Form 990

Department of the Treasury Internal Revenue Service

SCANNED AUG 10 2010

May the IRS discuss this return with the preparer shown above? (see ii BAA For Privacy Act and Paperwork Reduction Act Notice, see the se

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047

2009

Open to Public Inspection

	For th	e 2009 calen	dar year,	or tax year begin	ning		, 20	09, and e	ending				
В	Check i	f applicable		С						I	Employ	er Identif	cation Number
	Ad	dress change	Please use IRS label	The Silver	Institu	te, In	ic.				23-7	71084	153
	Na	me change	or print or type	888 16th S	treet, N	W #303					Telepho		
	\vdash	tial return	See specific	Washington	, DC 200	06-410	3				(202	2) 83	35-0185
	\vdash	rmination	Instruc- tions							-	(202	., 05	05 0100
	H	nended return	Lions							۱,	• •		1,103,171.
	\vdash		F Name of	I and address of principa	Nations Mic	abaol 1	DiRienz		lu/	a) Is this a	Gross re		
	[plication pending		As C Above	onicer [4] (Jiaer .	DIVIGUE	5	·	b) Are all af			ates? Yes X No
_	Tox	-exempt statu			(·)		M74 \ /1 \				tach a list		ructions)
<u> </u>					(insert no)	49	47(a)(1) or	527					
<u>J</u>				erinstitut		1				c) Group ex			177.7
K	rt i		X Corpora	ation Trust	Association	Other -		L Year of F	Formation	1971	M s	tate of leg	gal domicile NY
Fa		Summa						m					
	'	Briefly descri	be the org	ganization's miss	ion or most si	ignificant	activities	_T <u>ne_S</u> _	<u>ilver</u>	:_Inst	<u>itute</u>	<u>s_p</u> u	<u>irpose_is</u>
ဥ		rngr or -	DI OHIOT	ing the we.	llare or	<u>tne</u> s	<u>liver li</u>	<u>naustr</u>	TA DA	_incre	sing_	<u>tne</u>	knowledge of
таř		and delia	no ror	_sliver_pro	oducts_ac	cross_a	all_end	users	i T	ne_Sil	ver 1	nstı	tue_had_22
Ş.		Check this bo	as_or_	year_end_20 If the organization	n discontinuo								
Ğ				bers of the gove				isposea o	or more	illali 25	% OI IIS 6	3	22
•ජ ග	_			it voting member				ine 1b)			ŀ	4	20
ij	5	Total number	of emplo	yees (Part V, line	e 2a)	J	y (,,				ŀ	5	20
Activities & Governance				eers (estimate if							Ī	6	0
ď		_		ousiness revenue			. ,,	2				7a	0.
	b	Net unrelated	business	taxable income	from Form 99	0-T, line	34					7 b	0.
									i	Pri	or Year		Current Year
Ð				ts (Part VIII, line					Γ				
Revenue	9	Program serv	reven	ue (Part VIII, line	e 2g)					1,	342,8	36.	1,099,664.
eve	10	Investment in	ncome (Pa	art VIII, column (A	A), lines 3, 4,	and 7d)					7,8	61.	3,507.
ш	1			II, column (A), lii									
				nes 8 through 11				, line 12))	1,	350,6	97.	1,103,171.
	1			ounts paid (Part I	,	•	-3)		-				
				members (Part I)					L				
စ္	15	Salaries, othe	er comper	nsation, employee	e benefits (Pa	art IX, col	umn (A), lır	nes 5-10)	_		127,0	00.	
nse	16 a	Professional t	fundraisin	g fees (Part IX, o	column (A), lii	ne 11e)			L				
Expenses	b	Total fundrais	sing exper	nsqs (Park 1X, GO	µmij (D), lime	25) >							
Ų	17	Other expens	es (Fart I	x colombial M	nes Ha-11d	11f-24f)				1.	062,3	63	1,275,943.
				nes 13-17 (must		,	(A) line 25)	F		189,3		1,275,943.
				s Subpleactine ?			(), ===	,			161,3		-172,772.
8 8			iii	002 1 1/2	S						ing of Ye		End of Year
age of	20	Total assets ((Part X III	ne)la racai	<u></u>				F		349,0		176,254.
A Ba		Total liabilitie:		LASSIEN.	UII				-		347,0	0.	0.
Net Assets Fund Baland				ances Subtract li	no 21 from lu	20.20			F		240 0		
	rt II		ure Bloc		ne zr nom m	16 20					349,0	20.	176,254.
			/	 	Λ								
		true, correct,	ndico nplete	Declaration of prepar	er (other than office	er) is based	accompanying I on all informat	schedules ar tion of which	nd statem i preparer	rents, and to has any kn	owledge	T my know	wledge and belief, it is
Sig	ın	 	1/1 <i>I. I</i>	W Hd	1					l	7/9	110	
He	re	Signature	officer						-	Date			
	. •		ael DiB	Pionzo						500			
		MICHE	int name and										
		1,121,61			1								
Pai	Ы		00	1 m 9	som a	00							
Pre		Preparer's signature	▶ Thh	" /\	~~~ , ·								
	rer's	<u> </u>	VOS			T.C.							
Us	е	Firm's name (o yours if self-		CIW & ASSOC		LC							
On	ly	employed), address, and		7 N 28TH ST		0.6							
		7IP + 4	ARL.	INGTON, VA	ZZZ13-12	U6							

			Yes	No
1.	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	_5_		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		_ X
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11		X
•	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI			
(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? If 'Yes,' complete Schedule D, Part VII			
•	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? If 'Yes,' complete Schedule D, Part VIII			
(• 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? If 'Yes,' complete Schedule D, Part IX			
•	• Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X			
•	• 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? If Yes, complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		X
12/	A Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 12 A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
ł	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		Х
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? If 'Yes,' complete Schedule F, Part II	15		Х
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? If 'Yes,' complete Schedule F, Part III	16		X
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? If 'Yes,' complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		X
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20	<u></u>	X

Form 990 (2009) The Silver Institute, Inc.

Part IV | Checklist of Required Schedules (continued)

			Yes	No
21.	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
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? If 'Yes,' complete Schedule I, Parts I and III	22		_X
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		Х
24 a	a 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		Х
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		
25 a	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? If 'Yes,' complete Schedule L, Part I	25a		
t	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? If 'Yes,' complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		X
28	Was the organization a party to a business transation 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? If 'Yes,' complete Schedule L, Part IV	28a		_X_
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		X
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? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
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? If 'Yes,' complete Schedule R, Part VI	37		_X_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Χ	
ΑΔ		Eorm	aan /	conner

В

Form **990** (2009)

rait	Statements regarding Other INST Imigs and Tax Compilance											
			Yes	No								
1 _, a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable 1a 1											
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0											
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	_x_									
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?	2b										
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)											
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3 a		Х								
b If 'Yes' has it filed a Form 990-T for this year? <i>If 'No,' provide an explanation in Schedule Q</i>												
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)?	4 a	_	X								
b	If 'Yes,' enter the name of the foreign country ►											
	See the instructions for exceptions and 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?	5a		X								
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х								
С	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5с										
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?	6a		Х								
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6 b										
7	Organizations that may receive deductible contributions under section 170(c).											
	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?	7a										
ь	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		•								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c										
d	If 'Yes,' indicate the number of Forms 8282 filed during the year 7d											
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e										
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f										
_	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 g										
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h										
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?	8										
	Sponsoring organizations maintaining donor advised funds.											
	Did the organization make any taxable distributions under section 4966?	9a										
	Did the organization make any distribution to a donor, donor advisor, or related person?	9Ь		-								
	Section 501(c)(7) organizations. Enter											
	Initiation fees and capital contributions included on Part VIII, line 12											
b	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b											
11	Section 501(c)(12) organizations. Enter											
а	Gross income from other members or shareholders											
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)											
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a										
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b											

BAA

Form **990** (2009)

Section A. Governing Body and Management

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

			Yes	No
1 a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent 1b 20			
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?	2		Х
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?	3	Х	
4	Did the organization make any significant changes to its organizational documents	4		X
	since the prior Form 990 was filed?	-	-	
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х
	Does the organization have members or stockholders? See Schedule 0	6	X	
7 a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? See Schedule 0	7a	Х	
	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8 b	Х	
9	Is there any officer, director or 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	9		<u>X</u>
	tion B. Policies (This Section B requests information about policies not required by the Internal			
Reve	enue Code)			
10 -	Door the expension have least about an expension as effective.		Yes	No_
	Does the organization have local chapters, branches, or affiliates?	10a		_X
	If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10 b	_	
	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11		<u>X</u>
	ADescribe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O	 		
	Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	12c		
	Does the organization have a written whistleblower policy?	13		_X
	Does the organization have a written document retention and destruction policy?	14		_X
	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?			
	The organization's CEO, Executive Director, or top management official See Schedule Q	15a	Х	
b	Other officers of key employees of the organization	15b	_	X
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosures	100	1	
	List the states with which a copy of this Form 990 is required to be filed ► None			
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) as inspection. Indicate how you make these available. Check all that apply	 ⁄aılabl	e for p	ublic
	Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest polistatements available to the public See Schedule O	cy, ar	nd fina	ncıal
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organichael DiRienzo 888 16th Street, NW Washington DC 20006-4103 (202) 835-018	anızatı		
			· — — -	

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

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 organizations's tax year. Use Schedule J-2 if additional space is needed.
- 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. See instructions for definition of 'key employees.'
- 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, and 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

 \overline{X} Check this box if the organization did not compensate any current officer, director, or trustee

(A)	(B)			(c)			(D)	(E)	(F)
Name and Title	Average hours		tion (k all 1	that app		Reportable compensation from	Reportable compensation from	Estimated
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099 MISC)	compensation from related organizations (W 2/1099-MISC)	amount of other compensation from the organization and related organizations
Fernando Alanis		-				-				
Director	0	Х						0.	0.	0.
Phillips Baker, Jr.								0.	0.	
Director	0	Х						0.	0.	0.
Peter Barnes								0.	0.	<u> </u>
Director	0	Х						0.	0.	0.
Roque G. Benavides								0.		
President	1 0	Х		Х				0.	0.	0.
Paul Buchanan										
Director	0	X]		0.	0.	0.
Geoffrey Burns										
Vice President	0	Х		Х				0.	0.	0.
Michael Carabini										
Director	0	Х						0.	0.	0.
Hugh Carke										
Director	0	Х						0.	0.	0.
Gordon Davis										
Director	0	X						0.	0.	0.
Jerry Gill										
Director	0	X			_			0.	0.	0.
Terry Hanlon										
Director	0	Х			<u> </u>			0.	0.	<u> </u>
Osamu Ikeda								_		
Director	0	Х						0.	0.	0.
Jaime Lomelin										_
Director	0	X			-			0.	0.	0.
Dan MacInnis		١								_
Director	0	Х						0.	0.	0.
Mike Moran	_	١,,						_		•
Director	0	Х						0.	0.	0.
Robert Quartermain	,	l v						0		0
Director Satoshi Terashita	0	Х	\vdash		_	-		0.	0.	0.
	0	X						0.	0.	0
Director	<u> </u>			0107		/10/00		U.]	<u> </u>	0.

Part VII Section A. Officers, Directors, Trust	ees, k	(ey	Em	plo	ye	es,	and	d Highest Con	pensated Emp	loyees	cont)
(A)	(B)			(((D)	(E))
Name and Title	Average hours			check	k all t	hat a		Reportable	Reportable	Estin	
•	per week	ind:	Inst	Officer	Key	High	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099 MISC)	amount	nsation
		vidua	tutic	cer	emţ	nest oloye	mer	(W-2/1099-MISC)	(W-2/1099 MISC)	from organi and r	zation
		or fa	nal t		employee	comp				organi	
		stee	Institutional trustee		⁽⁷⁰	Highest compensated employee				,	
			ñ			ated					
Alfredo C.Trueba											
Director	0	Х						0.	0.		0.
Dennis Wheeler	<u> </u>	Λ						0.	<u> </u>		
Director	0	Х						0.	0.		0.
David Wolfin	_										
Director-	0	Х						0.	0.		0.
Thomas Angelos											
Treasurer	0			X				0.	0.		0.
Michael DiRienzo											
Executive Dir	20			Х	_			0.	0.		0.
-											
		-						-			
											 .
	-				<u> </u>						
			_								
1 b Total							▲	0.	0.		0.
2 Total number of individuals (including but not limited	d to tho	se li	sted	abo	ove)	wh	o re			hle comp	
from the organization • 0	- 10 11.0		0.00		,			oorroa moro man	ψ. του, σου π. τοροια	abic comp	CHSCHOTT
							-			Y	es No
3 Did the organization list any former officer, director	or trust	ee i	kev	emr	nlove	ر م	or hi	chest compensate	ed employee		
on line 1a ^ว If 'Yes,' complete Schedule J for such แ	ndıvıdua	1	-	•	_			,		3	X
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater ti	portable	cor	npe	nsat	tion	and	oth	er compensation	from		
individual	باهاا ټاپ	,oc	,0,	'' '	62	SOITI	piet	e Scriedule 5 for s	Sucri	4	_ x
5 Did any person listed on line 1a receive or accrue c	ompens	atio	n fro	om a	anv	unre	elate	d organization for	services		
rendered to the organization? If 'Yes,' complete Sci	nedule .	l for	suc	h pe	erso	7				5	X
Section B. Independent Contractors 1 Complete this table for your five highest compensate	od indo	2000	lant	205	tro	tore	+10-0	t recoved more t	non \$100,000 of		
compensation from the organization	ea mae	pend	Jen	COI	itrac	tors	una	it received more ti	nan \$100,000 or		
(A)								(B)		(C)	
Name and business addres	s							Description of	of Services	Compens	ation
KSG, LLC 888 16th Street, NW, Suite 303 Was	ningto	n, I	DC 2	2000	06-	L403	3	Management Fe	es	402	2,000.
											 .
											
2 Total number of independent contractors (including	but not	lımı	ted :	to th	1056	list	ed s	above) who receive	ed more than		
\$100,000 in compensation from the organization				,							
						-					

Pai	t VIII Statement of Revenue				
•		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
2.3	1a Federated campaigns 1a				
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	b Membership dues 1 b				
P S	c Fundraising events 1c	_	}		
R A	d Related organizations 1 d				
<u>5</u> ,5	e Government grants (contributions) 1 e				
S S					
톭빏	f All other contributions, gifts, grants, and similar amounts not included above 1 f				
풀	g Noncash contribus included in las 1a-1f \$				
ĕĕ	h Total. Add lines 1a-1f	>			
<u></u>	Business Cod	le			
ᇳ	2a Membership Dues & Assessments	945,147.	945,147.		
<u>,</u>		154,517.	154,517.		
핑		134,317.	134,317.		
<u>.</u>	c				
E SE				 	
¥	6 — — — — — — — — — — — — — — — — — — —				
စ္ကို	f All other program service revenue	▶ 1 099 664			
-	g Total. Add lines 2a-2f	1,033,004.		<u></u>	
	3 Investment income (including dividends, interest and other similar amounts)	▶ 3,507.			3,507.
1	4 Income from investment of tax-exempt bond proceed	<u> </u>			3,307.
		15			
	5 Royalties (i) Real (ii) Persona				
	6a Gross Rents	"			
	b Less rental expenses				
Ì	c Rental income or (loss)	—			
	d Net rental income or (loss)				ļ
	7a Gross amount from sales of assets other than inventory (i) Securities (ii) Other				
	b Less cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)	•			
핅	8a Gross income from fundraising events (not including \$				
Ž	of contributions reported on line 1c)				
OTHER REVEN	See Part IV, line 18 a				
뜊	b Less direct expenses b				
6	c Net income or (loss) from fundraising events	<u> </u>			
	9a Gross income from gaming activities				
ļ	b Less direct expenses b				
	c Net income or (loss) from gaming activities				
	10 a 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 Cod	le	,		
	11 a				
	b				
ļ	с				
	d All other revenue				
	e Total. Add lines 11a-11d	>			
	12 Total revenue. See instructions	► 1,103,171.	1,099,664.	0	. 3,507.

Form 990 (2009) The Silver Institute, Inc.

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).

Do 1 6b, 2	not include amounts reported on lines 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 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				
5	Compensation of current officers, directors, trustees, and key employees	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.			
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits		<u></u>		
10	Payroll taxes				
11	Fees for services (non-employees)		·		
а	Management	402,000.			
b	Legal				
	Accounting	14,129.			
	Lobbying				
	Prof fundraising svcs See Part IV, In 17				
	Investment management fees				
_	Other				
	Advertising and promotion	20 447			
13 14	Office expenses Information technology	20,447.			
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	55,126.			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
	Insurance				
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
	World Silver Survey	233,532.			
	Silver Promotion Service	203,210.			
	Peru Consumer Marketing	70,122.			
	Market Outlook	67,000.	· - ·-··-		
е	Silver Nano Program	57,479.			
	All other expenses	152,898.			
	Total functional expenses Add lines 1 through 24f	1,275,943.			
26 RAA	Joint costs. Check here ▷ ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				Form 990 (2009)

			(A) Beginning of year		(B) End of year
٦	1	Cash – non-interest-bearing	349,026.	1	176,254.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1))			
		and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
ASSETS	7	Notes and loans receivable, net		7	
E	8	Inventories for sale or use		8	<u></u>
Š	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment cost or other basis 10a			
		Complete Part VI of Schedule D			
	b	Less accumulated depreciation 10b		10 c	
	11	Investments – publicly-traded securities		11	
	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		15	
	16	Total assets Add lines 1 through 15 (must equal line 34)	349,026.	16	176,254
	17	Accounts payable and accrued expenses	<u>-</u>	17	
- 1	18	Grants payable		18	
	19	Deferred revenue		19	
-	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II			
֡֞֞֟֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֡֓֡֓֓֡֓֡֓		of Schedule L		22	
E S	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 Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0
N E T		Organizations that follow SFAS 117, check here ► X and complete lines			
Ť		27 through 29 and lines 33 and 34.			
2	27	Unrestricted net assets	349,026.	27	176,254
SSET	28	Temporarily restricted net assets		28	·
Š	29	Permanently restricted net assets		29	
3		Organizations that do not follow SFAS 117, check here ▶ and complete			
120		lines 30 through 34.		ļ	
	30	Capital stock or trust principal, or current funds		30	
3	31	Paid-in or capital surplus, or land, building, and equipment fund		31	
:	32	Retained earnings, endowment, accumulated income, or other funds		32	
B4L470H の	33	Total net assets or fund balances	349,026.	33	176,254.
\$	34	Total liabilities and net assets/fund balances	349,026.	34	176,254.

Form 990 (2009) The Silver Institute, Inc.	23-7108453	P	age 12
Part XI Financial Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990 X Cash Accrual 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?	2 2		X
b Were the organization's financial statements audited by an independent accountant?	21	X	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversireview, or compilation of its financial statements and selection of an independent accountant?	ght of the audit,	;	Х
If the organization changed either its oversight process or selection process during the tax year, explain Schedule O See Schedule O			
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year we consolidated basis, separate basis, or both	ere issued on a		
X Separate basis Consolidated basis Both consolidated and separate basis		1	1
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth Audit Act and OMB Circular A-133?	n in the Single		х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo to	the required audit		

BAA

Form **990** (2009)

SCHEDULE L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047 2009

Department of the Treasury Internal Revenue Service Name of the organization

or 990-EZ.

Complete if the organization answered
 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
 or Form 990-EZ, Part V, line 38a or 40b.
 Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

The Si	lver Institute, Inc.							3-71			,,,,,,,,,		
Part I	Excess Benefit Transaction Complete if the organization answ	ons (sect wered 'Yes'	ion 501 on Form	(c)(3) a 1990, Parl	and section t IV, line 25a (501(c)(or 25b, or	4) organız Form 990-EZ	ations , Part V	only , line	/). 40b.			
1	(a) Name of disqualified person						on of transaction		·			(c) Cori	rected
<u> </u>	(a) Name of disquamed person					The transaction					Yes	No	
2 Ento	r the emount of toy repeated on the				d								
secti	r the amount of tax imposed on the on 4958			-			ring the year	r unaer	► \$ ► \$				
Part II	r the amount of tax, if any, on line Loans to and/or From Inte				e organization	1			- 5				
1 41111	Complete if the organization ansi				t IV, line 26 oi	r Form 990)-EZ, Part V,	line 38	а.				
(a)	Name of interested person and purpose		to or from anization?		Original pal amount	(d) B	alance due	(e) In (default?	(f) App by bo comm	ard or	(g) W agree	ritten ment?
		То	From					Yes	No	Yes	No	Yes	No
								-					
Total			l!		▶ \$	L		+	l .		L		
Part III	Grants or Assistance Ben Complete if the organization	efitting I	nterest ered 'Ye	ted Pers	sons.	Part IV, I	ıne 27.				<u></u>		
	(a) Name of interested person	((b) Relations	ship between the organ	interested persor nization	n and		(c) Amour	nt and ty	pe of as	sistance		
					····································								
						<u> </u>							
Part IV	Business Transactions In Complete if the organization	volving l	Interestered'Ye	ted Pers	sons. orm 990. Pa	art IV. lı	ne 28a. 28	Sb. or	28c.		_		
	(a) Name of interested person	(b) R	elationship ested persor organization	between and the	(c) Amou transacti			escription		action		(e) Sha organiz rever	aring o zation :
KSG, LLC		Share	d Offic	er	4	102,000.	Managemen	ıt Fee				Yes	No X
			_		_				-				
				 				_					
BAA For	Privacy Act and Paperwork Reduc	tion Act N	otice, se	e the Inst	ructions for f	Form 990	Scl	hedule	L (For	m 990	l or 99	0-EZ	200

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

Attach to Form 990.

The Silver Institute, Inc.	23-7108453
Form 990, Part VI, Line 6 - Explanation of Classes of Members or Shareholder	
The Silver Institute draws its membership from across the brea	dth of the silver
industry. This includes leading silver mining houses, refiners	, bullion suppliers,
manufacturers of silver products and wholesalers of silver investment products	
Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Body	
There is one class of membership. Each member in good standing is entitled to one	
vote on any and all matters whhich shall properly come before	a_meeting_of_the
members.	
Form 990, Part VI, Line 11 - Form 990 Review Process	
The Form 990 is made available upon request to the Board of Di	rectors for their
review. The Form 990 is reviewed in detail by the Institute's	Executive Director.
Form 990, Part VI, Line 15a - Compensation Review & Approval Process for CEO, Exec. Dir., or Top Mgtment	
The Silver Institute does not have any employees. The Silver I	nstitute is managed
under contract by KSG, LLC. The Silver Institute's Executive	Director is an
employee of and is paid by KSG LLC. The management fee is dete	ermined by the Silver
Institute's Executive Committee annually.	
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available	
The organization structure of the Silver Institute is describe	d on its web site.
Financial statements and detailed governing documents are avai	lable upon written
request. The Form 990 is available upon request and is availab	ole from the GuideStar
web site.	
Form 990, Part XI, Line 2 - Change of Oversight or Selection Process	
The Executive Director submitted a request to the Board of Dir	ectors to change audit
firms. The reason for the change was budgetary related. The	Board of Directors
approved the new CPA proposal and instructed the Executive Dir	ector to make the
change.	