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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)

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

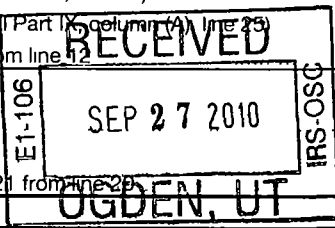
A For the 2009 calendar year, or tax year beginning and ending

B Check if applicable... C Name of organization SILVER KEY SENIOR SERVICES, INC. D Employer identification number 23-7109922 E Telephone number 719-884-2300 G Gross receipts \$ 5,686,895 H(a) Is this a group return for affiliates? Yes No H(b) Are all affiliates included? Yes No H(c) Group exemption number I Tax-exempt status X 501(c)(3) J Website: WWW.SILVERKEY.ORG K Form of organization X Corporation L Year of formation: 1970 M State of legal domicile: CO

SCANNED OCT 04 2010

Part I Summary

Table with columns: Activities & Governance, Revenue, Expenses, Net Assets or Fund Balances. Rows include mission statement, member counts, revenue (3,182,220), expenses (3,243,816), and net assets (12,402,740).



Part II Signature Block

Under penalties of perjury, I declare that I have examined this return... Signature of officer: DAVID SHAFFER, PRESIDENT/ CEO Date: 9/23/10

Paid Preparer's Use Only: Preparer's signature: Doreen B. Meng Date: 9-22-10 Check if self-employed: Preparer's identifying number: 100841439 Firm's name: STOCKMAN KAST RYAN & CO, LLP Address: 102 N. CASCADE AVENUE, SUITE 400 COLORADO SPRINGS, CO 80903 Phone no.: 719-630-1186

May the IRS discuss this return with the preparer shown above? X Yes No

617 13

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission
SERVICES ARE PROVIDED WITH THE GOALS OF PROMOTING INDEPENDENCE, SELF SUFFICIENCY, INDEPENDENT LIVING IN THE HOME, FULFILLING BASIC AND SOCIAL NEEDS, RELIEVING THE MANY BURDENS OF OLD AGE AND PRESERVING THE DIGNITY OF SELF RESPECT OF THE ELDERLY PERSON.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
If "Yes," describe these new services on Schedule O. [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?
If "Yes," describe these changes on Schedule O [] Yes [X] No

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code) (Expenses \$ 315,531. including grants of \$ 89,110.) (Revenue \$ 614.)
SOCIAL SERVICES - SOCIAL SERVICES CASE MANAGERS RECEIVE REFERRALS FROM SENIORS IN NEED AND FROM AGENCIES AND COMMUNITY MEMBERS CONCERNED ABOUT SENIORS. CLIENTS NEEDS ARE ASSESSED AND A PLAN FOR SAFETY AND LONG TERM STABILITY IS DEVELOPED IN PARTNERSHIP WITH THE CLIENT. IN HOUSE SERVICES AND COMMUNITY RESOURCES ARE RALLIED TO MEET THAT GOAL. IT IS COMMON FOR SILVER KEY TO PROVIDE ASSISTANCE WITH OBTAINING MEDICAL AND SOCIAL SECURITY BENEFITS; ACCESSING FINANCIAL BENEFITS FROM FEDERAL, COUNTY, AND LOCAL SOURCES, MAINTAINING OR SECURING AFFORDABLE HOUSING; BUDGETING; ACCESSING LEGAL ASSISTANCE, OBTAINING DENTAL, MEDICAL AND MENTAL HEALTH CARE; OBTAINING PHYSICAL AIDS INCLUDING EYEGLASSES AND HEARING AIDS; OBTAINING ADEQUATE NUTRITION; OBTAINING SAFETY OR ADAPTIVE EQUIPMENT; SECURING TRANSPORTATION; AND MUCH MORE. SILVER KEY

4b (Code) (Expenses \$ 334,393. including grants of \$ 20,143.) (Revenue \$ 79,180.)
HOME CARE SERVICES - THIS PROGRAM SUPPORTS CLIENTS SO THAT THEY CAN REMAIN SAFELY IN THEIR HOMES. SERVICES INCLUDING CLEANING, GROCERY SHOPPING, PERSONAL CARE, RESPITE CARE, AND COMPANIONSHIP ALLOW SENIORS TO LIVE IN THE COMMUNITY WITH A SENSE OF DIGNITY, INDEPENDENCE, AND CONNECTION. FIVE ACTIVITIES OF DAILY LIVING (ADL'S) ARE SUPPORTED INCLUDING: AMBULATION/MOBILITY, TRANSFER, TOILETING, FOOD/MEAL PREPARATION, AND BATHING. HOME CARE SERVICES ALSO SUPPORT HOME AND COMMUNITY BASED SERVICES FOR OLDER INDIVIDUALS IN THE COMMUNITY. 227 CLIENTS RECEIVED SERVICES FOR A TOTAL OF 5,131 SERVICES PROVIDED. A SERVICE IS DEFINED AS A VISIT TO A CLIENT, USUALLY IN 2 HOUR INCREMENTS.

4c (Code) (Expenses \$ 721,320. including grants of \$) (Revenue \$ 72,830.)
TRANSPORTATION SERVICES - THIS PROGRAM PROMOTES INDEPENDENCE AND QUALITY OF LIFE BY PROVIDING DOOR THROUGH DOOR TRANSPORTATION FOR SENIORS IN COLORADO SPRINGS. WHEELCHAIR-ACCESSIBLE LIFTS, AND DRIVERS TRAINED TO ACCOMMODATE THE NEEDS OF OLDER INDIVIDUALS WHO MAY NOT BE ABLE TO NEGOTIATE OTHER MEANS OF PUBLIC TRANSIT. THIS PROGRAM PROVIDES SAFE AND RELIABLE MEANS OF TRAVEL TO AND FROM MEDICAL AND OTHER APPOINTMENTS, SHOPPING, SOCIAL OUTINGS, ETC. TRANSPORTATION IS VITAL TO INDEPENDENCE AND SOCIAL CONNECTION. WITHOUT THIS SUPPORT MANY SENIORS WOULD BE ISOLATED AND HOMEBOUND. A TOTAL OF 45,952 TRIPS WERE PROVIDED IN 2009, SERVING 1,565 CLIENTS. (A TRIP IS DEFINED AS A BOARDING AND DEBOARDING). TO ACCOMPLISH THIS NUMBER OF TRIPS, SILVER KEY PROVIDED 27,102 TOTAL HOURS, INCLUDING 23,207 REVENUE HOURS; AND TRAVELED A

4d Other program services (Describe in Schedule O)
(Expenses \$ 872,418. including grants of \$ 50,948.) (Revenue \$ 288,476.)

4e Total program service expenses \$ 2,243,662.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	N/A	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	X	
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
<ul style="list-style-type: none"> • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> • Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> • Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> • Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> • Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> • Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X</i> 		
12 Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>		
	Yes	No
12A		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Form 990 (2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966? N/A		
9b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12 N/A		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders N/A		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **NONE**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization **KELLY FINNEGAN - 719-884-2300**
2250 BOTT AVENUE, COLORADO SPRINGS, CO, COLORADO SPRINGS, CO 80904

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
BILL BERENZ CHAIR	2.00	X		X				0.	0.	
TIM SIMS TREASURER	1.00	X		X				0.	0.	
JEROME SCHAEFER SECRETARY	1.00	X		X				0.	0.	
DR. RANDALL BJORK 1ST VICE CHAIR	1.00	X		X				0.	0.	
HOWARD BLACK 2ND VICE CHAIR	1.00	X		X				0.	0.	
STEVEN EVERSON DIRECTOR	0.50	X						0.	0.	
DOLORES QUINLISK DIRECTOR	0.50	X						0.	0.	
TYLER STEVENS DIRECTOR	0.50	X						0.	0.	
JULIE BOSWELL DIRECTOR	0.50	X						0.	0.	
SARA BOATZ DIRECTOR	0.50	X						0.	0.	
LISA CLEARY DIRECTOR	0.50	X						0.	0.	
TOBY GANNETT DIRECTOR	0.50	X						0.	0.	
LEE JOLIVET DIRECTOR	0.50	X						0.	0.	
MARY ELLEN MCNALLY DIRECTOR	0.50	X						0.	0.	
ROLLAND STONEMAN DIRECTOR	0.50	X						0.	0.	
KELLY FINNEGAN CFO	40.00			X				91,760.	10,395.	
DAVID SHAPPER PRESIDENT/CEO	40.00			X				102,532.	5,649.	

Part VIII Statement of Revenue				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	29,892.				
	d	Related organizations	1d	350,577.				
	e	Government grants (contributions)	1e	719,575.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,502,343.				
	g	Noncash contributions included in lines 1a-1f \$		199,527.				
	h	Total. Add lines 1a-1f		2,602,387.				
	Program Service Revenue	2 a	SENIOR SERVICES	Business Code 624200	423,617.	423,617.		
b								
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f		423,617.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		72,476.			72,476.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	(ii) Personal				
		b	Less rental expenses					
		c	Rental income or (loss)					
		d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b	Less cost or other basis and sales expenses					
		c	Gain or (loss)					
		d	Net gain or (loss)			-383,017.		-383,017.
	8 a	Gross income from fundraising events (not including \$ 29,892. of contributions reported on line 1c) See Part IV, line 18	a		0.			
		b	Less direct expenses	b	7,963.			
		c	Net income or (loss) from fundraising events		-7,963.			-7,963.
	9 a	Gross income from gaming activities See Part IV, line 19	a					
b		Less direct expenses	b					
c		Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	a		36,234.				
	b	Less cost of goods sold	b	18,751.				
	c	Net income or (loss) from sales of inventory		17,483.	17,483.			
Miscellaneous Revenue		Business Code						
11 a								
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d							
12	Total revenue. See instructions			2,724,983.	441,100.	0.	-318,504.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	229,447.	229,447.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	210,336.	35,744.	164,004.	10,588.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,154,989.	961,625.	143,343.	50,021.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	43,045.	36,043.	5,913.	1,089.
9 Other employee benefits	155,190.	133,914.	19,933.	1,343.
10 Payroll taxes	97,992.	68,614.	25,551.	3,827.
11 Fees for services (non-employees)				
a Management	5,200.	1,152.	4,014.	34.
b Legal	1,087.	1,087.		
c Accounting	20,500.	5,000.	15,500.	
d Lobbying	63.		63.	
e Professional fundraising services See Part IV, line 17	6,000.			6,000.
f Investment management fees	21,591.		21,591.	
g Other				
12 Advertising and promotion	3,677.	2,187.		1,490.
13 Office expenses	52,754.	35,644.	11,048.	6,062.
14 Information technology	10,443.	4,962.	5,230.	251.
15 Royalties				
16 Occupancy	82,412.	72,801.	7,988.	1,623.
17 Travel	13,753.	13,543.	210.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,426.	2,357.	851.	218.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	241,439.	226,687.	12,282.	2,470.
23 Insurance	25,237.	18,906.	5,757.	574.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a VEHICLE EXP. FOR TRANS.	175,499.	175,499.		
b MEALS ON WHEELS	114,942.	114,942.		
c DONATED ITEMS	97,396.	96,396.		1,000.
d DUES & SUBSCRIPTIONS	8,573.	7,112.	1,002.	459.
e				
f All other expenses	453.		453.	
25 Total functional expenses. Add lines 1 through 24f	2,775,444.	2,243,662.	444,733.	87,049.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,025.	1	1,236.
	2 Savings and temporary cash investments	793,993.	2	1,040,603.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	478,056.	4	281,072.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	44,419.	9	27,372.
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 3,094,395.		
	b Less accumulated depreciation	10b 2,247,061.	991,348.	10c 847,334.
	11 Investments - publicly traded securities	1,322,529.	11	1,859,598.
	12 Investments - other securities See Part IV, line 11		12	
	13 Investments - program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	9,004,953.	15	10,305,267.
16 Total assets. Add lines 1 through 15 (must equal line 34)	12,636,323.	16	14,362,482.	
Liabilities	17 Accounts payable and accrued expenses	162,796.	17	114,296.
	18 Grants payable		18	
	19 Deferred revenue	70,787.	19	171,020.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	233,583.	26	285,316.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,541,093.	27	2,647,700.
	28 Temporarily restricted net assets	4,990,264.	28	5,215,396.
	29 Permanently restricted net assets	5,871,383.	29	6,214,070.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	12,402,740.	33	14,077,166.	
34 Total liabilities and net assets/fund balances	12,636,323.	34	14,362,482.	

Part XI Financial Statements and Reporting

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
- b** Were the organization's financial statements audited by an independent accountant?
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization **SILVER KEY SENIOR SERVICES, INC.** Employer identification number **23-7109922**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2009

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	2,188,577.	2,526,079.	2,059,545.	3,182,220.	2,602,387.	12,558,808.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2,188,577.	2,526,079.	2,059,545.	3,182,220.	2,602,387.	12,558,808.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,280,447.
6 Public support. Subtract line 5 from line 4						11,278,361.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	2,188,577.	2,526,079.	2,059,545.	3,182,220.	2,602,387.	12,558,808.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	48,978.	60,044.	131,449.	82,854.	72,476.	395,801.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	6,710.	568.	18,207.	403.		25,888.
11 Total support. Add lines 7 through 10						12,980,497.
12 Gross receipts from related activities, etc. (see instructions)					12	2,856,882.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	86.89 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	87.08 %
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12. Provide any other additional information. See instructions.

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS

Lined area for providing supplemental information.

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2009

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations. Complete Part III

Name of organization SILVER KEY SENIOR SERVICES, INC.	Employer identification number 23-7109922
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

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Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group
B Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount				0.	
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2009

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		6,730.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		345.
i Other activities? If "Yes," describe in Part IV		X	
j Total Add lines 1c through 1i			7,075.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization SILVER KEY SENIOR SERVICES, INC.	Employer identification number 23-7109922
--	--

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIV and complete the following table
- | | Amount |
|---------------------------------|----------|
| c Beginning balance | 133,407. |
| d Additions during the year | 389,709. |
| e Distributions during the year | 385,371. |
| f Ending balance | 137,745. |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	4,294,299.	5,301,476.			
b Contributions	523,762.	698,393.			
c Net investment earnings, gains, and losses	544,097.	-1,337,835.			
d Grants or scholarships					
e Other expenditures for facilities and programs	357,525.	345,775.			
f Administrative expenses	8,778.	21,960.			
g End of year balance	4,995,855.	4,294,299.			

- 2 Provide the estimated percentage of the year end balance held as
- a Board designated or quasi-endowment 21.00 %
 - b Permanent endowment 64.00 %
 - c Term endowment 15.00 %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|-----|----|
| (i) unrelated organizations | X | |
| (ii) related organizations | | X |
| b If "Yes" to 3a(i), are the related organizations listed as required on Schedule R? | | |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		1,753,324.	1,191,818.	561,506.
c Leasehold improvements				
d Equipment		487,512.	431,317.	56,195.
e Other		853,559.	623,926.	229,633.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				847,334.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,724,983.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,775,444.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-50,461.
4	Net unrealized gains (losses) on investments	4	453,952.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	1,270,935.
9	Total adjustments (net). Add lines 4 through 8	9	1,724,887.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	1,674,426.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	4,454,992.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	453,952.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	1,270,935.
e	Add lines 2a through 2d	2e	1,724,887.
3	Subtract line 2e from line 1	3	2,730,105.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	21,592.
b	Other (Describe in Part XIV)	4b	-26,714.
c	Add lines 4a and 4b	4c	-5,122.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	2,724,983.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	2,780,566.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	26,714.
e	Add lines 2a through 2d	2e	26,714.
3	Subtract line 2e from line 1	3	2,753,852.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	21,592.
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	21,592.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	2,775,444.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

PART IV, LINE 1B SILVER KEY SENIOR SERVICES IS GUARDIAN FOR SEVERAL

PEOPLE WITHIN THE COMMUNITY. THESE PEOPLE ARE SENIORS BY SILVER KEY'S

DEFINITION - 60 YEARS AND ABOVE, THESE FOLKS ARE COURT APPOINTED AND THERE

IS USUALLY NO FAMILY LIVING LOCALLY, OR IN SOME CASES NO FAMILY AT ALL.

FOR 50 OF THESE WARDS, SILVER KEY SENIOR SERVICES IS ALSO CONSERVATOR OF

THEIR FINANCES. THE AMOUNTS LISTED IN PART IV IS THE CUMULATIVE ACTIVITY

FOR THE YEAR OF ALL OF THE WARDS WHICH SILVER KEY SENIOR SERVICES IS

CONSERVATOR. ONCE THE WARD PASSES AWAY, THE ACCOUNT IS TURNED OVER TO THE

Part XIV Supplemental Information (continued)

PUBLIC ADMINISTRATOR TO SETTLE THE ESTATE. MOST OF THESE CLIENTS ARE ON
 MEDICAID AND THE SOCIAL SECURITY FLOWS FROM THE ACCOUNT TO THE NURSING
 HOME BECAUSE SOCIAL SECURITY IS NOT A DIRECT PAY TO THE NURSING HOME. FOR
 THESE CLIENTS, THERE IS NO EXTRA MONEY TO COLLECT FEES AND SILVER KEY
 SENIOR SERVICES PROVIDES THE GUARDIANSHIP SERVICE AT NO COST TO THESE
 CLIENTS.

PART V, LINE 4. THE INTENDED USES OF THE ORGANIZATION'S ENDOWMENT
 FUNDS ARE MAINLY TO FULFILL THE MISSION OF THE ORGANIZATION THROUGH IT'S
 PROGRAM SERVICE AREAS. GIVEN THIS, ANY RESTRICTED FUNDS RECEIVED, EITHER
 TEMPORARILY OR PERMANENTLY THAT HAVE DONOR RESTRICTIONS ON THE EARNINGS,
 ARE USED FOR THESE PURPOSES. FOR THOSE TEMPORARILY RESTRICTED FUNDS THAT
 DO NOT HAVE RESTRICTIONS ON THE USE BUT JUST A TIME RESTRICTION, WILL BE
 USED TO FULFILL THE PROGRAM SERVICE AREAS. SOME OF THE EARNINGS OF THE
 TEMPORARILY RESTRICTED FUNDS OF THE RELATED ORGANIZATION ARE USED TO FUND
 THE ADMINISTRATIVE COSTS OF THE ORGANIZATION. THE BOARD DESIGNATED FUNDS
 ARE HELD FOR THOSE YEARS TO SUPPLEMENT THE REVENUE OF THE ORGANIZATION
 WHEN THE UNRESTRICTED BEQUESTS FROM ESTATES DO NOT MEET THE BUDGETED
 AMOUNT FOR THE YEAR. LIKEWISE, IN YEARS WHEN THE UNRESTRICTED BEQUESTS
 EXCEED THE BUDGETED AMOUNT, THE EXCESS IS ADDED TO THE BOARD DESIGNATED
 FUND.

PART XI, LINE 8 - OTHER ADJUSTMENTS:
 CHANGE IN BENEFICIAL INTEREST IN FOUNDATION: 971424.
 CHANGE IN BENEFICIAL INTEREST IN TRUSTS. 299511.

PART XII, LINE 2D - OTHER ADJUSTMENTS:
 CHANGE IN VALUE FOR BENEFICIAL INTEREST IN FOUNDATION: 971424.

Part XIV Supplemental Information (continued)

CHANGE IN VALUE FOR BENEFICIAL INTEREST IN TRUSTS: 299511.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EVENT EXPENSES -7963.

COST OF ENSURE -18751.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENT EXPENSES: 7963.

COST OF ENSURE: 18751.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
		SILVER LININGS BREAKFAST (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	29,892.		29,892.
	2	Less: Charitable contributions	29,892.		29,892.
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	5,472.		5,472.
	8	Entertainment			
	9	Other direct expenses	2,491.		2,491.
	10	Direct expense summary Add lines 4 through 9 in column (d)			(7,963)
	11	Net income summary Combine line 3, column (d), and line 10			-7,963.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary Add lines 2 through 5 in column (d)			()
	8	Net gaming income summary Combine line 1, column (d), and line 7			

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities _____ a Is the organization licensed to operate gaming activities in each of these states? b If "No," explain _____	9a	
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain _____	10a	
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

13 Indicate the percentage of gaming activity operated in

a The organization's facility

b An outside facility

13a	_____ %
13b	_____ %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

15a

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

17a

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
PROVIDING CLOTHING/PERSONAL ITEMS FROM CLOTHING BANK	5	696.	49.	ESTIMATED VALUE	CLOTHING
HOME CARE AND PERSONAL CARE SERVICES	77	0.	20,143.	BASED ON CURRENT AMOUNT CHARGED FOR SERVICE	SERVICES PROVIDED IF CLIENT COULD NOT AFFORD TO PAY.
HOME MAINTENANCE/ FURNITURE/APPLIANCES	25	7,225.	0.		
HOUSING ASSISTANCE-ASSISTANCE WITH RENT OR MORTGAGE PAYMENT	89	49,736.	0.		
ASSISTANCE WITH MEDICAL/DENTAL EXPENSES	19	6,766.	140.	SOLD	USED MEDICAL EQUIPMENT

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information

SCHEDULE I, PART I, LINE 2. THE ORGANIZATION HAS COMPUTER SOFTWARE THAT

TRACKS THE AMOUNT AND TYPE OF ASSISTANCE A CLIENT RECEIVES. THERE IS

CRITERIA THE ORGANIZATION HAS IMPLEMENTED TO ASCERTAIN THAT THE CLIENT IS

IN NEED AS WELL AS TO FOLLOW UP WITH THE CLIENT AND RE-EVALUATE THE CLIENT

PERIODICALLY. ALSO THE INFORMATION IS ENTERED INTO THE ACCOUNTING SOFTWARE

AND CODED AS TO TYPE OF ASSISTANCE THE CLIENT HAS RECEIVED. ALSO, THERE IS

CAPABILITY TO TRACK THE AMOUNTS SPENT OR APPLIED AGAINST A GRANT THAT THE

ORGANIZATION HAS RECEIVED FOR A SPECIFIC PURPOSE. AS A CROSS-CHECK, THE

INFORMATION CAN BE SORTED BY CLIENT TO ASCERTAIN ANY AMOUNTS PAID OR

Part II Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
ASSISTANCE WITH MOVING EXPENSES	17.	7,810.	0.		
ASSISTANCE WITH PRESCRIPTIONS EXPENSE	24.	4,593.	0.		
ASSISTANCE WITH UTILITIES	20.	5,573.	0.	ESTIMATED VALUE BASED ON COST OF FOOD PURCHASED FROM LOCAL FOOD BANK	DONATED FOOD RECEIVED FOR CLIENTS IN NEED.
NUTRITION ASSISTANCE - FOOD PANTRY	1,097.	36,938.			PAID FOR MEALS ON BEHALF OF CLIENT IF CLIENT COULD NOT PAY FULL AMOUNT FOR MEALS SERVED.
NUTRITION ASSISTANCE - MEALS ON WHEELS	49.	0.	13,590.	BASED ON CURRENT AMOUNT CHARGED FOR MEALS	
MISCELLANEOUS - PET CARE/BUS PASSES/DOCUMENTS/FILING FEES	11.	491.	0.		
PROPERTY TAXES	2.	6,452.	0.		

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

Name of the organization: **SILVER KEY SENIOR SERVICES, INC.**
Employer identification number: **23-7109922**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory	X	89,502	69,245.	CASH VALUE OF ITEMS RECD
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (DONATED GIFTS)	X	2,935	60,691.	CASH VALUE OF ITEMS
26	Other ▶ (HEALTH EQUIPM)	X	591	20,108.	CASH VALUE OF ITEMS
27	Other ▶ (INVENTORY ITE)	X	9,980	16,597.	CASH VALUE OF ITEMS
28	Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment: **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II		X
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? b If "Yes," describe in Part II		X
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II		

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

SILVER KEY SENIOR SERVICES, INC.

Employer identification number

23-7109922

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

EMERGENCY ASSISTANCE FUNDS (SKEA) MAY BE APPLIED TO RESOLVE A FINANCIAL

CRISIS ALLOWING A SENIOR TO MOVE INTO A SAFE AND STABLE POSITION. MANY

CLIENTS ARE AT-RISK FOR ECONOMIC CRISES, HOMELESSNESS, PHYSICAL AND

MENTAL HEALTH ISSUES, AND ABUSE, NEGLECT, OR EXPLOITATION. WITHOUT

INTERVENTION MANY OF THESE SENIORS WOULD END UP IN SHELTERS, HOSPITALS,

AND COSTLY NURSING FACILITIES. 2,081 CLIENTS WERE SERVED IN 2009 WITH

5,465 SERVICES PROVIDED. 4,128 HOURS OF VOLUNTEER SERVICES WERE DONATED

IN 2009.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS

TOTAL OF 377,472 MILES, INCLUDING 302,410 REVENUE MILES. SILVER KEY

SENIOR SERVICES PROVIDED SERVICE 262 DAYS OF THE YEAR, OPERATING MOST

MONDAY THROUGH FRIDAYS WITH THE EXCEPTION OF HOLIDAYS. THERE WAS AN

AVERAGE OF 16 VEHICLES IN USE FOR THE MONDAY THROUGH FRIDAY SERVICE

DAYS. PURPOSE OF THE TRIPS INCLUDE, MEDICAL APPOINTMENTS, CONGREGATE

VISITS, SHOPPING TRIPS, INCLUDING GROCERIES, EMPLOYMENT, AND

SOCIAL/RECREATIONAL. MOST OF THE PURPOSE OF THE TRIPS FOR SATURDAY

AND SUNDAY WERE RECREATIONAL. 17,773 OF VOLUNTEER SERVICES WERE

RECEIVED IN 2009 FOR THE TRANSPORTATION PROGRAM.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

MEALS ON WHEELS - SILVER KEY'S MEALS-ON-WHEELS PROGRAM PROVIDES HOT

NUTRITIOUS MEALS DELIVERED TO THE HOMES OF SENIORS WHO ARE UNABLE TO

PREPARE MEALS FOR THEMSELVES. ALONG WITH NUTRITIONAL SUPPORT, THIS

PROGRAM PROVIDES SOCIAL CONTACT WITH CARING MEMBERS OF THE COMMUNITY.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

SILVER KEY SENIOR SERVICES, INC.

Employer identification number

23-7109922

WITHOUT MEALS ON WHEELS, MANY SENIORS WOULD NOT BE ABLE TO MEET THEIR

NUTRITIONAL NEEDS AND MIGHT NOT HAVE REGULAR SOCIAL CONTRACT. MANY

SENIORS REPORT THAT THIS SUPPORT IS JUST AS IMPORTANT TO THEIR

WELLBEING AS THE MEAL. 482 CLIENTS WERE SERVED A TOTAL OF 41,858 MEALS

IN 2009. VOLUNTEERS PROVIDED A TOTAL OF 14,058 HOURS OF SERVICE TO THE

ORGANIZATION.

PROGRAM FEES RECEIVED \$188,317. EXPENSES \$278,036 INCLUDING GRANTS OF

\$13,590.

GUARDIANSHIP PROGRAM - WHEN AN INDIVIDUAL IS NO LONGER ABLE TO LIVE

INDEPENDENTLY IN THE COMMUNITY BECAUSE OF PHYSICAL OR MENTAL HEALTH

ISSUES OR DISABILITIES, SILVER KEY WORKS TO EASE THE TRANSITION INTO

MORE STRUCTURED CARE WITH THE GOAL OF UPHOLDING AND REPRESENTING THE

WISHES OF THE CLIENT AND MAINTAINING SAFETY, DIGNITY, AND QUALITY OF

LIFE. THIS PROGRAM SUPPORTS SENIORS WHO ARE DEEMED NO LONGER ABLE TOT

MAKE DECISIONS FOR THEMSELVES BY THE PROBATE COURT. CASE MANAGERS

OVERSEE ALL ASPECTS OF THE SENIOR'S HEALTH, HOUSING, PSYCHOSOCIAL, AND

FINANCIAL NEEDS. THIS SERVICE IS OPTEN PROVIDED THROUGH THE REMAINDER

OF THEIR LIFE. 79 CLIENTS WERE SERVED IN 2009 FOR 6,044 SERVICES.

PROGRAM FEES RECEIVED \$42,637. EXPENSES \$223,020 INCLUDING GRANTS OF

\$480.

SUPPORTIVE SERVICES - A TOTAL OF 6,238 VOLUNTEER HOURS WERE RECEIVED

FOR THIS PROGRAM.

PROGRAM FEES RECEIVED \$52,379. EXPENSES \$183,325 INCLUDING GRANTS OF

\$0.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990
Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009
Open to Public
Inspection

Name of the organization **SILVER KEY SENIOR SERVICES, INC.** Employer identification number **23-7109922**

1,424 CLIENTS WERE SERVED IN THE VARIOUS ASPECTS OF THIS PROGRAM, AS
FOLLOWS:

MAINTENANCE - SILVER KEY'S SUPPORTIVE SERVICES HOME MAINTENANCE PROGRAM
SEEKS TO REMOVE OBSTACLES TO REMAINING INDEPENDENT THROUGH THE
INSTALLATION OF ADA COMPLIANT RAMPS, SAFETY GRAB-BARS, HANDRAILS, AND A
VARIETY OF OTHER HOME REPAIR AND MINOR REMODELING PROJECTS AND YARD
MAINTENANCE. THESE SMALL CHANGES CAN MAKE A BIG DIFFERENCE TO A SENIOR
STRUGGLING WITH A TEMPORARY OR PERMANENT DISABILITY. CHANGES CAN MEAN
IMPROVED ACCESSIBILITY AND PREVENTION OF INJURIES THAT COULD CAUSE
FUTHER IMPAIRMENT OR REQUIRE HOSPITALIZATION AND EVEN THE NEED TO MOVE
TO A FACILITY PERMANENTLY.

HEALTH EQUIPMENT - THIS PROGRAM SUPPORTS INDEPENDENT LIVING WITH A
VARIETY OR SERVICES INCLUDING LOANS OF ASSISTIVE HEALTH EQUIPMENT
NEEDED BY SENIORS WITH MOBILITY ISSUES AND WHO HAVE NEEDS RELATED TO
RECOVERY FROM A SURGERY OR ILLNESS (WHEELCHAIRS, WALKERS, SHOWER AND
TRANSFER BENCHES, TOILET RISERS, ETC.). THE SILVER SIGHT PROGRAM WORKS
WITH OPHTHALMOLOGISTS TO IDENTIFY INDIVIDUALS WHO WOULD BENEFIT FROM
MAGNIFICATION DEVICES IN ORDER TO CONTINUE TO READ, PAY BILLS, AND SEE
PHOTOGRAPHS DESPITE SIGHT IMPAIRMENTS.

THE COUNTRY STORE - THIS CLOTHING AND PERSONAL ITEMS STORE ALLOWS
CLIENTS WITH LIMITED RESOURCES TO SHOP IN A DINIGIPIED MANNER TO OBTAIN
THOSE ITEMS THAT MIGHT OTHERWISE BE UNAVAILABLE. CLOTHING, BEDDING,
TOWELS, SHOES, AND OTHER ITEMS REQUIRED FOR DAILY LIVING ARE MADE
AVAILABLE THROUGH THE DONATION OF NEW AND USED ITEMS TO SILVER KEY.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
932211
02-03-10

Schedule O (Form 990) 2009

SCHEDULE O
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Department of the Treasury
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2009
Open to Public
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Name of the organization

SILVER KEY SENIOR SERVICES, INC.

Employer identification number
23-7109922

SUPPORTIVE SERVICES - FOOD PROGRAMS. SILVER KEY ADMINISTERS TWO FEDERAL

FOOD PROGRAMS (CSFP AND TFAP) AS WELL AS OPERATING A FOOD PANTRY USED

TO DISTRIBUTE EMERGENCY FOOD AND SUPPLEMENT FOOD PROGRAM BOXES, WHICH

PROVIDE LIMITED AMOUNTS AND TYPES OF FOOD. THE PANTRY IS ALSO IMPORTANT

FOR CLIENTS WHO HAVE DIET RESTRICTIONS THAT REQUIRE LOW SODIUM OR LOW

SUGAR FOODS. THESE SERVICES ARE DELVIERED WITH COMPASSION AND RESPECT,

PROVIDING A SENSE OF DIGNITY AND UNDERSTANDING TO ODLER INDIVIDUALS WHO

MUST RELY ON OTHERS FOR THEIR BASIC NEEDS. A TOTAL OF 1,097 CLIENTS

WERE SERVED WITH THE VARIOUS FOOD PROGRAMS. 7,211 UNITS OF FOOD WERE

DISTRIBUTED TO CLIENTS IN 2009. VOLUNTEERS PROVIDED A TOTAL OF 1,645

HOURS OF SERVICE FOR THIS PROGRAM.

PROGRAM FEES RECEIVED \$5,143. EXPENSES \$188,038 INCLUDING GRANTS OF

\$36,878.

EXPENSES \$ 872418. INCLUDING GRANTS OF \$ 50948. REVENUE \$ 288476.

FORM 990, PART VI, SECTION B, LINE 11: THE EXECUTIVE COMMITTEE (OFFICERS)

OF THE ORGANIZATION REVIEWS THE RETURN WITH THE TAX PREPARER. IT IS

EMAILED TO THE REMAINDER OF THE BOARD MEMBERS FOR THEIR REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY, THE BOARD AND EMPLOYEES

FILL OUT A CONFLICT OF INTEREST FORM. ANY ITEMS OF MAJOR CONCERN ARE

ADDRESSED, AND IF SERIOUS ENOUGH APPROPRIATE ACTION IS TAKEN, INCLUDING

DISMISSAL. ANY ITEMS THAT REQUIRE A BOARD VOTE AND THERE IS A CONFLICT OF

INTEREST WITH A PARTICULAR BOARD MEMBER, THAT MEMBER WILL EXCUSE

HIMSELF/HERSELF FROM THE VOTE.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
932211
02-03-10

Schedule O (Form 990) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990
Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009
Open to Public
Inspection

Name of the organization **SILVER KEY SENIOR SERVICES, INC.** Employer identification number **23-7109922**

FORM 990, PART VI, SECTION B, LINE 15. DURING THE ANNUAL REVIEW OF THE

CEO, THE EXECUTIVE COMMITTEE REVIEWS THE COMPENSATION OF THE CEO.

COMPARABILITY DATA IS UTILIZED TO ASCERTAIN THAT THAT LEVEL OF COMPENSATION

IS NOT EXCESSIVE. DURING THE PROCESS OF THE BUDGET REVIEW WITH THE

EXECUTIVE COMMITTEE, FINANCE COMMITTEE, AND THE BOARD, THE SALARIES AND

WAGES OF KEY EMPLOYEES ARE REVIEWED UTILIZING COMPARABILITY DATA. IN YEARS

WHERE THERE ARE NOT ANY INCREASES, THIS DATA IS RELIED UPON FROM THE YEAR

BEFORE. IN 2009, THERE WERE NOT ANY INCREASES FOR KEY EMPLOYEES.

FORM 990, PART VI, SECTION C, LINE 19 ALL OF THE DOCUMENTS ARE AVAILABLE

UPON REQUEST. THE TAX RETURN IS AVAILABLE ON GUIDESTAR WITH A LINK FROM THE

ORGANIZATION'S WEBSITE. THE FINANCIAL AUDIT AND TAX RETURN AS WELL AS OUR

CONFLICT OF INTEREST POLICY WILL BE MADE AVAILABLE ON THE ORGANIZATION'S

WEBSITE.

FORM 990, PART XI, LINE 2C

THE ORGANIZATION'S FINANCE COMMITTEE REVIEWS THE AUDIT. THERE IS A

FINAL PRESENTATION TO THE ENTIRE BOARD UPON ACCEPTANCE BY THE FINANCE

COMMITTEE.

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved	Yes	No
(1)	SILVER KEY SENIOR SERVICES FOUNDATION INC	C	350,577.		X
(2)					X
(3)					X
(4)					X
(5)					X
(6)					X



Form **8868**

(Rev. April 2009)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ File a separate application for each return.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization	Employer identification number
	SILVER KEY SENIOR SERVICES, INC.	23-7109922
	Number, street, and room or suite no. If a P.O. box, see instructions. 2250 BOTT AVENUE	
File by the due date for filing your return See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions. COLORADO SPRINGS, CO 80904	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

KELLY FINNEGAN - 2250 BOTT AVENUE, COLORADO SPRINGS, CO

- The books are in the care of ▶ - COLORADO SPRINGS, CO 80904
Telephone No. ▶ 719-884-2300 FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year 2009 or
▶ tax year beginning _____, and ending _____

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0
c	Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization SILVER KEY SENIOR SERVICES, INC.	Employer identification number 23-7109922
	Number, street, and room or suite no. If a P.O. box, see instructions. 2250 BOTT AVENUE	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. COLORADO SPRINGS, CO 80904	

Check type of return to be filed (File a separate application for each return):

- Form 990
 Form 990-EZ
 Form 990-T (sec. 401(a) or 408(a) trust)
 Form 1041-A
 Form 5227
 Form 8870
 Form 990-BL
 Form 990-PF
 Form 990-T (trust other than above)
 Form 4720
 Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

KELLY FINNEGAN - 2250 BOTT AVENUE, COLORADO SPRINGS, CO

- The books are in the care of - **COLORADO SPRINGS, CO 80904**
 Telephone No. **719-884-2300** FAX No.
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until **NOVEMBER 15, 2010**.
- For calendar year **2009**, or other tax year beginning _____, and ending _____.
- If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- State in detail why you need the extension _____

ADDITIONAL TIME IS NECESSARY IN ORDER TO ACCUMULATE THE DATA REQUIRED TO PREPARE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature *Doreen B. Meyer* Title ~~PRESIDENT/CEO~~ CPA Date 8-9-10