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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)

OMB No 1545-0047

2012

Open to Public Inspection

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

A For the 2012 calendar year, or tax year beginning 01-01-2012, 2012, and ending 12-31-2012

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SILVER KEY SENIOR SERVICES INC		D Employer identification number 23-7109922
	Doing Business As		E Telephone number (719) 884-2300
	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		
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW SILVERKEY ORG			
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation 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	14	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14	
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	49	
	6 Total number of volunteers (estimate if necessary)	6	646	
	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			Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)		2,043,383	2,093,738
	9 Program service revenue (Part VIII, line 2g)		447,504	447,249
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		15,630	206,014
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		18,053	0
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,524,570	2,747,001
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		519,218	269,356
	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)		1,639,428	1,528,719
	16a Professional fundraising fees (Part IX, column (A), line 11e)			0
	b Total fundraising expenses (Part IX, column (D), line 25) <u>89,199</u>			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		896,011	1,050,406
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		3,054,657	2,848,481
19 Revenue less expenses Subtract line 18 from line 12		-530,087	-101,480	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)		6,548,336	6,994,241
	21 Total liabilities (Part X, line 26)		237,217	474,223
22 Net assets or fund balances Subtract line 21 from line 20		6,311,119	6,520,018	

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	2013-03-20 Date			
	PATRICIA ELLIS PRESIDENT/CEO Type or print name and title				
Paid Preparer Use Only	Prnt/Type preparer's name DEANN L PRICE CPA	Preparer's signature	Date 2013-06-28	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ERICKSON BROWN & KLOSTER PC			Firm's EIN	
	Firm's address 4565 HILTON PKWY STE 101 COLORADO SPRINGS, CO 809073540			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 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 \$ 807,915 including grants of \$) (Revenue \$ 52,613)

TRANSPORTATION TRANSPORTATION SERVICES ARE PROVIDED MONDAY THROUGH FRIDAY, WITH SOME RECREATION TRIPS ON WEEKENDS. A TOTAL OF 363,552 REVENUE MILES WERE PROVIDED, RESULTING IN 52,748 TRIPS TO 1,478 SENIORS. THE TRIPS PROVIDE RIDES TO MEDICAL APPOINTMENTS, GROCERY SHOPPING, RECREATIONAL ACTIVITIES AND FOR OTHER PERSONAL NEEDS. FOR THIS PERIOD, 50% OF THE RIDES PROVIDED REQUIRED ASSISTANCE OR SPECIAL TRANSPORTATION. THERE WERE 19,200 HOURS DONATED BY VOLUNTEERS IN CONJUNCTION WITH PROVIDING RIDES.

4b (Code) (Expenses \$ 570,370 including grants of \$ 140,633) (Revenue \$ 249,868)

NUTRITION SERVICES THIS AREA IS COMPRISED OF THE MEAL ON WHEELS PROGRAM AND FOOD PANTRY PROGRAMS. 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 563 SENIORS WERE SERVED. A TOTAL OF 47,395 MEALS VOLUNTEERS PROVIDED 13,800 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 2012, SILVER KEY ADMINISTERED TWO FEDERAL FOOD PROGRAMS, THE COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP) AND THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP) AS WELL AS OPERATED A FOOD PANTRY TO DISTRIBUTE EMERGENCY FOOD AND SUPPLEMENTAL FOOD TO THE FEDERAL PROGRAMS RECIPIENTS. THE FOOD PANTRY ACCOMMODATES CLIENTS WHO HAVE DIETARY RESTRICTIONS. SENIORS WHO ARE HOMEBOUND RECEIVE THEIR COMMODITIES THROUGH OUR HOME DELIVERY SERVICES. THESE SERVICES ARE PROVIDED WITH COMPASSION AND RESPECT, WITH SENSITIVITY TO ALLOW FOR DIGNITY AND UNDERSTANDING TO OLDER INDIVIDUALS WHO MUST RELY ON OTHERS FOR THEIR BASIC NEEDS. WE WORK CLOSELY WITH CARE AND SHARE TO ENSURE OUR CLIENTS HAVE ACCESS TO AS MUCH FRESH FRUITS AND VEGETABLES AND DAIRY PRODUCTS AS AVAILABLE. A TOTAL OF 1,166 CLIENTS WERE SERVED, RECEIVING 1,096 PANTRY BAGS, 5,298 CSFP FOOD BOXES, 1,022 TEFAP BAGS AND 1,280 EMERGENCY PANTRY FOOD BAGS. A TOTAL OF 2,100 HOURS WERE DONATED IN CONJUNCTION WITH ASSISTING SENIORS RECEIVE FOOD PANTRY ITEMS AND FOOD DRIVES.

4c (Code) (Expenses \$ 679,882 including grants of \$ 115,911) (Revenue \$ 40,741)

CARE MANAGEMENT SERVICES THIS AREA IS COMPRISED OF REFERRALS AND INFORMATION, CARE MANAGEMENT, AND GUARDIANSHIP. THE GUARDIANSHIP PROGRAM ASSISTS SENIORS WHO ARE DEEMED TO NO LONGER BE ABLE TO MAKE DECISIONS FOR THEMSELVES. DURING 2012, SILVER KEY WAS LEGAL GUARDIAN FOR 58 INDIVIDUALS, AND MAINTAINED A POWER OF ATTORNEY FOR NINE 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 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 2012, SILVER KEY CARE MANAGERS SAW 1,299 SENIORS. NEED BASED FINANCIAL ASSISTANCE WAS PROVIDED TO 522 INDIVIDUALS. WITHOUT INTERVENTION, MANY OF THESE SENIORS WOULD BE IN SHELTERS, HOSPITALS, AND COSTLY NURSING FACILITIES. A TOTAL OF 4,700 HOURS OF SERVICE WERE DONATED IN CARE MANAGEMENT DURING THIS PERIOD.

(Code) (Expenses \$ 184,228 including grants of \$ 12,812) (Revenue \$ 104,027)

RETAIL SERVICES THIS PROGRAM PROVIDES SUPPORT VIA HEALTH & VISION EQUIPMENT AND A THRIFT STORE. 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 2,500 HOURS IN THESE AREAS.

4d Other program services (Describe in Schedule O)

(Expenses \$ 184,228 including grants of \$ 12,812) (Revenue \$ 104,027)

4e Total program service expenses 2,242,395

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 for escrow or custodial account liability, 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 and XII</i> <input checked="" type="checkbox"/>	Yes	
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 and XII 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, Parts I and IV</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 United States? <i>If "Yes," complete Schedule F, Parts 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 United States? <i>If "Yes," complete Schedule F, Parts 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 (see instructions)</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 hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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 lines 24b through 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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <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 direct or indirect 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, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes" to line 35a, 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		
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 11b 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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		No
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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 [X]

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 (14); 1b Enter the number of voting members included in line 1a, above, who are independent (14); 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 this 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); 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 [X] Another's website [X] Upon request [] Other (explain in Schedule O); 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 during the tax year; 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: PATRICIA ELLIS 2250 BOTT AVENUE COLORADO SPRINGS, CO (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 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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) PATRICIA ELLIS PRESIDENT/CE	40 00	X		X				104,283	0	8,812
(2) CHERYL SOLZE TREASURER	1 00	X		X				0	0	0
(3) RANDALL BJORK IMMEDIATE PA	1 00	X						0	0	0
(4) HOWARD BLACK CHAIRPERSON	1 00	X		X				0	0	0
(5) JEROME C SCHAEFER SECRETARY	1 00	X		X				0	0	0
(6) JULIE BOSWELL 1ST VICE CHA	50	X		X				0	0	0
(7) STEVE BARON DIRECTOR	50	X						0	0	0
(8) TOBY GANNETT 2ND VICE CHA	50	X		X				0	0	0
(9) LEE JOLIVET DIRECTOR	50	X						0	0	0
(10) DAVID LORD DIRECTOR	50	X						0	0	0
(11) REBECCA HURLEY DIRECTOR	50	X						0	0	0
(12) TYLER STEVENS DIRECTOR	50	X						0	0	0
(13) ROLLAND STONEMAN DIRECTOR	50	X						0	0	0
(14) MARY ELLEN MCNALLY DIRECTOR	50	X						0	0	0
(15) JOCELYN WALL DIRECTOR	50	X						0	0	0
(16) BARBARA BRUBAKER CFO	40 00			X				81,242	0	8,110

Part VIII Statement of Revenue

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

			(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 56,848					
	b	Membership dues 1b					
	c	Fundraising events 1c 52,311					
	d	Related organizations 1d 329,591					
	e	Government grants (contributions) 1e 809,663					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 845,325					
	g	Noncash contributions included in lines 1a-1f \$ 217,870					
	h	Total. Add lines 1a-1f 2,093,738	2,093,738				
Program Service Revenue	2a	PROGRAM SERVICE REVENUE					
		Business Code 624200	447,249	447,249			
	b						
	c						
	d						
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f	447,249					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	164,276			164,276	
	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	880,899			
			(ii) Other		5,000		
			b Less cost or other basis and sales expenses	844,161			
			c Gain or (loss)	36,738		5,000	
	d	Net gain or (loss)	41,738			41,738	
	8a	Gross income from fundraising events (not including \$ 52,311 of contributions reported on line 1c) See Part IV, line 18					
	a		10,765				
b	Less direct expenses b 10,765						
c	Net income or (loss) from fundraising events						
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	2,747,001	447,249		206,014		

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)

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	269,356	269,356		
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	202,447	29,236	170,949	2,262
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	1,012,172	820,984	136,887	54,301
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	29,692	22,338	5,848	1,506
9	Other employee benefits	157,560	119,733	29,897	7,930
10	Payroll taxes	126,848	89,787	31,089	5,972
11	Fees for services (non-employees)				
a	Management	1,856	1,766	90	
b	Legal	183	183		
c	Accounting	12,950		12,950	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	4,875	634	4,241	
12	Advertising and promotion	375		375	
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	91,639	62,500	27,443	1,696
17	Travel	263,661	262,679	867	115
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	10,345	4,027	3,377	2,941
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	137,154	118,748	16,678	1,728
23	Insurance	20,850	3,765	17,085	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	MEALS ON WHEELS	193,840	193,840		
b	CONTRACT LABOR	117,058	89,416	25,799	1,843
c	SUPPLIES	103,363	96,347	5,676	1,340
d	BAD DEBT	20,460	19,285	1,175	
e	All other expenses	71,797	37,771	26,461	7,565
25	Total functional expenses. Add lines 1 through 24e	2,848,481	2,242,395	516,887	89,199
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	1,300	1	1,300
	2 Savings and temporary cash investments	111,505	2	119,461
	3 Pledges and grants receivable, net	222,740	3	89,839
	4 Accounts receivable, net	80,662	4	242,977
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 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	31,939	9	28,837
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 3,294,636		
	b Less accumulated depreciation	10b 2,649,571	584,765	10c 645,065
	11 Investments—publicly traded securities	1,937,174	11	2,097,645
	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	3,578,251	15	3,769,117
16 Total assets. Add lines 1 through 15 (must equal line 34)	6,548,336	16	6,994,241	
Liabilities	17 Accounts payable and accrued expenses	114,517	17	305,922
	18 Grants payable		18	
	19 Deferred revenue	122,700	19	168,301
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other 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	237,217	26	474,223
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,701,935	27	2,788,296
	28 Temporarily restricted net assets	468,993	28	446,848
	29 Permanently restricted net assets	3,140,191	29	3,284,874
	Organizations that do not follow SFAS 117 (ASC 958), 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	6,311,119	33	6,520,018	
34 Total liabilities and net assets/fund balances	6,548,336	34	6,994,241	

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	2,747,001
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,848,481
3	Revenue less expenses Subtract line 2 from line 1	3	-101,480
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,311,119
5	Net unrealized gains (losses) on investments	5	117,204
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	193,175
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,520,018

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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	Yes	
2c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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
3b 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

2012

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.

Name of the organization
SILVER KEY SENIOR SERVICES INC

Employer identification number

23-7109922

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

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

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

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,635,701	2,602,387	1,878,814	2,043,383	1,963,738	10,124,023
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	1,635,701	2,602,387	1,878,814	2,043,383	1,963,738	10,124,023
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						10,124,023

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	1,635,701	2,602,387	1,878,814	2,043,383	1,963,738	10,124,023
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	82,854	72,476	155,955	163,702	164,276	639,263
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	403		3,378	25,050	10,765	39,596
11 Total support (Add lines 7 through 10)						10,802,882

12 Gross receipts from related activities, etc (see instructions) **12** 2,547,693

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 2012 (line 6, column (f) divided by line 11, column (f))	14	93.720 %
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	93.990 %

- 16a 33 1/3% support test—2012.** 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—2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2012.** 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—2011.** 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 Section 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2012.** 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—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. 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

2012

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 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 3 columns: (a) Donor advised funds, (b) Funds and other accounts, and a column for questions 1-6 regarding donor advised funds.

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

Table with 3 columns: Description of conservation easement, and a sub-table for 'Held at the End of the Year' with rows 2a, 2b, 2c, 2d.

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.

Table with 3 columns: Question description, Revenues included, and Assets included.

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

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 XIII and complete the following table

	Amount
1c Beginning balance	112,071
1d Additions during the year	236,929
1e Distributions during the year	-259,433
1f Ending balance	89,567

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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	1,937,174	1,062,608	4,995,855	4,294,299	
b Contributions		874,566		523,762	
c Net investment earnings, gains, and losses	160,471			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	2,097,645	1,937,174	1,062,608	4,995,855	

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a** Board designated or quasi-endowment 100.000 %
 - b** Permanent endowment
 - c** Temporarily restricted endowment
- The percentages in lines 2a, 2b, and 2c should equal 100%

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	Yes	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	Yes

4 Describe in Part XIII 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	1,373,865	270,512
c Leasehold improvements				
d Equipment		494,284	480,021	14,263
e Other		1,037,906	795,685	242,221
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				645,065

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

1	Total revenue, gains, and other support per audited financial statements	1	3,077,185
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	117,204
b	Donated services and use of facilities	2b	9,040
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	193,175
e	Add lines 2a through 2d	2e	319,419
3	Subtract line 2e from line 1	3	2,757,766
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 XIII)	4b	-10,765
c	Add lines 4a and 4b	4c	-10,765
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	2,747,001

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

1	Total expenses and losses per audited financial statements	1	2,868,286
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	9,040
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	9,040
3	Subtract line 2e from line 1	3	2,859,246
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 XIII)	4b	-10,765
c	Add lines 4a and 4b	4c	-10,765
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	2,848,481

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, 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 SOME 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, 2012 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 CONSOLIDATING FINANCIAL STATEMENTS
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 2D	CHANGE IN VALUE OF BENEFICIAL INTEREST IN CHARITABLE TRUST 193,175
REVENUE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 4B	SPECIAL EVENT EXPENSES -10,765
EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 4B	RECLASSIFICATION OF SP EVENT EXPENSES -10,765

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2012

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. Form 990-EZ filers are not required to complete this part.

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 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 email 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... 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

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (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. Includes a Total row at the bottom.

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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. 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	63,076			63,076
	2 Less Contributions	52,311			52,311
	3 Gross income (line 1 minus line 2)	10,765			10,765
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	10,765			10,765
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(10,765)
11 Net income summary Combine line 3, column (d), and line 10 ▶					

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))
		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 _____

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

Name ▶

Address ▶

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

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 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 Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation
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Schedule I (Form 990)

OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

2012

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

Attach to Form 990

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization SILVER KEY SENIOR SERVICES INC

Employer identification number 23-7109922

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC Code section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
3 Enter total number of other organizations listed in the line 1 table

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.

Part III can be duplicated 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		118,215	151,141		

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), 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

2012

Open to Public Inspection

▶ **Complete if the organizations 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

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		94,967	THRIFT STORE VALUE
6 Cars and other vehicles	X	2	2,090	RESALE VALUE
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	72,780	120,813	1 66/LB OF DONATED ITEMS
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

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?		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?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part III **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier

Return Reference

Explanation

Schedule M (Form 990) (2012)

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

2012

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
SECOND ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4B	SUPPLEMENTAL FOOD PROGRAM (CSFP) AND THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP) AS WELL AS OPERATED A FOOD PANTRY TO DISTRIBUTE EMERGENCY FOOD AND SUPPLEMENTAL FOOD TO THE FEDERAL PROGRAMS RECIPIENTS THE FOOD PANTRY ACCOMMODATES CLIENTS WHO HAVE DIETARY RESTRICTIONS SENIORS WHO ARE HOMEBOUND RECEIVE THEIR COMMODITIES THROUGH OUR HOME DELIVERY SERVICES THESE SERVICES ARE PROVIDED WITH COMPASSION AND RESPECT, WITH SENSITIVITY TO ALLOW FOR DIGNITY AND UNDERSTANDING TO OLDER INDIVIDUALS WHO MUST RELY ON OTHERS FOR THEIR BASIC NEEDS WE WORK CLOSELY WITH CARE AND SHARE TO ENSURE OUR CLIENTS HAVE ACCESS TO AS MUCH FRESH FRUITS AND VEGETABLES AND DAIRY PRODUCTS AS AVAILABLE A TOTAL OF 1,166 CLIENTS WERE SERVED, RECEIVING 1,096 PANTRY BAGS, 5,298 CSFP FOOD BOXES, 1,022 TEFAP BAGS AND 1,280 EMERGENCY PANTRY FOOD BAGS A TOTAL OF 2,100 HOURS WERE DONATED IN CONJUNCTION WITH ASSISTING SENIORS RECEIVE FOOD PANTRY ITEMS AND FOOD DRIVES
THIRD ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4C	SERVICE TO THESE LOW INCOME INDIVIDUALS THE 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 2012, SILVER KEY CARE MANAGERS SAW 1,299 SENIORS NEED BASED FINANCIAL ASSISTANCE WAS PROVIDED TO 522 INDIVIDUALS WITHOUT INTERVENTION, MANY OF THESE SENIORS WOULD BE IN SHELTERS, HOSPITALS, AND COSTLY NURSING FACILITIES A TOTAL OF 4,700 HOURS OF SERVICE WERE DONATED IN CARE MANAGEMENT DURING THIS PERIOD
ALL OTHER ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4D	RETAIL SERVICES THIS PROGRAM PROVIDES SUPPORT VIA HEALTH & VISION EQUIPMENT AND A THRIFT STORE 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 2,500 HOURS IN THESE AREAS
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
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
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	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 COMPARABILITY DATA IS UTILIZED TO ASCERTAIN THAT THE LEVEL OF COMPENSATION IS NOT EXCESSIVE 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
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
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	THE TAX RETURN IS AVAILABLE ON THE GUIDESTAR WEBSITE THE FINANCIAL AUDIT, TAX RETURN AS WELL AS THE CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE UPON REQUEST
RECONCILIATION OF CHANGES - OTHER	FORM 990, PART XI, LINE 9	CHANGE IN VALUE OF BENEFICIAL INTEREST IN CHARITABLE TRUST 193,175 SPECIAL EVENT EXPENSES 10,765 RECLASSIFICATION OF SP EVENT EXPENSES -10,765

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2012

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" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) 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" to 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 entity?	
						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" to 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" to 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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

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

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

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

a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity

b Gift, grant, or capital contribution to 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 Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s 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
1s		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-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SILVER KEY SENIOR SERVICES FND INC	C	329,591	CASH

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 DONOR RESTRICTED FUNDS OF THE ORGANIZATION

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

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Silver Key Senior Services, Inc.
 EIN: 23-7109922
 Form 990, Schedule I, Part III
 12/31/2012

<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	630	\$ -	\$ 120,813	Est cost of food purchased from food bank	Food
Holiday gifts	10,000	-	20,000	Est average value	Holiday gifts
Retail items	128	-	10,328	Based on thrift store value	Misc thrift store items
Rent and mortgage assistance	124	46,441	-		
Medical, dental, prescriptions and supplements	139	38,491	-		
Meals on Wheels	25	19,820	-		
Home care & personal care	4	735	-		
Utilities	41	9,653	-		
Miscellaneous assistance	12	1,268	-		
Home maintenance	74	1,807	-		
TOTAL		<u>\$ 118,215</u>	<u>\$ 151,141</u>		