



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990

EXTENSION GRANTED TO 8/15/12

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

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2010 calendar year, or tax year beginning OCT 1, 2010 and ending SEP 30, 2011

B Check if applicable	C Name of organization SILVERTON HEALTH		D Employer identification number 93-0281321
Address change Name change Initial return Terminated Amended return Application pending		E Telephone number 503-873-1500	
F Number and street (or P O box if mail is not delivered to street address) 342 FAIRVIEW STREET		Room/suite	G Gross receipts \$ 121,814,899.
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	
H(c) Group exemption number ►		If "No," attach a list (see instructions)	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website ► SILVERTONHEALTH.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

Activities & Governance	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) 3		
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4		
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5		
	6 Total number of volunteers (estimate if necessary) 6		
	7a Total unrelated business revenue from Part VIII, column (C), line 12 JAN 15 2014		
b Net unrelated business taxable income from Form 990-T, line 34 7a 1,674,855. 7b -1,376,883.			
Revenue	8 Contributions and grants (Part VIII, line 1h) TPR BRANCH OGDEN	Prior Year 153,905.	Current Year 570,089.
	9 Program service revenue (Part VIII, line 2g) RECEIVED	101,000,335.	109,197,163.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 25,603.	25,603.	111,816.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 3,746,819.	3,746,819.	3,795,295.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 104,926,662.	104,926,662.	113,674,363.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 111,590.	111,590.	150,526.
	14 Benefits paid to or for members (Part IX, column (A), line 4) 0.	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 54,884,334.	54,884,334.	62,721,004.
	16a Professional fundraising fees (Part IX, column (A), line 16) RECEIVED	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) 0.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-16, 11f-24) JAN 10 2014	46,855,009.	48,385,374.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 101,850,933.	101,850,933.	111,256,904.
19 Revenue less expenses. Subtract line 18 from line 12 3,075,729.	3,075,729.	2,417,459.	
Expenses	Beginning of Current Year 62,227,077.	End of Year 66,857,369.	
	18,299,135.	20,516,814.	
	43,927,942.	46,340,555.	
	Net Assets or Fund Balances		
20 Total assets (Part X, line 16) OGDEN, UT			
21 Total liabilities (Part X, line 26) IRS-OSC 0.			
22 Net assets or fund balances. Subtract line 21 from line 20 OGDEN, UT			

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 of which preparer has any knowledge

Sign Here	► Signature of officer JEFF FRITSCHE, CFO	Date			
	Type or print name and title				
Paid	Print/Type preparer's name WENDY CAMPOS	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
Preparer	Firm's name ► MOSS ADAMS LLP	Firm's EIN ►			
Use Only	Firm's address ► 805 SW BROADWAY, #1200	Phone no (503) 242-1447			
May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

G2 214