line 4a from line 2a. Taxable amount — see instructions		P	0.	
f Undistributed income for 2010 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2011				18,713.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions).	0.			
8 Excess distributions carryover from 2005 not applied on line 5 or line 7 (see instructions).	0.			
9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a	0.		-	
10 Analysis of line 9:				
a Excess from 2006			Li-	
b Excess from 2007				
c Excess from 2008	1			
d Excess from 2009.	1			
e Excess from 2010				

Form 990-PF (2010) PENDLETON COMMUN				93-0477693	
PartXXX Private Operating Foundation					N/A
1 a If the foundation has received a ruling or of its effective for 2010, enter the date of the	ruling			·	1010(7)(5)
b Check box to indicate whether the foundate	- · ·	rating foundation d		4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years	4.0007	(a) Takal
investment return from Part X for each year listed	(a) 2010	<b>(b)</b> 2009	(c) 2008	(d) 2007	(e) Total
<b>b</b> 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed		<del></del>			
d Amounts included in line 2c not used directly for active conduct of exempt activities					
Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a 'Assets' alternative test — enter.					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i).					
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					
PartXVI Supplementary Information assets at any time during the	(Complete this p	part only if the	organization ha	ia \$5,000 or mor	e in
<del></del>		structions.)			
a List any managers of the foundation who is close of any tax year (but only if they have NONE	nave contributed mo	re than 2% of the than \$5,000) (See	total contributions resection 507(d)(2))	eceived by the found	dation before the
<b>b</b> List any managers of the foundation who a partnership or other entity) of which the NONE	own 10% or more of foundation has a 10	the stock of a corp % or greater intere	poration (or an equal est	ally large portion of	the ownership of
2 Information Regarding Contribution, Gran Check here  if the foundation only n	nakes contributions	to preselected char	ritable organization:	s and does not acce	pt unsolicited
requests for funds. If the foundation make complete items 2a, b, c, and d.	s giπs, grants, etc,	(see instructions) to	individuals of orga	amzations under oth	er conditions,
a The name, address, and telephone number	er of the person to w	hom applications s	hould be addressed	<b>d</b> :	
SEE STATEMENT 6					
<b>b</b> The form in which applications should be	submitted and inform	nation and materia	ls they should inclu	de.	
SEE STATEMENT FOR LINE 2A				<del></del>	
c Any submission deadlines:					
SEE STATEMENT FOR LINE 2A				<del></del>	
d Any restrictions or limitations on awards, s	such as by geograph	nical areas, charitat	ole fields, kınds of ı	nstitutions, or other	factors:
SEE STATEMENT FOR LINE 2A					
BAA	TEE	A0310L 02/16/11		F	orm <b>990-PF</b> (2010)

Total	 	► 3a	44,3
Approved for future payment			
	,		

## Para XVI-A Analysis of Income-Producing Activities

•				l by section 512, 513, or 514	(e)
Program service revenue:	(a) Business code	<b>(b)</b> Amount	(c) Exclu- sion code	<b>(d)</b> Amount	Related or exempt function income (see the instructions)
a EXPENSE REFUND					500.
b	1				
	-		<del>                                     </del>		<del></del>
d			1		
					<del></del>
f	<del> </del>				
g Fees and contracts from government agencies					<del></del>
2 Membership dues and assessments					•
3 Interest on savings and temporary cash investments			14	31,060.	
4 Dividends and interest from securities			1 -		
5 Net rental income or (loss) from real estate				X T T	
a Debt-financed property					
<b>b</b> Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income .			1		
8 Gain or (loss) from sales of assets other than inventory .					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory .					
11 Other revenue	1				
a GIFTS/BEQUESTS					
b					
С					
d					
e	1-1				
12 Subtotal Add columns (b), (d), and (e)				31,060.	500.
13 Total. Add line 12, columns (b), (d), and (e)				. 13	31,560.
(See worksheet in line 13 instructions to verify calcula	tions)				

# PartXVI:B3 Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See the instructions.)
N/A	

# Form 990-PF (2010) PENDLETON COMMUNITY MEMORIAL HEALTH CORP 93-0477693 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

						Yes No
desc	cribed in section 501(c)	of the Code (other	age in any of the following ter than section 501(c)(3) org	with any other anizations) or	organization in section 527,	
	ting to political organiza		noncharitable exempt organ	uzation of		
	Cash	~				1a (1) X
• • •						1a (2) X
• • •	er transactions:					
		ncharitable exemi	ot organization			. 1b(1) X
		-	e exempt organization			1b(2) X
• •			ssets			1b (3) X
		•				1b (4) X
	Loans or loan guarante					. 1b (5) X
	<del>-</del>		or fundraising solicitations		•••	. 1b(6) X
<b>c</b> Shar	ring of facilities, equipn	nent, mailing lists,	other assets, or paid emple	yees		1c X
		_				
the o	goods, other assets, or	services given by	mplete the following schedu the reporting foundation If win column (d) the value of	the foundation	received less than fair m	arket value in
(a) Line no			oncharitable exempt organization		ription of transfers, transactions,	
N/A					<del> </del>	
					<u>.</u>	
			· <del>-</del>			
	<del>-</del>	<del> </del>	<del></del>	ļ		
	<del> </del>					
	ļ	<del> </del>	<del></del>	<del></del>		
		ļ. ———		<del>- </del>	<u> </u>	
<del></del>		ļ				
			<del></del>	<del> </del>		
		<del> </del>				
		<del> </del>		<del></del>	· · <del> · · · _ · _ · _ · _ · _ · _ · _ </del>	
<del></del>	<del> </del>	<del> </del>	<del></del>	-		<del></del>
	<del></del>	<del></del>	<del></del>			<del></del>
			<del></del>			
2a is th	e foundation directly or	indirectly affiliate	d with, or related to, one or	more tax-exer	npt organizations	Yes X No
		•	r than section 501(c)(3)) or	in section 527	· · · · · · · · · · · · · · · · · · ·	Tes VINO
	es,' complete the follow (a) Name of organizat		(h) Type of experient		(c) Description of	rolationship
N/A	(a) Name of organizat	.1011	(b) Type of organization	<u>""                                   </u>	(c) Description of	relationship
_U/ N						
Une	der penalties of penury. I decla	are that I have examined	this return, including accompanying	schedules and state	ments, and to the best of my know	rledge and belief, it is true,
<b>I</b>	rect, and complete Declaration	n of preparer (other than	I this return, including accompanying a taxpayer or fiduciary) is based on a	I information of whi	ch preparer has any knowledge	•
Sign		- 0			1	
Here		und, Xm	Lul	<u> </u>	PRESIDE	ENT
	Signature of officer or trustee			Date	Trtle	
	Print/Type preparer's na	ıme	Propries signature	a CPF Date	Check if X	rf PTIN
Paid	ROBERT F. TREM	PER, CPA	ROBERT F. TREMPER,	CPA 9	self-employed	P01424257
Prepare	r Firm's name	DICKEY AND TREE	MPER, L.L.P.		Firm's EIN ► 20	-0350998
Use Onl	V Sum's address 1	110 S.E. FIRST				
	F	PENDLETON, OR S	97801	<del></del>	Phone no (5	41) 276-6862
BAA						Form <b>990-PF</b> (2010)

2010	FEDERAL STATEMENTS	PAGE 1
CLIENT 22120 PEND	LETON COMMUNITY MEMORIAL HEALTH CORP	93-047769
3/11/11		04:53PI
STATEMENT 1 FORM 990-PF, PART I, LINE 11 OTHER INCOME		
	(A) (B) NET REVENUE INVESTMENT PER BOOKS INCOME	(C) ADJUSTED NET INCOME
EXPENSE REFUND .	\$ 500. TOTAL \$ 500.\$ 0.\$	3 0.
STATEMENT 2 FORM 990-PF, PART I, LINE 16E ACCOUNTING FEES		
DICKEY AND TREMPER LLP	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME  \$ 875.  TOTAL \$ 875. \$ 0. \$ 0.	(D) CHARITABLE PURPOSES \$ 875. \$ 875.
STATEMENT 3 FORM 990-PF, PART I, LINE 18 TAXES		
EXCISE TAXES	(A) (B) NET (C)  EXPENSES INVESTMENT ADJUSTED  PER BOOKS INCOME NET INCOME  \$ 2,140.  TOTAL \$ 2,140. \$ 0. \$ 0.	\$ 2,140.
STATEMENT 4 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES		
INSURANCE MISCELLANEOUS POSTAGE SUPPLIES	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME  \$ 1,150. 15. 180. 66. TOTAL \$ 1,411. \$ 0. \$ 0.	(D) CHARITABLE PURPOSES  \$ 1,150. 15. 180. 66. \$ 1,411.

2010

# **FEDERAL STATEMENTS**

PAGE 2

**CLIENT 22120** 

#### PENDLETON COMMUNITY MEMORIAL HEALTH CORP

93-0477693

3/11/11

04:53PM

#### STATEMENT 5 FORM 990-PF, PART VIII, LINE 1 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	BUTION TO	
DAN CENIGA PO BOX 786 PENDLETON, OR 97801	PRESIDENT 0	\$ 5,400.	\$ 0.	\$ 0.
GARY JELLUM C/O PO BOX 786 PENDLETON, OR 97801	VICE-PRESIDENT 0	0.	0.	0.
ANNETTE SKINNER C/O PO BOX 786 PENDLETON, OR 97801	SEC-TREASURER 0	0.	0.	0.
PAULETTE DIEHL C/O PO BOX 786 PENDLETON, OR 97801	DIRECTOR 0	0.	0.	0.
THERESA BOSWORTH C/O PO BOX 786 PENDLETON, OR 97801	DIRECTOR 0	0.	0.	0.
STEVEN BJERKE C/O PO BOX 786 PENDLETON, OR 97801	DIRECTOR 0	0.	0.	0.
JOSEPH DIEHL, MD C/O PO BOX 786 PENDLETON, OR 97801	DIRECTOR 0	0.	0.	0.
DOUGLAS OLSEN C/O PO BOX 786 PENDLETON, OR 97801	DIRECTOR 0	0.	0.	0.
LAURINE KITES C/O PO BOX 786 PENDLETON, OR 97801	DIRECTOR 0	0.	0.	0.
DONALD F. NEW C/O PO BOX 786 PENDLETON, OR 97801	DIRECTOR 0	0.	0.	0.
	TOTAL	\$ 5,400.	<u>\$</u> 0.	<u>\$ 0.</u>

#### STATEMENT 6 FORM 990-PF, PART XV, LINE 2A-D APPLICATION SUBMISSION INFORMATION

NAME OF GRANT PROGRAM:

NAME:

DAN CENIGA

CARE OF:

STREET ADDRESS:

PO BOX 786

2010

## **FEDERAL STATEMENTS**

PAGE 3

**CLIENT 22120** 

#### PENDLETON COMMUNITY MEMORIAL HEALTH CORP

93-0477693

3/11/11

04.53PM

# STATEMENT 6 (CONTINUED) FORM 990-PF, PART XV, LINE 2A-D APPLICATION SUBMISSION INFORMATION

CITY, STATE, ZIP CODE:

PENDLETON, OR 97801

TELEPHONE:

541-276-3182

FORM AND CONTENT:

APPLICATIONS AVAILABLE UPON REQUEST.

SUBMISSION DEADLINES:

RESTRICTIONS ON AWARDS:

#### **STATEMENT 7** FORM 990-PF, PART XV, LINE 3A **RECIPIENT PAID DURING THE YEAR**

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
OR INST OF TECHNOLOGY KLAMATH FALLS, OR	NONE		MEDICAL SCHOLARSHIP	\$ 1,900.
BLUE MOUNTAIN COMMUNITY COLLEGE DISTRICT PENDLETON, OR 97801	NONE		MEDICAL SCHOLARSHIP	14,831.
BIOLA UNIVERSITY LA MIRANDA, CA 90639	NONE		MEDICAL SCHOLARSHIP	2,100.
IDAHO STATE UNIVERSITY POCATELLO, ID	NONE		MEDICAL SCHOLARSHIPS	1,500.
OREGON HEALTH AND SCIENCE UNIVERSITY 3181 SW SAM JACKSON PARK ROAD PORTLAND, OR	NONE		MEDICAL SCHOLARSHIPS	1,400.
EASTERN OREGON ALCOHOL FOUNDATION LA GRANDE, OR	NONE		MEDICAL GRANT	4,000.
UMATILLA COUNTY PENDLETON, OR 97801	NONE		MEDICAL RELATED SUPPLIES	6,000.
BLUE MOUNTAIN COMMUNITY COLLEGE CARDEN AVENUE PENDLETON, OR 97801	NONE		MEDICAL EQUIPMENT	12,624.
			TOTA	L \$ 44,355.