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1009

OMB No 1545-0047

2009

Open to Public Inspection

Form 990

Return of Organization Exempt From Income Tax

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

The organization may have to use a copy of this return to satisfy state reporting requirements.

Department of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning OCT 1, 2009 and ending SEP 30, 2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type: See Specific Instructions	C Name of organization SILVERTON HOSPITAL		D Employer identification number 93-0281321
		Doing Business As		
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 342 FAIRVIEW STREET		E Telephone number 503-873-1500
		City or town, state or country, and ZIP + 4 SILVERTON, OR 97381		G Gross receipts \$ 111,387,020.
F Name and address of principal officer: RICHARD CAGEN SAME AS C ABOVE				H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number
I Tax exempt status: <input checked="" type="checkbox"/> 501(c)(3) (Insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: WWW.SILVERTONHOSPITAL.ORG				
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other				
L Year of formation: 1918 M State of legal domicile: OR				

Part I Summary

1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O	
2 Check this box <input type="checkbox"/> If the organization discontinued its operations or disposed of more than 25% of its net assets	
3 Number of voting members of the governing body (Part VI, line 1a)	11
4 Number of independent voting members of the governing body	10
5 Total number of employees (Part V, line 2a)	932
6 Total number of volunteers (estimate if necessary)	286
7a Total gross unrelated business revenue from Part VIII, column (D), line 12	1,495,092.
7b Net unrelated business taxable income from Form 990-T, line 34	-1,497,869.
8 Contributions and grants (Part VIII, line 1h)	Prior Year 434,091. Current Year 153,905.
9 Program service revenue (Part VIII, line 2g)	96,060,170. 101,000,335.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	128,992. 25,603.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,665,350. 3,746,819.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	100,288,603. 104,926,662.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	104,476. 111,590.
14 Benefits paid to or for members (Part IX, column (A), line 4)	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	52,699,533. 54,884,334.
16a Professional fundraising fees (Part IX, column (A), line 11e)	
b Total fundraising expenses (Part IX, column (D), line 25)	44,435,041. 46,855,009.
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f, 24f)	97,239,050. 101,850,933.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,049,553. 3,075,729.
19 Revenue less expenses. Subtract line 18 from line 12	Beginning of Current Year 60,187,424. End of Year 62,227,077.
20 Total assets (Part X, line 16)	19,507,938. 18,299,135.
21 Total liabilities (Part X, line 26)	40,679,486. 43,927,942.
22 Net assets or fund balances. Subtract line 21 from line 20	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information which preparer has any knowledge.			
Sign Here	Signature of officer JEFF FRITSCH, CFO Type or print name and title	Date	
Paid Preparer's Use Only	Preparer's signature MOSS ADAMS LLP 805 SW BROADWAY, #1200 PORTLAND, OREGON 97205	Date	Check if self-employed <input type="checkbox"/> Preparer's identifying number (see instructions)
		EIN	Phone no (503) 242-1447

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

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