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Form **990**Department of the Treasury  
Internal Revenue Service

EXTENSION GRANTED TO 8/15/13

**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:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization**SILVERTON HEALTH**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

**342 FAIRVIEW STREET**

Room/suite

City or town, state or country, and ZIP + 4

**SILVERTON, OR 97381****F** Name and address of principal officer: **RICHARD CAGEN****SAME AS C ABOVE****D** Employer identification number**93-0281321****E** Telephone number**503-873-1500****G** Gross receipts \$**124,779,515.****H(a)** Is this a group return

for affiliates?

☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list (see instructions)

**H(c)** Group exemption number ▶**I** Tax-exempt status ☒ 501(c)(3) ☐ 501(c) ( ) (insert no ) ☐ 4947(a)(1) or ☐ 527**J** Website: **SILVERTONHEALTH.ORG****K** Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ 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	<b>SEE SCHEDULE O</b>	
	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	13
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	1046
	6	Total number of volunteers (estimate if necessary)	6	293
	Revenue	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a
b		Net unrelated business taxable income from Form 990-T, line 34	7b	-1,068,410.
Expenses	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	570,089.	635,305.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	109,197,163.	106,854,625.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	111,816.	39,768.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,795,295.	4,529,500.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	113,674,363.	112,059,198.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	150,526.	161,455.
	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)	62,721,004.	65,258,463.
	b	Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
Net Assets or Fund Balances	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	48,385,374.	49,640,961.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 12)	111,256,904.	115,060,879.
	19	Revenue less expenses. Subtract line 18 from line 12	2,417,459.	-3,001,681.
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	66,857,369.	67,380,254.	
22	Net assets or fund balances. Subtract line 21 from line 20	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	Date
	<b>DAN JESSUP, CFO</b>	
Paid	Print/Type preparer's name	Preparer's signature
	<b>WENDY CAMPOS</b>	
Preparer Use Only	Firm's name ▶ <b>MOSS ADAMS LLP</b>	Firm's EIN ▶ <b>91-0189318</b>
	Firm's address ▶ <b>805 SW BROADWAY, #1200 PORTLAND, OR 97205</b>	Phone no <b>(503) 242-1447</b>

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

☒ Yes ☐ No

132001 01-23-12

LHA For Paperwork Reduction Act Notice, see the separate instructions.

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