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-Extended & 8/15/11 -

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545-0052

| | venue Service | Note The | foundation may | be able to use a copy of this | return to sati | sfy state repo | rting requirements. | |
|----------------|----------------------------------|--|---------------------|------------------------------------|-----------------|---|--|--|
| or calen | dar year 2010, o | or tax year beginn | ning | | , and e | nding | | |
| | all that apply: | Initial re | | Initial return of a fe | ormer public o | harity | Final return | |
| | | | ed return | Address chan | • | | Name change | |
| Name of | foundation | | | | | | A Employer identification | number |
| | THE SI | LVER FO | UNDATION | 1 | | | | |
| | C/O I | NTERNATI | ONAL NUT | TRITION, INC. | | | 20-0511961 | |
| Number ar | | ox number if mail is n | | | | Room/suite | B Telephone number | ·· · |
| | P. O. | BOX 275 | 40 | | | | 402-331-01 | 23 |
| City or to | own, state, and Z | | | · · · · · | | | C If exemption application is pe | |
| , | OMAHA | | 127 | | | | D 1 Foreign organizations | |
| - Check | type of organiza | | | xempt private foundation | | | 2 Foreign organizations med check here and attach cor | eting the 85% test, |
| | | nonexempt charit | | Other taxable private found | ation | | | |
| | | assets at end of ye | | | Accr | ual | E If private foundation stat under section 507(b)(1)(| |
| | Part II, col (c), i | ·= | l — | Other (specify) | | uui | 1 | • • • |
| ▶ \$ | | | 3 . (Part I. colu | umn (d) must be on cash | basis) | | F If the foundation is in a 6 under section 507(b)(1)(| |
| Part I | Analysis of Re | venue and Expen | ses | | | vactment | | (d) Disbursements |
| | The total of amou | unts in columns (b), (c the amounts in colu | c), and (d) may not | (a) Revenue and expenses per books | (b) Net in inco | | (c) Adjusted net income | for charitable purposes (cash basis only) |
| 1 | | ufts, grants, etc., r | | 10,000. | | | N/A | (Oddin Oddia Offly) |
| | | the foundation is not requ | | 10,000. | | | | |
| 1 3 | Interest on savings | | | 8. | | 8. | | STATEMENT 1 |
| 4 | cash investments | nterest from secur | ritiae | 29,483. | 2 | 9,483. | | STATEMENT 2 |
| 1 1 | Gross rents | interest from secur | 1003 | 25, 205. | | <i>J</i> , 1 05 • | | DIAIDMENI Z |
| 1 | Net rental income of | () | | | | | | |
| 1 - | | · · · | | 5,385. | | | | |
| 3 6 | Gross sales price f | om sale of assets no or all | 30,368. | 3,303. | | | | · |
| Oυ | assets on the sa | come (from Part IV, Iir | | | | 5,385. | | ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- · |
| æ ′ | · - | | ie 2) | | | <u>, , , , , , , , , , , , , , , , , , , </u> | | |
| - 8 | Net short-term. | ationsECEIV | // | | | | | |
| . مدا | Gross saleg less re | | /ED | | · | | | |
| | Less Cost of soor | | 9 | | | · | | |
| | Gross profit or (| | 2011 3 | | | | | |
| | Other income | | 38 | | | | | |
| | | OGDAN | | 44,876. | 3 | 4,876. | | |
| 12 | | | UI | 44,870. | | 4,878. 0. | | 0 |
| 13 | ·- | officers, directors, true salaries and wage | _ | 0. | | <u> </u> | | 0 |
| I | | employee benefits | | | | | | |
| ıΛΙ | Legal fees | | STMT 3 | 146. | | 146. | | |
| S 104 | | | STMT 4 | 1,377. | | $\frac{140.}{1,377.}$ | | 0 |
| g , | Accounting fees Other profession | | SIMI 4 | 1,311. | | <u> </u> | | |
| ш с Ф 17 | • | nai iees | | 10. | | 10. | | 0 |
| ¥ 17 | Interest | , | STMT 5 | 669. | | 669. | | |
| stra 81 | Taxes | | SIMI 3 | 003. | | 003. | | 0 |
| : 19 | Depreciation an | a depietion | | | | | | |
| 70 I | Occupancy Traval conferen | and meeting | • | | | | - | |
| Ž 21 | • | ices, and meeting: | 5 | | - | | | |
| E 22 | Printing and pul | | CMMM 6 | 10 | | 1.0 | | |
| gi 23 | Other expenses | | STMT 6 | 10. | | 10. | | 0 |
| e 24 | | and administrati | | 2 212 | | 2 212 | | ^ |
| ء اق | - | lines 13 through 2 | ۷3 | 2,212. | - | 2,212. | | 46 460 |
| 25 | Contributions, g | | | 46,469. | <u></u> . | | | 46,469 |
| 26 | | and disburseme | nts | 40 601 | | 2 212 | | 46 460 |
| - | Add lines 24 an | | | 48,681. | | <u>2,212.</u> | | 46,469 |
| | Subtract line 26 | | | 2 005 | | | | |
| | | over expenses and d | | -3,805. | | <u> </u> | | |
| | | income (if negative | | | 3 | 2,664. | /- | |
| C | Adjusted net in | come (if negative, ei | nter -0-) | <u>I </u> | l | | N/A | |

Form **990-PF** (2010)

| | 990-PF (2010) C/O INTERNATIONAL NUTRI | | | 0511961 Page |
|-----------------------------|---|---|----------------|-----------------------|
| Par | t II Balance Sheets Atlached schedules and amounts in the description column should be for end-of-year amounts only | Beginning of year | End of | |
| | · · · · · · · · · · · · · · · · · · · | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | Cash - non-interest-bearing | 12,814. | 10,094. | 10,094. |
| - 1 | Savings and temporary cash investments | | | |
| 3 | Accounts receivable - | | | |
| | Less; allowance for doubtful accounts | | | |
| 1 | Pledges receivable | | | |
| ١, | Less: allowance for doubtful accounts | | | |
| 5 | <u></u> | | | |
| 6 | ,, | | | |
| Ι, | disqualified persons Other notes and loans receivable | | | - |
| ' | Less: allowance for doubtful accounts | | | |
| ,, | Inventories for sale or use | | | |
| ਨ । | Prepaid expenses and deferred charges | - | | |
| رُ الْ | a Investments - U.S. and state government obligations | | | |
| - 1 | b Investments - corporate stock STMT 7 | 1,098,526. | 1,097,441. | 1,066,749. |
| - 1 | c Investments - corporate bonds | 1,000,020. | 1,091,441. | 1,000,743. |
| 11 | · | *************************************** | | |
| - ['' | Less accumulated depreciation | | | |
| 12 | | | - | |
| 13 | | | | |
| 14 | | | | |
| | Less accumulated depreciation | | | |
| 15 | Other assets (describe ► | - | | |
| ' | | | | |
| 16 | Total assets (to be completed by all filers) | 1,111,340. | 1,107,535. | 1,076,843. |
| | Accounts payable and accrued expenses | | | |
| 18 | Grants payable | | | |
| ဖ္က 19 | Deferred revenue | | | |
| ≝ 20 | Loans from officers, directors, trustees, and other disqualified persons | 644. | 644. | |
| Liabilities 20 | Mortgages and other notes payable | | | |
| ے ₂₂ | Other liabilities (describe >) | | | |
| | | | | |
| 23 | Total liabilities (add lines 17 through 22) | 644. | 644. | |
| i | Foundations that follow SFAS 117, check here | | | |
| 8 | and complete lines 24 through 26 and lines 30 and 31. | | | |
| g 24 | | | | |
| [25 | F | | | |
| B 26 | | | | |
| Ē | Foundations that do not follow SFAS 117, check here | | | |
| ัธ | and complete lines 27 through 31 | | | |
| <u>د</u> ا | - · · · · · · · · · · · | 0. | 0. | |
| Net Assets or Fund Balances | | 1 110 606 | 0. | |
| ¥ 29 | | 1,110,696. | 1,106,891. | |
| ¥ 30 | Total net assets or fund balances | 1,110,696. | 1,106,891. | |
| 31 | Total liabilities and net assets/fund balances | 1,111,340. | 1,107,535. | |
| Par | t III Analysis of Changes in Net Assets or Fund Ba | lances | | |
| | <u></u> | | | |

| 1 | Total net assets or fund balances at beginning of year - Part II, column (a), line 30 | | |
|---|---|---|------------|
| | (must agree with end-of-year figure reported on prior year's return) | 1 | 1,110,696. |
| 2 | Enter amount from Part I, line 27a | 2 | -3,805. |
| 3 | Other increases not included in line 2 (itemize) | 3 | 0. |
| 4 | Add lines 1, 2, and 3 | 4 | 1,106,891. |
| 5 | Decreases not included in line 2 (itemize) | 5 | 0. |
| 6 | Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 | 6 | 1,106,891. |

THE SILVER FOUNDATION Form 990-PF (2010) C/O INTERNATIONAL NUTRITION, 20-0511961 INC Page 3 Part IV Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase D - Donation (a) List and describe the kind(s) of property sold (e.g., real estate, (c) Date acquired (d) Date sold (mo., day, yr.) (mo., day, yr.) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) 530 SH ISHARES RUSSELL 1000 GROWTH 07/01/05 12/30/10 P b C d е (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price (or allowable) plus expense of sale (e) plus (f) minus (g) 30,368 24,983 5,385. b C d e Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Gains (Col. (h) gain minus col. (k), but not less than -0-) or (k) Excess of col. (i) (i) Adjusted basis (i) F.M.V. as of 12/31/69 Losses (from col. (h)) as of 12/31/69 over col. (j), if any 5,385. b C d е If gain, also enter in Part I, line 7 2 Capital gain net income or (net capital loss) 5,385. 2 If (loss), enter -0- in Part I, line 7 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8 N/A Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.) If section 4940(d)(2) applies, leave this part blank. X Yes No Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part. Enter the appropriate amount in each column for each year; see instructions before making any entries. (a) Base period years (d)
Distribution ratio (c) Adjusted qualifying distributions Net value of noncharitable-use assets Calendar year (or tax year beginning in) (col. (b) divided by col. (c)) 2009 2008 2007 2006 2005 2 Total of line 1, column (d) Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years 3 4 Enter the net value of noncharitable-use assets for 2010 from Part X, line 5 4 Multiply line 4 by line 3 5 Enter 1% of net investment income (1% of Part I, line 27b) 6 Add lines 5 and 6 7 8 Enter qualifying distributions from Part XII, line 4 8

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.

See the Part VI instructions.

| _ | THE SILVER FOUNDATION | | _ | | | |
|----|---|-------------|---------------|----------|----------|------------|
| | 1990-PF (2010) C/O INTERNATIONAL NUTRITION, INC. | | <u> 20-05</u> | | | Page 4 |
| | ert VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(| e), or 4 | 1948 - se | e instru | uctio | ns) |
| 1a | Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1. |) | | | | |
| | Date of ruling or determination letter: (attach copy of letter if necessary-see instructions) | | | | | |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕒 🔲 and enter 1% | • | 1 | | 6 | <u>53.</u> |
| | of Part I, line 27b | ł | | | | |
| C | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b). | J | | | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | | 2 | | | 0. |
| 3 | Add lines 1 and 2 | | 3_ | | 6 | <u>53.</u> |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | | 4 | | | 0. |
| 5 | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | | 5 | | 6 | <u>53.</u> |
| 6 | Credits/Payments: | | | | | |
| a | 2010 estimated tax payments and 2009 overpayment credited to 2010 6a | |] | | | |
| b | Exempt foreign organizations - tax withheld at source 6b | | | | | |
| C | Tax paid with application for extension of time to file (Form 8868) | | <u> </u> | | | |
| d | Backup withholding erroneously withheld 6d | | | | | |
| 7 | Total credits and payments Add lines 6a through 6d | | 7 | | | 0. |
| 8 | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached | | 8 | | | 18. |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed SEE STATEMENT 8 | | 9 | | _ 6 | 71. |
| 10 | Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | > | 10 | | | |
| | | nded 🖊 | 11 | | | |
| Pa | art VII-A Statements Regarding Activities | | | | | |
| 1a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or | intervene | e in | | Yes | No |
| | any political campaign? | | | 1a | | X |
| b | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for def | nition)? | | 1b | | X |
| | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials | publishe | ed or | | | ŀ |
| | distributed by the foundation in connection with the activities | | | | | ł |
| C | Did the foundation file Form 1120-POL for this year? | | | 1c | | X |
| d | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: | | | | | |
| | (1) On the foundation. ► \$ (2) On foundation managers. ► \$ | 0. | <u>-</u> | | 1 | |
| е | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation | tion | | | | |
| | managers. ▶ \$ 0 . | | | | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | | | 2 | | X |
| | If "Yes," attach a detailed description of the activities | | | | | ļ |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorp | oration, | or | | | ļ |
| | bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | | | 3 | <u> </u> | X |
| | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | | 4a | | X |
| | If "Yes," has it filed a tax return on Form 990-T for this year? | | N/A | 4b | | |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | | | 5 | | X |
| | If "Yes," attach the statement required by General Instruction T. | | | | | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: | | | | | |
| | By language in the governing instrument, or | | | | | |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with | n the stat | e law | | | |
| _ | remain in the governing instrument? | | | 6 | X | <u> </u> |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? | | | 7 | X | <u> </u> |
| _ | If "Yes," complete Part II, col (c), and Part XV. | | | | | |
| 8a | Enter the states to which the foundation reports or with which it is registered (see instructions) | | | _ | | |
| | NE | • | | _ | | 1 |
| b | of the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designal | e) | | | | |
| _ | of each state as required by General Instruction G? If "No," attach explanation | | | 8b | _X | |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(| o) for cale | endar | | | |

year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

10 X Form **990-PF** (2010)

b If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Form 4720, to determine if the foundation had excess business holdings in 2010)

had not been removed from jeopardy before the first day of the tax year beginning in 2010?

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

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X

3b

4a

Yes X No

N/A

during the year?

| THE SILVER FOUNDATION Form 990-PF (2010) C/O INTERNATIONAL NUTRIT | | | 20-05119 | 61 Page 6 |
|---|---|---|--|---|
| Part VII-B Statements Regarding Activities for Which | Form 4720 May Be I | Required (contin | ued) | 1 |
| 5a During the year did the foundation pay or incur any amount to: | | | | |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section | n 4945(e))? | Ye | es X No | |
| (2) Influence the outcome of any specific public election (see section 4955); (| or to carry on, directly or indir | | | |
| any voter registration drive? | | es X No | | |
| (3) Provide a grant to an individual for travel, study, or other similar purposes | | Ye | es LXJ No | |
| (4) Provide a grant to an organization other than a charitable, etc., organization | on described in section | | | |
| 509(a)(1), (2), or (3), or section 4940(d)(2)? | | Ye | es X No | |
| (5) Provide for any purpose other than religious, charitable, scientific, literary | , or educational purposes, or | | | |
| the prevention of cruelty to children or animals? | | Ye | es X No | |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un | der the exceptions described | ın Regulations | | |
| section 53.4945 or in a current notice regarding disaster assistance (see instru | uctions)? | | N/A | 5b |
| Organizations relying on a current notice regarding disaster assistance check t | nere | | | |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption t | rom the tax because it mainta | ined | | |
| expenditure responsibility for the grant? | Ŋ | 1/A ∐ Y∈ | es L No | |
| If "Yes," attach the statement required by Regulations section 53 494 | 5-5(d). | | | |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to | pay premiums on | | | |
| a personal benefit contract? | | Y6 | es X No | |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a p | personal benefit contract? | | | 6b X |
| If "Yes" to 6b, file Form 8870. | | | | |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax s | shelter transaction? | Y6 | es X No | |
| b If "Yes," did the foundation receive any proceeds or have any net income attrib | | | | 7b |
| Part VIII Information About Officers, Directors, Trust | ees, Foundation Ma | nagers, Highly | y | |
| Faid Employees, and Contractors | | | | |
| 1 List all officers, directors, trustees, foundation managers and their | | , | | |
| | | (a) Compandation | (d) Contabutions to | |
| (a) Name and address | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
| STEVEN J SILVER | (b) litte, and average hours per week devoted to position DIRECTOR | (If not paid, | and deterred | (e) Expense account, other allowances |
| STEVEN J SILVER 3325 N 141ST STREET | to position | (If not paid, | and deterred | (e) Expense account, other allowances |
| STEVEN J SILVER 3325 N 141ST STREET OMAHA, NE 681645405 | DIRECTOR 1.00 | (If not paid, | and deterred | (e) Expense account, other allowances |
| STEVEN J SILVER 3325 N 141ST STREET OMAHA, NE 681645405 STEVEN J SILVER | to position DIRECTOR | (If not paid, enter -0-) | compensation | allowances |
| STEVEN J SILVER 3325 N 141ST STREET OMAHA, NE 681645405 STEVEN J SILVER 3325 N 141ST STREET | DIRECTOR 1.00 | (If not paid, enter -0-) | compensation | allowances |
| STEVEN J SILVER 3325 N 141ST STREET OMAHA, NE 681645405 STEVEN J SILVER 3325 N 141ST STREET OMAHA, NE 681645405 | DIRECTOR 1.00 | (If not paid, enter -0-) | compensation | allowances |
| STEVEN J SILVER 3325 N 141ST STREET OMAHA, NE 681645405 STEVEN J SILVER 3325 N 141ST STREET OMAHA, NE 681645405 STEVEN J SILVER | DIRECTOR 1.00 PRESIDENT | (If not paid, enter -0-) | and deterred compensation | allowances 0 . |
| STEVEN J SILVER 3325 N 141ST STREET OMAHA, NE 681645405 STEVEN J SILVER 3325 N 141ST STREET OMAHA, NE 681645405 STEVEN J SILVER 3325 N 141ST STREET | 1.00 PRESIDENT 1.00 SECRETARY | (If not paid, enter -0-) | and deterred compensation | allowances 0 . |
| STEVEN J SILVER 3325 N 141ST STREET OMAHA, NE 681645405 STEVEN J SILVER 3325 N 141ST STREET OMAHA, NE 681645405 STEVEN J SILVER | 1.00 PRESIDENT | (If not paid, enter -0-) | and deterred compensation | 0. |
| STEVEN J SILVER 3325 N 141ST STREET OMAHA, NE 681645405 STEVEN J SILVER 3325 N 141ST STREET OMAHA, NE 681645405 STEVEN J SILVER 3325 N 141ST STREET OMAHA, NE 681645405 STEVEN J SILVER | 1.00 PRESIDENT 1.00 SECRETARY | (If not paid, enter -0-) | and deterred compensation | 0. |
| STEVEN J SILVER 3325 N 141ST STREET OMAHA, NE 681645405 STEVEN J SILVER 3325 N 141ST STREET OMAHA, NE 681645405 STEVEN J SILVER 3325 N 141ST STREET OMAHA, NE 681645405 STEVEN J SILVER 3325 N 141ST STREET OMAHA, NE 681645405 STEVEN J SILVER 3325 N 141ST STREET | 1.00 PRESIDENT 1.00 SECRETARY 1.00 TREASURER | (If not paid, enter -0-) | O . | 0. |
| STEVEN J SILVER 3325 N 141ST STREET OMAHA, NE 681645405 STEVEN J SILVER 3325 N 141ST STREET OMAHA, NE 681645405 STEVEN J SILVER 3325 N 141ST STREET OMAHA, NE 681645405 STEVEN J SILVER 3325 N 141ST STREET OMAHA, NE 681645405 STEVEN J SILVER 3325 N 141ST STREET OMAHA, NE 681645405 | 1.00 PRESIDENT 1.00 SECRETARY 1.00 TREASURER 1.00 | (If not paid, enter -0-) O. O. | and deterred compensation | 0. |
| STEVEN J SILVER 3325 N 141ST STREET OMAHA, NE 681645405 STEVEN J SILVER 3325 N 141ST STREET OMAHA, NE 681645405 STEVEN J SILVER 3325 N 141ST STREET OMAHA, NE 681645405 STEVEN J SILVER 3325 N 141ST STREET OMAHA, NE 681645405 STEVEN J SILVER 3325 N 141ST STREET | 1.00 PRESIDENT 1.00 SECRETARY 1.00 TREASURER 1.00 cluded on line 1). If none, | (If not paid, enter -0-) O. O. | O . O . | 0. 0. |
| STEVEN J SILVER 3325 N 141ST STREET OMAHA, NE 681645405 STEVEN J SILVER 3325 N 141ST STREET OMAHA, NE 681645405 STEVEN J SILVER 3325 N 141ST STREET OMAHA, NE 681645405 STEVEN J SILVER 3325 N 141ST STREET OMAHA, NE 681645405 STEVEN J SILVER 3325 N 141ST STREET OMAHA, NE 681645405 | 1.00 PRESIDENT 1.00 SECRETARY 1.00 TREASURER 1.00 | (If not paid, enter -0-) O. O. | O . | 0. |
| STEVEN J SILVER 3325 N 141ST STREET OMAHA, NE 681645405 STEVEN J SILVER 3325 N 141ST STREET OMAHA, NE 681645405 STEVEN J SILVER 3325 N 141ST STREET OMAHA, NE 681645405 STEVEN J SILVER 3325 N 141ST STREET OMAHA, NE 681645405 STEVEN J SILVER 3325 N 141ST STREET OMAHA, NE 681645405 2 Compensation of five highest-paid employees (other than those inc | 1.00 PRESIDENT 1.00 SECRETARY 1.00 TREASURER 1.00 Cluded on line 1). If none, hours per week | (If not paid, enter -0-) 0. 0. enter "NONE." | O . O . (d) Contributions to employee benefit plans and deterred | 0. 0. (e) Expense account, other |
| STEVEN J SILVER 3325 N 141ST STREET OMAHA, NE 681645405 STEVEN J SILVER 3325 N 141ST STREET OMAHA, NE 681645405 STEVEN J SILVER 3325 N 141ST STREET OMAHA, NE 681645405 STEVEN J SILVER 3325 N 141ST STREET OMAHA, NE 681645405 STEVEN J SILVER 3325 N 141ST STREET OMAHA, NE 681645405 2 Compensation of five highest-paid employees (other than those incompensation of five highest-paid employees) | 1.00 PRESIDENT 1.00 SECRETARY 1.00 TREASURER 1.00 Cluded on line 1). If none, hours per week | (If not paid, enter -0-) 0. 0. enter "NONE." | O . O . (d) Contributions to employee benefit plans and deterred | 0. 0. (e) Expense account, other |
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Total number of other employees paid over \$50,000

THE SILVER FOUNDATION C/O INTERNATIONAL NUTRITION, INC. 20-0511961

| Form 990-PF (2010) C/O INTERNATIONAL NUTRITION, INC. | 20-0 |)511961 Page 7 |
|--|----------------------------------|------------------|
| Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued) | on Managers, Highly | |
| 3 Five highest-paid independent contractors for professional services. If none, enter "N | IONE." | |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| NONE | | |
| | | |
| Total number of others receiving over \$50,000 for professional services | | D 0 |
| Part IX-A Summary of Direct Charitable Activities | | |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistica number of organizations and other beneficiaries served, conferences convened, research papers produce | Information such as the ed, etc. | Expenses |
| 1 N/A | | |
| 2 | | |
| 3 | | |
| 4 | | |
| Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on line | | |
| 1 N/A | s rand z. | Amount |
| 2 | | |
| All other program-related investments. See instructions. | | |
| Total. Add lines 1 through 3 | > | 0. |

| Р | art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four | ndations, | see instructions.) |
|----------|---|--------------|-----------------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: | | |
| а | Average monthly fair market value of securities | 1a | 1,016,533. |
| b | Average of monthly cash balances | 1b | 1,016,533. 16,154. |
| C | Fair market value of all other assets | 1c | |
| d | Total (add lines 1a, b, and c) | 1d | 1,032,687. |
| е | Reduction claimed for blockage or other factors reported on lines 1a and | | |
| | 1c (attach detailed explanation) 1e 0 • | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0. |
| 3 | Subtract line 2 from line 1d | 3 | 1,032,687. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 15,490. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 1,017,197. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 50,860. |
| P | art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here and do not complete this part.) | id certain | |
| 1 | Minimum investment return from Part X, line 6 | 1 | 50,860. |
| 2a | Tax on investment income for 2010 from Part VI, line 5 | | |
| b | Income tax for 2010. (This does not include the tax from Part VI.) | | |
| C | Add lines 2a and 2b | 2c | <u>65</u> 3. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 50,207. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 0. |
| 5 | Add lines 3 and 4 | 5 | 50,207. |
| 6 | Deduction from distributable amount (see instructions) | 6 | 0. |
| <u>7</u> | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | 7 | 50,207. |
| P | art XII Qualifying Distributions (see instructions) | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | |
| a | Expenses, contributions, gifts, etc total from Part I, column (d), line 26 | 1a | 46,469. |
| b | Program-related investments - total from Part IX-B | 1b | 0. |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | 1 | |
| а | Suitability test (prior IRS approval required) | 3a | |
| b | Cash distribution test (attach the required schedule) | 3b | |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 46,469. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment | | |
| | income. Enter 1% of Part I, line 27b | 5 | 0. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 46,469. |
| | Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of | jualifies fo | r the section |

Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2009 | (c) 2009 | (d) 2010 |
|--|---------------|----------------------------|-------------|------------------|
| Distributable amount for 2010 from Part XI, line 7 | | | | 50,207. |
| 2 Undistributed income, if any, as of the end of 2010 | | | | |
| a Enter amount for 2009 only | | | 42,115. | |
| b Total for prior years: | | | =2,113. | |
| 2008, | | 10,632. | | |
| 3 Excess distributions carryover, if any, to 2010: | | 10,032. | | |
| a From 2005 | | | | |
| b From 2006 | | | | |
| c From 2007 | | | | |
| d From 2008 | | | | |
| e From 2009 | | | + | |
| f Total of lines 3a through e | 0. | | | |
| 4 Qualifying distributions for 2010 from | | | | |
| Part XII, line 4: ► \$ 46, 469. | | | | |
| a Applied to 2009, but not more than line 2a | | | 42,115. | |
| b Applied to undistributed income of prior | | | 42,113. | |
| years (Election required - see instructions) * | 1 | 4,354. | | |
| c Treated as distributions out of corpus | | 4,334. | | |
| · · · · · · · · · · · · · · · · · · · | 0. | | | |
| (Election required - see instructions) | | | | |
| d Applied to 2010 distributable amount | | | | 0. |
| e Remaining amount distributed out of corpus | 0. | | | |
| Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a)) | 0. | | | 0. |
| 6 Enter the net total of each column as indicated below: | | | | |
| 2 Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 0. | | | |
| b Prior years' undistributed income. Subtract | | | | |
| line 4b from line 2b | | 6,278. | | |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | | 0. | | |
| d Subtract line 6c from line 6b. Taxable | | | | |
| amount - see instructions | | 6,278. | | |
| e Undistributed income for 2009. Subtract line | | | | <u> </u> |
| 4a from line 2a. Taxable amount - see instr. | | | 0. | |
| f Undistributed income for 2010. Subtract | | | | |
| lines 4d and 5 from line 1. This amount must | | | | |
| be distributed in 2011 | | | | 50,207. |
| 7 Amounts treated as distributions out of | | | | |
| corpus to satisfy requirements imposed by | } | | | |
| section 170(b)(1)(F) or 4942(g)(3) | 0. | | | |
| 8 Excess distributions carryover from 2005 | | | | |
| not applied on line 5 or line 7 | 0. | | | |
| 9 Excess distributions carryover to 2011. | | | | |
| Subtract lines 7 and 8 from line 6a | 0. | | | |
| 0 Analysis of line 9: | | | | 7.1 |
| a Excess from 2006 | 1 | | | |
| b Excess from 2007 | | | | |
| c Excess from 2008 | İ | | | |
| d Excess from 2009 | | | | |
| e Excess from 2010 | | | | |
| * CEE COMMENTS 11 | <u> </u> | | | 5 000 DE (00.10) |

THE SILVER FOUNDATION

Form 990-PF (2010) C/O INTERNATIONAL NUTRITION, INC.

| Form 990-PF (2010) C/O INT | ERNATIONAL | NUTRITION, | INC. | 20-05 | 11961 Page 10 |
|---|-----------------------------|------------------------------|------------------------|---------------------------------|--------------------|
| Part XIV Private Operating F | oundations (see in | structions and Part VII | -A, question 9) | N/A | |
| 1 a If the foundation has received a ruling of | r determination letter tha | t it is a private operating | | | |
| foundation, and the ruling is effective for | r 2010, enter the date of | the ruling | ▶ ∟ | | |
| b Check box to indicate whether the found | lation is a private operati | ng foundation described i | n section [| 4942(j)(3) or 49 |)42(j)(5) |
| 2 a Enter the lesser of the adjusted net | Tax year | | Prior 3 years | | |
| income from Part I or the minimum | (a) 2010 | (b) 2009 | (c) 2008 | (d) 2007 | (e) Total |
| investment return from Part X for | | | | | |
| each year listed | | | | | |
| b 85% of line 2a | | | | | |
| c Qualifying distributions from Part XII, | | | İ | | |
| line 4 for each year listed | | | | | |
| d Amounts included in line 2c not | | | | | |
| used directly for active conduct of | | | | | |
| exempt activities | | | | | |
| e Qualifying distributions made directly | | | | | |
| for active conduct of exempt activities. | | | | | |
| Subtract line 2d from line 2c | | | | | |
| 3 Complete 3a, b, or c for the alternative test relied upon: | | | | | |
| a "Assets" alternative test - enter: | | | | | |
| (1) Value of all assets | | | | | |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i) | | | | | |
| b "Endowment" alternative test - enter | | | | | |
| 2/3 of minimum investment return shown in Part X, line 6 for each year | | | | | |
| listed | | | | | |
| c "Support" alternative test - enter: | | | | | |
| (1) Total support other than gross | | | | | |
| investment income (interest, | | | | | |
| dividends, rents, payments on securities loans (section | | | | | |
| 512(a)(5)), or royalties) | | | | | |
| (2) Support from general public | | | | | |
| and 5 or more exempt organizations as provided in | | | | | |
| section 4942(j)(3)(B)(iii) | | | | | |
| (3) Largest amount of support from | | | | | |
| an exempt organization | | | | | |
| (4) Gross investment income | <u> </u> | | | | |
| Part XV Supplementary Info | | | if the foundat | ion had \$5,000 or mo | ore in assets |
| at any time during t | | instructions.) | | | |
| 1 Information Regarding Foundation | _ | | | | |
| a List any managers of the foundation wh | | | ributions received by | the foundation before the clos | se of any tax |
| year (but only if they have contributed n | nore man 45,000). (See S | section 507 (u)(2).) | | | |
| STEVEN J SILVER | 400/ | | | | |
| b List any managers of the foundation wh other entity) of which the foundation has | | | or an equally large p | ortion of the ownership of a pa | artnership or |
| NONE | | | | | |
| 2 Information Regarding Contributi | | | | | |
| Check here ► X if the foundation o | only makes contributions | to preselected charitable | organizations and do | es not accept unsolicited requ | ests for funds. If |
| the foundation makes gifts, grants, etc. | | | | s, complete items 2a, b, c, and | i O. |
| a The name, address, and telephone num | ber of the person to who | m applications should be | addressed: | | |
| | | | | | |
| b The form in which applications should be | e submitted and informa | tion and materials they st | nould include: | | |
| c Any submission deadlines: | | | | | |
| | - | | | | |
| d Any restrictions or limitations on awards | s, such as by geographic | al areas, charitable fields, | kınds of institutions, | or other factors: | |
| | | | | | |
| | | | | | |

THE SILVER FOUNDATION

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Supplementary Information (continued) Part XV 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Purpose of grant or contribution Foundation status of recipient **Amount** Name and address (home or business) a Paid during the year 46,469. VARIOUS MISCELLANEOUS NONE PUBLIC GENERAL FUND ORGANIZED CHARITIES CHARITY 46,469. Total ▶ 3a b Approved for future payment NONE Total

Unrelated business income

Excluded by section 512, 513, or 514

Part XVI-A **Analysis of Income-Producing Activities**

| Enter gross amounts unless otherwise indicated. | 1 | d business income | Exclu | ded by section 512, 513, or 514 | (e) |
|---|---------------------------------------|---------------------------|-------------------------------|---------------------------------|---|
| 1 Program service revenue: | (a) Business code | (b) Amount | (c) Exclu- sion code | (d) Amount | Related or exempt function income |
| - | - 0000 | | | | |
| ab | - | | | | ······································ |
| | 1 | | | | |
| <u> </u> | 1 1 | | | | |
| d | | - | | - | |
| e | - | | + | | |
| f | · | | | | |
| g Fees and contracts from government agencies | | | + | | - |
| 2 Membership dues and assessments | | | + | | |
| 3 Interest on savings and temporary cash | | | ١., | | |
| investments | | | 14 | 8. | |
| 4 Dividends and interest from securities | | | 14 | 29,483. | |
| 5 Net rental income or (loss) from real estate: | | | | | |
| a Debt-financed property | | | | | |
| b Not debt-financed property | | | | | |
| 6 Net rental income or (loss) from personal | | | | | |
| property | | | | | |
| 7 Other investment income | | | | | |
| 8 Gain or (loss) from sales of assets other | | | 1 | | |
| than inventory | | | 18 | 5,385. | |
| 9 Net income or (loss) from special events | | | | | |
| 10 Gross profit or (loss) from sales of inventory | | | | | |
| 11 Other revenue: | | | | | |
| a | | | | | |
| b | | | | | · • • • • • • • • • • • • • • • • • • • |
| С | I I | | | | |
| | I I | | | | ···· |
| de | | - | | | |
| 12 Subtotal. Add columns (b), (d), and (e) | - | 0 | | 34,876. | 0. |
| 13 Total Add line 12, columns (b), (d), and (e) | <u> </u> | | • | | 34,876. |
| (See worksheet in line 13 instructions to verify calculations.) | | | | ·· | 31/0/01 |
| | 4 - 4b - 4 | | | + D | <u> </u> |
| Part XVI-B Relationship of Activities | to the Acco | omplishment of E | :xemp | t Purposes | |
| Line No. Explain below how each activity for which inc | ome is reported i | n column (e) of Part XVI- | ·A contrib | outed importantly to the accomp | olishment of |
| the foundation's exempt purposes (other than | n by providing fui | nds for such purposes). | | | |
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THE SILVER FOUNDATION

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Part XVII C/O INTERNATIONAL NUTRITION, INC.

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| PartAVII | Exempt Organ | | and Transactions a | ing Relationships with Nonc | naritable | | |
|---------------------|---|--|-------------------------------------|--|----------------------|-----------|----------|
| 1 Did the or | | rectly engage in any of the follow | ing with any other organization | in described in section 501(c) of | | Yes | No |
| | |)(3) organizations) or in section (| | , , | | | |
| | | ation to a noncharitable exempt of | | 24.0.00 | | ŀ | |
| (1) Cash | nom the reporting realist | ation to a nononalitable exempt c | n gamzation of. | | 1a(1) | | Х |
| (2) Other | accate | | | | 1a(2) | | X |
| b Other tran | | | | | 10(2) | | |
| _ | | ble everent everenters | | | 4.4 | l | v |
| ٠,, | of assets to a noncharital | • • | | | 1b(1) | -+ | X |
| . , | | ncharitable exempt organization | | | 1b(2) | | X |
| | il of facilities, equipment, | | | | 1b(3) | | X |
| . , | bursement arrangements | | | | 1b(4) | | X |
| ` ' | s or loan guarantees | | | | 1b(5) | | X |
| | | embership or fundraising solicitat | | | 1b(6) | | <u>X</u> |
| | | uling lists, other assets, or paid e | • | | 1c | | X |
| or service: | s given by the reporting fo | oundation. If the foundation rece | ived less than fair market valu | vays show the fair market value of the good e in any transaction or sharing arrangeme | | ets, | |
| | (b) Amount involved | other assets, or services received (c) Name of noncharitati | | (d) Description of transfers, transactions, | and sharing arra | | nts |
| | (-7 | N/A | | | | | |
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| ın section | 501(c) of the Code (other | tly affiliated with, or related to, or r than section 501(c)(3)) or in se | · - | zations described | Yes | X |] No |
| b If "Yes," co | omplete the following sche (a) Name of org | | (b) Type of organization | (c) Description of relati | onchin | | |
| | N/A | janization | (b) Type of Organization | (c) Description of relati | Justilb | | |
| | N/A | | | | | | |
| | | | - | | | | |
| | | | | | | | |
| | | | | | | | |
| Unde | er penalties of perjury, I declare | e that I have examined this return, inclu | | d statements, and to the best of my knowledge and | d belief, it is true | e, correc | ct, |
| Sign and a | complete Declaration of prepa | rectother than taxpayer or fiduciary) is | based on all information of which p | oreparer has any knowledge | | | |
| Here | V Sull | | V6-16 | ·11 NTRUSTES | | | |
| | Signature of officer or tru | istee | Date | Title | | | |
| | Print/Type preparer's na | ame Preparer's | signature | Date Check If PT | IN | | |
| | | مربر | -100 den | self- employed | | | |
| Paid | KENNETH MA | SIMORE X | From In B son | racon | | | |
| Preparer | Firm's name ► MAS | | N & ASSOC., P | .C. Firm's EIN ▶ | | | |
| Use Only | 1 | 440 WEST CENTE | R ROAD | | | | |
| | Firm's address ► OM | AHA, NE 68144- | 4483 | Phone no. (40 | 2)334- | -06 | 00 |
| | 1 | | | | | | |

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

Employer identification number

2010

THE SILVER FOUNDATION C/O INTERNATIONAL NUTRITION, 20-0511961 Organization type (check one) Filers of: Section: Form 990 or 990-EZ ___ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and II ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990 EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify

that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization

THE SILVER FOUNDATION

C/O INTERNATIONAL NUTRITION, INC.

20-0511961

| Part I | Contrib | outors (se | e instructions) |
|--------|---------|------------|-----------------|
|--------|---------|------------|-----------------|

| (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---|---|---|
| STEVEN J SILVER 3325 N 141ST STREET OMAHA, NE 68164 | \$10,000. | Person X Payroll |
| (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |
| (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |
| (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |
| (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| | Name, address, and ZIP + 4 STEVEN J SILVER 3325 N 141ST STREET OMAHA, NE 68164 (b) Name, address, and ZIP + 4 Name, address, and ZIP + 4 Aggregate contributions |

of Part II

Name of organization

THE SILVER FOUNDATION
C/O INTERNATIONAL NUTRITION

20 0511061

Employer identification number

| Part II | Noncash Property (see instructions) | | |
|------------------------------|--|--|----------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | - - - - - \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | - - - - - \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | - - - - - - \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | - - - - \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | - - - \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |

| Schedule | B (Form | aan | 990-F7 | 07 000 | -PF | (2010 |
|----------|---------|-----|--------|--------|-----|-------|

of Part III Name of organization Employer identification number THE SILVER FOUNDATION C/O INTERNATIONAL NUTRITION 20-0511961 Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating Part III more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this information once See instructions) > \$ (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part | (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

| FORM 990-PF | TAX | STATEMENT 5 | | | | |
|------------------------------|------------------------------|-----------------------------------|------------|----------------------|--|--|
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | | | | |
| TAXES | 669. | 669 | | 0. | | |
| TO FORM 990-PF, PG 1, LN 18 | 669. | 669 | • | 0. | | |
| FORM 990-PF | OTHER E | XPENSES | | STATEMENT 6 | | |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | | | | |
| | | | | 0. | | |
| TO FORM 990-PF, PG 1, LN 23 | | | | 0. | | |
| FORM 990-PF | CORPORAT | E STOCK | | STATEMENT 7 | | |
| DESCRIPTION | | В | OOK VALUE | FAIR MARKET VALUE | | |
| GOLDMAN SACHS | | | 1,097,441. | 1,066,749. | | |
| TOTAL TO FORM 990-PF, PART I | | 1,097,441. | 1,066,749. | | | |

| FORM 990-PF INTEREST ON SAVI | NGS A | ND TEM | PORARY CA | ASH IN | IVESTMENTS | STATEMENT | _1 |
|-------------------------------|-----------------|---------------------|-----------------------------|-----------|------------------------------|---------------------|-----|
| SOURCE | | | | | | AMOUNT | |
| GOLDMAN SACHS | | | | | • | | 8. |
| TOTAL TO FORM 990-PF, PART I, | LINE | 3, CO | LUMN A | | | | 8. |
| FORM 990-PF DIVIDENT | OS AND | INTER | EST FROM | SECUE | RITIES | STATEMENT | 2 |
| SOURCE | | GROSS | AMOUNT | | ITAL GAINS IVIDENDS | COLUMN (A AMOUNT |) |
| GOLDMAN SACHS - DIVIDENDS | | | 29,483. | | 0. | 29,4 | 83. |
| TOTAL TO FM 990-PF, PART I, I | LN 4 | | 29,483. | | 0. | 29,4 | 83. |
| FORM 990-PF | | LEGAL | FEES | | | STATEMENT | 3 |
| DESCRIPTION | EXPE | A) NSES BOOKS | (B) NET INVI MENT IN | | (C) ADJUSTED NET INCOM | | |
| LEGAL FEES | | 146. | | 146. | | - | 0. |
| TO FM 990-PF, PG 1, LN 16A | | 146. | | 146. | | | 0. |
| FORM 990-PF | ACCOUNTING FEES | | | STATEMENT | | | |
| DESCRIPTION | EXPE | A) NSES BOOKS | (B) NET INVI MENT INC | EST- | (C) ADJUSTED NET INCOM | | |
| ACCOUNTING FEES | | 1,377. | 1 | ,377. | | | 0. |
| TO FORM 990-PF, PG 1, LN 16B | | 1,377. | 1 | ,377. | | | 0. |
| = | | | | | | | |

FORM 990-PF

ELECTION UNDER REGULATIONS SECTION
53.4942(A)-3(D)(2) TO APPLY
EXCESS QUALIFYING DISTRIBUTIONS
TO PRIOR YEAR'S UNDISTRIBUTED INCOME

STATEMENT 11

TAXPAYER ELECTS UNDER REGULATION 53.4942(A)-3(D)(2) TO APPLY ALL OF THE REMAINING QUALIFYING DISTRIBUTIONS FROM 2010 IN THE AMOUNT OF \$4,354 TO TAX YEAR 2008.

Form **8868**

(Rev January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

OMB No. 1545-1709

| If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box | | | | | | X | |
|--|-------------------------------------|------------|---|-----------|---------------------------|-----------|--|
| 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. | | | | | | | |
| Electronic filing (e-file). You can electronically t | ile Form 8868 if y | ou need a | a 3-month automatic extension of time | e to file | (6 months for a corp | oration | |
| required to file Form 990-T), or an additional (not | automatic) 3-mor | nth extens | sion of time. You can electronically file | Form | 8868 to request an e | xtension | |
| of time to file any of the forms listed in Part I or P | art II with the exc | eption of | Form 8870, Information Return for Tr | ansfers | Associated With Ce | rtain | |
| Personal Benefit Contracts, which must be sent | to the IRS in pape | er format | (see instructions). For more details or | the ele | ectronic filing of this f | form, | |
| visit www.irs gov/efile and click on e-file for Char- | | | · · · · · · · · · · · · · · · · · · · | | | · | |
| Part 1 Automatic 3-Month Exter | nsion of Time | Only su | bmit original (no copies needed) | | | | |
| A corporation required to file Form 990-T and rec | uesting an autom | natic 6-mo | onth extension - check this box and co | omplete |) | | |
| Part I only | | | | | > | | |
| All other corporations (including 1120-C filers), pa to file income tax returns. | artnerships, REMI | Cs, and t | rusts must use Form 7004 to request | an exte | nsion of time | | |
| Type or Name of exempt organization | | | | Em | oloyer identification | number | |
| print THE SILVER FOUNDAT | ION | | | | | | |
| C/O INTERNATIONAL | NUTRITION | I, IN | . | | 20-0511961 | | |
| File by the due date for Number, street, and room or suite no | | | tions | • | | | |
| filing your P. O. BOX 27540 | | | | | | | |
| onstructions City, town or post office, state, and 2 | IP code For a fo | reign add | ress, see instructions. | | | | |
| OMAHA, NE 68127 | | | | | | | |
| • | | | | · | | | |
| Enter the Return code for the return that this app | lication is for (file | a separa | te application for each return) | | | 0 4 | |
| Application | | Return | Application | | | Return | |
| s For | | Code | Is For | | | Code | |
| Form 990 | | 01 | Form 990-T (corporation) | | | 07 | |
| Form 990-BL | | 02 | Y = 1 | | | | |
| Form 990-EZ | | 03 | | | | | |
| Form 990-PF | | 04 | Form 5227 | | | 10 | |
| Form 990-T (sec. 401(a) or 408(a) trust) | | 05 | | | | | |
| Form 990-T (trust other than above) | 7 | 06 | Form 8870 | | | 11 | |
| STEVEN | J SILVER | | | | | | |
| • The books are in the care of ▶ 3325 N | 141ST ST | REET | - OMAHA, NE 68164- | 5405 | <u>.</u> | | |
| Telephone No. ► 402-331-0123 | | | FAX No ▶ | | | | |
| If the organization does not have an office or p | place of business | ın the Un | ited States, check this box | | ···· | | |
| If this is for a Group Return, enter the organiza | ition's four digit G | iroup Exe | mption Number (GEN) . If t | his is fo | or the whole group, c | heck this | |
| oox 🕨 🔲 . If it is for part of the group, check | this box | and atta | ch a list with the names and EINs of a | ll memt | pers the extension is | for | |
| 1 request an automatic 3-month (6 months a AUGUST 15, 2011 , t | • | · · | o file Form 990-T) extension of time u ion return for the organization named | | The extension | | |
| is for the organization's return for | - ··· · · · · · · · · · · · · · · · | - J | | | | | |
| ► X calendar year 2010 or | | | | | | | |
| tax year beginning | | . and | d endina | | | | |
| , <u> </u> | | · | <u> </u> | | _ | | |
| 2 If the tax year entered in line 1 is for less th Change in accounting period | an 12 months, ch | eck reaso | on. Initial return Fir | nal retu | m | | |
| | | | | | | | |
| 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, 990-T, 4720, or 6069, 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, if required, | | | | | | | |
| by using EFTPS (Electronic Federal Tax Pay | | | | 3c | \$ | 0. | |
| Caution. If you are going to make an electronic fu | ind withdrawal wit | th this Fo | rm 8868, see Form 8453.FO and Form | 9970 | EO for payment costs | uctions | |