



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



EXTENSION GRANTED TO 8/15/12

OMB No. 1545-0047

2010

Open to Public Inspection

Form 990

Department of the Treasury
Internal Revenue Service

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

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

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	C Name of organization SILVERTON HEALTH		D Employer identification number 93-0281321
	Doing Business As		E Telephone number 503-873-1500
	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.
	City or town, state or country, and ZIP + 4 SILVERTON, OR 97381		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
F Name and address of principal officer RICHARD CAGEN SAME AS C ABOVE			
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	10
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5	Total number of individuals employed in calendar year 2010 (Part V, line 5a)	5	974
	6	Total number of volunteers (estimate if necessary)	6	295
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,674,855.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	-1,376,883.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	153,905.	570,089.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	101,000,335.	109,197,163.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	25,603.	111,816.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,746,819.	3,795,295.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	104,926,662.	113,674,363.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	111,590.	150,526.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	54,884,334.	62,721,004.
	17	Other expenses (Part IX, column (A), lines 11a-13, 11f-24f)	0.	0.
	18	Total expenses - add lines 13-17 (must equal Part IX, column (A), line 25)	46,855,009.	48,385,374.
	19	Revenue less expenses. Subtract line 18 from line 12	101,850,933.	111,256,904.
	20	Total assets (Part X, line 16)	3,075,729.	2,417,459.
	21	Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20	62,227,077.	66,857,369.
			18,299,135.	20,516,814.
			43,927,942.	46,340,555.

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	Date
	JEFF FRITSCHKE, CFO	
Paid	Print/Type preparer's name	Preparer's signature
	WENDY CAMPOS	
Preparer Use Only	Firm's name	Firm's EIN
	MOSS ADAMS LLP	
Use Only	Firm's address	Phone no
	805 SW BROADWAY, #1200 PORTLAND, OR 97205	(503) 242-1447

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

☒ Yes ☐ No

032001 02-22-11 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2010)

G2 216