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Form 990-PF

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

OMB No 1545-0052 **2012**

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	lendar year 2012, or tax year beginning	, 2012,	, and ending	1	
	DLETON COMMUNITY MEMORIAL HEA	LTH CORP	A	Employer Identification num 93-0477693 Telephone number (see the	
	DLETON, OR 97801		ا ا	(541) 276-318	
			С	If exemption application is	pending, check here
G Ch	eck all that apply. Initial return	Initial return of a form	ner public charity D	1 Foreign organizations, chec	ck here ►
	Final return Address change	Amended return Name change		2 Foreign organizations meet	ing the 85% test, check
H	Check type of organization: X Section 501	(c)(3) exempt private for		here and attach computation	on ►∐
	Section 4947(a)(1) nonexempt charitable to	rust Other taxable productions of the counting method:		If private foundation status under section 507(b)(1)(A)	
		Other (specify)	F Accidal	If the foundation is in a 60-	
► \$		column (d) must be on		under section 507(b)(1)(B)	
[SOU	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not neces- sarily equal the amounts in column (a) (see instructions))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1 Contributions, gifts, grants, etc, received (att sch) 2 Ck X if the foundn is not req to att Sch B				
	3 Interest on savings and temporary cash investments	28,384.	28,384.		
	4 Dividends and interest from securities 5 a Gross rents VETO				Á
	or (Ost)				
R E	6 a Net gain/(loss) from sale of assets not on line 10 b Gross sales price for all)				
R E V E N	assets on line 6a). O Capital bain het income (from Part IV, line 2).				
Ų	8 Het short-term capital glain 9 Thome mouthwations	***			
E	10 a Gross sales (SS)				
20	dilowances b Less-Cost of goods sold .				
SCANNED	c Gross profit/(loss) (att sch).				
Ź	11 Other income (attach schedule) . SEE STATEMENT 1	1,167.			42
氲	12 Total. Add lines 1 through 11 .	29,551.	28,384.	28,384.	
) 	13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages	3,600.			3,600.
APR	15 Pension plans, employee benefits				
C A	16a Legal fees (attach schedule) b Accounting fees (attach sch) SEE ST 2	925.			925.
4 N	c Other prof fees (attach sch)	720.			730.
	17 Interest 18 Taxes (attach schedule)(see instrs) SEE STM 3	672.			672.
POHERAT-NG	19 Depreciation (attach sch) and depletion	012.			072.
N V G E	20 Occupancy	311.			311.
A E N X D P	22 Printing and publications	311.			J11.
A E X P E N S	23 Other expenses (attach schedule) SEE STATEMENT 4	1,288.			1,288.
S E S	24 Total operating and administrative expenses. Add lines 13 through 23	6,796.			6,796.
	25 Contributions, gifts, grants paid PART XV	41,293.			41,293.
	26 Total expenses and disbursements. Add lines 24 and 25.	48,089.	0.	0.	48,089.
	27 Subtract line 26 from line 12: a Excess of revenue over expenses	the state of the s			0
	and disbursements	-18,538.			
	D Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-)		28,384.	28,384.	
BAA F	or Paperwork Reduction Act Notice, see inst	tructions.	TEE	A0504L 12/23/12	Form 990-PF (2012)

Form	990-	PF (2012) PENDLETON COMMUNITY MEMORIAL HEAL	TH CORP	93-047	
Attached schedules and amounts in the description		Beginning of year	End o	•	
(See Instructions)			(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash – non-interest-bearing			
	2	Savings and temporary cash investments	735,407.	588,133.	588,133.
	3	Accounts receivable			, v
	Ì	Less: allowance for doubtful accounts			
	4	Pledges receivable			
		Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions).			
	7	Other notes and loans receivable (attach sch)			
Ą		Less: allowance for doubtful accounts ▶			
š	8	Inventories for sale or use			<u> </u>
A S S E T	9	Prepaid expenses and deferred charges .			
Ś		Investments – U.S. and state government obligations (attach schedule)			
	l t	Investments — corporate stock (attach schedule) STATEMENT 5.		128,736.	131,284.
	0	: Investments — corporate bonds (attach schedule)			
	11	Investments — land, buildings, and equipment: basis			
		Less: accumulated depreciation (attach schedule) .			
	12	Investments – mortgage loans			
	13	Investments — other (attach schedule)			
	14	Land, buildings, and equipment basis ►			
		Less: accumulated depreciation (attach schedule)			
		Other assets (describe			
	16	Total assets (to be completed by all filers – see the instructions. Also, see page 1, item l)	735,407.	716,869.	719,417.
$\overline{\mathbf{L}}$	17	Accounts payable and accrued expenses .	755, 407.	,10,005.	
Ī	18	Grants payable			
B	19	Deferred revenue .			
Ţ	20	Loans from officers, directors, trustees, & other disqualified persons.			
ī	21	Mortgages and other notes payable (attach schedule)			**
Ţ	22	Other liabilities (describe ►)			
Ė		 -			
<u> </u>	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here X and complete lines 24 through 26 and lines 30 and 31.			
NE	24	Unrestricted	735,407.	716,869.	
EUTN	25	Temporarily restricted.			
D	26	Permanently restricted			9.
A B A L A S		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			
E L T A S N	27	Capital stock, trust principal, or current funds			
SÑ	28	Paid-in or capital surplus, or land, building, and equipment fund.			
O E	29	Retained earnings, accumulated income, endowment, or other funds			
RS	30	Total net assets or fund balances (see instructions)	735,407.	716,869.	
	31	Total liabilities and net assets/fund balances (see instructions)	735,407.	716,869.	
Pa	till)	Analysis of Changes in Net Assets or Fund Balance	es		
1	Total end-	net assets or fund balances at beginning of year — Part II, colu of-year figure reported on prior year's return)	mn (a), line 30 (must ag	ree with	735,407.
2		r amount from Part I, line 27a		. 2	-18,538.
3		increases not included in line 2 (itemize)		3	
4		lines 1, 2, and 3.		4	716,869.
5		ases not included in line 2 (itemize)		5	
6		net assets or fund balances at end of year (line 4 minus line 5)	- Part II, column (b), lii	ne 30 6	716,869.

(a) List and describ 2-story brick warehou	(b) How acquire P — Purchase D — Donation	d (C) Date acquired (month, day, year)	(d) Date sold (month, day, year)		
1a N/A					
Ь					
C					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other bar plus expense of sa	sis le	(h) Gain or (e) plus (f) n	
8					
b					-
С					
d					
<u>e</u>					
	ving gain in column (h) and owned			(1) Gains (Col	
(n) 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		gain minús column (l than -0-) or Losses (fi	
a				· · · · · · · · · · · · · · · · · · ·	
b					
C					
d					
<u>e</u>	<u> </u>				
2 Capital gain net income or (ne	et capital loss). — If gain, also If (loss), en	enter in Part I, line 7 liter -0- in Part I, line 7	2	!	
3 Net short-term capital gain or	(loss) as defined in sections 1222(5	5) and (6):			
If gain, also enter in Part I, lin in Part I, line 8	e 8, column (c) (see instructions). i	f (loss), enter -0-	3		
Para Qualification Under	Section 4940(e) for Reduced	Tax on Net Investme	nt Income		
If 'Yes,' the foundation does not qua	this part blank. ction 4942 tax on the distributable a alify under section 4940(e) Do not one continue to the column for each year; see	complete this part.	N/A	X Yes	No
(a)	(b)			(d)	
Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	(c) Net value of noncharitable-use ass	sets (co	Distrib <mark>uti</mark> on Dlumn (b) divided	
2011					
2010				_ , , , ,	·
2009					
2008					
2007					
2 Total of line 1, column (d)	·		2		
3 Average distribution ratio for t number of years the foundatio	he 5-year base period— divide the to n has been in existence if less than	otal on line 2 by 5, or by the	3		
4 Enter the net value of noncha	ritable-use assets for 2012 from Par	t X. line 5	4		
		•			
5 Multiply line 4 by line 3	·		5		
6 Enter 1% of net investment in	come (1% of Part I, line 27b)		6		
7 Add lines 5 and 6 .			7		
8 Enter qualifying distributions for	rom Part XII, line 4		8		
If line 8 is equal to or greater Part VI instructions	than line 7, check the box in Part V	I, line 1b, and complete tha	t part using	a 1% tax rate. See	e the

Por	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instru	ıctions)		
1 a	Exempt operating foundations described in section 4940(d)(2), check here and enter 'N/A' on line 1.					
	Date of ruling or determination letter: (attach copy of letter if necessary — see instrs)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V,	1			<u>5</u>	68.
	check here . ► and enter 1% of Part I, line 27b					
С	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-).	2	ı			0.
3	Add lines 1 and 2.	3			5	68.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4				0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5			5	68.
6	Credits/Payments:	- 32	N 18	Š.		
а	2012 estimated tax pmts and 2011 overpayment credited to 2012.					
	Exempt foreign organizations — tax withheld at source 6b	770 Z	en e		4 2	10 /80
_	Tax paid with application for extension of time to file (Form 8868) 6 c			100 CEA	رو هي	
	Backup withholding erroneously withheld 6 d	23	建 意			,
7	Total credits and payments. Add lines 6a through 6d	7			6	00.
8	Enter any penalty for underpayment of estimated tax. Check here	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				32.
11	Enter the amount of line 10 to be: Credited to 2013 estimated tax	11				0.
	V. A. Statements Regarding Activities					
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		ř	1	Yes	No
	participate or intervene in any political campaign?		F	1 a		X
Ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?			1 b		Х
	If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities		# 6 A C . 1			
С	Did the foundation file Form 1120-POL for this year?		Ĺ	1 c		Х
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year					
	(1) On the foundation		0.			9 :
е	foundation managers > \$ 0.			. ii		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		14	2		Х
_	If 'Yes,' attach a detailed description of the activities		1			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles		No.			
	of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes		}	3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year? .		-	4 a		X
	If 'Yes,' has it filed a tax return on Form 990-T for this year?	•	-	4 b	_ 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.		į			
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?		<u> </u>	6	Χ	
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	Х	
8 a	Enter the states to which the foundation reports or with which it is registered (see instructions) .		_			
	OR		_			
ь	If 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.			8 b	Х	434
Δ		4942	(1)(5) E	40		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If 'Yes,' complete	Part	YXXV [9	\dashv	Х
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses	<u>-</u>		10		X
BAA			For	m 990 -	PF (2	.012)

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 2012).

4 a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

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 2012?......

3b N/A
4a X
4b X

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Form 990-PF (2012) PENDLETON COMMUNIT	<u> TY MEMORIAL HEA</u>	LTH CORP	93	3-04776	93 Page 6
Page V Statements Regarding Activity		4720 May Be Req	uired (continu	ed)	
5 a During the year did the foundation pay or incu	-		_	[::]	
(1) Carry on propaganda, or otherwise attempt	-		· · · L Yes	s X No	
(2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra	lic election (see section ation drive?	4955); or to carry	Tyes	s X No	
(3) Provide a grant to an individual for travel,			Yes	H	
(4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section	han a charitable, etc. or	ganization described			\$0.1600 \$1.000 \$
Provide for any purpose other than religio educational purposes, or for the prevention				S X 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 on a current notice regard	qualify under the excep ding disaster assistance	tions	_	5b N/A
Organizations relying on a current notice rega	irding disaster assistand	ce check here		▶ ∐	
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon	sibility for the grant?		N/A Yes	s 🗌 No	
If 'Yes,' attach the statement required by Reg					C-55
6 a Did the foundation, during the year, receive at on a personal benefit contract?b Did the foundation, during the year, pay prem			∐Yes	S X No	6b X
If 'Yes' to 6b, file Form 8870.	a cody or manec	, polociidi bollo			
7a At any time during the tax year, was the found	dation a party to a proh	ibited tax shelter transa	iction? Yes	No X	
b If 'Yes,' did the foundation receive any proceed				. N/A	
Part Information About Officers, D	irectors, Trustees,	Foundation Manag	gers, Highly P	aid Emp	loyees,
and Contractors					
1 List all officers, directors, trustees, foundation	T			1 (2)	
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contribution employee be plans and def compensation	nefit erred	Expense account, other allowances
SEE STATEMENT 6					
		3,600.		0.	0.
2 Compensation of five highest-paid employees (o	ther than those included	on line 1 — see instruction	ns) If none enter'	NONE '	
(a) Name and address of each employee	(b) Title, and average	(c) Compensation	(d)Contribution		Expense account,
paid more than \$50,000	hours per week devoted to position	(e) componed to	employee ber plans and defe compensatio	nefit ` refit	other allowances
NONE					
		:			
					-
Total number of other employees paid over \$50,000)		<u></u> .	<u>. ► </u>	0 (2012)

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
NE	
all number of others receiving over \$50,000 for professional services.	<u> </u>
ALIXA Summary of Direct Charitable Activities	
the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of	Expenses
nizations and other beneficiaries served, conferences convened, research papers produced, etc.	· .
<u>N/A</u>	
	1
Summary of Program-Related Investments (see instructions)	
scribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
N/A	
other program-related investments. See instructions	
al. Add lines 1 through 3	•
• · · · · · · · · · · · · · · · · · · ·	Form 990-PF (201)

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Form 990-PF (2012) PENDLETON COMMUNITY MEMORIAL HEALTH CORP

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Form 990-PF (2012) PENDLETON COMMUNITY MEMORIAL HEALTH CORP 93-0477693 F
Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

		الأحنادا	
	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes: Average monthly fair market value of securities	1 a	64,368.
	Average of monthly cash balances	1ь	661,770.
	Fair market value of all other assets (see instructions)	1 c	
	d Total (add lines 1a, b, and c)	1 d	726,138.
	Reduction claimed for blockage or other factors reported on lines 1a and 1c	51:	
	(attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d .	3	726,138.
_	Cook doorsed held for aboutable columbia. Enter 1 1/29/ of line 2		
4	Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	10,892.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	715,246.
6		6	35,762.
20	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private opera	ting f	
	and certain foreign organizations check here ▶ ☐ and do not complete this part.)	J	
1	Minimum investment return from Part X, line 6	1	35,762.
2	a Tax on investment income for 2012 from Part VI, line 5 . 2a 568.	č.	
1	Income tax for 2012. (This does not include the tax from Part VI.)		
	Add lines 2a and 2b	2 c	568.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	35,194.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	35,194.
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	35,194.
	VIII Qualifying Distributions (con unstructions)		,
ر ځ س	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes	147	
·	Expenses, contributions, gifts, etc – total from Part I, column (d), line 26.	1 a	48,089.
(Program-related investments — total from Part IX-B	1 b	
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)	3 a	
1	Cash distribution test (attach the required schedule)	3 b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	48,089.
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	48,089.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the four qualifies for the section 4940(e) reduction of tax in those years.	ndation	

Form **990-PF** (2012)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
Distributable amount for 2012 from Part X line 7				35,194.
2 Undistributed income, if any, as of the end of 2012:		Print Control		
a Enter amount for 2011 only			15,551.	
b Total for prior years: 20, 20, 20	į	0.		્ર કું ચું . જે
3 Excess distributions carryover, if any, to 2012:				
a From 2007				
b From 2008				
c From 2009				
d From 2010				
e From 2011				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2012 from Part				
XII, line 4. ► \$ 48,089.				
a Applied to 2011, but not more than line 2a			15,551.	
b Applied to undistributed income of prior ye (Election required — see instructions)	ears	0.		
c Treated as distributions out of corpus (Election required — see instructions)	0.			
d Applied to 2012 distributable amount				32,538.
e Remaining amount distributed out of corpu	ıs 0.			
5 Excess distributions carryover applied to 2012	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a	a).)			
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0.			
b Prior years' undistributed income. Subtrac 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.	mandan, in the fill his amount while not she manage	
e Undistributed income for 2011. Subtract line 4a from line 2a. Taxable amount — see instructions			0.	
f Undistributed income for 2012. Subtract lir 4d and 5 from line 1 This amount must be distributed in 2013.				2,656.
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 2007 r applied on line 5 or line 7 (see instructions	not 0.			
9 Excess distributions carryover to 2013. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9	Francis Englished			2 4 2 Lar 1
a Excess from 2008	The state of the s	ALIANIE PARA		2-22-19
b Excess from 2009		5, 5 =	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
c Excess from 2010		A STATE OF THE STA	- continue and him a continue of the	
d Excess from 2011	engine and a comment			
e Excess from 2012 .	The second secon	Alle Marie Tone		
BAA				Form 990-PF (2012)

Private Operating Foundation	ations (see inst	ructions and Pai	rt VII-A, question		N/A
1 a If the foundation has received a ruling or de is effective for 2012, enter the date of the	termination letter thate ruling	t it is a private opera	ting foundation, and the	ne ruling ▶	
b Check box to indicate whether the found	ation is a private or	perating foundation	described in section	4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum investment return from Part X for each year listed	(a) 2012	(b) 2011	(c) 2010	(d) 2009	(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					
e 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			
(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 Supplementary Information]		
Information Regarding Foundation Mana a List any managers of the foundation who had close of any tax year (but only if they have NONE	ve contributed more t	than 2% of the total of than \$5,000). (See	contributions received e section 507(d)(2).)	by the foundation bef	ore the
b List any managers of the foundation who ow a partnership or other entity) of which the NONE	n 10% or more of the e foundation has a	e stock of a corporation 10% or greater inter	on (or an equally large rest.	portion of the owner	ship of
2 Information Regarding Contribution, Gracheck here ☐ If the foundation only make requests for funds. If the foundation make complete items 2a, b, c, and d. a The name, address, and telephone number of the contribution of the contribution of the contribution.	nakes contributions to es gifts, grants, etc	preselected charitab (see instructions) t	ole organizations and o o individuals or orga	nizations under othe	
CEE CTATEMENT 7					
SEE STATEMENT 7 b The form in which applications should be	submitted and info	rmation and materi	als they should inclu	de.	
•	Sabinitied alla fillo	manon and materia	ais triey should filliu	uc	
SEE STATEMENT FOR LINE 2A		<u></u>			
c Any submission deadlines.					
SEE STATEMENT FOR LINE 2A d Any restrictions or limitations on awards,	such as by geogra	phical areas, charita	able fields, kinds of i	nstitutions, or other	factors
	, 55			2, 3. 4	-
SEE STATEMENT FOR LINE 2A		EEA02101 10/02/10	 		orm 990-PF (2012
AA	π	EEA0310L 12/23/12		r	UIIII 33U-FF (2012

TEEA0310L 12/23/12

Form 990-PF (2012)

Form 990-PF (2012) PENDLETON COMMUNITY MEMORIAL HEALTH CORP 93-0477693 Page 11 Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient show any relationship to any Purpose of grant or Amount status of foundation manager or contribution recipient Name and address (home or business) substantial contributor a Paid during the year BLUE MOUNTAIN COMMUNITY COLLEGE NONE MEDICAL SCHOLARSHIP 26,620. DISTRICT PENDLETON, OR 97801 2,000. NONE MEDICAL SCHOLARSHIPS IDAHO STATE UNIVERSITY POCATELLO, ID MEDICAL SCHOLARSHIPS 7,067. OREGON HEALTH AND SCIENCE NONE UNIVERSITY 3181 SW SAM JACKSON PARK ROAD PORTLAND, OR NONE 2,000. WALLA WALLA COMMUNITY COLLEGE WALLA WALLA, WA 99362 3,606. PIONEER RELIEF NURSERY NONE 715 SE COURT AVE PENDLETON, OR 97801 3 a Total . . . 41,293. **b** Approved for future payment

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Total

Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income	Excluded	d by section 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					1,167.	
b	1	<u> </u>				
C		·				
d						
f	 				, .	
g Fees and contracts from government agencies						
2 Membership dues and assessments						
3 Interest on savings and temporary cash investments			14	28,384.	-	
Dividends and interest from securities						
5 Net rental income or (loss) from real estate		ELECTRIC PLANTS		文型的类型。对例	THE PERSON NAMED IN	
a Debt-financed property					20070	
b Not debt-financed property						
6 Net rental income or (loss) from personal property						
7 Other investment income						
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:	AND UNION		22			
a GIFTS/BEQUESTS						
b						
<u> </u>						
d						
•						
12 Subtotal. Add columns (b), (d), and (e)				28,384.	1,167.	
13 Total. Add line 12, columns (b), (d), and (e)			Tarman same arms.	13	29,551.	
(See worksheet in line 13 instructions to verify calcula	itions.)					

Relationship of Activities to the Accomplishment of Exempt Purposes

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.)

Form 950-PF (2012) PENDLETON COMMUNITY MEMORIAL HEALTH CORP 93-0477693 Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

de	escribed in	nızation dırectly section 501(c) olitical organiza	of the Code (of	ngage in any o ther than sectio	of the followin on 501(c)(3) o	g with any o organization:	other organizations) or in section !	n 527,		Yes	No
a Tr	ansfers fro	m the reporting	foundation to	a noncharitable	e exempt org	anızatıon of	:				
(I)	Cash								1a	(1)	Х
(2)	Other as	sets							1a	(2)	X
• •	ther transa										
-		assets to a nor	ncharitable exe	mnt organizatio	on				1 b	(1)	X
	•	es of assets from							1b	`	X
	•	f facilities, equi			garnzation				1b	``	X
*	•		•	1 235613					1b		X
• •	•	sement arrange			••		•			`	
• •	•	r Ioan guarantee				_			1b	``	X
• • •	•	ance of services		•	=				1b	(6)	X
c St	naring of fa	acilities, equipm	nent, mailing lis	its, other asset	s, or paid em	pioyees	•		1c	l	X
d If the an	the answer e goods, oth ny transact	r to any of the a her assets, or se ion or sharing a	above is 'Yes,' ervices given by tarrangement, sl	complete the fo the reporting fou how in column	ollowing sche indation. If the (d) the value	dule. Colum foundation i of the good	nn (b) should alw received less than s, other assets,	vays show the fair market or services	ne fair market value in received.	value of	
(a) Line	no. (b)	Amount involved	(c) Name o	of noncharitable exe	empt organization	(d) Description of tran	sfers, transacti	ons, and sharing a	arrangemen	ts
N/A											
	_ _										
									-		
				·							
			†								
			 								
			+								
			· · · · · · · · · · · · · · · · · · ·								
			<u> </u>								
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de	escribed in	tion directly or in section 501(c) iplete the follow	of the Code (of	d with, or related ther than section	to, one or moon 501(c)(3))	ore tax-exem or in section	pt organizations n 527?.			Yes X	No
	(a) Nar	me of organizat	ion	(b) Typ	e of organiza	ation	(c) Description	n of relationsh	ıp	
N/A											
	Under penalti	es of perjury, I decla	re that I have exam	ined this return, incl than taxpayer) is ba	uding accompany sed on all informa	ing schedules a	nd statements, and to reparer has any know	the best of my ledge	knowledge and bel	ief, it is true	,
Sign Here		Da () with	S. Ren		W 2/22		PRESIDENT		this i	the IRS discreturn with the arer shown I	he below
1	Signature o	of officer or trustee	1		Date	· i	itle		(366	X Yes	No No
	Pru	nt/Type preparer's na	ıme	Purayer	s signature	IN IPA	Date	Check	X of PTIN		
Paid	ROI	BERT F. TREM	PER CPA	ROBERT	F. TREMPE	R. CPA	2/21/13	self-emplo	_ ,	24257	
			DICKEY AND T		-	, 0113			20-0350998		
Prepai		_	110 S.E. FIR						20 000000		
Use O	niy ran		PENDLETON, O					Phone no	(541) 276-	6862	
	1		DADELOR, O					i none no		990-PF (2	2012)
BAA									roim	330-FF (2	2012)

2012	FEDERAL STATEMENTS		
CLIENT 22120 PENDL	ETON COMMUNITY MEMORIAL HEALTH CORP	93-047769	
2/19/13		08:55A	
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	TOTAL \$ 1,167. \$ 1,167.\$ 0.\$	0.	
STATEMENT 2 FORM 990-PF, PART I, LINE 16B ACCOUNTING FEES			
DICKEY AND TREMPER LLP	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME \$ 925. TOTAL \$ 925. \$ 0. \$ 0.	(D) CHARITABLE PURPOSES \$ 925. \$ 925.	
STATEMENT 3 FORM 990-PF, PART I, LINE 18 TAXES			
EXCISE TAXES	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED NET INCOME \$ 672. TOTAL \$ 672. \$ 0. \$ 0.	(D) CHARITABLE PURPOSES \$ 672. \$ 672.	
STATEMENT 4 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES			
INSURANCE MISCELLANEOUS POSTAGE SUPPLIES	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED NET INCOME \$ 1,150. 21. 96. 21. 1000 \$ 0. TOTAL \$ 1,288. \$ 0. \$ 0.	(D) CHARITABLE PURPOSES \$ 1,150. 21. 96. 21. \$ 1,288.	

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STATEMENT 5 FORM 990-PF, PART II, LINE 10B INVESTMENTS - CORPORATE STOCKS

CORPORATE STOCKS	VALUATION METHOD	BOOK VALUE	FAIR MARKETVALUE
AMERICAN WATER WORKS CONOCO PHILLIPS EMERSON ELECTRIC COMPANY JOHNSON AND JOHNSON KELLOGG CO NORTHEAST UTILITIES REALTY INCOME CORP HEALTH CARE REIT INC MCDONALDS CORP NORFOLK SOUTHERN CORP	COST \$ COST COST COST COST COST COST COST COST		
PFIZER INC UNITED TECHNOLOGIES CORP WESTAR ENERGY INC	COST COST COST TOTAL	9,835. 9,754. 9,831. 3 128,736.	9,681. 10,333. 9,473. \$ 131,284.

STATEMENT 6 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		•	ACCOUNT/
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.

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STATEMENT 6 (CONTINUED) 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		CONTRI- BUTION TO EBP & DC	
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.	<u>\$ 0.</u>	<u>\$ 0.</u>

STATEMENT 7 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:

PO BOX 786 PENDLETON, OR 97801

TELEPHONE:

541-276-3182

E-MAIL ADDRESS:

FORM AND CONTENT:

APPLICATIONS AVAILABLE UPON REQUEST.

SUBMISSION DEADLINES: RESTRICTIONS ON AWARDS: 2012

FEDERAL SUPPLEMENTAL INFORMATION

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FORM 990 PF, PAGE 2, PART III LINE 3-OTHER INCREASES

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.