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# Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

- Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form
- The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2011

Open to Public  
Inspection**A For the 2011 calendar year, or tax year beginning** , 2011, and ending

<b>B</b>	Check if applicable	<b>C</b> Name of organization <b>PEMBINA COUNTY MEMORIAL HOSPITAL FDTN</b>		<b>D</b> Employer identification number <b>30-0052569</b>
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Number and street (or P O box, if mail is not delivered to street address) <b>301 MOUNTAIN ST E</b>		Room/suite	<b>E</b> Telephone number <b>(701) 265-8461</b>
	City or town, state or country, and ZIP + 4 <b>CAVALIER ND 58220</b>			<b>F</b> Group Exemption Number ►

**G** Accounting Method:  Cash  Accrual Other (specify) ► \_\_\_\_\_

**I** Website: ► **N/A**

**J** Tax-exempt status (ck only one) —  501(c)(3)  501(c) ( ) (insert no)  4947(a)(1) or  527

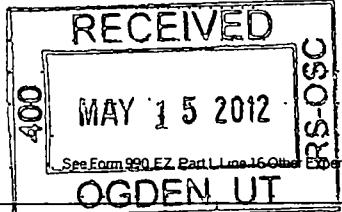
**K** Check ►  if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ **70,891.**

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)

Check if the organization used Schedule O to respond to any question in this Part I

<b>1</b> Contributions, gifts, grants, and similar amounts received	1	<b>48,262.</b>
2 Program service revenue including government fees and contracts	2	
3 Membership dues and assessments	3	
4 Investment income	4	<b>3,388.</b>
5a Gross amount from sale of assets other than inventory	5a	
b Less cost or other basis and sales expenses	5b	
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6 Gaming and fundraising events	6a	
a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b Gross income from fundraising events (not including \$ _____ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	<b>19,241.</b>
c Less direct expenses from gaming and fundraising events	6c	<b>2,103.</b>
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	<b>17,138.</b>
7a Gross sales of inventory, less returns and allowances	7a	
b Less cost of goods sold	7b	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8 Other revenue (describe in Schedule O)	8	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	<b>68,788.</b>
10 Grants and similar amounts paid (list in Schedule O)	10	<b>241,369.</b>
11 Benefits paid to or for members	11	
12 Salaries, other compensation, and employee benefits	12	<b>17,062.</b>
13 Professional fees and other payments to independent contractors	13	
14 Occupancy, rent, utilities, and maintenance	14	
15 Printing, publications, postage, and shipping	15	<b>455.</b>
16 Other expenses (describe in Schedule O)	16	<b>646.</b>
17 Total expenses. Add lines 10 through 16	17	<b>259,532.</b>
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<b>-190,744.</b>
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	<b>617,808.</b>
20 Other changes in net assets or fund balances (explain in Schedule O)	20	
21 Net assets or fund balances at end of year Combine lines 18 through 20	21	<b>427,064.</b>



BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2011)

SCANNED JUN 12

EXPENSES

ASSETS

P  
10

**Part II Balance Sheets.** (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II 

- 22 Cash, savings, and investments  
 23 Land and buildings  
 24 Other assets (describe in Schedule O)  
 25 Total assets  
 26 Total liabilities (describe in Schedule O)  
 27 Net assets or fund balances (line 27 of column (B) must agree with line 21)

(A) Beginning of year	(B) End of year
617,808.	22 427,064.
0.	23 0.
0.	24 0.
617,808.	25 427,064.
0.	26 0.
617,808.	27 427,064.

**Part III Statement of Program Service Accomplishments** (see the instrs for Part III.)Check if the organization used Schedule O to respond to any question in this Part III 

What is the organization's primary exempt purpose? RAISE MONEY FOR THE BENEFIT OF PEMBINA COUNTY HOSPITAL AND WEDGEWOOD MANOR  
 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses  
 (Required for section  
 501(c)(3) and 501(c)(4)  
 organizations and section  
 4947(a)(1) trusts; optional  
 for others.)

28	PEMBINA COUNTY MEMORIAL HOSPITAL FOUNDATION IS ORGANIZED AND OPERATES EXCLUSIVELY FOR CHARITABLE PURPOSES. THE PRIMARY PURPOSE OF THE FOUNDATION IS FUND RAISING FOR THE BENEFIT OF PEMBINA COUNTY MEMORIAL HOSPITAL AND WEDGEWOOD MANOR. (Grants \$ 241,369.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a	241,369.
29	----- ----- (Grants \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a	
30	----- ----- (Grants \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a) ► <input type="checkbox"/>	32	241,369.

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV 

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Form W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NEIL FLEMING PO BOX 633 CAVALIER, ND 58220	PRESIDENT 2.00	0.	0.	0.
DALE O'HARA PO BOX 557 CAVALIER, ND 58220	VICE PRESIDENT 1.00	0.	0.	0.
LAVERNE SOMMER PO BOX 491 CAVALIER, ND 58220	BOARD MEMBER 1.00	0.	0.	0.
DARLENE WATSON PO BOX 41 CAVALIER ND 58220	BOARD MEMBER 1.00	0.	0.	0.
TOM FORD 200 MAIN ST. W CAVALIER ND 58220	BOARD MEMBER 1.00	0.	0.	0.
EVERETT BUTLER PO BOX 380 CAVALIER ND 58220	HOSPITAL CEO 1.00	0.	0.	0.
----- ----- ----- ----- ----- ----- ----- -----				

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

- 33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O
- 34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)
- 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
- b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O
- c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III
- 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N
- 37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a**
- b Did the organization file Form 1120-POL for this year?
- 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
- b If 'Yes,' complete Schedule L, Part II and enter the total amount involved **38b**
- 39 Section 501(c)(7) organizations. Enter
- a Initiation fees and capital contributions included on line 9 **39a**
- b Gross receipts, included on line 9, for public use of club facilities **39b**
- 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► **40a**  ; section 4912 ► **40b**  , section 4955 ► **40c**
- b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I
- c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 **40d**
- d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization **40e**
- e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T
- 41 List the states with which a copy of this return is filed ►

- 42a The organization's books are in care of ► **TRUDY ROMFO** Telephone no. ► **(701) 265-6324**  
Located at ► **PO BOX 380** **CAVALIER** **ND** ZIP + 4 ► **58220**
- b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: ► **42b**

	Yes	No
<b>42b</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

<b>42c</b>	<input checked="" type="checkbox"/>
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See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.

- c At any time during the calendar year, did the organization maintain an office outside of the U S ?

If 'Yes,' enter the name of the foreign country: ►

- 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► **43**
- 44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ
- b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ
- c Did the organization receive any payments for indoor tanning services during the year?
- d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O
- 45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?
- b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

	Yes	No
<b>44a</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>44b</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>44c</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>44d</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>45a</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>45b</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

	Yes	No
46		X

**Part VI** **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II

	Yes	No
47		X
48		X
49a		X
49b		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If 'Yes,' was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
<u>NONE</u>				

e Total number of other employees paid over \$100,000 ► \_\_\_\_\_

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
<u>NONE</u>		

e Total number of other independent contractors each receiving over \$100,000 ► \_\_\_\_\_

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

►  Yes  No

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

Sign Here	<i>Everett Butler</i>		<i>05/10/12</i>
	Signature of officer		Date
	<i>Everett Butler Sec.</i>		
Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name <b>Melissa Gorvin</b>	Preparer's signature <i>Melissa C. CPA</i>	Date 05/09/12
	Firm's name ► <b>Rinde &amp; Associates, PC</b>		Check <input type="checkbox"/> if self-employed
	Firm's address ► <b>PO Box 51 Cavalier</b>		PTIN <b>P01057751</b>
			Firm's EIN ► <b>45-0458937</b>
			Phone no (701) 265-4998

May the IRS discuss this return with the preparer shown above? See instructions

►  Yes  No

**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. ► See separate instructions.

OMB No. 1545 0047

**2011**

**Open to Public  
Inspection**

Name of the organization

PEMBINA COUNTY MEMORIAL HOSPITAL FDTN

Employer identification number

30-0052569

**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 11, check only one box.)

- 1  A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 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 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.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 that describes the type of supporting organization and complete lines 11e through 11h
  - a  Type I      b  Type II      c  Type III — Functionally integrated      d  Type III — Other
  - e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
  - f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
  - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
11g (i)	X	
11g (ii)	X	
11g (iii)	X	

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A) PEMBINA COUNTY MEMORIAL H	45-6013474	7	X		X		X		241,369.
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									<b>241,369.</b>

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

**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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
5 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11 Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)						12
<b>13 First five 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 stop here						<input type="checkbox"/>

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

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	%
<b>16a 33-1/3% support test – 2011.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
<b>b 33-1/3% support test – 2010.</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 stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
<b>17a 10%-facts-and-circumstances test – 2011.</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 stop here. Explain in Part IV 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 – 2010.</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 stop here. Explain in Part IV 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"/>	

BAA

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ►

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

	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1						
2						
3						
4						
5						
6						
7a						
b						
c						
8						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ►

- 9 Amounts from line 6  
 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  
 b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  
 c Add lines 10a and 10b  
 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  
 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  
 13 **Total support.** (Add Ins 9, 10c, 11, and 12.)

	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9						
10a						
b						
c						
11						
12						
13						

- 14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

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

- 15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) 15 %  
 16 Public support percentage from 2010 Schedule A, Part III, line 15 16 %

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

- 17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) 17 %  
 18 Investment income percentage from 2010 Schedule A, Part III, line 17 18 %

- 19a **33-1/3% support tests – 2011.** 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 – 2010.** 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 Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10;  
· Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information.  
(See instructions).

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**Part II Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1 <u>GOLF TOURNAMENT</u> (event type)	(b) Event #2 <u>LIGHTS OF LOVE</u> (event type)	(c) Other events <u>NONE</u> (total number)	(d) Total events (add column (a) through column (c))
		8,025.	7,365.		15,390.
	1 Gross receipts				
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	8,025.	7,365.		15,390.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	2,103.			2,103.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				2,103.
	11 Net income summary. Combine line 3, column (d), and line 10				13,287.

**Part III Gaming.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				
	8 Net gaming income summary Combine lines 1, column (d) and line 7				

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states?

Yes  No

b If 'No,' explain \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

Yes  No

b If 'Yes,' explain \_\_\_\_\_

11 Does the organization operate gaming activities with nonmembers?  Yes  No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13	Indicate the percentage of gaming activity operated in:	
	a The organization's facility	13a %
	b An outside facility	13b %

14. Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ►

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?  Yes  No

b If 'Yes,' enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_

c If Yes, enter name and address of the third party \_\_\_\_\_.

Name ►

**Address ►**

## 16 Gaming manager information

Name ►

Gaming manager compensation ► \$

Description of services provided ►

Director/officer       Employee       Independent contractor

## 17 Mandatory distributions

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

**b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

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

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

OMB No 1545-0047

2011

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

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.

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**Name of the organization**

PEMBINA COUNTY MEMORIAL HOSPITAL FDTN

**Employer identification number**

30-0052569

## Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ

## Form 990-EZ, Part I, Line 16 Other Expenses

Other expenses (describe in Schedule O)

<u>MISCELLANEOUS</u>	<u>300.</u>
<u>MILEAGE REIMBURSEMENT</u>	<u>346.</u>
<u>Total</u>	<u><u>646.</u></u>

## Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ

## Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid

Purpose of Payment

GARAGE AND PAVING PROJECT AT NURSING HOME

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>TO IMPROVE</u>	<u>Business <input checked="" type="checkbox"/> Person</u>	<u>BENEFICIARY OF FOUNDATION</u>	<u>192,370.</u>
<u>NURSING FACILITY/</u>	<u>WEDGEWOOD MANOR</u>		
<u>BENEFIT RESIDENTS</u>	<u>804 MAIN ST W</u>		
	<u>CAVALIER</u>	<u>ND</u>	<u>58220</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property

Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment

HEMATOLOGY EQUIPMENT

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>TO IMPROVE CARE</u>	<u>Business <input checked="" type="checkbox"/> Person</u>	<u>BENEFICIARY OF FOUNDATION</u>	<u>38,226.</u>
<u>TO PATIENTS AT</u>	<u>PEMBINA COUNTY MEMORIAL HOSPITAL</u>		
<u>HOSPITAL</u>	<u>301 MOUNTAIN ST E</u>		
	<u>CAVALIER</u>	<u>ND</u>	<u>58220</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property

Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ

Continued

**Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid**

## Purpose of Payment

NURSE CALL SYSTEM

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
TO IMPROVE CARE OF RESIDENTS AT WEDGEWOOD	Business <input checked="" type="checkbox"/> Person WEDGEWOOD MANOR 804 MAIN ST W CAVALIER ND 58220	BENEFICIARY OF FOUNDATION	10,773.

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_  
Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined