Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

FF	D Employer Identif 23-71084 E Telephone numbe (202) 83 G Gross receipts \$ (a) Is this a group return for affiliate included?	153 85-0185 1,774,740.
Name change Initial return Terminated Amended return Application pending F Name and address of principal officer Same As C Above	G Gross receipts \$ (a) Is this a group return for affiliates included?	1,774,740.
Name change Initial return Terminated Amended return Application pending F Name and address of principal officer Same As C Above	G Gross receipts \$ (a) Is this a group return for affiliate included?	1,774,740.
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Application pending F Name and address of principal officer Same As C Above	(a) Is this a group return for affilit(b) Are all affiliates included?	
Same As C Above	(b) Are all affiliates included?	
Same AS C ADOVE		
$0x$ -exempt status 1501(c)(3) $1 \times 1501(c)$ (6) $1 \times 1501(c)$ (1) or 1527 1	If 'No,' attach a list (see insti	ructions) Yes No
	(c) Group exemption number	
	on 1971 M State of le	gal domicile NY
Briefly describe the organization's mission or most significant activities The Silve	r Institute's pu	irpose is
that of promoting the welfare of the silver industry by	incresing the	knowledge of
Check this box ► If the organization discontinued its operations or disposed of more	e than 25% of its net ass	ets
	3	23
	4	22
20,1	5	0
	6	0
	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7 b	0.
	Prior Year	Current Year
Contributions and grants (Part VIII, line 1h)		
Program service revenue (Part VIII, line 2g)	1,607,068.	1,773,172.
Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,957.	1,568.
Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,610,025.	1,774,740.
Grants and similar amounts paid (Part IX, column (A) lines 1.3)		
Benefits paid to or for members (Part IX, column (A) line 4)		
Salaries, other compensation, employee benefits (Partitix collab) lines 5-10) (collab)		
a Professional fundraising fees (Part IX, column (A), life 14 a)		
a riolessional fundraising lees (Fart IX, Columni (A), like life)		
b Total fundraising expenses (Part IX, column (D), line 25)		
Other expenses (Part IX, column (A), lines 11a-11d, 444-246)	1,465,662.	1,757,509.
Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,465,662.	1,757,509.
Revenue less expenses Subtract line 18 from line 12	144,363.	17,231.
		End of Year
Total assets (Part X, line 16)		337,848.
		0.
• • • •		
Signature Block	320,017.	337,848.
	Briefly describe the organization's mission or most significant activities The Silve that of promoting the welfare of the silver industry by and demand for silver products across all end users members as of year end 2011. Check this box If the organization discontinued its operations or disposed of mor Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2011 (Part V, line 2a) Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 34 Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue — add lines 8 through 11 (must equal Part VIII, part VIII, column (A), lines 13 Benefits paid to or for members (Part IX, column (A), lines 13 Benefits paid to or for members (Part IX, column (A), lines 13 Professional fundraising fees (Part IX, column (A), line 1be) Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 114-22 Total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances Subtract line 21 from line 20	Briefly describe the organization's mission or most significant activities The Silver Institute's pitchat of promoting the welfare of the silver industry by incresing the and demand for silver products across all end users. The Silver Institute's members as of year end 2011. Check this box

Use Only

Firm's address \$\ 4515 N. 39th Street ARLINGTON, VA 22207-2928

May the IRS discuss this return with the preparer shown above? (see in:

BAA For Paperwork Reduction Act Notice, see the separate instruction

Form	1 990 ((2011)	<u>T</u> he	Silv	er Ir	nstit	tute,	, In	c.									23	-71	0845	3	F	Page 2
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		progra	m servi	ce exp	enses	<u>▶</u>																	
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			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 (see instructions)?	2		Х
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		Х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? 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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10	, ,	X
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	4 A A A A A	د د معر	
;	a Did the organization report an amount for land, buildings and equipment in Part X, line 10° If 'Yes,' complete Schedule D, Part VI	11 a		х
١	b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		X
	c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X_
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a		Х
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If 'Yes,' complete Schedule F, Parts I and IV</i>	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, Parts II and IV	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, Parts III and IV	16		х
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 (see instructions).	17		х
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
19	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		X
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20	-	X
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Form 990 (2011) The Silver Institute, Inc.

Part IV | Checklist of Required Schedules (continued)

			res	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		Х
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		x
24 8	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
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(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		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	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	_	
ŀ	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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		<u> </u>
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			.]
ā	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
ŧ	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		X
ď	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? 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		<u>X</u>
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		<u>X</u>
	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	i	X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
t	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		X
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	Х	
BAA		Form	990 (2011)

. 441	Check if Schedule O contains a response to any question in this Part V					
	The second of th				Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1 a	3			
ı	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1ь	0	1		
	Did the organization comply with backup withholding rules for reportable payments to vendo	rs and	reportable gaming			
	(gambling) winnings to prize winners?			1 c	X	
2	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-		•			
	ments, filed for the calendar year ending with or within the year covered by this return	2a				
	of f at least one is reported on line 2a, did the organization file all required federal employment			2b		1
۰.	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see if		ons)	3-		
	Did the organization have unrelated business gross income of \$1,000 or more during the year. If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q			3a 3b		<u>X</u>
				30		
40	i At any time during the calendar year, did the organization have an interest in, or a signature financial account in a foreign country (such as a bank account, securities account, or other t	e or oth financia	er authority over, a	4a		Х
	If 'Yes,' enter the name of the foreign country		•			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and I	Financi	al Accounts			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the ta	ax year	7	5a		X
1	Did any taxable party notify the organization that it was or is a party to a prohibited tax shell	ter tran	saction?	5b		X
•	: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?			5с		
6	Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible?	and did	the organization	6a		x
	If 'Yes,' did the organization include with every solicitation an express statement that such contact tax deductible?			6ь		
7	Organizations that may receive deductible contributions under section 170(c).			00		
,	Did the organization receive a payment in excess of \$75 made partly as a contribution and p	nartly f	or goods and			
Ì	services provided to the payor?	Jailly II	or goods and	7a		
	olf 'Yes,' did the organization notify the donor of the value of the goods or services provided?			7b	-	
•	Did the organization sell, exchange, or otherwise dispose of tangible personal property for w Form 8282?	hich it	was required to file	7c		
	If 'Yes,' indicate the number of Forms 8282 filed during the year	7d				
•	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal	benefi	t contract?	7e		
1	Did the organization, during the year, pay premiums, directly or indirectly, on a personal ber	nefit co	ntract?	7f		
9	If the organization received a contribution of qualified intellectual property, did the organizat as required?	ion file	Form 8899	7g		
ı	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?	e organ	ization file a	7 h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, or a donor advised fund maintained by a sponsoring organization, holdings at any time during the year?	i ng org nave ex	anizations. Did the cess business	8	<u> </u>	
9	Sponsoring organizations maintaining donor advised funds.					
	Did the organization make any taxable distributions under section 4966?			9a		
ŀ	Did the organization make a distribution to a donor, donor advisor, or related person?			9 b		
10	Section 501(c)(7) organizations. Enter:					
	Initiation fees and capital contributions included on Part VIII, line 12	10a]		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11		1. 1				
	Gross income from members or shareholders	11 a				
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11 b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of		1041?	12a		ļ
	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b				
	Section 501(c)(29) qualified nonprofit health insurance issuers.					ļ
ě	Is the organization licensed to issue qualified health plans in more than one state?	م مار		13a		<u> </u>
	Note. See the instructions for additional information the organization must report on Schedu	iie O				
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				
	Did the organization receive any payments for indoor tanning services during the tax year?	.		14a		X
BAA	olf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in	Schedu	ile U	14b		(00111
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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. 冈 Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management No Yes 23 1 a 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O **b** Enter the number of voting members included in line 1a, above, who are independent 22 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Х officer, director, trustee or key employee? 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 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Х See Schedule O 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more X members of the governing body? See Schedule O 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? 7 b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8a X **b** Each committee with authority to act on behalf of the governing body? Х 8ь 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 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10a Did the organization have local chapters, branches, or affiliates? 10 a Х b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O X 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12a b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done 12c 13 Х 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 14 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? Х a The organization's CEO, Executive Director, or top management official See Schedule Q 15 a Х **b** Other officers of key employees of the organization 15_b 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 Х taxable entity during the year? 16a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16 b Section C. Disclosure 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) available for public inspection. Indicate how you make these available. Check all that apply Another's website |X| Upon request Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year See Schedule O State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► Michael DiRienzo 888 16th Street, NW Washington DC 20006-4103 (202) 835-0185

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of 'key employee'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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

X Check this box if neither the organization	n nor any	relate	d o	gan	ızat	ion co	mpe	nsated any current o	fficer, director, or trus	tee
		(C)								
(A) Name and title	(B) Average hours per week	Average hours on and a control of the control of th			ore th s bot	h an offi	box, cer	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other compensation
	(describe hours for related organiza- tions in Schedule O)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W 2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) Fernando Alanis										
VP & Director	0	Х						0.	0.	0.
(2) Brad Kopp	_			İ						
Director	0	X						0.	0.	0.
(3) Peter Barnes										
Director	0	X						0.	0.	0.
(4) Roque G. Benavides										
Past President	0	X		Х				0.	0.	0.
(5) Paul Buchanan										
Director	0	Х						0.	0.	0.
(6) Geoffrey Burns										
President	0	X		Х				0.	0.	0.
(7) Michael Carabini										
Director	0	X						0.	0.	0.
(8) Hugh Carke										
Director	0	X	ļ					0.	0.	0.
(9) Patricia Cauley	_									
Director	0	X	<u> </u>					0.	0.	0.
(10) Jerry Gill		1							-	
Director	0	X						0.	0.	0.
(11) Terry Hanlon										
Director	0_	X						0.	0.	0.
(12) Osamu Ikeda										
Director	0	X						0.	0.	0.
(13) Grant Anguin										
Director	0	X	<u> </u>				L_	0.	0.	0.
(14) Mike Moran										
Director	0	X				<u> </u>		0.	0.	0.

		(C) Position										
(A) Name and title	(B) Average	l box.	unles	heck ss pe	more rson	than	h an l	(D) Reportable	(E) Reportable		(F) stimated	
Haine and the	hours per	offic	er an	d a d	lirecto	or/trus	tee)	the organization	related organizations	com	unt of oth opensations om the	
	week (describ e	Individual trustee or director	Institutional trustee	Officer	Key e	Highest compensated employee	ormo	(W-2/1099-MISC)	(W-2/1099 MISC)	org	ioni (ne janizatio) id relate	
	hours for	ector	tion	4	employee	st co yee	er.				anization	
	related organi-	trust	al tru) ee	mpe						
	zations in Sch O)	ee	stee			nsate						
	Scho)					۵						
(15) Paul LaFontaine		v							0			0
Director (16) Mitch Krebs	0	Х						0.	0.			0.
Director	0	х		'				o. l	0.			0.
(17) Rohan Hazelton		<u>.</u>						0.	0.			
Director	0	x						0.	0.			0.
(18) Dennis Wheeler												
Director	0	X						0.	0.			0.
(19) David Wolfin												
								0.			0.	
(20) Michael O'Neil												_
Director	0	Х			ļ			0.	0.			0.
(21) Joe Conway		.,							0			0
Director	0	X			-	ļ		0.	0.			0.
(22) Michael Floskis Director	0	X						0.	0.			0.
(23) Michael DiRienzo	 	^						0.				
Exec Dir & Secy	20	X		Х				0.	0.			0.
(24) John Smith												
Director	0	X						0.	0.			0.
(25) Thomas Angelos												
Treasurer	0			X	L			0.	0.			0.
1 b Sub-total								0.	0.			0.
c Total from continuation sheets to Part VII, Section	Α							0.	0.	 		0.
d Total (add lines 1b and 1c)	مالد ملاء			مامام		ما				abla aa	mnono	0.
2 Total number of individuals (including but not limite from the organization ► 0	a to th	ose	iste	u ab	ove) WII	o re	ceived more man	\$100,000 or report	able co	mpens	allon
nom the organization											Yes	No
3 Did the organization list any former officer, director	or trus	too	kov	em	nlov	/ <u>P</u> P	or h	inhest compensat	ed employee			
on line 1a? If 'Yes,' complete Schedule J for such in	ndıvidu	ial	ΛСУ	CIII	picy	,,,,	01 11	ignest compensat	ca employee	3		X
4 For any individual listed on line 1a, is the sum of re	portab	le co	mpe	ensa	ation	and	oth	er compensation	from			
the organization and related organizations greater t	han \$1	50,0	00's	If 'Y	Yes'	com	plet	te Schedule J for		4	1	X
	omner	eatio	on fr	om	anv	unra	عاداد	ad organization or	individual			
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,'	comple	te S	chec	lule	J fo	or su	ch p	person		5		_X_
Section B. Independent Contractors												
Complete this table for your five highest compensation from the organization. Report compensation.	ted ind Insation	eper 1 for	iden the	t co cale	ntra enda	ctors ar ve	s tha ar e	at received more t nding with or with	han \$100,000 of in the organization	's tax ve	ear	
(A)								(B)	(C)	
Name and business addres	ss							Description	of services	Comp	ensatio	on
KSG, LLC 888 16th Street, NW, Suite 303 Wash	KSG, LLC 888 16th Street, NW, Suite 303 Washington, DC 20006-1403 Management Fo											
	-										•••	
						_						
								<u> </u>		<u> </u>		
2 Total number of independent contractors (including	but no	t lım	uted	to t	hos	e list	ed :	above) who receiv	ed more than			
\$100,000 in compensation from the organization						اد،، ب						1
4 : 5 - 7 - 1 : 5 - 1										-		

rar	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
S, GRANTS AMOUNTS	1 a Federated campaigns 1 a b Membership dues 1 b c Fundraising events 1 c				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 1 d 1 e	-			1
	g Noncash contributions included in lns 1a-1f: \$:
PROGRAM SERVICE REVENUE	Business Code	1 550 770	1 550 330		
Ĕ	2a Membership Dues & Assessments	1,550,772.	1,550,772.		202 200
R	b Publications	203,200.	19,200.		203,200.
Š	c Silver Promotion/Research d	19,200.	19,200.		
N N					
좙	f All other program service revenue				
8		1,773,172.		•	
	3 Investment income (including dividends, interest and other similar amounts)	1,568.			1,568.
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties	<u> </u>			ļ
	(i) Real (ii) Personal 6a Gross rents	-			1
	b Less. rental expenses	-			1
	c Rental income or (loss)	-			,
	d Net rental income or (loss)	-			
	(i) Securities (ii) Other				
	7a Gross amount from sales of assets other than inventory	1			
	b Less cost or other basis and sales expenses c Gain or (loss)				
	d Net gain or (loss)	-			
10E	8a Gross income from fundraising events (not including \$				
OTHER REVEN	of contributions reported on line 1c).				
8	See Part IV, line 18	_			
풀	b Less direct expenses b				ļ
	c Net income or (loss) from fundraising events	^			
	9a Gross income from garning activities See Part IV, line 19				
	b Less: direct expenses c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns and allowances a b Less cost of goods sold b	_			,
					-
	Miscellaneous Revenue Business Code				
	11a	7			
	b				
	c				
	d All other revenue				
	e Total. Add lines 11a-11d	>			
\Box	12 Total revenue. See instructions	1,774,740.	1,569,972.	0.	204,768.

Page **10**

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a re	esponse to any question	ın thıs Part IX		
	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 United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members 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 accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits			1	
	Payroll taxes				
	Fees for services (non-employees)				
	` ' ' '	450,000.			
	Management	6,500.			
	Legal				
	Accounting	5,100.			
	Lobbying				
•	Professional fundraising services See Part IV, line 17		- · · · · · · · · · · · · · · · · · · ·		
f	Investment management fees *				
ç	Other				
12	Advertising and promotion				
13	Office expenses	27,918.			
14	Information technology				
15	Royalties				
16	Occupancy		-		
17	'. *				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	26,966.			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
	Silver Promotion Service	593,834.			
	World Silver Survey	275,301.			
	Publications, Newsletter, Web	119,315.			
	Peru Consumer Marketing	110,076.	****	1	
	All other expenses	142,499.			
	Total functional expenses Add lines 1 through 24e	1,757,509.		-	<u> </u>
25		1, 131, 303.		-	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	Check here ► If following				
	SOP 98-2 (ASC 958-720)				

1 4	rt X	Balance Sheet		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		320,617.	1	337,848.
	2	Savings and temporary cash investments		320,017.	2	337,040
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	_	,			-	
	5	Receivables from current and former officers, directors and highest compensated employees Complete Part	II of Schedule L	-	5	-
	6	Receivables from other disqualified persons (as define persons described in section 4958(c)(3)(B), and contrisponsoring organizations of section 501(c)(9) voluntar organizations (see instructions)	buting employers and		6	
A S E T S	7	Notes and loans receivable, net		-	7	
Ē	8	Inventories for sale or use			8	
s	9	Prepaid expenses and deferred charges			9	
	10 a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a			
		Less: accumulated depreciation	10b		10 c	
		Investments – publicly traded securities.			11	
		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)	320,617.	16	337,848
\dashv		Accounts payable and accrued expenses		320,0211	17	3317010
	18	Grants payable			18	
	19	Deferred revenue			19	
Ļ	20	Tax-exempt bond liabilities			20	
Ā	21	Escrow or custodial account liability Complete Part I'	V of Schedule D	, ,	21	
A B I L I T	22	Payables to current and former officers, directors, trus highest compensated employees, and disqualified per of Schedule L	stees, key employees, sons Complete Part II		22	
- 1	23	Secured mortgages and notes payable to unrelated th	ırd parties		23	
E S	24	Unsecured notes and loans payable to unrelated third	parties		24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24) Com	s to related third parties, plete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25.		0.	26	0.
N E		Organizations that follow SFAS 117, check here ▶	X and complete lines			***
₹		27 through 29 and lines 33 and 34.	_			
Ş	27	Unrestricted net assets		320,617.	27	337,848
SSETS	28	Temporarily restricted net assets			28	
- 1	29	Permanently restricted net assets			29	
R		Organizations that do not follow SFAS 117, check he	re ▶ and complete			
E		lines 30 through 34.				
UZC.	30	Capital stock or trust principal, or current funds			30	
Ŗ	31	Paid-in or capital surplus, or land, building, or equipm	ent fund		31	
֝֝֝֝֝֝֝֟֝֝ <u>֚֚֚֚֚</u>	32	Retained earnings, endowment, accumulated income,	or other funds		32	
BALAZCES	33	Total net assets or fund balances		320,617.	33	337,848
\$	34	Total liabilities and net assets/fund balances		320,617.	34	337,848

BAA

Form **990** (2011)

Form 990 (2011) The Silver Institute, Inc.	23-7108453		Page 12
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	1,774	
2 Total expenses (must equal Part IX, column (A), line 25)	2	1,757	<u>,509.</u>
3 Revenue less expenses Subtract line 2 from line 1	3		<u>,231.</u>
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	4	320	<u>,617.</u>
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	337	,848.
Part XII Financial Statements and Reporting	1 0 1	337	,010.
Check if Schedule O contains a response to any question in this Part XII			
	···········	Ye	s No
1 Accounting method used to prepare the Form 990 X Cash Accrual Other			3 110
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	Х
b Were the organization's financial statements audited by an independent accountant?		2b }	<u> </u>
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for over- review, or compilation of its financial statements and selection of an independent accountant?	sight of the audit,	2c }	ζ
If the organization changed either its oversight process or selection process during the tax year, expl in Schedule O	aın		
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year v separate basis, consolidated basis, or both	vere issued on a	4	
X Separate basis Consolidated basis Both consolidated and separate basis		There of winds	3 4 5 5 1
3a As a result of a federal award, was the organization required to undergo an audit or audits as set for Audit Act and OMB Circular A-133?	h in the Single	3a	X
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo or audits, explain why in Schedule O and describe any steps taken to undergo such audits	the required audit	3 b	
BAA		Form 99	0 (2011)

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

▶\$

OMB No 1545-0047 2011

Open to Public Inspection

(9) (10)Total ► 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.

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number 23-7108453 The Silver Institute, Inc.

Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (c) Corrected? 1 (a) Name of disqualified person (b) Description of transaction No (1) (2)(3) (4) (5) (6) 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ÞŚ

Part II	Loans to and/or From Intere	sted F	ersons	5.							
	Complete if the organization answer	ed 'Yes'	on Form	990, Part IV, line 26 or	Form 990-EZ, Part V,	line 38a					
(a) Name of interested person and purpose	(b) Loan the orga	to or from anization?	(c) Original principal amount	(d) Balance due	(e) In c	default?	(f) Approved by board or committee?		(g) W agreer	ritten ment?
		То	From			Yes	No	Yes	No	Yes	No
(1)											
(2)	-										
(3)											
(4)											
(5)	·										
(6)											
(7)											
(0)			i i			1			· · ·		

Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered 'Yes' on Form 990, Part IV, line 27

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

(a) Name of inte	erested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2011

Schedule L (Form 990 or 990-EZ) 2011 The	Silver Institute	, Inc.	23-7108453	Р	age 2
Partiva Business Transactions Inv					
Complete if the organization answe					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes No	
(1) KSG, LLC	Shared Officer	450,000.	Management Fee	ies	X
(2)		·			
(3)					<u> </u>
(4)					
(5)					— —
<u>(6)</u> (7)					
(8)					
(9)					
(10)					<u> </u>
Part V Supplemental Information		a da assadona ass Cabadol	- 1. (
Complete this part to provide addition	nal information for response	s to questions on Schedul	e L (see instructions).		
				- -	
					
					_
					· -
					
					_ _
	- 				· – – –
					. – – –
			- 		
					. – – –
					· – – –
	-				- -

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Name of the organization

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.

Employer identification number

OMB No 1545-0047

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 bread	dth of the silver
industry. This includes leading silver mining houses, refiners	, bullion suppliers,
manufacturers of silver products and wholesalers of silver inverse.	estment products
Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Boo	<u>dy</u>
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 11b - 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, E	xec. 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	rmined 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	le from the GuideStar
web site.	
·	

Form 990

Continuation Sheet for Form 990

OMB No 1545 0047

2011

Department of the Treasury Internal Revenue Service

Name of the Organization

Employler Identification number

The Silver Institute, Inc. 23-7108453

Part VIII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Employees										
(A)	(B) Average hours per week	(C) Position (check all that apply)						(D)	(E)	(F)
Name and Title		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Ken Koski Asst Treasurer				Х				0.	0.	0.
									_	
									,	
									_	
										
										Form 990 Cont 2011