

THE SILVER STAR FAMILIES OF AMERICA

2010 990

Form 990 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)

2010

Department of the Treasury Internal Revenue Service

OMB No. 1545-0047

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

Open to Public Inspection

A. For the 2010 calendar year, or tax year beginning 2010, and ending 2010, and ending

B. Check if applicable:
 Address change Name change Initial return Reinstated return Amended return Application pending
 The Silver Star Families of America
 525 Cave Hollow Road
 Clever, MO 65631-6313

D. Employer identification number 20-3940415
E. Tax-exempt status 417-743-2508
G. Gross receipts 22,192

F. Name and address of principal officer: Rochelle Roth
 Had to file separate return for officer? Yes No
 Are all activities included? Yes No
 If No, attach a list. (See instructions.)

H. Website: silverstarfamilies.org

I. Form of organization: Corporation Trust Association Other

J. Type of formation: 2004 **K. State of legal domicile:** MO

Part I Summary

1. Briefly describe the organization's mission or most significant activities: Assist and advocate for our Nations combat wounded, ill, and dying Veterans and troops of the Armed Forces from ALL wars. All requests granted free of charge to those and the families that are eligible.

2. Check this box 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 VII, line 14) 3
 4. Number of independent voting members of the governing body (Part VI, line 2a) 4
 5. Total number of individuals employed in calendar year 2010 (Part V, line 2a) 0
 6. Total number of volunteers (estimate if necessary) 3,000
 7a. Total unrelated business revenue from Part VIII, column (C), line 12 0
 7b. Net unrelated business taxable income from Form 990-T, line 34 0

Part II Signature Block

Sign Here
 Signature of officer: Diana Creed-Newton
 Title: Treasurer

Paid Preparer Use Only
 Preparer's name: Jeff Keeling
 Preparer's address: 4035 S. Fremont
 Preparer's phone: (417) 883-5348

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

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Schedule A Form 990 or 990-EZ 2010 The Silver Star Families of America 20-3940415 Page 2

Part III Support Schedule for Organizations Described in Sections 170(b)(1)(A)(v) 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 fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)

	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1. Gifts, grants, contributions, and membership fees received. (Do not include unusual grants.)	27,765.	38,711.	25,543.	17,612.	20,825.	130,456.
2. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3. The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
4. Total. Add lines 1 through 3.	27,765.	38,711.	25,543.	17,612.	20,825.	130,456.

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.

	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7. Amounts from line 4.	27,765.	38,711.	25,543.	17,612.	20,825.	130,456.
8. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.				50.	17.	67.
9. Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
11. Total support. Add lines 7 through 10.						130,523.
12. Gross receipts from related activities, etc. (see instructions)					12.	0.
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) beginning in:						

Section B. Total Support

Calendar year (or fiscal year beginning in)

	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
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) beginning in:						
14. Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)).	14					97.1%
15. Public support percentage from 2009 Schedule A, Part II, line 14.	15					0.0%

Section C. Computation of Public Support Percentage

16a. 33-1/3% support test - 2010. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and **stop here.** 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.

16b. 33-1/3% support test - 2009. 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 - 2010. 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.

17b. 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 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.

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Part III Statement of Program Service Accomplishments
 Check if Schedule O contains a response to any question in this Part III

1. Briefly describe the organization's mission: Assist and advocate for our Nations combat wounded, ill, and dying Veteran's and troops of the Armed Forces from ALL wars. All requests granted free of charge to those and the families that are eligible.

2. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? See Schedule O. 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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a. (Code:) Expenses \$ 6,644, including grants of \$ (Revenue \$)
Silver Star Banner/Flag program-main mission of the SSSFA. Flags and banners provided free of charge. Nationwide program to honor the sacrifice of combat wounded/ill for all that are eligible (1 per family).

4b. (Code:) Expenses \$ 5,116, including grants of \$ 5,000. (Revenue \$)
Tunes for Troops-purchase and distribution of 1000-85 music cards to veterans throughout the country.

4c. (Code:) Expenses \$ 5,116, including grants of \$ 4,000. (Revenue \$)
Homeless/Hospitalized Troops and Vets-VA Standdowns for homeless veterans nationwide, care packages and comfort items throughout the year. VA canteen books, blankets, pillows, etc.

4d. Other program services. (Describe in Schedule O.) See Schedule O
 (Expenses \$ 1,337, including grants of \$ (Revenue \$)

4e. Total program service expenses = 19,213.

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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 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 **former** 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** 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 per week number of hours spent on organization's behalf (do not include volunteer hours or services)	(C) Position (check all that apply)		(D) Reportable compensation from the organization (W-2 or 1099-MISC)	(E) Reportable compensation from other organizations (W-2 or 1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Officer	Director			
(1) Rochelle Roth President	10	X		0.	0.	0.
(2) Kathleen Landess Vice President	10	X		0.	0.	0.
(3) Janie Orman Secretary	35	X		0.	0.	0.
(4) Catherine Storey Nat. Historian	10	X		0.	0.	0.
(5) Margaret Harich Sgt. at Arms	10	X		0.	0.	0.
(6) Diana Creed-Newton Treasurer	35	X		0.	0.	0.
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						

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

(A) Name and title	(B) Average number of hours per week (do not include hours for related organizations) (Sch T)	(C) Position (check all that apply) Officer Director Trustee Key employee Highest compensated employee Former	(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
(18)					
(19)					
(20)					
(21)					
(22)					
(23)					
(24)					
(25)					
(26)					
(27)					
(28)					
(29)					

1b Sub-total: 0, 0, 0, 0
 c Total from continuation sheets to Part VII, Section A: 0, 0, 0, 0
 d Total (add lines 1b and 1c): 0, 0, 0, 0

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization: 0

3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual: 3 Yes X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes" complete Schedule J for such individual: 4 Yes X

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person: 5 Yes X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization: 0

Part VIII Statement of Revenue

	(A) Total revenue	(B) Restricted or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
1a Federated campaigns				
b Membership dues				
c Fundraising events				
d Related organizations				
e Government grants (contributions)				
f All other contributions, gifts, grants, and similar amounts not included above	20,825			
g Net cash contributions included in line 1a-f	979			
h Total, Add lines 1a-1f	20,825			
2a Business Code				
b				
c				
d				
e All other program service revenue				
g Total, Add lines 2a-2f				
3 Investment income (including dividends, interest and other similar amounts)	17			17
4 Income from investment of tax-exempt bond proceeds				
5 Royalties				
6a Gross Rents				
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				
b Less: cost or other basis				
c Gain or (loss)				
d Net gain or (loss)				
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c)	1,179			
b Less: direct expenses	724			
c Net income or (loss) from fundraising events	455			455
9a Gross income from gaming activities				
b Less: direct expenses				
c Net income or (loss) from gaming activities				
10a Gross sales of inventory, less returns and allowances	171			
b Less: cost of goods sold	54			
c Net income or (loss) from sales of inventory	117	117		
11a Miscellaneous Revenue				
b				
c				
d All other revenue				
12 Total Revenue. See instructions	21,414	117	0	472

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members	0	0	0	0
5 Compensation of current officers, directors, trustees, and key employees	0	0	0	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages				
8 Pension plan contributions (include section 401(a) and section 408(a) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	4,100		1,367	2,733
12 Advertising and promotion				
13 Office expenses	436		436	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	701	701		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	709		709	
23 Insurance	797		797	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a Care packages and donations	9,173	9,173		
b Flags/Banners	5,528	5,528		
c Communications	2,015	2,015		
d Postage and shipping	1,331	1,331		
e Repairs and maintenance	718	240	239	239
f All other expenses	582	225	227	130
25 Total functional expenses. Add lines 1 through 24f	26,090	19,213	3,775	3,102

26 Javelot costs. Check here if following SOP 98-2 (ASC 98-200). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

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	21,414
2 Total expenses (must equal Part IX, column (A), line 25)	2	26,090
3 Revenue less expenses. Subtract line 2 from line 1	3	-4,676
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	23,529
5 Other changes in net assets or fund balances (explain in Schedule O)	5	0
6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	18,853

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?	2a	X
b Were the organization's financial statements audited by an independent accountant?	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	

SCHEDULE O Supplemental Information to Form 990 or 990-EZ

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

2010 Open to Public Inspection

Name of the organization: The Silver Star Families of America

Employer identification number: 20-3940415

Form 990, Part III, Line 2 - New Services

Tunes for troops grant program

Form 990, Part III, Line 4d - Other Program Services Description

VAVS-Letter writing and care packages to wounded soldiers

Form 990, Part VI, Line 9 - Officer, Director, Trustee, Key Employee Mailing Address

See page 7, part VII, section A

Form 990, Part VI, Line 11b - Form 990 Review Process

No review was or will be conducted.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Upon request, also through Guidestar and CFC.

SCHEDULE A 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.

2010 Open to Public Inspection

Name of the organization: The 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 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). 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). 5 An organization operated for the benefit of a college or university created or operated by a governmental unit described in section 170(b)(1)(A)(iv). 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). 8 A community trust described in section 170(b)(1)(A)(vii). 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... 10 An organization organized and operated exclusively to test for public safety... 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

Table with columns for (i) Name of supported, (ii) EIN, (iii) Type of organization, (iv) Is to the support of a governmental unit, (v) Did you notify the organization of your support, (vi) Is the organization an exempt organization, and (vii) Amount of support. Includes rows (A) through (D) and a Total row.

Schedule D (Form 990) 2010 The Silver Star Families of America 20-3940415 Page 4

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements. Table with columns for line number and amount. Total revenue 21,414; Total expenses 26,090; Excess (deficit) -4,676.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Table with columns for line number and amount. Total revenue, gains, and other support 24,940; Net unrealized gains 2,802; Total revenue 22,138.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Table with columns for line number and amount. Total expenses and losses 29,616; Net unrealized gains 2,802; Total expenses 26,814.

Part XIV Supplemental Information

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

Part X - FIN48 Footnote: For the year ended December 31, 2010 and 2009, the organization engaged in no activities that would be taxed as unrelated business income. Accordingly, the accompanying financial statements do not reflect any provision for income taxes.

Schedule D (Form 990) 2010 The Silver Star Families of America 20-3940415 Page 2

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

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

Part IV Escrow and Custodial Arrangements. Complete if organization answered 'Yes' to Form 990, Part IV, line 5, or reported an amount on Form 990, Part X, line 2.

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No. b If 'Yes,' explain the arrangement in Part XIV and complete the following table: Table with columns for Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance. 2a Did the organization include an amount on Form 990, Part X, line 2? Yes No. b If 'Yes,' explain the arrangement in Part XIV.

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

Table with columns for (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, 1b Contributions, 1c Net investment earnings, gains, and losses, 1d Grants or scholarships, 1e Other expenditures for facilities and programs, 1f Administrative expenses, 1g End of year balance. 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment, b Permanent endowment, c Term endowment. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations, (ii) related organizations. b If 'Yes' to 3a(i), are the related organizations listed as required on Schedule R7. 4 Describe in Part XIV the intended uses of the organization's endowment funds.

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

Table with columns for (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other. Total Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

