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-Porm · 990-PF

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

OMB No 1545-0052

2011

Department of the Treasury Internal Revenue Service

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

For ca	lenda	r year 2011, or tax year beginning	, 2011	, and ending			
PENDLETON COMMUNITY MEMORIAL HEALTH CORP PO BOX 786						Employer Identification nu 93-0477693	mber
PENDLETON, OR 97801				В	Telephone number (see the (541) 276-31		
					С	If exemption application is	pending, check here
G Ch	eck al	I that apply Initial return	Initial Return of a for Amended return	mer public charity	D	1 Foreign organizations, che	ck here.
		Address change	Name change			2 Foreign organizations mee here and attach computation	ting the 85% test, check on
	Sec	ction 4947(a)(1) nonexempt charitable		private foundation	E	If private foundation statu	
1 F.	air marl <i>from Pa</i>	ket value of all assets at end of year at II, column (c), line 16)	counting method: XC Other (specify)	ashAccrual	F	under section 507(b)(1)(A) If the foundation is in a 60	٠ ـــــ
► \$			I, column (d) must be or	r cash basis.)	_	under section 507(b)(1)(B)	
	E) co sa	nalysis of Revenue and kpenses (The total of amounts in lumns (b), (c), and (d) may not neces rily equal the amounts in column (a) ee instructions).)		(b) Net investment income	nt	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1 2	Contributions, gifts, grants, etc. received (att sch) $Ck \triangleright \overline{X} \text{ if the foundn is not req to att Sch B}$					ti i and i a
	3	Interest on savings and temporary cash investments	28,138.	28,13	8.	28,138.	<u>Cardina Papas de la 1925, seda</u>
	4	Dividends and interest from securities .		20/10		20,100.	ben i yasa dan sumun in intersas. Sina d <mark>ana</mark> yi umbi an sum asi usasa
		Gross rents Net rental income or (loss).					Salaran e. e e e e e e e e e e e e e e e e e e
R		Net gain/(loss) from sale of assets not on line 10 Gross sales price for all					
Ž	7	assets on line 6a. Capital gain net income (from Part IV, line 2).		<u> </u>			partinger of a life
REVENU	8	Net short-term capital gain		Zen. 2 3 42			
Ē	9 10a	Income modifications Gross sales less returns and					
		allowances. Less: Cost of goods sold					
	c	Gross profit/(loss) (att sch)					
	11	Other income (attach schedule) .	2 567				
	12	SEE STATEMENT : Total. Add lines 1 through 11	1 2,567. 30,705.	28,13	8.	28,138.	
	13	Compensation of officers, directors, trustees, etc	0.700				3,600.
	14 15	Other employee salaries and wages Pension plans, employee benefits					_
A		Legal fees (attach schedule)		1		RECEIVED	
D M	1	Accounting fees (attach sch) . SEE . ST . $\stackrel{?}{\sim}$	875.			TL O.L.	2 875.
0 4	1	Other prof fees (attach sch)	ļ	-225	\vdash	MAY 1 8 2012	Š S
PS	18	Taxes (attach schedule)(see instrs) SEE. STM 3	730.	–		WIAT 1 0 -	<u>⊈</u> 730.
OPERAT	19	Depreciation (attach sch) and depletion .			L	GDEN, UT	718
l į N y	20	Occupancy			\	JUULIN, U.	ter den 1900 i 1900 general 1900 general den 1900 terren 1900 general den 1900 general den 1900 general de 190
	21 22	Travel, conferences, and meetings Printing and publications	332.				332.
A E X P E	23	Other expenses (attach schedule)	1,360.	··			1 260
Ñ S E	24	SEE STATEMENT Total operating and administrative					1,360.
S	25	expenses. Add lines 13 through 23. Contributions, gifts, grants paid PART .XV	6,897. 32,126.				6,897. 32,126.
		Total expenses and disbursements. Add lines 24 and 25	39,023.		0.	0.	39,023.
	27	Subtract line 26 from line 12:	27,025.	The state of the s	Ť		37,023.
	a	Excess of revenue over expenses and disbursements	-8,318.	Salari lari alia da		a un filtra de la companya de la com	
	b	Net investment income (if negative, enter -0-).	0,010.	28,13	8.		
	С	Adjusted net income (if negative, enter -0-)				28,138.	

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Form	990	-PF (2011) PENDLE	TON COMMUNITY MEMORIAL HEA		93-04 ⁵	
[20]	(i) -	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions.)	Beginning of year (a) Book Value	(b) Book Value	of year (c) Fair Market Value
	1	Cash – non-interes		(a) DOOK Value	(b) Dook value	(c) i all Market Value
	,		rary cash investments	743,725.	735,407.	735,407.
	1	Accounts receivable	· •			7307107.
	-	Less: allowance for			· · · · · · · · · · · · · · · · · · ·	
	4					
		Less: allowance for			<u></u>	
	5	Grants receivable				
	6	Receivables due from offi disqualified persons (atta	icers, directors, trustees, and other ach schedule) (see instructions) .			
	7	Other notes and loans re				
Ą		Less: allowance for	doubtful accounts			
A S E T	8	Inventories for sale	or use			
E	9	Prepaid expenses a	and deferred charges			
Ś	10:		and state government			
		b Investments corporate	stock (attach schedule) .			
	١,	c Investments - corporate	bonds (attach schedule)			
	11	Investments – land equipment: basis	, buildings, and			
		Less: accumulated depred (attach schedule) .				
	12	Investments - mort	gage loans .			
	13	Investments - othe	r (attach schedule) .			
	14	Land, buildings, and	equipment: basis		デ	
		Less: accumulated depred (attach schedule)	ciation •			
	15 16		ibe ► completed by all filers — . Also, see page 1, item I)	743,725.	735,407.	735,407.
<u> </u>	17		nd accrued expenses.	743,723.	133,401.	733, 407.
Ţ	18		ind accided expenses.	'		
A B	19	• •	•			
Ī	20		ctors, trustees, & other disqualified persons.			
Ī	21		s payable (attach schedule)			Navi Program
Ţ		Other liabilities (descr)		
Ė		•				
_ <u>s</u> _	23		lines 17 through 22).	0.	0.	
		Foundations that to and complete lines	llow SFAS 117, check here. 24 through 26 and lines 30 and 31.	<u>X</u>		
NF	24	Unrestricted	•	743,725.	735,407.	
N F E U T N	24	Temporarily restricted		143,123.	133,401.	
T N	25 26			<u> </u>		
A	20	•	o not follow SFAS 117, check here			
SBSAEL		and complete lines	27 through 31.	_		· · · · · · · · · · · · · · · · · · ·
ASSETS N	27	Capital stock trust r	principal, or current funds .			. d
TASN	28		, or land, building, and equipment fund.			
C	29	• •	ulated income, endowment, or other funds .			
OERS	30	- ·	fund balances (see instructions)	743,725.	735,407.	
	31		net assets/fund balances	743,725.	735,407.	
Per		Analysis of Chan	ges in Net Assets or Fund Balan	ces		
			alances at beginning of year - Part II, col		ree with	
•	end-	of-year figure reporte	d on prior year's return)	· · · · · ·	1 1	743,725.
		r amount from Part I,			. 2	-8,318.
3	Other	increases not included in li	ne 2 (itemize) . •		3	
4	Add	lines 1, 2, and 3			4	735,407.
		ases not included in line 2 (5	
6	Tota	I net assets or fund b	alances at end of year (line 4 minus line 5	5) – Part II, column (b), lii	ne 30 6	735,407.

Page 2

Enter the net value of noncharitable-use assets for 2011 from Part X, line 5		
Multiply line 4 by line 3	_5_	
Enter 1% of net investment income (1% of Part I, line 27b)	6	
	_	
Add lines 5 and 6		
Enter confidence destricts and for D. 1991 to a f	_	
Enter qualifying distributions from Part XII, line 4	8	L
If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using Part VI instructions	ng a	1% tax rate See the

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(or designate) of each state as required by General Instruction G? If 'No,' attach explanation . . .

Form 990-PF (2011)

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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 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If 'Yes,' complete Part XIV.

Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names

Forn	990-94 (2011) PENDLETON COMMUNITY MEMORIAL HEALTH CORP	93-04//	93		age :
1.5	Statements Regarding Activities (continued)				
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		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualificadvisory privileges? If 'Yes,' attach statement (see instructions)	ed person had	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption Website address		13	Х	
14	The books are in care of ► DAN CENIGA Telephone	no. ► (541	7 276	-318	2
	Located at ► PO BOX 786 PENDLETON, OR ZIP + 4 ►	97801			=
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here .		N/A	►	
	and enter the amount of tax-exempt interest received or accrued during the year	13		V I	N/A
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other aubank, securities, or other financial account in a foreign country?	thority over a	16	Yes	No X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If 'Yes,' enter the nai foreign country ▶	ne of the			1. 1. 1. jin
Pa	Statements Regarding Activities for Which Form 4720 May Be Required				
	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.			Yes	No
1 8	During the year did the foundation (either directly or indirectly):				
		Yes X No			
	(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			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes X No			
		Jies Mino			3
	(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 X No		· · · · · · · · · · · · · · · · · · ·	
	(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.)	Yes X No			漢
b	If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?		1b	N	γ Ά
	Organizations relying on a current notice regarding disaster assistance check here	. ▶∏			1
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2011?		1c		X
	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):				
а	At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2011?	Yes No			
	If 'Yes,' list the years ► 20 <u>09</u> , 20, 20, 20				1.5
	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a) all years listed, answer 'No' and attach statement — see instructions.))(2) to · · · · · ·	. 2b	Х	
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years he	ere.			
	► 20, 20, 20				Ŷ
3a	Did the foundation hold more than a 2% direct or indirect interest in any business	Yes X No			
	_	٠. ت			1
b	If 'Yes,' did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2011)				
	determine if the foundation had excess business holdings in 2011)		3ь	N/	Α
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a		x
			أمير		
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011?		4b		X
BAA	the tax year beginning in 2011?.		orm 99 0	LDF (
		ſ	VIIII 33	(4	1

Form 990-PF (2011) PENDLETON COMMUNI				177693	Page 6
Par V B Statements Regarding Activit		n 4720 May Be Req	uired (continued)		
5a During the year did the foundation pay or inci-	-				
(1) Carry on propaganda, or otherwise attem			L	No	
(2) Influence the outcome of any specific put on, directly or indirectly, any voter registr	ation drive?			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 t in section 509(a)(1), (2), or (3), or section	han a charitable, etc, on 4940(d)(2)? (see instr	rganization described uctions)	. Yes X] No	
(5) Provide for any purpose other than religion educational purposes, or for the prevention	on of cruelty to children	or animals?.] No	
b If any answer is 'Yes' to 5a(1)-(5), did any of described in Regulations section 53.4945 or in (see instructions)?	the transactions fail to a current notice regar	qualify under the excep ding disaster assistance	tions	. 5ь	N/A
Organizations relying on a current notice rega					
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon	the foundation claim exisibility for the grant?	cemption from the	. N/A .] No	
If 'Yes,' attach the statement required by Reg	ulations section 53.494	5-5(d)			
6a Did the foundation, during the year, receive a on a personal benefit contract?			[Yes [X	No No	
b Did the foundation, during the year, pay prem If 'Yes' to 6b, file Form 8870				6ь	X
7a At any time during the tax year, was the found				No Maria	أكتب
b If 'Yes,' did the foundation receive any process				N/A 7b	
and Contractors	irectors, Trustees,	Pouliuation manag	gers, migniy Palu	Employees,	
1 List all officers, directors, trustees, foundation	on managers and their	compensation (see inst	ructions).		
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (ff not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense a other allows	iccount, ances
SEE STATEMENT 5					
		3,600.	0.		0.
2 Compensation of five highest-paid employee	es (other than those inc	luded on line 1— see in	structions). If none, e	nter 'NONF '	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position		(d) Contributions to employee benefit plans and deferred compensation	(e) Expense a other allows	
NONE					
Total number of other employees paid over \$50,000)		<u>.</u> .	Form 990-P	0 F (2011)

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paiand Contractors (continued)	id Employees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE.'	
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	(c) compensation
Total number of others receiving over \$50,000 for professional services	- 0
Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 <u>N/A</u>	
2	
3	
Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
<u>N/A</u>	
2	
All other program-related investments. See instructions.	
3	· -
Fotal. Add lines 1 through 3	• 0.

Form 990-PF (2011)

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Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

	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	
1	Average of monthly cash balances	1b	739,566.
•	Fair market value of all other assets (see instructions).	1c	
(d Total (add lines 1a, b, and c)	1 d	739,566.
(Reduction claimed for blockage or other factors reported on lines 1a and 1c))	
	(attach detailed explanation)]	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	739,566.
4	Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	11,093.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	728,473.
6	Minimum investment return. Enter 5% of line 5	6	36,424.
Par		ating for	undations
	and certain foreign organizations check here ▶ and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	36,424.
28	Tax on investment income for 2011 from Part VI, line 5		
ŧ	Income tax for 2011. (This does not include the tax from Part VI.)		
•	: Add lines 2a and 2b	2c	563.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	35,861.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	35,861.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	35,861.
Päi	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes Expenses, contributions, gifts, etc — total from Part I, column (d), line 26.	1a	39,023.
	Program-related investments – total from Part IX-B	1b	35,023.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc. purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the Suitability test (prior IRS approval required).	3a	
	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	4	39,023.
5	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)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	39,023.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether qualifies for the section 4940(e) reduction of tax in those years	the found	ation
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Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI, line 7				35,861.
2 Undistributed income, if any, as of the end of 2011: a Enter amount for 2010 only		0.	18,713.	
3 Excess distributions carryover, if any, to 2011: a From 2006 b From 2007				
c From 2008	0			
f Total of lines 3a through e	0.		18,713.	
b Applied to undistributed income of prior years (Election required — see instructions)	•	0.		
c Treated as distributions out of corpus (Election required – see instructions) d Applied to 2011 distributable amount	0.	The second secon		20,310.
Remaining amount distributed out of corpus. Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a))	0.	en e		0.
6 Enter the net total of each column as indicated below: a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0.	i ga i Kalifara Apper y		
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount — see instructions		0.		
e Undistributed income for 2010. Subtract line 4a from line 2a. Taxable amount — see instructions			0.	
f Undistributed income for 2011. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2012		<u> </u>		15,551.
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 2006 not applied on line 5 or line 7 (see instructions).	0.	<u></u>		
9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a	0.	average and the second of the second		
a Excess from 2007 b Excess from 2008 . c Excess from 2009				
d Excess from 2010 e Excess from 2011				

Form 990-PF (2011) PENDLETON COMMUN				93-047769	
Private Operating Foundat 1 a If the foundation has received a ruling or of					N/A
is effective for 2011, enter the date of the	ruling			. <u> </u>	1010
b Check box to indicate whether the foundat		erating foundation o		4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	Tax year (a) 2011	(b) 2010	Prior 3 years (c) 2009	(d) 2008	(e) Total
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed.					
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		1 1645	<u> </u>	1 \$5 000	
Rate Supplementary Information assets at any time during the	(Complete this e vear — see in	structions.)	organization na	ia \$5,000 or moi	e in
Information Regarding Foundation Manage a List any managers of the foundation who had close of any tax year (but only if they have NONE	ers:	ore than 2% of the	total contributions r section 507(d)(2).)	eceived by the found	dation before the
b List any managers of the foundation who ca partnership or other entity) of which the NONE	wn 10% or more o foundation has a 1	f the stock of a corp 0% or greater intere	poration (or an equi est.	ally large portion of	the ownership of
2 Information Regarding Contribution, Gran Check here ☐ If the foundation only m requests for funds. If the foundation makes complete items 2a, b, c, and d. a The name, address, and telephone numbe	nakes contributions s gifts, grants, etc,	to preselected char (see instructions) to	ritable organizations o individuals or orga	anizations under oth	
	, F = 35 3 0	••			
SEE STATEMENT 6					
b The form in which applications should be s	ubmitted and infor	mation and material	ls they should inclu	de [.]	
SEE STATEMENT FOR LINE 2A					
c Any submission deadlines:					
SEE STATEMENT FOR LINE 2A				·	
d Any restrictions or limitations on awards, s	uch as by geograp	hical areas, charitat	ole fields, kinds of i	nstitutions, or other	factors:
SEE STATEMENT FOR LINE 2A					
BAA	TE	EA0310L 07/14/11		F	orm 990-PF (2011)

3 Grants and Contributions Paid During the Y	ear or Approved for Fut	ure Paymen	it	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	substantial contributor	recipient	0011110211011	
Name and address (home or business) a Paid during the year SEE STATEMENT 7	substantial contributor	recipient	CONTRIBUTION	
Total			► 3a	32,126.
b Approved for future payment Total				

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Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated	business income	Excluded by s	ection 512, 513, or 514	(e)
Program service revenue:	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	Related or exempt function income (See instructions)
a EXPENSE REFUND					2,567.
•			1		
	 				······································
	 		1		
	 		 		
	 		 		
g Fees and contracts from government agencies	† ·· · · · · · ·		†		
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	28,138.	
4 Dividends and interest from securities			† <u>-</u> †		
5 Net rental income or (loss) from real estate:					
- D. M. C		alaining Parking Andrew State (1920)		San Committee Co	ogliatifyris , Tairon is light it had 15 L L This atter
b Not debt-financed property			1		
6 Net rental income or (loss) from personal property			+ -		
7 Other investment income			1		
	 				
Gain or (loss) from sales of assets other than inventory Net income or (loss) from special events		· · · · · · · · · · · · · · · · · · ·	 		
			 		
10 Gross profit or (loss) from sales of inventory11 Other revenue.	22808.00				
	2.6				eller i State Lee et de la la company de
a GIFTS/BEQUESTS			 		
b	 				
C	 		 		
d	 		 		
12 Subtotal. Add columns (b), (d), and (e)				28,138.	2,567.
13 Total. Add line 12, columns (b), (d), and (e)			TO A REPORT AND	13	30,705.
(See worksheet in line 13 instructions to verify calculate		•			307.00.

Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See instructions.)
N/A	

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1 Dot the organization directly or indirectly engage in any of the following with any other organization described in section 50(c) of the Code (other than section 50(c)) of gorganizations or in section 527, a Transfers from the reporting foundation to a noncharitable exempt organization of: 1 (1) Cash. 2 (2) Other assets 5 (3) Each of satests to a noncharitable exempt organization. 1 (3) Rental of facilities, equipment, or other assets. 1 (4) Reimbursement arrangements. 2 (5) Lears of long ulgranizes 3 (6) Performance of services or membership or fundrasing solicitations 2 (6) Performance of services or membership or fundrasing solicitations 3 Rental of facilities, equipment, analing lists, other assets, or paid employees 4 (6) Performance of services or membership or fundrasing solicitations 4 (7) Each organization of the services organizes or the services organizes of the services organizes or the services organizes of the services organizes or the services organizes or the services organizes of the services organizes or the services organizes organizes or the services organizes organ	1 D	d the exactination divent	. or indirectly o	nance in one of the following is	ith any other erganiza	tion		TES NO
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(2) Other assets b Other transactions: (1) Sales of assets to a noncharitable exempt organization (2) Purchase of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets 10 (3) Rental of facilities, equipment, or other assets 10 (4) Rembursement arrangements. (5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations 10 (6) X 10 (7) X 10 (8) X 10 (9) X 10 (9) X 10 (10 X 10 (10 X 10 X 10 (10 X 10 X 10 (10 X 10 X 1		• .		a noncharitable exempt organi	zation of:			
22 Other assets b Other transactions: (1) Sales of assets to a noncharitable exempt organization			-	• •			1a (1)	X
b Other transactions: (1) Sales of assets from a noncharitable exempt organization. (2) Purchases of assets from a noncharitable exempt organization. (3) Rental of facilities, equipment, or other assets. (4) Reimbursement arrangements. (5) Loans or loan guarantees. (6) Performance of services or membership or fundrasing solicitations. (7) Sharing of facilities, equipment, mailing lists, other assets, or paid employees. (8) Performance of services or membership or fundrasing solicitations. (9) Exemption of facilities, equipment, mailing lists, other assets, or paid employees. (1) Loans or loan guarantees. (1) Log X (2) Loans or loan guarantees. (3) La you of the above is "Yes," complete the following schedule. Column (9) should always show the fair market value of the goods, other assets, other assets, or services given by the reporting foundation. If the foundation received less than fair market value of the goods, other assets, or services received. (4) Une no. (5) Amount involved (6) Manut involved (6) Manut involved (6) Name of noncharitable exempt organization (6) Description of transfers, transactions, and sharing arrangements (8) Name of organization (9) Name of organization (9) Type of organization (9) Description of relationship (9) Type of organization (9) Description of relationship (9) Type of organization (9) Type of organization (9) Description of relationship (9) Type of organization (9) Description of relations	•							
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C2 Purchases of assets from a noncharitable exempl organization 1b (g) X			ncharitable exe	mot organization				X
(3) Rental of facilities, equipment, or other assets	•	*						
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(c) Description of relationship N/A 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 taxpayer) is based on all information of which preparer has any knowledge Variable V	de	scribed in section 501(c)	of the Code (ot	her than section 501(c)(3)) or ii	n section 527?	• • • • • • • • • • • • • • • • • • • •	Yes	X 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 taxpayer) is based on all information of which preparer has any knowledge Value PRESIDENT	b lf '							
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 taxpayer) is based on all information of which preparer has any knowledge May the IRS discuss this return with the preparer shown below (see instructions)? It		(a) Name of organizat	tion	(b) Type of organization	1	(c) Description of rela	tionship	
Sign Here Signature of officer or trustee Print/Type preparer's name ROBERT F. TREMPER, CPA ROBERT F. TREMPER, L.L.P. Firm's name Firm's name Firm's address Pinds And TREMPER, L.L.P. Firm's address Pinds And TREMPER, L.L.P. Firm's address Phone no (541) 276-6862	N/A					- 		
Sign Here Signature of officer or trustee Print/Type preparer's name ROBERT F. TREMPER, CPA ROBERT F. TREMPER, CPA ROBERT F. TREMPER, L.L.P. Firm's name Firm's name Firm's address Dickey And Tremper, L.L.P. Firm's address Proper Signature of officer or trustee Print/Type preparer's name ROBERT F. TREMPER, CPA ROBERT F. TREMPER, CPA Firm's line Print/Type preparer's name ROBERT F. TREMPER, CPA Firm's line Print/Type preparer's name ROBERT F. TREMPER, CPA Firm's line Print/Type preparer's name ROBERT F. TREMPER, CPA Firm's line Print/Type preparer's name ROBERT F. TREMPER, CPA Firm's line Print/Type preparer's name ROBERT F. TREMPER, CPA Firm's line Print/Type preparer's name ROBERT F. TREMPER, CPA Firm's line Print/Type preparer's name ROBERT F. TREMPER, L.L.P. Firm's line Proper Signature of officer or trustee Print/Type preparer's name ROBERT F. TREMPER, CPA Firm's line Firm's line Proper Signature of officer or trustee Print/Type preparer's name ROBERT F. TREMPER, CPA Firm's line Firm's line Proper Signature of officer or trustee Print/Type preparer's name ROBERT F. TREMPER, CPA Firm's line Firm's line Proper Signature of officer or trustee Print/Type preparer's name ROBERT F. TREMPER, CPA Firm's line Print/Type preparer's name ROBERT F. TREMPER, CPA Firm's line Print/Type preparer's name ROBERT F. TREMPER, CPA Firm's line Print/Type preparer's name ROBERT F. TREMPER, CPA Firm's line Print/Type preparer's name ROBERT F. TREMPER, CPA Firm's line Print/Type preparer's name Print/Type preparer's name ROBERT F. TREMPER, CPA Firm's line Print/Type preparer's name ROBERT F. TREMPER, CPA Firm's line Print/Type preparer's name Print/Type preparer's name ROBERT F. TREMPER, CPA Firm's line Print/Type preparer's name Print/Type preparer's name ROBERT F. TREMPER, CPA Firm's line Print/Type preparer's name Print/Type preparer's name Print/Type preparer's name ROBERT F. TREMPER, CPA Firm's line Print/Type preparer's name Print/Type pre							<u> </u>	
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Here Signature of officer or trustee Date Title		Under penalties of perjury, I decla correct, and complete Declaration	re that I have examı ⊷qf preparer (other ti	ied this return, including accompanying si ian taxpayer) is based on all information	chedules and statements, and of which preparer has any kno	to the best of my knowledge wledge	and belief, it is	true,
Here Signature of officer or trustee Print/Type preparer's name ROBERT F. TREMPER, CPA ROBERT F. TREMPER, L.L.P. Firm's name Firm's address PINS Signature of officer or trustee Print/Type preparer's name ROBERT F. TREMPER, CPA ROBERT F. TREMPER, CPA Pins Signature of officer or trustee Print/Type preparer's name ROBERT F. TREMPER, CPA Policy AND TREMPER, L.L.P. Firm's elin ▶ 20-0350998 Phone no (541) 276-6862	Sian	18)				May the IRS	discuss
Signature of officer or trustee Print/Type preparer's name ROBERT F. TREMPER, CPA ROBERT F. TREMPER, L.L.P. Firm's name Firm's address PIOCKEY AND TREMPER, L.L.P. Firm's address PIN Self-employed Firm's ell ≥ 20-0350998 Phone no (541) 276-6862	1	X3 12 12 PRESIDENT					preparer sho	own below
Print/Type preparer's name ROBERT F. TREMPER, CPA ROBERT F. TREMPER, CPA ROBERT F. TREMPER, CPA Firm's name DICKEY AND TREMPER, L.L.P. Firm's address Tim's address Firm's address Phone no (541) 276-6862		Signature of officer or trustee		Date				
Preparer Use Only ROBERT F. TREMPER, CPA ROBERT F. TREMPER, CPA 911			ıme	Prepared Ssignature no all	Date , /	Check X if		
Preparer Use Only Firm's name ► DICKEY AND TREMPER, L.L.P. Firm's EIN ► 20-0350998 110 S.E. FIRST ST PENDLETON, OR 97801 Phone no (541) 276-6862	Daid	ROBERT F TREM	PER. CPA	ROBERT F TREMPER	CPA 3/4/10-	· —	P01424257)
Use Only Firm's address • 110 S.E. FIRST ST PENDLETON, OR 97801 Phone no (541) 276-6862	_							
PENDLETON, OR 97801 Phone no (541) 276-6862	-	Teparer						
	OSE OI	· · · · · · · · · · · · · · · · · · ·				Phone no (541)	276~6862	
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2011	PAGE 1				
CLIENT 22120	LIENT 22120 PENDLETON COMMUNITY MEMORIAL HEALTH CORP				
3/05/12 STATEMENT 1 FORM 990-PF, PA OTHER INCOME		01:46PM			
EXPENSE REFUND	(A) (B) NET REVENUE INVESTMENT PER BOOKS INCOME \$ 2,567. TOTAL \$ 2,567.\$ 0	(C) ADJUSTED NET INCOME			
STATEMENT 2 FORM 990-PF, PA ACCOUNTING FE	RT I, LINE 16B ES				
DICKEY AND TRE	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME MPER LLP \$ 875. TOTAL \$ 875. \$ 0. \$ 0.	(D) CHARITABLE PURPOSES \$ 875. \$ 875.			
STATEMENT 3 FORM 990-PF, PA TAXES	RT I, LINE 18				
EXCISE TAXES	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME TOTAL \$ 730. \$ 0. \$ 0	\$ 730.			
STATEMENT 4 FORM 990-PF, PA OTHER EXPENSE	RT I, LINE 23 S				
INSURANCE MISCELLANEOUS POSTAGE SUPPLIES	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME \$ 1,150. 21. 140. 49. TOTAL \$ 1,360. \$ 0. \$ 0				

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FEDERAL STATEMENTS

PAGE 2

CLIENT 22120

PENDLETON COMMUNITY MEMORIAL HEALTH CORP

93-0477693

3/05/12

01:46PM

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	EXPENSE ACCOUNT/ OTHER
DAN CENIGA PO BOX 786 PENDLETON, OR 97801	PRESIDENT 0	\$ 3,600.	\$ 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.
FRANK SZUMSKI 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	\$ 3,600.	\$ 0.	\$ 0.

2011

FEDERAL STATEMENTS

PAGE 3

CLIENT 22120

PENDLETON COMMUNITY MEMORIAL HEALTH CORP

93-0477693

3/05/12

01:46PM

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

NAME OF GRANT PROGRAM:

NAME:

DAN CENIGA

CARE OF:

STREET ADDRESS:

CITY, STATE, ZIP CODE: TELEPHONE:

PO BOX 786 PENDLETON, OR 97801 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	\$	700.
BLUE MOUNTAIN COMMUNITY COLLEGE DISTRICT PENDLETON, OR 97801	NONE		MEDICAL SCHOLARSHIP		13,102.
IDAHO STATE UNIVERSITY POCATELLO, ID	NONE		MEDICAL SCHOLARSHIPS		4,000.
OREGON HEALTH AND SCIENCE UNIVERSITY 3181 SW SAM JACKSON PARK ROAD PORTLAND, OR	NONE		MEDICAL SCHOLARSHIPS		2,034.
EASTERN OREGON ALCOHOL FOUNDATION LA GRANDE, OR	NONE		MEDICAL GRANT		6,000.
HARRIS JUNIOR ACADEMY PENDLETON, OR 97801	NONE				2,790.
WALLA WALLA COMMUNITY COLLEGE WALLA WALLA, WA 99362	NONE				2,000.
LINN BENTON COMMUNITY COLLEGE ALBANY, OR 97321	NONE				1,500.
			TOT	AL \$	32,126.

2011

FEDERAL SUPPLEMENTAL INFORMATION

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CLIENT 22120

PENDLETON COMMUNITY MEMORIAL HEALTH CORP

93-0477693

3/05/12

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COLLECTION OF BAD DEBTS, WRITTEN-OFF BY THE "PENDLETON COMMUNITY HOSPITAL", A NON-PROFIT ORGANIZATION, WERE VALUED AT "ZERO", WHEN THE ASSETS WERE TRANSFERRED TO THE TAXPAYER (PENDLETON COMMUNITY MEMORIAL HEALTH CORPORATION), THE "SUCCESSOR" PRIVATE FOUNDATION AND ARE DEEMED TO BE CORPUS FOR BOOK PURPOSES.

AS THE SUCCESSOR TO THE TAX ATTRIBUTES OF THE "NON-PROFIT HOSPITAL CORPORATION", THE TAXPAYER IS ALLOWED, FOR INCOME TAX PURPOSES, TO EXCLUDE FROM INCOME AN AMOUNT EQUAL TO THE DEDUCTION IN PRIOR YEARS THAT DID NOT REDUCE TAXABLE INCOME. SEE INTERNAL REVENUE CODE SECTION 111.