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

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047
2011
Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

- B Check if applicable
- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization
 SILVER KEY SENIOR SERVICES INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite
 2250 BOTT AVENUE

City or town, state or country, and ZIP + 4
 COLORADO SPRINGS, CO 80904

D Employer identification number
 23-7109922

E Telephone number
 (719) 884-2300

G Gross receipts \$ 6,910,170

F Name and address of principal officer
 PATRICIA ELLIS
 2250 BOTT AVENUE
 COLORADO SPRINGS, CO 80904

H(a) Is this a group return for affiliates? Yes No

H(b) Are all affiliates included? Yes No
 If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) () (Insert no) 4947(a)(1) or 527

J Website: WWW SILVERKEY ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1970 **M State of legal domicile** CO

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities 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 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	69
	6 Total number of volunteers (estimate if necessary)	6	515
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,878,814	2,043,383
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	530,983	447,504
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	201,361	15,630
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,822	18,053
		2,615,980	2,524,570
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	119,437	519,218
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,715,267	1,639,428
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 75,699		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,199,880	896,011
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	3,034,584	3,054,657
19 Revenue less expenses Subtract line 18 from line 12	-418,604	-530,087	
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	7,356,206	6,548,336
	21 Total liabilities (Part X, line 26)	345,305	237,217
22 Net assets or fund balances Subtract line 21 from line 20	7,010,901	6,311,119	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: *****
 Date: 2012-07-05

PATRICIA ELLIS PRESIDENT/CEO
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature: DEANN L PRICE
 Date: 2012-07-05
 Check if self-employed:

Preparer's taxpayer identification number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4: ERICKSON BROWN & KLOSTER PC
 4565 HILTON PKWY STE 101
 COLORADO SPRINGS, CO 809073540

EIN:
 Phone no: (719) 531-0445

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III **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? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured 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**4a** (Code) (Expenses \$ 834,151 including grants of \$) (Revenue \$ 44,871)

TRANSPORTATION TRANSPORTATION SERVICES ARE PROVIDED MONDAY THROUGH FRIDAY, WITH SOME RECREATION TRIPS ON WEEKENDS. A TOTAL OF 338,280 REVENUE MILES WERE PROVIDED, RESULTING IN 48,925 TRIPS. THE TRIPS PROVIDE RIDES TO MEDICAL APPOINTMENTS, GROCERY SHOPPING, RECREATIONAL ACTIVITIES AND FOR OTHER PERSONAL NEEDS. FOR THIS PERIOD, 44% OF THE RIDES PROVIDED REQUIRED ASSISTANCE OR SPECIAL TRANSPORTATION. THERE WERE 17,100 HOURS DONATED BY VOLUNTEERS IN CONJUNCTION WITH PROVIDING RIDES.

4b (Code) (Expenses \$ 673,799 including grants of \$ 336,456) (Revenue \$ 176,425)

NUTRITION SERVICES THIS AREA IS COMPRISED OF THE MEAL ON WHEELS PROGRAM AND FOOD PANTRY. THE MEALS ON WHEELS PROGRAM DELIVERS HOT NUTRITIOUS MEALS TO HOMES OF SENIORS WHO ARE UNABLE TO PREPARE MEALS FOR THEMSELVES. THIS PROGRAM PROVIDES NUTRITIONAL SUPPORT ALONG WITH SOCIAL CONTACT WITH CARING MEMBERS OF OUR COMMUNITY. DURING THIS PERIOD 508 SENIORS WERE SERVED. A TOTAL OF 32,785 MEALS VOLUNTEERS PROVIDED 9,530 HOURS DELIVERING MEALS AND VISITING SENIORS. THE FOOD PANTRY WORKS CLOSELY WITH CARE AND SHARE AND THE FEDERAL FOOD PROGRAMS TO PROVIDE FOOD TO LOW INCOME SENIORS IN OUR COMMUNITY. DURING 2011, SILVER KEY ADMINISTERED TWO FEDERAL FOOD PROGRAMS (CSFP AND TEFAP) AS WELL AS OPERATED A FOOD PANTRY TO DISTRIBUTE EMERGENCY FOOD AND SUPPLEMENTAL FOOD ON BEHALF OF THE FEDERAL PROGRAMS TO SENIOR CITIZENS. THE FOOD PANTRY ALSO ACCOMMODATES CLIENTS WHO HAVE DIETARY RESTRICTIONS. THESE SERVICES ARE DELIVERED WITH COMPASSION AND RESPECT, PROVIDING A SENSE OF DIGNITY AND UNDERSTANDING TO OLDER INDIVIDUALS WHO MUST RELY ON OTHERS FOR THEIR BASIC NEEDS. A TOTAL OF 674 CLIENTS WERE SERVED, RECEIVING 793 PANTRY BAGS, 4,355 CSFP FOOD BOXES AND 459 EMERGENCY PANTRY FOOD BAGS. IN JUNE 2011, THE TEFAP PROGRAM WAS TRANSFERRED TO OTHER AGENCIES IN THE COMMUNITY AND SILVER KEY WAS ALLOTTED MORE CSFP SLOTS. A TOTAL OF 1,700 HOURS WERE DONATED IN CONJUNCTION WITH ASSISTING SENIORS RECEIVE FOOD PANTRY ITEMS AND FOOD DRIVES.

4c (Code) (Expenses \$ 613,638 including grants of \$ 110,454) (Revenue \$ 32,126)

CARE MANAGEMENT SERVICES THIS AREA IS COMPRISED OF REFERRALS AND INFORMATION, SHORT TERM CARE MANAGEMENT, LONG TERM CARE MANAGEMENT (GUARDIANSHIP), AND EDUCATION PROGRAMS. THE LONG TERM CARE MANAGEMENT PROGRAM ASSISTS SENIORS WHO ARE DEEMED TO NO LONGER BE ABLE TO MAKE DECISIONS FOR THEMSELVES. DURING 2011, SILVER KEY WAS LEGAL GUARDIAN FOR 48 INDIVIDUALS, AND MAINTAINED POA FOR FOUR INDIVIDUALS. SILVER KEY CARE MANAGERS OVERSEE ALL ASPECTS OF THESE SENIORS HEALTH, HOUSING, PSYCHOSOCIAL AND FINANCIAL NEEDS. THIS SERVICE IS OFTEN PROVIDED THROUGH THE REMAINDER OF THEIR LIFE. MOST OF THESE SENIORS ARE ON MEDICAID AND SOCIAL SECURITY THAT PAYS FOR NURSING HOME CARE, AND THERE IS NO EXTRA MONEY TO PAY GUARDIANSHIP FEES. SO SILVER KEY PROVIDES THESE SERVICES AT NO COST TO THESE CLIENTS. NO OTHER AGENCY IN OUR COMMUNITY PROVIDES THIS SERVICE TO THESE LOW INCOME INDIVIDUALS. THE SHORT TERM CARE MANAGERS ASSIST SENIORS IN RESOLVING ISSUES RELATED TO MEDICAID ENROLLMENT AND BENEFITS, FINDING AFFORDABLE HOUSING, UTILITIES ASSISTANCE, AND OTHER HEALTH AND WELFARE NEEDS. DURING 2011, SILVER KEY CARE MANAGERS SAW 4,027 SENIORS. NEED BASED FINANCIAL ASSISTANCE WAS PROVIDED TO 571 INDIVIDUALS. WITHOUT INTERVENTION, MANY OF THESE SENIORS WOULD BE IN SHELTERS, HOSPITALS, AND COSTLY NURSING FACILITIES. A TOTAL OF 3,720 HOURS OF SERVICE WERE DONATED IN CARE MANAGEMENT DURING THIS PERIOD.

(Code) (Expenses \$ 395,948 including grants of \$ 70,707) (Revenue \$ 194,082)

RESIDENTIAL 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 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. THIS PROGRAM OPERATED FROM JANUARY TO JUNE, DURING THIS PERIOD, 177 CLIENTS RECEIVED SERVICES FOR A TOTAL OF 6,685 HOURS OF SERVICE. RETAIL SERVICES THIS PROGRAM IS A COMBINATION OF SEVERAL SUPPORTIVE FUNCTIONS INCLUDING HEALTH & VISION EQUIPMENT, ENSURE SUPPLEMENT, THRIFT STORE AND HANDYMAN PROGRAM. THE HANDYMAN PROGRAM ASSISTS SENIORS WITH HOME MAINTENANCE INCLUDING INSTALLATION OF ADA COMPLIANT RAMPS, SAFETY GRAB BARS, HANDRAILS, YARD WORK AND A VARIETY OF OTHER SMALL HOME MAINTENANCE ITEMS. THESE SMALL CHANGES CAN MAKE A BIG DIFFERENCE TO A SENIOR STRUGGLING WITH A TEMPORARY OR PERMANENT DISABILITY. THE CHANGES MEAN IMPROVED ACCESSIBILITY AND PREVENTION OF INJURIES. HEALTH AND VISION EQUIPMENT IS PROVIDED TO SENIORS TO ASSIST WITH MOBILITY AND VISION NEEDS. THE THRIFT STORE IS STAFFED BY VOLUNTEERS AND RESELLS ITEMS THAT HAVE BEEN DONATED TO SILVER KEY. VOLUNTEERS DONATED 3,750 HOURS IN THESE AREAS.

4d Other program services (Describe in Schedule O)

(Expenses \$ 395,948 including grants of \$ 70,707) (Revenue \$ 194,082)

4e Total program service expenses \$ 2,517,536

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> <input checked="" type="checkbox"/>	Yes	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
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>		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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> <input checked="" type="checkbox"/>		No
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> <input checked="" type="checkbox"/>		No
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> <input checked="" type="checkbox"/>		No
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> <input checked="" type="checkbox"/>	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> <input checked="" type="checkbox"/>	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	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> <input checked="" type="checkbox"/>	Yes	
b	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> <input checked="" type="checkbox"/>		No
c	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> <input checked="" type="checkbox"/>		No
d	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> <input checked="" type="checkbox"/>	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>		No
f	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 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>	Yes	
12a	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> <input checked="" type="checkbox"/>		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> <input checked="" type="checkbox"/>	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i>		No
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 U S? <i>If "Yes," complete Schedule F, Part II and IV.</i>		No
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 U S? <i>If "Yes," complete Schedule F, Part III and IV.</i>		No
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> <input checked="" type="checkbox"/>		No
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> <input checked="" type="checkbox"/>	Yes	
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> <input checked="" type="checkbox"/>		No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements.		
20b			

Part IV Checklist of Required Schedules (continued)

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>	21		No
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>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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>	23		No
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 questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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>	25a		No
b	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>	25b		No
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>	26		No
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>	27		No
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)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
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>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
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>	32		No
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>	33		No
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>	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
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>	36		No
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>	37		No
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	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Table with columns for question number, question text, and Yes/No columns. Includes sub-questions 1a-1b, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, 14a-14b.

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

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (11); 1b Enter the number of voting members included in line 1a, above, who are independent (11); 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? (No); 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? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 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 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review the Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 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 (Yes); 15b Other officers or key employees of the organization (Yes); 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? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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; 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made 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 made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table; 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: BARBARA K BRUBAKER, 2250 BOTT AVENUE, COLORADO SPRINGS, CO 80904, (719) 884-2300.

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

Check if Schedule O contains a response to any question in this Part VII

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

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

• List all of the organization's **current** key employees, if any 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, or 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 neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) BILL BERENZ DIRECTOR	2 00	X						0	0	0
(2) RANDALL BJORK DIRECTOR	1 00	X						0	0	0
(3) HOWARD BLACK CHAIRPERSON	1 00	X		X				0	0	0
(4) SARA BOATZ DIRECTOR	50	X						0	0	0
(5) JULIE BOSWELL 1ST VICE CHA	50	X		X				0	0	0
(6) LISA CLEARY DIRECTOR	50	X						0	0	0
(7) TOBY GANNETT 2ND VICE CHA	50	X		X				0	0	0
(8) LEE JOLIVET DIRECTOR	50	X						0	0	0
(9) JEROME SCHAEFER SECRETARY	1 00	X		X				0	0	0
(10) TIMOTHY SIMS TREASURER	1 00	X		X				0	0	0
(11) TYLER STEVENS DIRECTOR	50	X						0	0	0
(12) ROLLAND STONEMAN DIRECTOR	50	X						0	0	0
(13) MARY ELLEN MCNALLY DIRECTOR	50	X						0	0	0
(14) JOCELYN WALL DIRECTOR	50	X						0	0	0
(15) BARBARA BRUBAKER CFO	40 00			X				77,175	0	2,962
(16) ROBIN MCGRATH INTERIM CEO	40 00			X				42,030	0	8
(17) PATRICIA ELLIS PRESIDENT/CE	40 00			X				41,070	0	723

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(18) KELLY FINNEGAN CFO	40 00			X				30,728	0	5,261
(19) DAVID SHAFFER PRESIDENT /	40 00			X				24,125	0	1,290
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								215,128		10,244

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		No
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

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	1a	Federated campaigns 1a	93,448					
	b	Membership dues 1b						
	c	Fundraising events 1c	29,961					
	d	Related organizations 1d	316,929					
	e	Government grants (contributions) 1e	618,256					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	984,789					
	g	Noncash contributions included in lines 1a-1f \$ <u>392,079</u>						
	h	Total. Add lines 1a-1f ▶		2,043,383				
Program Service Revenue	2a	_____ Business Code 624200	447,504	447,504				
	b	_____						
	c	_____						
	d	_____						
	e	_____						
	f	All other program service revenue						
	g	Total. Add lines 2a-2f ▶		447,504				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) ▶	163,702			163,702		
	4	Income from investment of tax-exempt bond proceeds . . ▶						
	5	Royalties ▶						
	6a	Gross rents	(i) Real					
			(ii) Personal					
			b	Less rental expenses				
			c	Rental income or (loss)				
	d	Net rental income or (loss) ▶						
	7a	Gross amount from sales of assets other than inventory	(i) Securities	4,225,057	5,474			
			(ii) Other					
			b	Less cost or other basis and sales expenses	4,378,603			
			c	Gain or (loss)	-153,546	5,474		
	d	Net gain or (loss) ▶		-148,072	-148,072			
	8a	Gross income from fundraising events (not including \$ <u>29,961</u> of contributions reported on line 1c) See Part IV, line 18 a	25,050					
	b	Less direct expenses b	6,997					
c	Net income or (loss) from fundraising events . . ▶		18,053		18,053			
9a	Gross income from gaming activities See Part IV, line 19 a							
b	Less direct expenses b							
c	Net income or (loss) from gaming activities . . ▶							
10a	Gross sales of inventory, less returns and allowances a							
b	Less cost of goods sold b							
c	Net income or (loss) from sales of inventory . . ▶							
	Miscellaneous Revenue	Business Code						
11a	_____							
b	_____							
c	_____							
d	All other revenue							
e	Total. Add lines 11a-11d ▶							
12	Total revenue. See Instructions ▶		2,524,570	299,432		181,755		

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)

Check if Schedule O contains a response to any question in this Part IX

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 United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22	519,218	519,218		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	225,769	146,791	73,384	5,594
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	1,116,264	848,891	230,679	36,694
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	38,067	28,333	8,587	1,147
9	Other employee benefits	116,031	88,079	24,257	3,695
10	Payroll taxes	143,297	106,515	32,268	4,514
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	81,226	67,265	11,685	2,276
17	Travel	11,453	11,427	23	3
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	6,565	1,857	3,542	1,166
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	169,307	155,475	10,903	2,929
23	Insurance	16,275	11,098	4,270	907
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	VEHICLE	255,321	254,768	498	55
b	MEALS ON WHEELS	137,213	137,213		
c	CONTRACT LABOR	56,901	48,023	8,878	
d	SUPPLIES	46,299	30,375	8,093	7,831
e					
f	All other expenses	115,451	62,208	44,355	8,888
25	Total functional expenses. Add lines 1 through 24f	3,054,657	2,517,536	461,422	75,699
26	Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	1,325	1	1,300
	2 Savings and temporary cash investments	483,357	2	111,505
	3 Pledges and grants receivable, net	195,019	3	222,740
	4 Accounts receivable, net	112,903	4	80,662
	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	34,853	9	31,939
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	3,137,893		
	b Less accumulated depreciation	2,553,128	712,158	10c 584,765
	11 Investments—publicly traded securities	2,002,323	11	1,937,174
	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	3,814,268	15	3,578,251
16 Total assets. Add lines 1 through 15 (must equal line 34)	7,356,206	16	6,548,336	
Liabilities	17 Accounts payable and accrued expenses	163,208	17	114,517
	18 Grants payable		18	
	19 Deferred revenue	182,097	19	122,700
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	345,305	26	237,217
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	3,130,897	27	2,701,935
	28 Temporarily restricted net assets	538,456	28	468,993
	29 Permanently restricted net assets	3,341,548	29	3,140,191
	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	7,010,901	33	6,311,119	
34 Total liabilities and net assets/fund balances	7,356,206	34	6,548,336	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,524,570
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,054,657
3	Revenue less expenses Subtract line 2 from line 1	3	-530,087
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,010,901
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-169,695
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	6,311,119

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 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	Yes	
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 separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated 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?		No
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		

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2011

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

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 **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 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									

Part II Support Schedule for Organizations Described in IRC 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	2,059,545	1,635,701	2,602,387	1,878,814	2,043,383	10,219,830
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	2,059,545	1,635,701	2,602,387	1,878,814	2,043,383	10,219,830
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)						
6 Public Support. Subtract line 5 from line 4						10,219,830

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	2,059,545	1,635,701	2,602,387	1,878,814	2,043,383	10,219,830
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	131,449	82,854	72,476	155,955	163,702	606,436
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV.) Do not include gain or loss from the sale of capital assets	18,207	403		3,378	25,050	47,038
11 Total support (Add lines 7 through 10)						10,873,304
12 Gross receipts from related activities, etc. (See instructions)					12	447,504

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	93.990%
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	95.020%

16a 33 1/3% support test—2011. 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

b 33 1/3% support test—2010. If the organization did not check the 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

17a 10%-facts-and-circumstances test—2011. 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

b 10%-facts-and-circumstances test—2010. 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

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

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2011.** 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—2010.** 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.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2011

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), 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?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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?

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): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

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

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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?
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 170(h)(4)(B)(ii)?
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 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 the 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
1c Beginning balance	116,613
1d Additions during the year	366,805
1e Distributions during the year	371,348
1f Ending balance	112,071

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	1,062,608	4,995,855	4,294,299		
b Contributions	874,566		523,762		
c Investment earnings or losses			544,097		
d Grants or scholarships					
e Other expenditures for facilities and programs			357,525		
f Administrative expenses			8,778		
g End of year balance	1,937,174	1,062,608	4,995,855		

2 Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment 100.000 %
- b** Permanent endowment
- c** Term endowment

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	3a(i)	No
(ii) related organizations	3a(ii) Yes	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b Yes	

4 Describe in Part XIV the intended uses of the organization's endowment funds

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		118,069		118,069
b Buildings		1,644,377	1,314,634	329,743
c Leasehold improvements				
d Equipment		483,624	458,115	25,509
e Other		891,823	780,379	111,444
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				584,765

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN TRUSTS	3,538,547
(2) CURTIS ESTATE NOTE REC	39,704
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)	3,578,251

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
See Additional Data Table	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
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	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	

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

1	Total expenses and losses per audited financial statements	1	
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	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
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	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	

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, 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.

Identifier	Return Reference	Explanation
EXPLANATION FOR UNREPORTED CONTRIBUTIONS OR ASSETS	SCHEDULE D, PAGE 2, 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 CLIENTS ARE COURT APPOINTED AND THERE IS USUALLY NO FAMILY LIVING LOCALLY, OR IN SOME CASES NO FAMILY AT ALL FOR 38 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 FOR WHOM SILVER KEY SENIOR SERVICES IS A CONSERVATOR ONCE THE WARD PASSES AWAY, THE ACCOUNT IS TURNED OVER TO THE 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
LIABILITY UNDER FIN 48 FOOTNOTE	SCHEDULE D, PAGE 3, PART X	THE ORGANIZATION HAS EVALUATED ALL OF ITS OUTSTANDING TAX POSITIONS AS OF DECEMBER 31, 2011 AND 2010 AND DETERMINED THAT THEY HAVE MET THE MORE-LIKELY-THAN-NOT RECOGNITION THRESHOLD ACCORDINGLY, THE ORGANIZATION HAS NOT RECOGNIZED A LIABILITY OR INCOME TAX EXPENSE FOR ANY UNRECOGNIZED TAX BENEFITS IN THEIR CONSOLIDATED FINANCIAL STATEMENTS

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2011

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
b Internet and e-mail solicitations
c Phone solicitations
d In-person solicitations
e Solicitation of non-government grants
f Solicitation of government grants
g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions? (Yes/No), (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

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
		SILVER LINING B (event type)	(event type)	(total number)	(Add col (a) through col (c))
Revenue	1 Gross receipts	55,011			55,011
	2 Less Charitable contributions	29,961			29,961
	3 Gross income (line 1 minus line 2)	25,050			25,050
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages	6,997			6,997
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(6,997)
11 Net income summary Combine lines 3 and 10 in column (d) ▶				18,053	

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				
Direct Expenses	2 Cash prizes				
	3 Non-cash 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 lines 1 and 7 in column (d) ▶					

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? Yes No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," Explain _____

- 11** Does the organization operate gaming activities with nonmembers? Yes No
- 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? Yes No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a
b An outside facility	13b

14 Provide 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? Yes No

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

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? Yes No

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

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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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 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
(1) SEE ATTACHED SCHEDULE		127,139	392,079		

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

Identifier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS INSIDE THE UNITED STATES	SCHEDULE I, PAGE 1, 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 FOLLOW UP WITH THE CLIENT AND THE ORGANIZATION RE-EVALUATES THE CLIENT PERIODICALLY ALSO, THE INFORMATION IS ENTERED INTO THE ACCOUNTING SOFTWARE AND CODED AS TO THE TYPE OF ASSISTANCE THE CLIENT HAS RECEIVED THERE IS THE CAPABILITY TO TRACK THE AMOUNTS SPENT OR APPLIED AGAINST A GRANT THAT THE ORGANIZATION HAS RECEIVED FOR A SPECIFIC PRUPOSE AS A CROSS-CHECK, THE INFORMATION CAN BE SORTED BY CLIENT TO ASCERTAIN ANY AMOUNTS PAID OR APPLIED ARE NOT EXCESSIVE FUNDS ARE RESTRICTED TO SENIORS RESIDING IN EL PASO COUNTY, COLORADO

SCHEDULE M (Form 990)

NonCash Contributions

OMB No 1545-0047

2011

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization SILVER KEY SENIOR SERVICES INC

Employer identification number 23-7109922

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of Contributions or items contributed, (c) Contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining contribution amounts. Rows include Art, Books, Clothing, Cars, Boats, Intellectual property, Securities, Real estate, Collectibles, Food inventory, etc.

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 Acknowledgement

Table with 2 columns: 29, 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?

Table with 3 columns: 30a, Yes, No

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

Table with 3 columns: 31, Yes, No

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?

Table with 3 columns: 32a, Yes, No

b If "Yes," describe in Part II

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

Table with 3 columns: 33, Yes, No

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization
SILVER KEY SENIOR SERVICES INC

Employer identification number

23-7109922

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - 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

Identifier	Return Reference	Explanation
ANY SIGNIFICANT CHANGES IN CONDUCT FOR PROGRAM SERVICES	FORM 990, PAGE 2, PART III, LINE 3	IN JULY 2011, THE ORGANIZATION CEASED ITS RESIDENTIAL SERVICES PROGRAM

Identifier	Return Reference	Explanation
SECOND ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4B	WELL AS OPERATED A FOOD PANTRY TO DISTRIBUTE EMERGENCY FOOD AND SUPPLEMENTAL FOOD ON BEHALF OF THE FEDERAL PROGRAMS TO SENIOR CITIZENS THE FOOD PANTRY ALSO ACCOMMODATES CLIENTS WHO HAVE DIETARY RESTRICTIONS THESE SERVICES ARE DELIVERED WITH COMPASSION AND RESPECT, PROVIDING A SENSE OF DIGNITY AND UNDERSTANDING TO OLDER INDIVIDUALS WHO MUST RELY ON OTHERS FOR THEIR BASIC NEEDS A TOTAL OF 674 CLIENTS WERE SERVED, RECEIVING 793 PANTRY BAGS, 4,355 CSFP FOOD BOXES AND 459 EMERGENCY PANTRY FOOD BAGS IN JUNE 2011, THE TEFAP PROGRAM WAS TRANSFERRED TO OTHER AGENCIES IN THE COMMUNITY AND SILVER KEY WAS ALLOTTED MORE CSFP SLOTS A TOTAL OF 1,700 HOURS WERE DONATED IN CONJUNCTION WITH ASSISTING SENIORS RECEIVE FOOD PANTRY ITEMS AND FOOD DRIVES

Identifier	Return Reference	Explanation
THIRD ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4C	CLIENTS NO OTHER AGENCY IN OUR COMMUNITY PROVIDES THIS SERVICE TO THESE LOW INCOME INDIVIDUALS THE SHORT TERM CARE MANAGERS ASSIST SENIORS IN RESOLVING ISSUES RELATED TO MEDICAID ENROLLMENT AND BENEFITS, FINDING AFFORDABLE HOUSING, UTILITIES ASSISTANCE, AND OTHER HEALTH AND WELFARE NEEDS DURING 2011, SILVER KEY CARE MANAGERS SAW 4,027 SENIORS NEED BASED FINANCIAL ASSISTANCE WAS PROVIDED TO 571 INDIVIDUALS WITHOUT INTERVENTION, MANY OF THESE SENIORS WOULD BE IN SHELTERS, HOSPITALS, AND COSTLY NURSING FACILITIES A TOTAL OF 3,720 HOURS OF SERVICE WERE DONATED IN CARE MANAGEMENT DURING THIS PERIOD

Identifier	Return Reference	Explanation
ALL OTHER ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4D	RESIDENTIAL 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 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 THIS PROGRAM OPERATED FROM JANUARY TO JUNE, DURING THIS PERIOD, 177 CLIENTS RECEIVED SERVICES FOR A TOTAL OF 6,685 HOURS OF SERVICE RETAIL SERVICES THIS PROGRAM IS A COMBINATION OF SEVERAL SUPPORTIVE FUNCTIONS INCLUDING HEALTH & VISION EQUIPMENT, ENSURE SUPPLEMENT, THRIFT STORE AND HANDY MAN PROGRAM THE HANDY MAN PROGRAM ASSISTS SENIORS WITH HOME MAINTENANCE INCLUDING INSTALLATION OF ADA COMPLIANT RAMPS, SAFETY GRAB BARS, HANDRAILS, YARD WORK AND A VARIETY OF OTHER SMALL HOME MAINTENANCE ITEMS THESE SMALL CHANGES CAN MAKE A BIG DIFFERENCE TO A SENIOR STRUGGLING WITH A TEMPORARY OR PERMANENT DISABILITY THE CHANGES MEAN IMPROVED ACCESSIBILITY AND PREVENTION OF INJURIES HEALTH AND VISION EQUIPMENT IS PROVIDED TO SENIORS TO ASSIST WITH MOBILITY AND VISION NEEDS THE THRIFT STORE IS STAFFED BY VOLUNTEERS AND RESELLS ITEMS THAT HAVE BEEN DONATED TO SILVER KEY VOLUNTEERS DONATED 3,750 HOURS IN THESE AREAS

Identifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	THE RETURN IS EMAILED TO THE ENTIRE BOARD FOR THEIR REVIEW PRIOR TO FILING

Identifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, 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 HIM/HERSELF FROM THE VOTE

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	DURING THE ANNUAL REVIEW OF THE CEO, THE EXECUTIVE COMMITTEE REVIEWS THE COMPENSATION OF THE CEO. COMPARABILITY DATA IS UTILIZED TO ASCERTAIN THAT THE LEVEL OF COMPENSATION IS NOT EXCESSIVE. DURING THE PROCESS OF THE BUDGET REVIEW WITH THE EXECUTIVE COMMITTEE, FINANCE COMMITTEE, AND THE BOARD, THE CEO COMPENSATION IS REVIEWED UTILIZING COMPARABILITY DATA. THE ORGANIZATION UTILIZES COMPENSATION SURVEYS BY MOUNTAIN STATES EMPLOYERS COUNCIL. IN YEARS WHERE THERE ARE NO SALARY INCREASES, THIS DATA IS RELIED UPON FROM THE YEAR BEFORE.

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	DURING THE PROCESS OF THE BUDGET REVIEW WITH THE EXECUTIVE COMMITTEE, FINANCE COMMITTEE, AND THE BOARD, THE SALARIES AND WAGES OF OTHER OFFICERS AND KEY EMPLOYEES ARE REVIEWED UTILIZING COMPARABILITY DATA. THE ORGANIZATION UTILIZES COMPENSATION SURVEYS BY MOUNTAIN STATES EMPLOYERS COUNCIL. IN YEARS WHERE THERE ARE NO SALARY INCREASES, THIS DATA IS RELIED UPON FROM THE YEAR BEFORE.

Identifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	THE TAX RETURN IS AVAILABLE ON GUIDESTAR WEBSITE. THE FINANCIAL AUDIT, TAX RETURN AS WELL AS THE CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE UPON REQUEST

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2011

Open to Public Inspection

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Department of the Treasury
Internal Revenue Service

Name of the organization
SILVER KEY SENIOR SERVICES INC

Employer identification number

23-7109922

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) SILVER KEY SENIOR SERVICES FND INC 2250 BOTT AVENUE COLORADO SPRINGS, CO 80904 84-1401179	SEE PG 5	CO	509 A3	11C	SILVER KEY SENIOR SERVICES INC		No

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

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

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

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 **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Sale of assets to related organization(s)
- g** Purchase of assets from related organization(s)
- h** Exchange of assets with related organization(s)
- i** Lease of facilities, equipment, or other assets to related organization(s)

- j** Lease of facilities, equipment, or other assets from related organization(s)
- k** Performance of services or membership or fundraising solicitations for related organization(s)
- l** Performance of services or membership or fundraising solicitations by related organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- n** Sharing of paid employees with related organization(s)

- o** Reimbursement paid to related organization(s) for expenses
- p** Reimbursement paid by related organization(s) for expenses

- q** Other transfer of cash or property to related organization(s)
- r** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b		No
1c	Yes	
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m		No
1n		No
1o		No
1p		No
1q		No
1r		No

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	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) SILVER KEY SENIOR SERVICES FND INC	C	316,929	CASH
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	SCHEDULE R	SCHEDULE R PART II LINE 1 COLUMN B PRIMARY ACTIVITY OF SILVER KEY SENIOR SERVICE FOUNDATION INC IS TO MANAGE RESTRICTED FUNDS OF THE ORGANIZATION

Additional Data

Software ID:
Software Version:
EIN: 23-7109922
Name: SILVER KEY SENIOR SERVICES INC

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses \$ 395,948 including grants of \$ 70,707) (Revenue \$ 194,082)

RESIDENTIAL 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 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 THIS PROGRAM OPERATED FROM JANUARY TO JUNE, DURING THIS PERIOD, 177 CLIENTS RECEIVED SERVICES FOR A TOTAL OF 6,685 HOURS OF SERVICE RETAIL SERVICES THIS PROGRAM IS A COMBINATION OF SEVERAL SUPPORTIVE FUNCTIONS INCLUDING HEALTH & VISION EQUIPMENT , ENSURE SUPPLEMENT, THRIFT STORE AND HANDYMAN PROGRAM THE HANDYMAN PROGRAM ASSISTS SENIORS WITH HOME MAINTENANCE INCLUDING INSTALLATION OF ADA COMPLIANT RAMPS, SAFETY GRAB BARS, HANDRAILS, YARD WORK AND A VARIETY OF OTHER SMALL HOME MAINTENANCE ITEMS THESE SMALL CHANGES CAN MAKE A BIG DIFFERENCE TO A SENIOR STRUGGLING WITH A TEMPORARY OR PERMANENT DISABILITY THE CHANGES MEAN IMPROVED ACCESSIBILITY AND PREVENTION OF INJURIES HEALTH AND VISION EQUIPMENT IS PROVIDED TO SENIORS TO ASSIST WITH MOBILITY AND VISION NEEDS THE THRIFT STORE IS STAFFED BY VOLUNTEERS AND RESELLS ITEMS THAT HAVE BEEN DONATED TO SILVER KEY VOLUNTEERS DONATED 3,750 HOURS IN THESE AREAS

Silver Key Senior Services, Inc.
 EIN: 23-7109922
 Form 990, Schedule I, Part III
 12/31/2011

<u>[a] Type of grant or assistance</u>	<u>[b] Number of recipients</u>	<u>[c] Amount of cash grant</u>	<u>[d] Amount of non-cash assistance</u>	<u>[e] Method of valuation</u>	<u>[f] Description of non-cash assistance</u>
Food Pantry	775	\$ -	\$ 322,157	Est cost of food purchased from food bank Based on current amount charged for services and equipment	Food
Dental and medical expenses	20	12,701	28,084	Based on thrift store value	Health equipment
Retail items	61	9,098	27,358	Est average value	Misc thrift store items
Miscellaneous assistance	18	2,089	14,480	Based on the amount of rent or mortgage payment made	Holiday gifts
Rent and mortgage assistance	126	53,922	-		
Meals on Wheels	43	16,891	-	Based on amount charged for meals	
Home care & personal care	31	12,538	-	Based on current amount charged for services	
Utilities	25	6,051	-	Est amount charged for utilities	
Home maintenance	36	8,841	-	Based on current amount charged for services	
Prescriptions	40	5,008	-	Based on retail value	
TOTAL		<u>\$ 127,139</u>	<u>\$ 392,079</u>		