



THE SILVER STAR FAMILIES OF AMERICA
2009 990 AND SCHEDULE A

SCHEDULE A
Form 990 or 990-EZ

Public Charity Status and Public Support
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.

OMB No. 1545-0047
2009
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Silver Star Families of America

Employer identification number
20 3940415

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 170b(1)(A)(i).

2 A school described in section 170b(1)(A)(ii). (Attach Schedule E.)

3 A hospital or a cooperative hospital service organization described in section 170b(1)(A)(iii).

4 A medical research organization operated in conjunction with a hospital described in section 170b(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 170b(1)(A)(iv). (Complete Part II.)

6 A federal, state, or local government or governmental unit described in section 170b(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 170b(1)(A)(vi). (Complete Part II.)

8 A community trust described in section 170b(1)(A)(vii). (Complete Part II.)

9 An organization that normally receives: (1) more than 33% 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% 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 11a through 11d.

a Type I b Type II c Type III—Functionally integrated d Type II—Other

e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

	Yes	No															
(i)(i)																	
(ii) A family member of a person described in (i) above? <table border="1"> <tr><td></td><td>Yes</td><td>No</td></tr> <tr><td>(ii)(i)</td><td></td><td></td></tr> <tr><td>(iii) A 35% controlled entity of a person described in (i) or (ii) above? <table border="1"> <tr><td></td><td>Yes</td><td>No</td></tr> <tr><td>(iii)(i)</td><td></td><td></td></tr> </table> </td><td></td><td></td></tr> </table>		Yes	No	(ii)(i)			(iii) A 35% controlled entity of a person described in (i) or (ii) above? <table border="1"> <tr><td></td><td>Yes</td><td>No</td></tr> <tr><td>(iii)(i)</td><td></td><td></td></tr> </table>		Yes	No	(iii)(i)						
	Yes	No															
(ii)(i)																	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? <table border="1"> <tr><td></td><td>Yes</td><td>No</td></tr> <tr><td>(iii)(i)</td><td></td><td></td></tr> </table>		Yes	No	(iii)(i)													
	Yes	No															
(iii)(i)																	

h Provide the following information about the supported organization(s).

Name of supported organization	EIN	Type of organization (described on lines 1–4 above or IRC section (see instructions))	(d) Has the organization in (c) (i) filed in year (supporting document)?		(e) Has your entity the organization in (c) (i) of your support?		(f) Is the organization at risk (i) organized in the U.S.?		(g) Amount of support
			Yes	No	Yes	No	Yes	No	
N/A									
Total									

For Privacy Act and Paperwork Reduction Act Notices, see the Instructions for Form 990 or 990-EZ. 04-09-11284 Schedule A (Form 990 or 990-EZ) 2008

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(v)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1221	27765	36711	25443	17612	110752
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	-0-	-0-	-0-	-0-	-0-	-0-
3 The value of services or facilities furnished by a governmental unit to the organization without charge	-0-	-0-	-0-	-0-	-0-	-0-
4 Total. Add lines 1 through 3	1221	27765	36711	25443	17612	110752
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.						110752

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	1221	27765	36711	25443	17612	110752
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	-0-	-0-	-0-	-0-	50	50
9 Net income from unrelated business activities, whether or not the business is regularly carried on	-0-	-0-	-0-	-0-	-0-	-0-
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	-0-	-0-	-0-	-0-	-0-	-0-
11 Total support. Add lines 7 through 10					12	110862
12 Gross receipts from related activities, etc. (see instructions)					12	

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%

- 16a 33% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33% or more, check this box and stop here. The organization qualifies as a publicly supported organization
- b 33% support test—2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33% or more, check this box and stop here. The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- 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.)

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(2) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

* Supporting organizations of donor advised funds and controlling organizations as defined in section 513(b)(1) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$1,250,000 at the end of the year may use this form.
* The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1130
2009
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

990-EZ

A For the 2009 calendar year, or tax year beginning January 1, 2009, and ending December 31, 2009

B Check if applicable:
 Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

C Name of organization
Silver Star Families of America
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
525 Cave Hollow Rd.
 City or town, state or country, and ZIP + 4
Cleaver, MO, 65631-6313

D Employer identification number
20-2940415

E Telephone number
417-743-2588

F Group Exemption Number N/A

* Section 501(c)(3) organizations and 4947(a)(2) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting Method: Cash Accrual
Other (specify) _____

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: www.silverstarfamilies.org

J Tax-exempt status (check only one) - 501(c) 3 4947(a)(2) or 527

K Check if the organization is not a section 509(b)(2) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 1b, 6b, and 7c, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ **\$** 20485

Part I: Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue			
1	Contributions, gifts, grants, and similar amounts received	1	17612
2	Program service revenue including government fees and contracts	2	-
3	Membership dues and assessments	3	-
4	Investment income	4	58
5a	Gross amount from sale of assets other than inventory	5a	-
5b	Less: cost or other basis and sales expenses	5b	-
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	-
6	Special events and activities (complete applicable parts of Schedule G; if any amount is from gaming, check here <input type="checkbox"/>)		
6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	3660
6b	Less: direct expenses other than fundraising expenses	6b	1793
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	1867
7a	Gross sales of inventory, less returns and allowances	7a	593
7b	Less: cost of goods sold	7b	(720)
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	(127)
8	Other revenue (describe <input type="checkbox"/>)	8	-
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	19422
Expenses			
10	Grants and similar amounts paid (attach schedule)	10	-
11	Benefits paid to or for members	11	-
12	Salaries, other compensation, and employee benefits	12	-
13	Professional fees and other payments to independent contractors	13	-
14	Occupancy, rent, utilities, and maintenance	14	1600
15	Printing, publications, postage, and shipping	15	1248
16	Other expenses (describe <input type="checkbox"/> See Audit FY2009 Booklet (pgs 3-4) expenses breakdown)	16	9936
17	Total expenses. Add lines 10 through 16	17	12784
Net Assets			
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	6638
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	13098
20	Other changes in net assets or fund balances (attach explanation)	20	-
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	23529

Part II: Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.)

22	Cash, savings, and investments	(A) Beginning of year	22	(B) End of year
23	Land and buildings	12606	23	11509
24	Other assets (describe <input type="checkbox"/> Inventory and Prepaid expenses (Audit booklet pgs 3-4))	2463	24	6236
25	Total assets	15098	25	23529
26	Total liabilities (describe <input type="checkbox"/>)	-	26	-
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	15098	27	23529

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 108521 Form 990-EZ (2009)

Part V Other information (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.		<input checked="" type="checkbox"/>
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes.		<input checked="" type="checkbox"/>
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
35a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		<input checked="" type="checkbox"/>
35b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.		<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ (37a) -0-		
37b	Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		<input checked="" type="checkbox"/>
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved.		
39	Section 501(c)(7) organizations. Enter:		
39a	Initiation fees and capital contributions included on line 9		-0-
39b	Gross receipts, included on line 9, for public use of club facilities		-0-
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ -0-; section 4912 ▶ -0-; section 4955 ▶ -0-		
40b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4955 excess benefit transaction during the year or is it 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? If "Yes," complete Schedule L, Part I.		<input checked="" type="checkbox"/>
40c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4956 ▶ -0-		
40d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ -0-		
40e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 9886-T.		<input checked="" type="checkbox"/>
41	List the states with which a copy of this return is filed. ▶ N/A		
42a	The organization's books are in care of ▶ Diana Creed-Newton, Treasurer Telephone no. ▶ 417-743-2568 Located at ▶ 525 Cave Hollow Rd, Clever, MO ZIP + 4 ▶ 65631-4313		
42b	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)?	Yes	No
42b	If "Yes," enter the name of the foreign country: ▶ N/A		<input checked="" type="checkbox"/>
42c	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
42c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶ N/A		<input checked="" type="checkbox"/>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.	Yes	No
44			<input checked="" type="checkbox"/>
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ.	Yes	No
45			<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

Table with 3 columns: Question, Yes, No. Rows 46-49b with checkmarks in the 'Yes' column.

Table for line 50: Compensation of other employees. Columns: (a) Name and address, (b) Title and average hours, (c) Compensation, (d) Contributions to employee benefit plans, (e) Expense account and other allowances. Row 1 contains 'N/A'.

f Total number of other employees paid over \$100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table for line 51: Compensation of independent contractors. Columns: (a) Name and address, (b) Type of service, (c) Compensation. Row 1 contains 'N/A'.

d Total number of other independent contractors each receiving over \$100,000 . . . ▶

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: Diana Creed-Nawton, Treasurer; Date: 10 May 2010.

Paid Preparer's Use Only: Preparer's signature, Date, Check if self-employed, Preparer's identifying number, Firm's name, EIN, Phone no.

May the IRS discuss this return with the preparer shown above? See instructions. Yes No