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Form 990

EXTENSION GRANTED TO 8/15/13

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

OMB No. 1545-0047

2011

Open to Public  
Inspection

A For the 2011 calendar year, or tax year beginning OCT 1, 2011 and ending SEP 30, 2012

B Check if applicable	C Name of organization  SILVERTON HEALTH  Doing Business As		D Employer identification number  93-0281321	
<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	Number and street (or P O box if mail is not delivered to street address) 342 FAIRVIEW STREET		Room/suite	E Telephone number 503-873-1500
City or town, state or country, and ZIP + 4 SILVERTON, OR 97381		F Gross receipts \$ 124,779,515.		
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		
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		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)		
J Website: ► SILVERTONHEALTH.ORG		H(c) Group exemption number ►		
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
Revenue	3 Number of voting members of the governing body (Part VI, line 1a)
	4 Number of independent voting members of the governing body (Part VI, line 1b)
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)
	6 Total number of volunteers (estimate if necessary)
	7a Total unrelated business revenue from Part VIII, column (C), line 12
	7b Net unrelated business taxable income from Form 990-T, line 34
	8 Contributions and grants (Part VIII, line 1h)
	9 Program service revenue (Part VIII, line 2g)
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)
	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)
	16a Professional fundraising fees (Part IX, column (A), line 11e)
	b Total fundraising expenses (Part IX, column (D), line 25)
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 15)
	19 Revenue less expenses Subtract line 18 from line 12
	20 Total assets (Part X, line 16)
	21 Total liabilities (Part X, line 26)
22 Net assets or fund balances Subtract line 21 from line 20	
RECEIVED STATUTE UNIT RECEIVED JAN 15 2014 TPR BRANCH OGDEN	
RECEIVED IRBOSC JAN 10 2014 IRBOSC 48,385,374. 49,640,961. 62,721,004. 65,258,463. 0. 0. 111,256,904. 115,060,879. 2,417,459. -3,001,681.	
Beginning of Current Year End of Year 66,857,369. 67,380,254. 20,516,814. 23,952,250. 46,340,555. 43,428,004.	

## 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

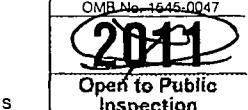
Sign Here	► Signature of officer  DAN JESSUP, CFO  Type or print name and title	Date			
Paid Preparer	Print/Type preparer's name WENDY CAMPOS	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00448102
Use Only	Firm's name ► MOSS ADAMS LLP	Firm's EIN ► 91-0189318			
	Firm's address ► 805 SW BROADWAY, #1200 PORTLAND, OR 97205			Phone no (503) 242-1447	

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

132001 01-23-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2011)

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