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Form 990-PF

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

OMB No 1545-0052 2014

Department of the Treasury Internal Revenue Service

► Do not enter social security numbers on this form as it may be made public. ► Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Open to Public Inspection

<u>Fc</u>	<u>r cale</u>	endar year 2014, or ta	ax year beginning	, 2014,	and ending		
_		PRON COMMINTS	W MEMODIAI IIE	AT THE CODD	A	Employer identification nun	nber
		LETON COMMONIT	TY MEMORIAL HE	ALIH CORP	В	93-0477693 Telephone number (see insti	ructions)
		LETON, OR 9780	01			(541) 276-318	
		•			c	If exemption application is	nending check here
_	<u> </u>	al. all Hart and I [7 factoral materials			ii exemption approation is	ponding, encor nord
G	Cne	ck all that apply:	Initial return Final return	Initial return of a form	ner public charity D	1 Foreign organizations, chec	k here
		i i	Address change	Name change	ļ	2 Foreign organizations meet	
Ħ	Che	ck type of organization)1(c)(3) exempt private f	oundation	here and attach computation	n ► 📗
••	Γ		nonexempt charitable		private foundation E	If private foundation status	
T		market value of all assets a		counting method: X C	ash Accrual	under section 507(b)(1)(A)	, check here
		n Part II, column (c), line 16	·	Other (specify)	F	If the foundation is in a 60	
(25)	► \$			l, column (d) must be or	n cash basis.)	under section 507(b)(1)(B)	, check here
	antı	Analysis of Re Expenses (The		(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable
		columns (b), (c), a	and (d) may not neces	expenses per books	income	income	purposes
		sarily equal the an (see instructions).	nounts in column (a)				(cash basis only)
			s, etc, received (attach schedule).			The state of the second state of	Came The First
2015		2 Ck ► X if the four	ndn is not required to attach Sch B			The state of the s	
25		3 Interest on savings and te	emporary cash investments	5,127.	5,127.	5,127.	
୧୨		4 Dividends and interest from	•	12.142.	12,142.	12,142.	The same of the sa
 4		5 a Gross rents .		12/112.	12/113.	22/2123	B. Will Land Land
		b Net rental income or (loss)		FET TO an and State of the sale	Carried Late Colors	Attion of the same	
==	R	6 a Net gain or (loss) from sa b Gross sales price for		1,388.		A CONTRACTOR OF THE PROPERTY O	The state of the s
\Box	V	assets on line 6a	108,772	The same of the sa	1,388.	behave been to an in additionation but better from a	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
SCANNED	E V E N U	/ Capital gain net inco 8 Net short-term capital	ome (from Part IV, line 2) . al gain	The state of the s		5.	
	ΰ	9 Income modification	•	A TE A TE A	Control of the Automotive States of the Control	3.	the state of the s
Ö	E	10 a Gross sales less returns and		图 2 是 表 图	100	The second of th	
Ø		allowances		The Films Stirt Files St. 18	The same of the sa		S. W. Martin and and the state of the state
		goods sold . C Gross profit or (loss) (atta	and and day	The second state it is	1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		The state of the s
		11 Other income (attack			- 11/2 - 1/2 - 2-2 - 1/2 - 2-2		Electric and the second
			SEE STATEMENT	1,313.			
		12 Total. Add lines 1		19,970.	18,657.	17,274.	The second second to the second
		1	ficers, directors, trustees, etc.	3,600.			3,600.
		14 Other employee sal 15 Pension plans, emp	<u> </u>			 	
		1	chedule)				<u> </u>
	A		tach sch) SEE.ST 2		T	<u> </u>	945.
	M I	C Other prof fees (att	AMM AM (100	1,754.
(N	17 Interest				100 1 0 2015 10	
Ė	STR	1 .	see instrs)SEE .STM4	552.	22	FLU VA POLO	552.
(F	Ā	19 Depreciation (attach sch) and depletion	1 				
į.	ı í	20 Occupancy			7	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1
(È	21 Travel, conferences	-	332.	L		332.
, !	X	22 Printing and publica 23 Other expenses (att				<u> </u>	<u> </u>
	EXPENSES	1 = -	SEE STATEMENT	1,610.			1,610.
	N S	24 Total operating and			-		
	E S	expenses. Add lines	s 13 through 23	8,793.	g q		8,793.
		25 Contributions, gifts, grant	•	12,668.	وسرا الكواد والمراد المراجع الم		12,668.
		26 Total expenses and Add lines 24 and 25		21,461.	0	. 0.	21,461.
_	-	27 Subtract line 26 from		5.75	715.4	77. 13	1
		a Excess of revenue and disbursements		-1,491.			F
		l _	ome (if negative, enter -0-)	-1,491.	18,657	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		l .	ne (if negative, enter -0-)	Constitution to a constitution of		17,274.	

Par		Balance Sheets	column should be for end-of-year amounts only (See instructions)	Beginning or year	(h) Deal Maha	<u> </u>
				(a) Book Value	(b) Book Value	(c) Fair Market Value
			bearing	462.550	454 500	454 F00
	2	•	ary cash investments	462,558.	454,588.	454,588.
	3	Accounts receivable Less: allowance for		Le Ve Cartina Van	P-300 Ta V	The state of the s
		Pledges receivable.				
	4	Less: allowance for		11 , , , , , , , , , , , , , , , , , ,	1.125	
	5	Grants receivable	doubtidi accoditis			
	i		cers, directors, trustees, and other			
	6	disqualified persons (atta	cers, directors, trustees, and other ch schedule) (see instructions)			
	7	Other notes and loans rec		E. C.	Part of the control o	
Ā		Less: allowance for	doubtful accounts		<u> </u>	
Š	8	Inventories for sale	or use			
A S S E T	9	Prepaid expenses a	nd deferred charges			
Ś	10 a	Investments - U.S.	and state government			
		obligations (attach s				
		· · · · · · · · · · · · · · · · · · ·	stock (attach schedule) STATEMENT 6	128,736.	128,736.	172,809.
	l -	•	bonds (attach schedule)	remark and property remarks and government.	Las Administration of A , I am house at	The second of the second second second second
	11	Investments – land, equipment: basis.	, buildings, and 		Harry Harry	
		Less: accumulated depred (attach schedule)				
	12	Investments - mort	gage loans			
	13	Investments - other	r (attach schedule) STATEMENT 7	123,459.	129,938.	138,604.
	14	Land, buildings, and		11-11-11-11-11-11-11-11-11-11-11-11-11-	CATER A TOTAL SERVER	
		Less: accumulated depred (attach schedule)	ciation			
	15	Other assets (descr				
		Total assets (to be	completed by all filers –			
				714,753.	713,262.	766,001.
L	17		nd accrued expenses			
A	18	Grants payable .				
B	19	Deferred revenue				
Ļ	20	•	ctors, trustees, & other disqualified persons			
Ť	21		s payable (attach schedule)			
Ī	22	Other liabilities (des		<u> </u>		
E S	23	Total liabilities (add	I lines 17 through 22)	0.	0.	
		Foundations that fo	llow SFAS 117, check here X			
		and complete lines	24 through 26 and lines 30 and 31.]		
NF	24	Unrestricted		714,753.	713,262.	[神经汉法 維制
N F E U T N	25	Temporarily restrict	ed			
D	26	Permanently restric				
A B A L T A		Foundations that de and complete lines	o not follow SFAS 117, check here . > 27 through 31.	4		
ĔL	27	Capital stock, trust	principal, or current funds			
S N	28	•	, or land, bldg., and equipment fund			
O E	29	Retained earnings, accum	nulated income, endowment, or other funds.			
R S	30		fund balances (see instructions)	714,753.	713,262.	
	31	(see instructions).	net assets/fund balances	714,753.	713,262.	
Par	talin	,,	nges in Net Assets or Fund Balanc			المائة من من المسلم المائة المن من من المناسبة ا
					ograe with	<u> </u>
1	end-	of-year figure reporte	palances at beginning of year - Part II, colord on prior year's return)		agree with	714,753.
2		r amount from Part I			2	-1,491.
3		increases not included in I			3	
4		lines 1, 2, and 3			4	713,262.
5		ases not included in line 2			5	,
6			palances at end of year (line 4 minus line 5) - Part II, column (b),	line 30 6	713,262.

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Part W Capital Gains and I	osses for lax on Investmer the kind(s) of property sold (e.g., r		(b) How acqu	ured (C) Date acquired	(d) Date sold
2-story brick warehous	e; or common stock, 200 shares Ml	C Company)	P — Purcha D — Donati	se (month, day, year)	
1a SEE STATEMENT 8					
b					
<u> </u>					
d e			-		
(e) Gross sales price	(f) Depreciation allowed	(g) Cost or other ba	sis	(h) Gaın o	r (loss)
	(or allowable)	plus expense of sa		(e) plus (f) r	
a		 			
<u>b</u>					
			+		
e e			-		
	ung gain in column (h) and owned b	by the foundation on 12/31.	/69	(I) Gains (Co	iumn (h)
(i) 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	1 (1)	gain minus column (than -0-) or Losses (k), but not less
a				·	
b				<u> </u>	
		 			
		enter in Part I, line 7			
2 Capital gain net income or (ne		ter -0- in Part I, line 7		2	1,388.
3 Net short-term capital gain or	(loss) as defined in sections 1222(5) and (6):			
If gain, also enter in Part I, lin	e 8, column (c) (see instructions). I	f (loss), enter -0-	_		
ın Part I, line 8		<u> </u>	···	3	5.
Partiv Qualification Unde				me	
(For optional use by domestic private f	oundations subject to the section 4940	(a) tax on net investment inc	come.)		
If section 4940(d)(2) applies, leave	this part blank.				
Was the foundation liable for the se	ction 4942 tax on the distributable a	mount of any year in the b	oase period	? XYes	□No
If 'Yes,' the foundation does not qua			N/A		U
1 Enter the appropriate amount in	each column for each year; see the in	structions before making any	entries		
(a)	(b)	(c)		(d) Distributio	
Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitable-use as	sets	Distributio (column (b) divideo	n ratio I by column (c))
2013					
2012					
2011					
2010					
2009					
2 Total of line 1, column (d)				2	
•	he 5-year base period – divide the		-	_	
number of years the foundation	in has been in existence if less than	of the 2 by 3, or by to 5 years		3	
4 Enter the net value of noncha	ritable-use assets for 2014 from Pai	rt 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	
	rom Part XII, line 4			8 See the	
If line 8 is equal to or greater the Part VI instructions.	an line 7, check the box in Part VI, line	: 10, and complete that part	using a 1% 1	lax rate. See the	
					m 990-PF (2014)

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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 2014 or the taxable year beginning in 2014 (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

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	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 disqualified person advisory privileges? If 'Yes,' attach statement (see instructions)	n had		12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption	applicat	ion? .	13	Χ	
	Website address					
14	The books are in care of ► DAN CENIGA Telephone		(541)	<u>276</u>	<u>-318</u>	2
	Located at ► PO BOX 786 PENDLETON OR ZIP + 4 ►	<u>9780</u>				·
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	▶ 1	5			N/A
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority of	er a			Yes	No
	bank, securities, or other financial account in a foreign country?			16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1	l). If 'Ye	s,'			7. %
	enter the name of the foreign country					مريد م
Par	松川路 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 a	During the year did the foundation (either directly or indirectly).	_		5		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes	X No		1 3	3 7 7
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	_				
	disqualified person?	Yes	X No		1 - [1	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	X No	1.4	F 12 1	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	X No			F14 F
	(5) Transfer any income or assets to a disqualified person (or make any of either available	_	_	. 7	,	4 44
	for the benefit or use of a disqualified person)?	Yes	X No		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	b 17. 5
	en e		—			
	(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				1	8521
	of government service, if terminating within 90 days.)	Yes	X No	机		7
ŀ	If any answer is 'Ves' to 19(1) (6) did any of the acts fail to qualify under the exceptions described in	_		Marie V		
•	olf 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)?			1 b	N,	/A
	Organizations relying on a current notice regarding disaster assistance check here	•			T	
(Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,			1.5	<u>ئۇنىد</u>	
	that were not corrected before the first day of the tax year beginning in 2014?	• • • • • • • • • • • • • • • • • • • •		1 c	-8: 00:335	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a					爱
	private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):					
ā	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d	٦.,			1	***(?
	and 6e, Part XIII) for tax year(s) beginning before 2014?	Yes	XNo			
	If 'Yes,' list the years ► 20 , 20 , 20					
ŀ	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a	a)(2)		1	. 2136	
•	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			تـــا	-1
	all years listed, answer 'No' and attach statement – see instructions.)			2 b	N	/A
(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.			400	
	► 20 , 20 , 20 , 20			1	175.44	
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business	_	_	5 3 4	19	
	enterprise at any time during the year?	Yes	X No		7.4	15.
ŀ	of 'Yes,' did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation) -1) ' - i	1/2
	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				1	-,-
	(3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720. to			-	لستنا	لتستا
	(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 2014.)	•		3 b	N	/A
4:	a Did the foundation invest during the year any amount in a manner that would jeopardize its					İ
	charitable purposes?			4a	-,===	X
	Dud the foundation make any investment in a prior year (but offer December 21, 1969) that sould			 		
	DID DID DID DID THE SOLUTION DID THE DISTRICT OF STATE DESCRIPTION DID DID DID DID DID DID DID DID DID DI			, ,	<u> </u>	ڭىنىنا
	the tax year beginning in 2014?	<u>·</u> ·	<u> </u>	4b	<u> </u>	X
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Form 990-PF (2014) PENDLETON COMMUNIT	W MDMODTAY INDA	TENT CODD	02.04	77602	Pogo 6
Form 990-PF (2014) PENDLETON COMMUNIT			93-04'	11693	Page 6
5 a During the year did the foundation pay or incu		14720 May Be Req	unea (continuea)	P.4.3	1,30 \$354
(1) Carry on propaganda, or otherwise attemp	•	n (section 4945(e))?	Yes X	No Registration	
(2) Influence the outcome of any specific publion, directly or indirectly, any voter registra	ition drive?		Yes X	No	
(3) Provide a grant to an individual for travel,	-		. Yes X	No Single	
(4) Provide a grant to an organization other the in section 4945(d)(4)(A)? (see instructions)	nan a charıtable, etc, or)	ganization described	Yes X	No	
(5) Provide for any purpose other than religion educational purposes, or for the prevention	us, charitable, scientific n of cruelty to children	c, literary, or or or animals?	Yes X	No	
b If any answer is 'Yes' to 5a(1)-(5), did any of the described in Regulations section 53.4945 or in (see instructions)?			tions :	5b	N/A
c If the answer is 'Yes' to question 5a(4), does to tax because it maintained expenditure responsible 'Yes,' attach the statement required by Region 1.	sibility for the grant?		N/A Yes	No	
6 a Did the foundation, during the year, receive ar on a personal benefit contract?		rectly, to pay premium	s Yes X]No	
b Did the foundation, during the year, pay premiff 'Yes' to 6b, file Form 8870.	iums, directly or indirec	tly, on a personal bene	fit contract? .	6b	X
7 a At any time during the tax year, was the found b If 'Yes,' did the foundation receive any procee				No 7 b	
Part VIII Information About Officers, Dand Contractors					s,
1 List all officers, directors, trustees, foundation	n managers and their	compensation (see inst	ructions).		
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		se account, allowances
SEE STATEMENT 9					
	'	3,600.	0.		0.
		3,000.	0.	-	
				_	
2 Compensation of five highest-paid employees (or	ther than those included	on line 1 – see instructio	ns). If none, enter 'NONE		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d)Contributions to employee benefit plans and deferred compensation	(e) Expense other a	se account, allowances
NONE			Somperiod (or		
		<u> </u>		-	
		-	-	 	
			}		
		-		 	
Total number of other employees paid over \$50,000	<u> </u>	L		-	
Total number of other employees paid over \$30,000	<u> </u>	•• •		ــــــــــــــــــــــــــــــــــــــ	

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Part VIII Information A	About Officers, Directors, Trustees, Found ors (continued)	ation Managers, Highly Paic	l Employees,
3 Five highest-paid indepe	endent contractors for professional services (see ins	structions). If none, enter 'NONE.'	
(a) Name and addres	s of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		 	
			:
Total number of others receive	ng over \$50,000 for professional services		- 0
		·····	
PartIX A Summary of	Direct Charitable Activities		
Let the foundation's four largest direct	charitable activities during the tay year. Include relevant statistical	information such as the number of	
organizations and other beneficiaries s	charitable activities during the tax year. Include relevant statistical erved, conferences convened, research papers produced, etc.	illornation such as the number of	Expenses
1 N/A			
202	·		
2			
3			
4			
PartiX-BE Summary of	Program-Related Investments (see instruc	tions)	
-		<u> </u>	
	n-related investments made by the foundation during the	tax year on lines 1 and 2.	Amount
1 =			
<u>N/A</u>			
2			
AD all a constant to the			
All other program-related inve	estments. See instructions.		
3			
Tal Add to the			•
	<u> </u>	<u> </u>	
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Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

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Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.

Adjusted qualifying distributions. Subtract line 5 from line 4

Enter 1% of Part I, line 27b (see instructions)

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21,461.

5

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
Distributable amount for 2014 from Part XI, line 7	7			34,792.
2 Undistributed income, if any, as of the end of 2014: a Enter amount for 2013 only			9,939.	
b Total for prior years: 20, 20, 20 3 Excess distributions carryover, if any, to 2014:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0.		2
a From 2009				
b From 2010				
d From 2012				The state of the s
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2014 from Part XII, line 4: ► \$ 21,461.				
a Applied to 2013, but not more than line 2a.	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	1	9,939.	2
b Applied to undistributed income of prior years (Election required — see instructions).		0.	1	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
c Treated as distributions out of corpus (Election required — see instructions)	0.			
 d Applied to 2014 distributable amount e Remaining amount distributed out of corpus 	0.			11,522.
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the	0.			0.
same amount must be shown in column (a).)			The state of the s	
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0.			The state of the s
b Prior years' undistributed income. Subtract line 4b from line 2b		, 0.	The second second	I want of the Board of the same that a
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.	the same and the same are	0.	<u> </u>	
d Subtract line 6c from line 6b Taxable amount — see instructions	Tel	0.	The state of the state of	The second secon
e Undistributed income for 2013. Subtract line 4a from line 2a. Taxable amount — see instructions			0.	2 22
f Undistributed income for 2014. Subtract lines]
4d and 5 from line 1. This amount must be distributed in 2015.		1		23,270.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required — see instructions)	0.		-	
8 Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions).	0.		<u> </u>	
9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:			:	
a Excess from 2010	-	J		
b Excess from 2011 .	∔			1
c Excess from 2012	↓ • • • • • • • • • • • • • • • • • • •			,
d Excess from 2013	-	- '- '-		, ,
e Excess from 2014	<u> </u>	<u> </u>	<u> </u>	Form 990-PF (2014)

Form 990-PF (2014) PENDLETON COMMUN			\(\frac{1}{2}\)	93-047769		
Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling						
is effective for 2014, enter the date of the	ruling			· >		
b Check box to indicate whether the founda		rating foundation de		4942(j)(3) or	4942(j)(5)	
2a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years			
investment return from Part X for each year listed	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(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) 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)			· · · · · · · · · · · · · · · · · · ·			
an exempt organization	<u> </u>	<u> </u>				
Part XV Supplementary Information assets at any time during the	(Complete this	part only if the	foundation had	\$5,000 or more	in	
1 Information Regarding Foundation Mana						
a List any managers of the foundation who have close of any tax year (but only if they have NONE	e contributed more th	nan 2% of the total co than \$5,000). (See	ontributions received section 507(d)(2).)	by the foundation bef	ore the	
b List any managers of the foundation who own a partnership or other entity) of which the NONE	10% or more of the foundation has a 1	stock of a corporation 0% or greater interes	n (or an equally large est.	portion of the owner	ship of	
			<u> </u>			
2 Information Regarding Contribution, Gra Check here X if the foundation only ma requests for funds. If the foundation make	akes contributions to	preselected charitable	e organizations and o			
a The name, address, and telephone number of	r o mail address of th	no norcon to whom as	onlications should be	addressed:		
a The hame, address, and telephone humber of	r e-maii augress or u	ie person to whom ap	opiications should be	addressed		
SEE STATEMENT 10						
b The form in which applications should be	submitted and infor	mation and materia	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,	such as by geograp	hical areas, charital	ble fields, kinds of i	nstitutions, or other	factors:	
SEE STATEMENT FOR LINE 2A						
	_			-	000 DE (0014)	

3	Grants and Contributions Paid During the Ye	ar or Approved for Fut	ure Paymen	t	
	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		
	Name and address (home or business) Paid during the year STATEMENT 11	toundation manager or substantial contributor	recipient	contribution	, and dark
	Total			▶ 3a	12,668.
t	Approved for future payment				12,006.
	Total				

Part XVII A Analysis of Income-Producing Activities

nter gross amounts unless otherwise indicated.	 	ed business income		by section 512, 513, or 514	(e)
1 0	(a) Business code	(b) Amount	(c) Exclu- sion	(d) Amount	Related or exempt function income (See instructions.)
1 Program service revenue:			code		
a EXPENSE REFUND			 		1,313
b			 		
<u> </u>			 		
0			 -		
•				<u> </u>	
g Fees and contracts from government agend	7105		 		
 Membership dues and assessments. 	.ies.		<u> </u>		
3 Interest on savings and temporary cash investments			14	5,127.	
4 Dividends and interest from securities			14	12,142.	
5 Net rental income or (loss) from real estate				12,142.	PERCHASING THE PROPERTY WAS A
a Debt-financed property	" Bur Sterent Stilling	functi Maximis 1 d'albert Ch	: (<u>S.</u>	1813 1 1 10 1 2 2 2 2 1 1 1 2 2 2 1 1 1 3 1 1 2 2 2 1 1 1 3 1 1 2 2 2 2	The state of the state of the same
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 inventor	,				1,388
9 Net income or (loss) from special events	, 		 		1,300
O Gross profit or (loss) from sales of inventor	.,		 		
1 Other revenue:		্রিকারণ ক্রমেন্ট্রিম শহরে প্রের্থিত বিজ্ঞান্ত ক্রমেন্ট্রিম শহরে স্থানির বিজ্ঞা	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	GARAGE STRUCTURES	ETT VILLENT STATE
a GIFTS/BEQUESTS	Select of the se	12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4 Carcare Cal	we will be a second to the sec	- 6-5-3-1
p GIL 12\BEOUE212			 		
c			<u> </u>	<u> </u>	
d			 	_ 	
			 		
2 Subtotal. Add columns (b), (d), and (e)			Salar Land	17,269.	2,701
- Oublotal, Add Coldilling (b), (d), and (c)					
			Bart Land		
3 Total. Add line 12, columns (b), (d), and (e)	e)		<u> </u>	13	
3 Total. Add line 12, columns (b), (d), and (dee worksheet in line 13 instructions to verify ca	e) alculations.)			13	19,970
art XVIIB Relationship of Activities	to the Accompl	ishment of Exemp	ot Purp	oses A contributed importan	19, 970
Total. Add line 12, columns (b), (d), and (d) ee worksheet in line 13 instructions to verify cart. ★ Relationship of Activities Line No. Explain below how each activity for vaccomplishment of the foundation's design.	to the Accompl	ishment of Exemp	ot Purp	oses A contributed importan	19, 970
3 Total. Add line 12, columns (b), (d), and (dee worksheet in line 13 instructions to verify cartixivities artixivities Relationship of Activities	to the Accompl	ishment of Exemp	ot Purp	oses A contributed importan	19, 970
Total. Add line 12, columns (b), (d), and (d) ee worksheet in line 13 instructions to verify cart. ★ Relationship of Activities Line No. Explain below how each activity for vaccomplishment of the foundation's design.	to the Accompl	ishment of Exemp	ot Purp	oses A contributed importan	19, 970
art No. Explain below how each activity for vaccomplishment of the foundation's of the	to the Accompl	ishment of Exemp	ot Purp	oses A contributed importan	19, 970
Total. Add line 12, columns (b), (d), and (dee worksheet in line 13 instructions to verify call art XVIIB Relationship of Activities Line No. Explain below how each activity for vaccomplishment of the foundation's description.	to the Accompl	ishment of Exemp	ot Purp	oses A contributed importan	19, 970
Total. Add line 12, columns (b), (d), and (dee worksheet in line 13 instructions to verify call art XVIIB Relationship of Activities Line No. Explain below how each activity for vaccomplishment of the foundation's description.	to the Accompl	ishment of Exemp	ot Purp	oses A contributed importan	19, 970
Total. Add line 12, columns (b), (d), and (dee worksheet in line 13 instructions to verify call art XVIIB Relationship of Activities Line No. Explain below how each activity for vaccomplishment of the foundation's description.	to the Accompl	ishment of Exemp	ot Purp	oses A contributed importan	19, 970
art No. Explain below how each activity for vaccomplishment of the foundation's of the	to the Accompl	ishment of Exemp	ot Purp	oses A contributed importan	19, 970
art No. Explain below how each activity for vaccomplishment of the foundation's of the	to the Accompl	ishment of Exemp	ot Purp	oses A contributed importan	19, 970
art No. Explain below how each activity for vaccomplishment of the foundation's of the	to the Accompl	ishment of Exemp	ot Purp	oses A contributed importan	19, 970
Total. Add line 12, columns (b), (d), and (d) ee worksheet in line 13 instructions to verify cart. ★ Relationship of Activities Line No. Explain below how each activity for vaccomplishment of the foundation's design.	to the Accompl	ishment of Exemp	ot Purp	oses A contributed importan	19, 970
Total. Add line 12, columns (b), (d), and (d) ee worksheet in line 13 instructions to verify cart. ★ Relationship of Activities Line No. Explain below how each activity for vaccomplishment of the foundation's design.	to the Accompl	ishment of Exemp	ot Purp	oses A contributed importan	19, 970
Total. Add line 12, columns (b), (d), and (d) ee worksheet in line 13 instructions to verify cart. ★ Relationship of Activities Line No. Explain below how each activity for vaccomplishment of the foundation's design.	to the Accompl	ishment of Exemp	ot Purp	oses A contributed importan	19, 970
art No. Explain below how each activity for vaccomplishment of the foundation's of the	to the Accompl	ishment of Exemp	ot Purp	oses A contributed importan	19, 970
art No. Explain below how each activity for vaccomplishment of the foundation's of the	to the Accompl	ishment of Exemp	ot Purp	oses A contributed importan	19, 970
Total. Add line 12, columns (b), (d), and (d) ee worksheet in line 13 instructions to verify cart. ★ Relationship of Activities Line No. Explain below how each activity for vaccomplishment of the foundation's design.	to the Accompl	ishment of Exemp	ot Purp	oses A contributed importan	19, 970
art No. Explain below how each activity for vaccomplishment of the foundation's of the	to the Accompl	ishment of Exemp	ot Purp	oses A contributed importan	19, 970
art No. Explain below how each activity for vaccomplishment of the foundation's of the	to the Accompl	ishment of Exemp	ot Purp	oses A contributed importan	19, 970
Total. Add line 12, columns (b), (d), and (dee worksheet in line 13 instructions to verify call art XVIIB Relationship of Activities Line No. Explain below how each activity for vaccomplishment of the foundation's description.	to the Accompl	ishment of Exemp	ot Purp	oses A contributed importan	19, 970
art No. Explain below how each activity for vaccomplishment of the foundation's of the	to the Accompl	ishment of Exemp	ot Purp	oses A contributed importan	19, 970
Total. Add line 12, columns (b), (d), and (d) ee worksheet in line 13 instructions to verify cart. ★ Relationship of Activities Line No. Explain below how each activity for vaccomplishment of the foundation's design.	to the Accompl	ishment of Exemp	ot Purp	oses A contributed importan	19, 970
Total. Add line 12, columns (b), (d), and (d) ee worksheet in line 13 instructions to verify cart. ★ Relationship of Activities Line No. Explain below how each activity for vaccomplishment of the foundation's design.	to the Accompl	ishment of Exemp	ot Purp	oses A contributed importan	19, 970
Total. Add line 12, columns (b), (d), and (d) ee worksheet in line 13 instructions to verify cart. ★ Relationship of Activities Line No. Explain below how each activity for vaccomplishment of the foundation's design.	to the Accompl	ishment of Exemp	ot Purp	oses A contributed importan	19, 970
Total. Add line 12, columns (b), (d), and (d) See worksheet in line 13 instructions to verify care Relationship of Activities Line No. Explain below how each activity for vaccomplishment of the foundation's design of the second sec	to the Accompl	ishment of Exemp	ot Purp	oses A contributed importan	19, 970

Form 990-PF (2014) PENDLETON COMMUNITY MEMORIAL HEALTH CORP 93-0477693 [Part XVIII] Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

	тоттре от дани-							Team to second 1	
described in relating to	ganization directly in section 501(c) o political organizat	of the Code (oth ions?	ner than section	501(c)(3) orga	anızatıons) or in section 52	1 27,		Yes No
a Transfers f	from the reporting	foundation to a	a noncharitable e	exempt organ	zation of.			1	<u> </u>
• •			•	• • • •				1 a (1)	X
(2) Other a	assets	• • • • • • • • • • • • • • • • • • • •			•		•	1 a (2)	X
b Other trans	sactions:								
(1) Sales	of assets to a non	charitable exen	npt organization					. 1 b (1)	X
(2) Purcha	ases of assets fror	n a noncharitab	ole exempt organ	nization .				1 b (2)	X
(3) Rental	of facilities, equip	ment, or other	assets					1 b (3)	X
• •	ursement arrange						•	. 1 b (4)	X
· · ·	or loan guarantee							. 1 b (5)	X
	mance of services							1 b (6)	Х
• •	facilities, equipme					-		- ``	<u> </u>
c onaing or	iacintics, equiprin	citt, mailing nat	3, 011101 033013,	or paid emple	yeeu.				
d If the answ the goods, o	ver to any of the a other assets, or ser	bove is 'Yes,' ovices given by the	complete the follower reporting found	owing schedu lation. If the fo	le. Columi undation re	n (b) should alwa eceived less than s, other assets, o	ays show the f fair market valu or services rec	aır market valu ue ın eived.	e of
	a) Amount involved		noncharitable exemp	<u> </u>		Description of trans			pements
\\\\\\	J) Amount involved	(C) Haine of	Honoria Mable exemp	or organization	(4)	Description of duns	1013, (1011300000113)	and onaring arrang	
N/A									
-									
									
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	· · · · · · · · · · · · · · · · · · ·								
	· · ·								
									
	- ·								
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		<u> </u>]				
described	dation directly or inc in section 501(c) o implete the follow	of the Code (ot	with, or related to her than section	o, one or more 501(c)(3)) or	tax-exemp in section	ot organizations i 527? .		Yes	XNo
	lame of organizati		(b) Type	of organization	ก	(c)	Description o	f relationship	
N/A			.,,,,				-		
11/11									
				-					
						<u> </u>			
Under pena correct, an	alties of perjury, I declared complete Declaration	re that I have exami n of preparer (other t	ned this return, includ han taxpayer) is base	ing accompanying d on all information	schedules at n of which pr	nd statements, and to reparer has any knowl	the best of my kno edge.	owledge and belief, i	t is true,
Sign Here	D ().	0	1	Valala		PRESIDENT	-	this return	shown below
7	re of officer or trustee	Tree.		Date		ritle		(see instri	uctions)?
			Preparer's s	roughire , /		Date			Yes No
	Print/Type preparer's na		10/10	7	. 10	1 3/3///5	· · ·	Y"	
Paid L	ROBERT F. TI	REMPER, CP	A Wolle	rome	my 41		self-employed		257
1	Firm's name 🕒 🔟	DICKEY AND	TREMPER,	L.L.P.			Firm's EIN > 20	0-03509 <u>98</u>	
			IRST ST						
		PENDLETON,	OR 97801				Phone no. (541) 276-6	862
BAA		- LIPTHITON,	<u> </u>)-PF (2014)

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2014	PAGE 1				
CLIENT 22120	CLIENT 22120 PENDLETON COMMUNITY MEMORIAL HEALTH CORP				
3/31/15		04:31PM			
STATEMENT 1 FORM 990-PF, PART OTHER INCOME	I, LINE 11				
	(A) (B) NET REVENUE INVESTMENT PER BOOKS INCOME	(C) ADJUSTED NET_INCOME			
EXPENSE REFUND	TOTAL \$ 1,313. \$ 0.	3 0.			
STATEMENT 2 FORM 990-PF, PART ACCOUNTING FEES	I, LINE 16B				
DICKEY AND TREMPE	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME CR LLP \$ 945. TOTAL \$ 945. \$ 0. \$ 0.	(D) CHARITABLE PURPOSES \$ 945. \$ 945.			
STATEMENT 3 FORM 990-PF, PART OTHER PROFESSION	I, LINE 16C IAL FEES				
ADVISORY FEE	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME TOTAL \$ 1,754. \$ 0. \$ 0.	(D) CHARITABLE PURPOSES \$ 1,754. \$ 1,754.			
STATEMENT 4 FORM 990-PF, PART TAXES	I, LINE 18				
EXCISE TAXES	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME \$ 552. TOTAL \$ 552. \$ 0. \$ 0.	(D) CHARITABLE PURPOSES \$ 552. \$ 552.			

1	n	4	-
	u		4

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STATEMENT 5 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES

	-	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INSURANCE POSTAGE		\$ 1,254. 106. 250.			\$ 1,254. 106. 250.
	TOTAL	\$ 1,610.	\$ 0.	\$ 0.	\$ 1,610.

STATEMENT 6 FORM 990-PF, PART II, LINE 10B INVESTMENTS - CORPORATE STOCKS

CORPORATE STOCKS	VALUATION <u>METHOD</u>	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 PFIZER INC UNITED TECHNOLOGIES CORP WESTAR ENERGY INC	COST COST COST COST COST COST COST COST	\$ 9,979. 9,991. 9,977. 10,029. 10,017. 9,989. 9,975. 9,802. 9,769. 9,788. 9,835. 9,754. 9,831.	\$ 14,338. 12,500. 12,716. 14,954. 13,742. 13,005. 11,498. 12,486. 10,307. 17,099. 12,024. 14,490. 13,650.
	TOTAL	\$ 128,736.	<u>\$ 172,809.</u>

STATEMENT 7 FORM 990-PF, PART II, LINE 13 INVESTMENTS - OTHER

OTHER INVESTMENTS	VALUATION METHOD	. 	BOOK VALUE		MARKET ALUE
ALGER SMALL/MID CAP GROWTH	COST	\$	4,710.	\$	4,224.
ARTISAN INTL VALUE	COST		8,534.		8,231.
BRIDGE BUILDER BOND FUND	COST		14,992.		15,308.
COLUMBIA SMALL CAP VALUE II	COST		2,866.		2,841.
DELAWARE US GROWTH	COST		5,531.		6,984.
DODGE & COX INCOME	COST		9,490.		9,714.
DODGE & COX STOCK	COST		5,719.		6,970.
EUROPACIFIC GROWTH	COST		6,292.		6,754.
FUNDAMENTAL INVESTORS	COST		7,499.		8,311.
HARBOR CAPITAL APPRECIATION	COST		5,893.		6,899.
HOTCHKIS & WILEY MID CAP VAL	COST		2,593.		2,842.
INVESCO COMSTOCK	COST		4,649.		5,546.
JP MORGAN FED MON MKT	COST		2,612.		2,612.
MFS VALUE	COST		8,534.		9,836.

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STATEMENT 7 (CONTINUED) FORM 990-PF, PART II, LINE 13 INVESTMENTS - OTHER

OTHER INVESTMENTS	VALUATION METHOD		BOOK VALUE		MARKET LUE
MUNDER MID CAP CORE GROWTH MUTUAL GLOBAL DISCOVERY OPPENHEIMER INTL GROWTH RANIER MID CAP EQUITY T ROWE PRICE INSTL LARGE CAP GR T ROWE PRICE INTL DISCOVERY FRANKLIN MUT GLBL DSCV FD CI Z PRIMECAP ODYSSEY STOCK FUND VICTORY MUND MID CP CORE GR Y MONEY MARKET	COST COST COST COST COST COST COST COST	\$	0. 9,527. 4,115. 3,465. 4,112. 9,521. 4,083. 5,171. 30.	\$	0. 0. 9,567. 4,175. 4,144. 4,145. 9,676. 4,206. 5,588. 31.
	TOTA	<u>\$</u>	129,938.	\$ 1	38,604.

STATEMENT 8 FORM 990-PF, PART IV, LINE 1 CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

		(B) HOW	(C) DATE	(D) DATE
ITEM	(A) DESCRIPTION	ACQUIRED	ACQUIRED	SOLD
1	4.87 PRIMECAP ODYSSEY STOCK FUND	PURCHASED	10/24/2014	11/20/2014
2	13.695 INVESCO COMSTOCK	PURCHASED	8/21/2013	11/20/2014
3	77.52 COLUMBIA SMALL CAP VALUE II	PURCHASED	8/21/2013	VARIOUS
4	31.561 DELAWARE US GROWTH	PURCHASED	8/21/2013	11/20/2014
5	3.577 DODGE & COX STOCK	PURCHASED	8/21/2013	11/20/2014
6	12.485 FUNDAMENTAL INVESTORS	PURCHASED	8/21/2013	11/20/2014
7	15.078 HARBOR CAPITAL APPRECIATION	PURCHASED	8/21/2013	11/20/2014
8	66.651 HOTCHKIS & WILEY MID CAP VAL	PURCHASED	8/21/2013	VARIOUS
9	18.962 T ROWE PRICE INSTL LRGE CAP	PURCHASED	8/21/2013	11/20/2014
10	19.227 MFS VALUE	PURCHASED	8/21/2013	11/20/2014
11	1.61 FRANKLIN MUT GLBL DSCV	PURCHASED	8/21/2013	11/20/2014
12	4.246 RAINIER MID CAP EOUITY	PURCHASED	8/21/2013	11/20/2014
13	7.639 VICTORY MUNDER MID CAP CORE	PURCHASED	8/21/2013	11/20/2014
$\overline{14}$	99000 DISCOVER BANK CD	PURCHASED	11/05/2013	9/15/2014

ITEM_	(E) GROSS SALES	(F) DEPREC. ALLOWED	(G) COST BASIS	(H) GAIN (LOSS)	(I) FMV 12/31/69	(J) ADJ. BAS. 12/31/69	(K) EXCESS (I) - (J)	(L) GAIN (LOSS)
1	117.		112.	5.				\$ 5.
2	352.		293.	59.				59.
3	1,380.		1,376.	4.				4.
4	879.		677.	202.				202.
5	653.		529.	124.				124.
6	695.		581.	114.				114.
7	943.		745.	198.				198.
8	2,842.		2,488.	354.				354.
9	562.		430.	132.				132.
10	685.		583.	102.				102.
11	57.		53.	4.				4.
12	247.		219.	28.				28.
13	360.		298.	62.				62.
14	99,000.		99,000.	0.				0.

2014		FEDE	RAL STAT	TEMENTS			PAGE 4
CLIENT 22120	PENDL	ETON COM	MUNITY MEN	ORIAL HEAL	TH CORP		93-047769
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STATEMENT 8 (CON FORM 990-PF, PART CAPITAL GAINS AN	IV, LINE 1	OR TAX ON	INVESTMEN	T INCOME			
(E) GROSS ITEM SALES	(F) DEPREC. ALLOWED	(G) COST BASIS	(H) GAIN (LOSS)	(I) FMV 12/31/69	(J) ADJ. BAS 12/31/69		(L) GAIN (LOSS) \$ 1,388
STATEMENT 9 FORM 990-PF, PART LIST OF OFFICERS,	DIRECTORS		TITLE AN	ID OURS CO	OMPEN-	CONTRI- BUTION TO	
DAN CENIGA PO BOX 786	O ADDRESS		<u>ER WEEK DE</u> RESIDENT	<u>voted</u> s	3,600.	<u>EBP & DC</u> \$ 0. \$	
PENDLETON, OR 97	801	U					
GARY JELLUM C/O PO BOX 786 PENDLETON, OR 97	801	V 0	ICE-PRESIDE	ENT	0.	0.	0
ANNETTE SKINNER C/O PO BOX 786 PENDLETON, OR 97	7801	S 0	EC-TREASURE	ER	0.	0.	0
PAULETTE DIEHL C/O PO BOX 786 PENDLETON, OR 97	7801	D 0	IRECTOR		0.	0.	C
THERESA BOSWORTH C/O PO BOX 786 PENDLETON, OR 97		D 0	IRECTOR		0.	0.	0
STEVEN BJERKE C/O PO BOX 786 PENDLETON, OR 97	7801	D 0	IRECTOR		0.	0.	C
			IRECTOR		0.	0.	(
FRANK SZUMSKI C/O PO BOX 786 PENDLETON, OR 97	7801	0					

DIRECTOR 0

0.

0.

0.

LAURINE KITES C/O PO BOX 786 PENDLETON, OR 97801

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STATEMENT 9 (CONTINUED)
FORM 990-PF, PART VIII, LINE 1
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AVERAGE <u>PER WEEK</u>	HOURS	COMPEN- SATION	CONTRI BUTION EBP & I	TO	EXPENSE ACCOUNT/ OTHER
DONALD F. NEW C/O PO BOX 786 PENDLETON, OR 97801	DIRECTOR 0		\$ 0.	\$	0.	\$ 0.
		TOTAL	\$ 3,600.	\$	0.	\$ 0.

STATEMENT 10 FORM 990-PF, PART XV, LINE 2A-D APPLICATION SUBMISSION INFORMATION

NAME OF GRANT PROGRAM:

NAME:

DAN CENIGA

CARE OF:

STREET ADDRESS:

PO BOX 786

541-276-3182

CITY, STATE, ZIP CODE:

PENDLETON, OR 97801

TELEPHONE:

E-MAIL ADDRESS:

FORM AND CONTENT:

APPLICATIONS AVAILABLE UPON REQUEST.

SUBMISSION DEADLINES: RESTRICTIONS ON AWARDS:

STATEMENT 11 FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	 AMOUNT
BLUE MOUNTAIN COMMUNITY COLLEGE DISTRICT 2411 NW CARDEN AVE PENDLETON, OR 97801	NONE		MEDICAL SCHOLARSHIP	\$ 2,834.
OREGON HEALTH AND SCIENCE UNIVERSITY 3181 SW SAM JACKSON PARK ROAD PORTLAND, OR 97239	NONE		MEDICAL SCHOLARSHIPS	334.
HARRIS JUNIOR ACADEMY 3121 SOUTHWEST HAILEY AVE PENDLETON, OR 97801	NONE		MEDICAL SCHOLARSHIPS	3,500.

FEDERAL STATEMENTS

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PENDLETON COMMUNITY MEMORIAL HEALTH CORP

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STATEMENT 11 (CONTINUED) FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE (OF	AMOUNT
WALLA WALLA COMMUNITY COLLEGE 500 TAUSICK WAY WALLA WALLA, WA 99362	NONE		MEDICAL SCHOLARSHIPS	\$	4,000.
WESTERN OREGON UNIVERSITY 345 N MONMOUTH AVE MONMOUTH, OR 97361	NONE		MEDICAL SCHOLARSHIPS		500.
EASTERN WASHINGTON UNIVERSITY 526 5TH ST. CHENEY, WA 99004	NONE		MEDICAL SCHOLARSHIPS		1,500.
				TOTAL \$	12,668.

FEDERAL SUPPLEMENTAL INFORMATION

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PENDLETON COMMUNITY MEMORIAL HEALTH CORP

93-0477693

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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.