DLN: 93493083006164

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2013

Open to Public Inspection

A Fo	r the 2	013 calendar year, or tax year beginning 01-01-2013 , 2013, and ending 12-31	-2013			
B Che	eck if ap	plicable C Name of organization The Silver Institute Inc		D Employe	er ident	ification number
☐ Add	Iress cha	ange		23-710	8453	
	ne chan	Doing Business As				
┌ Inıt	ıal returi	Number and street (of F o box if mail is not delivered to street address) Room/suit	e	E Telephone	e numbe	er
Ter	mınated	1400 I Street NW				
┌ Am	ended re			(202)8	35-01	0.5
┌ App	lication	Washington, DC 20005 pending		G Gross rec	eipts \$ 1	1,839,158
		F Name and address of principal officer	H(a) Is th	ıs a group re	eturn fo	 or
		Michael DiRienzo		rdinates?		┌ Yes 🗸 No
		1400 I Street NW Suite 550 Washington, DC 20005	U(b) A	11		
			H(b) Are a		ites	Γ Yes Γ No
I Ta	x-exem _l	pt status	If"No	o," attach a	list (s	see instructions)
. w	ebsite	: ► www.silverinstitute org	H(c) Grou	ıp exemptio	n numl	oer ►
K Forr	n of org	anization	L Year of fo	rmation 1971	. M S	tate of legal domicile NY
Pa	rt I	Summary				
		riefly describe the organization's mission or most significant activities The Silver Institute's purpose is that of promoting the welfare of the silver indus	try hy incres	ına the knov	wledne	of and demand for
		ilver products across all end users. The Silver Institute had 25 members as of y		-	wiedge	or and demand for
နို	-					
图	-					
Governance	2 0	heck this box 🔭 if the organization discontinued its operations or disposed of	more than 2	5% of its n	et ass	ets
Activities &		lumber of voting members of the governing body (Part VI, line 1a)		<u> </u>	3	29
≟	4 N	lumber of independent voting members of the governing body (Part VI, line 1b)			4	28
SE S		otal number of individuals employed in calendar year 2013 (Part V, line 2a) .			5	0
₹		otal number of volunteers (estimate if necessary)		· ·	6	
		otal unrelated business revenue from Part VIII, column (C), line 12		—	7a	0
	b N	let unrelated business taxable income from Form 990-T, line 34		L	7b	
			Prio	r Year		Current Year
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)		1 0 2 0 0 7		0
Rayenue	9	Program service revenue (Part VIII, line 2g)		1,929,87	_	1,837,521
<u>₹</u>	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,11	. 5	1,637
_	11	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				0
	12	12)		1,931,98	7	1,839,158
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)				0
	14	Benefits paid to or for members (Part IX, column (A), line 4)				0
8	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines $5-10$)				0
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)				0
ੜਿੰ	ь	Total fundraising expenses (Part IX, column (D), line 25) ▶0				
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,840,26	5	1,798,172
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		1,840,26	5 5	1,798,172
	19	Revenue less expenses Subtract line 18 from line 12		91,72	2 2	40,986
Net Assets or Fund Balances				g of Current 'ear		End of Year
25.00 20.00	20	Total assets (Part X, line 16)		0	470,556	
4. A.	21	Total liabilities (Part X, line 26)		<u> </u>		0
25	22	Net assets or fund balances Subtract line 21 from line 20		429,57	0	470,556
Pai	t II	Signature Block		•		,

Under penalties of perjury, I declare that I have examined this return, including my knowledge and belief, it is true, correct, and complete Declaration of prepar preparer has any knowledge

Sign
Here

Signature of officer

Michael DiRienzo Executive Director

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name John M Kosciw CPA Preparer's signature Firm's address ► 4515 N 39th Street ARLINGTON, VA 222072928

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

Forn	n 990 (2013)				Page :
Par		ement of Program Service A of Schedule O contains a response	Accomplishments or note to any line in this Part III		
1	Briefly descr	ribe the organization's mission			
		e's purpose is that of promoting the I end users The Silver Institue had	welfare of the silver industry by incre 25 members as of year end 2013	esing the knowledge of and c	demand for silver
2	the prior Forr	m 990 or 990-EZ?		h were not listed on	┌ Yes ┌ No
	If "Yes," des	cribe these new services on Schedu	ule O		
3		nization cease conducting, or make	significant changes in how it conduct	s, any program	┌ Yes ┌ No
	If "Yes," des	cribe these changes on Schedule O	1		
4	expenses Se		complishments for each of its three la anizations are required to report the a program service reported		
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)
			ers, analysts, media, government officials and world silver supply and demand and remains		
	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	Marketing Initi	ative), an industry program to boost demai	of services benefiting the industry including ond for sterling silver jewelry and tableware, in that highlight trends in the silver marketplace	ncreasing awareness and educatio	n about silver through the
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	public on the p		for research to stimulate new and significant te put in place a monitoring program to work		
		(5)	0.)		
4d	O ther progr	am services (Describe in Schedule	O)		

) (Revenue \$

including grants of \$

(Expenses \$

4e

Total program service expenses ▶

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I^{\bullet}	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV^{\square}	9		No
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		No
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		No
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	11b		No
С	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	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
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 and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and $11e^{\gamma}$ If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or 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		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
С	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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	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		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		No
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		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	1/2010:
		F	orm 99 0	(2013)

b Enter the number reported in Box 3 of Form 1096 Enter-0- if not applicable b Enter the number of Forms W-26 included in line 1 a Enter-0- if not applicable c Did the organization charge with backing witholding fuels for preportable payments to vendors and reportable gamming (ambing) winnings to prize winners? 2 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the celendar year ending with or within the year covered by this return. 5 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 5 Mote, If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions). 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 5 If "Yes," has it filed a Form 90-T for this year? If "W* to line 3b, provide an explanation in Schedule 0. 4 At any time during the calendar year, did the organization have an interest in no -a signature or other authon over, a financial account? 5 If "Yes," the sum of the foreign country is such as a bank account, accountry control the foreign country is such as a bank account, accountry or the rinancial Accountry. 5 Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6 Did any taxable party notify the organization file Form 8886-17? 6 Does the organization approach annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization should the property of the degree of the payor? 9 If "Yes," did the organization nortify the donor of the value of the goods or services provided? 1 If "Yes," indicate the number of Forms 8282 filed during the	<u> </u>		<u></u>
b Enter the number of Forms W-2G included in line 1a Enter-0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize without payments of gambling with major to prize without payment of gambling without prize to prize without payment of gambling without prize to the prize with results of the state	4	Ye	es N
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gammin (gambling) winnings to prize winners? 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. b I fat least one is reported on line 2s, did the organization file all required fideral employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3b. Old the organization have unrelisted business gross income of \$1,000 or more during the year? 1i If "Yes," has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O. 4a At any time during the calendar year, did the organization have an interest in, or a signisture or other author over, a financial account in a foreign country. 5b. If "Yes," enter the name of the foreign country. 5c. Yes," enter the name of the foreign country. 5c. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c. Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that twee not tax deductible as chanitable contributions? 5c. If "Yes," do the organization include with every solicitation an express statement that such contributions on were not tax deductible? 7 Organizations that may receive adductible contributions under section 170(c). 8 Did the organization than serve expendent of the value of the goods or services provided? 9 Did the organization that way receive adductible contributions under section 170(c). 1 If Yes," indicate the number of forms 8282 filed during the year. 1 Did the organization is during the year, pay premiums, directly to pay premiums on a personal benefit contract? 9 Did th	- 7		
gaming (gambling) wannings to prize winners? 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 b I fat least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2 as in greater than 250, you may be required to e-file (see instructions) 3b Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "res," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule 0. b If "res," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule 0. b If "res," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule 0. b If "res," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation or other numbro over, a financial account; or other financial			ŀ
Tax Statements, field for the calendar year ending with or within the year covered by this return It at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2 as is greater than 250, you may be required to e-file (see instructions) Jo the 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 "Wo to line 3b, provide an explanation in Schedule 0. If "Yes," enter the name of the foring country (such as a bank account, securities account, or other nancial accountry? If "Yes," enter the name of the foring country (such as a bank account, securities account, or other financial accountry? Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? If "Yes," to line 5a or 5b, did the organization file Form 8886-T? If "Yes," to line 5a or 5b, did the organization file Form 8886-T? If "Yes," to line 5a or 5b, did the organization file Form 8886-T? If "Yes," do line organization have annual gross receipts that are normally greater than \$10,800, and did the organization solicit any contributions that were not tax deductible as chantable contributions or were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made party as a contribution and partly for goods is services provided to the payor? Organizations that may receive deductible contributions under section 170(c). Did the organization or receive a payment in excess of \$75 made party as a contribution and partly for goods is services provided to the payor? Organizations that may receive deductible contributions under section 170(c). If "Yes," did the organization notify the dinner of the value of the goods or services provided to the payor? If "Yes," indicates the number of Forms 8282 filed during they are contribution and partly for g	e . 10	c Ye	es
Note. If the sum of lines 1a and 2 a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 4b At any time during the calendar year, did the organization have an interest in, or a signature or other author over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5b If "Yes," enter the name of the foreign country	0		
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4.9 At any time during the calendar year, did the organization have an interest in, or a signature or other author over, a fancial account in a foreign country. ▶ If "yes," enter the name of the foreign country. ▶ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Account year. \$ Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? • Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? • If "yes," to line \$ 5 or \$ 5 b, did the organization that it was or is a party to a prohibited tax shelter transaction? • If "yes," do line \$ 5 or \$ 5 b, did the organization file Form 88.86-T? • Does the organization have annual gross receipts that are normally greater than \$ 100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? • If "yes," did the organization include with every solicitation an express statement that such contributions on were not tax deductible? • Organizations that may receive deductible contributions under section 170(c). • Did the organization receive a payment in excess of \$ 7 5 made partly as a contribution and partly for goods: services provided to the payor? • Organization receive a payment in excess of \$ 7 5 made partly as a contribution and partly for goods: services provided to the payor? • Did the organization receive a payment in excess of \$ 7 5 made partly as a contribution and partly for goods: services provided to the payor? • Did the organization of the payor? • Did the organization, during the year, pay premiums, directly or indirectly, to pay premium an a personal benefit contract? • If the organization of the year, pay premiums, directly or indirectly, did the organiza	3a	a	N
4.9 At any time during the calendar year, did the organization have an interest in, or a signature or other author over, a fancial account in a foreign country. ▶ If "yes," enter the name of the foreign country. ▶ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Account year. \$ Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? • Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? • If "yes," to line \$ 5 or \$ 5 b, did the organization that it was or is a party to a prohibited tax shelter transaction? • If "yes," do line \$ 5 or \$ 5 b, did the organization file Form 88.86-T? • Does the organization have annual gross receipts that are normally greater than \$ 100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? • If "yes," did the organization include with every solicitation an express statement that such contributions on were not tax deductible? • Organizations that may receive deductible contributions under section 170(c). • Did the organization receive a payment in excess of \$ 7 5 made partly as a contribution and partly for goods: services provided to the payor? • Organization receive a payment in excess of \$ 7 5 made partly as a contribution and partly for goods: services provided to the payor? • Did the organization receive a payment in excess of \$ 7 5 made partly as a contribution and partly for goods: services provided to the payor? • Did the organization of the payor? • Did the organization, during the year, pay premiums, directly or indirectly, to pay premium an a personal benefit contract? • If the organization of the year, pay premiums, directly or indirectly, did the organiza	. 3t	ь	N
See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts to the payor? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? If "Yes," to line 5a or 5b, did the organization file Form 8886-T? If "Yes," to line 5a or 5b, did the organization file Form 8886-T? If "Yes," to line 5a or 5b, did the organization file Form 8886-T? If "Yes," did 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 so charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or were not tax deductible? 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 services provided to the payor? If "Yes," did the organization receive appayment in excess of \$75 made partly as a contribution and partly for goods services provided to the payor? If "Yes," did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes," indicate the number of Forms 8282 filed during the year. Zight for organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 88 required? If the organization received a contribution of qualified intellectual property, did the organization file Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. If the supporting organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Inter a first be organization make any taxable distributions under section 4966? Did t		a	N
See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts of the second s			
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a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods is services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was requifile Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year	r gifts . 6t	ь	
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c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was requifile Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year	. 71	<u> </u>	
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f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 88 required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. It the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? consistency of the organization make a distribution to a donor, donor advisor, or related person? b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b 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 c Enter the amount of reserves on hand			
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Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. It the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	. 79	g	
the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	. 7H	h	
9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966?	Did		
a Did the organization make any taxable distributions under section 4966?	8	<u> </u>	N
b Did the organization make a distribution to a donor, donor advisor, or related person?			
Initiation fees and capital contributions included on Part VIII, line 12	. 9a	-	N
a Initiation fees and capital contributions included on Part VIII, line 12	. 91	<u> </u>	N
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 1.1 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders			
a Gross income from members or shareholders			
a Gross income from members or shareholders			
B Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12	<u>≀</u> a	N
3 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b 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			
Note. See the instructions for additional information the organization must report on Schedule O b 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 c Enter the amount of reserves on hand			
b 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	13	Ja	N
rin which the organization is licensed to issue qualified health plans		+	
135			
ARE LUCTURE OF CARDIZATION FOCALLY AND NAVMENTS FOR INDOOR TANDING SOFULCES DURING THE TAY VERY?		 	
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		_	N

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

Check if Schedule O contains a response or note to any line in this Part VI														
---	--	--	--	--	--	--	--	--	--	--	--	--	--	--

36	scholl A. Governing Body and Hanagement			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax 1a			
	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			
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	_	V	
_	filed?	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ie Codi	e)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
	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		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
Ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Νo
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Νo
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		No
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
	Other officers or key employees of the organization	15b	103	N o
D	· · · ·	130		INU
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	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		No
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 take steps to safeguard the organization's exempt status with respect to such arrangements?			
		16b		
Se	ection C. Disclosure			
17				
	List the States with which a copy of this Form 990 is required to be filed▶			

- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - Own website 🔽 Another's website 🔽 Upon request 🗆 Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►Michael DiRienzo 1400 I Street NW Washington, DC 20005 (202) 835-0185

Form 990	(2013)	
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Part VII 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 organization's tax year

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter - 0 - in columns (D), (E), and (F) if no compensation was paid

List all of the organization's current key employees, if any See instructions for definition of "key employee"

List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

◆ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

▼ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more to	(C) not chan one box, of one than one both an of person is both and a director/trustant of institutional Trustee or director			unless officer stee)	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
		Jelee	Trustee		98	pensated				
_										
-										
_										
-										
										Form 990 (2013)

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

	(A) Name and Title	(B) Average hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(C Repor comper from organiza	table nsation the tion (W-	(E) Reportable compensation from related organizations (W	/-	(F) Estima amount o compens from t	ted f other ation he
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC)) 0	rganizati relate organiza	ed
												_		
												_		
1b	Sub-Total		· ·		•			•				+		
c d	Total (add lines 1b and 1c) .						•	•						
2	Total number of individuals (in \$100,000 of reportable compe						d abov	e) w	ho receive	d more th	nan			
													Yes	No
3	Did the organization list any fc on line 1a? <i>If "Yes," complete S</i>					key •	emplo	yee, •	or highes ,	t compen	sated employee	3		No
4	For any individual listed on line organization and related organ individual													
5	Did any person listed on line 1	a receive or acc	rue cor	nper	• satu	• on fr	om an	• /	elated ord	anızatıon	or individual for	4		No
	services rendered to the organ											5		No
Se	ction B. Independent Co	ntractors												
1	Complete this table for your five compensation from the organization												tax vear	
		(A) ame and business						, -			(B) scription of services		(C Comper)
KSG L	LC 1400 I Street NW Suite 550 Washin		auu1C33							Manageme	•		соттрет	495,000
												\dashv		
	Fotal number of independent coi \$100,000 of compensation fron			not	lımıt	ed t	o thos	e list	ed above)	who rece	ived more than			

Form 99						Page 9
Part V	/##1	Statement of Revenue Check if Schedule O contains a response or note to any lin	ie in this Part VIII			
		The continue of contains a response of note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<u>e</u>	1a	Federated campaigns 1a				-
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership dues 1b				
	c	Fundraising events 1c				
iffs, ar A	d	Related organizations 1d				
⊒≝	e	Government grants (contributions) 1e				
ons	f	All other contributions, gifts, grants, and 1f				
inti Per	'	similar amounts not included above ————————————————————————————————————				
를	g	Noncash contributions included in lines 1a-1f \$				
Son	h	Total. Add lines 1a-1f	0			
		Business Code				
Program Serwce Revenue	2a	Industrial Conference	16,863			16,863
Re %	ь	Membership Dues & Assessments	1,611,459	1,611,459		
- 65 -	С	Publications	209,199			209,199
ž Ž	d					
Ē	e					
ಂಡಣ	f	All other program service revenue				
<u>Ā</u>	g	Total. Add lines 2a−2f	1,837,521			
	3	Investment income (including dividends, interest,	1,637			1,637
	4	and other similar amounts)	0			,
	5	Royalties	0			
		(ı) Real (ıı) Personal				
	6a	Gross rents				
	b	Less rental expenses				
	C	Rental income or (loss)				
	d	Net rental income or (loss)	0			
	7a	(i) Securities (ii) Other Gross amount				
	'a	from sales of assets other				
		than inventory Less cost or				
	Ь	other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss)	0			
A)	8a	Gross income from fundraising				
ř		events (not including \$				
٠ د		of contributions reported on line 1c) See Part IV, line 18				
Ϋ́		a a				
Other Revenue	ь	Less direct expenses b				
Ò		Net income or (loss) from fundraising events 🛌	0			
	9a	Gross income from gaming activities See Part IV, line 19				
		, а				
		Less direct expenses b				
		Net income or (loss) from gaming activities	0			
	10a	Gross sales of inventory, less returns and allowances .				
		a				
		Less cost of goods sold b				
	С	Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code	0			
	11a	Miscellaneous Revenue Business Code				
	ь					
	c					
	d	All other revenue				
	e	Total. Add lines 11a-11d	0			
	12	Total revenue. See Instructions	1 839 158	1 611 459		227 699

	990 (2013)				Page 10
	Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must complete all columns. All	other organizati	ions must comr	lete column (Δ)	
<u>Dutin</u>	Check if Schedule O contains a response or note to any line in this				·
Do no	ot include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	o, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	0	3.193.1333	general expenses	сиропосо
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
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	0			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees)				
	Management	495,000			
a		· · · · · · · · · · · · · · · · · · ·			
b	Legal	0			
с	Accounting	5,500			
d	Lobbying	0			
е	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12	Advertising and promotion	0			_
13	Office expenses	29,149			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			-
19	Conferences, conventions, and meetings	22,726			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0			
23	Insurance	0			_
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)				
а	Silver Promotion Service	651,274			
b	World Silver Survey	222,724			
c	General Public Relations	69,047			
d	Technical Monitoring	50,414			
-	All other expenses	252,338			
25	Total functional expenses. Add lines 1 through 24e	1,798,172	0	0	0
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,/30,1/2	0	0	0

art X	Balance Sheet	
	Charles Cabadula O	

			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	429,570	1	470,556
	2	Savings and temporary cash investments	·	2	0
	3	Pledges and grants receivable, net		3	0
	4	Accounts receivable, net		4	0
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			0
£	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		5	0
4ssets	7	Notes and loans receivable, net		7	0
₹	8	Inventories for sale or use		8	0
	9	Prepaid expenses and deferred charges		9	0
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a			
	ь	Less accumulated depreciation		10c	0
	11	Investments—publicly traded securities		11	0
	12	Investments—other securities See Part IV, line 11		12	0
	13	Investments—program-related See Part IV, line 11		13	0
	14	Intangible assets		14	0
	15	Other assets See Part IV, line 11		15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	429,570	16	470,556
	17	Accounts payable and accrued expenses	429,570	17	470,330
	18			18	
	19	Grants payable		19	
	20	Tax-exempt bond liabilities			
				20	
ities	21 22	Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees,		21	
Liabilit		key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
	20	Organizations that follow SFAS 117 (ASC 958), check here ► 🔽 and complete	,		
r D		lines 27 through 29, and lines 33 and 34.			
=	27	Unrestricted net assets	429,570	27	470,556
_ 5	28	Temporarily restricted net assets		28	
<u>-</u>	29	Permanently restricted net assets		29	
Assets of Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
))	30	Capital stock or trust principal, or current funds		30	
Ď	31	Paid-in or capital surplus, or land, building or equipment fund		31	
í	32	Retained earnings, endowment, accumulated income, or other funds		32	
<u> </u>	33	Total net assets or fund balances	429,570	33	470,556
Ž	34	Total liabilities and net assets/fund balances	429.570		470,556

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,8	339,158
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,7	798,172
3	Revenue less expenses Subtract line 2 from line 1	3			40,986
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		4	129,570
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		4	170,556
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain it Schedule O	n			
3 a	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?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3b		

Software ID: 13000170 **Software Version:** 2013v3.1

EIN: 23-7108453 Name: The Silver Institute Inc

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) A verage hours per week (list any hours for related	Posit more th persoi and a	ion (e nan o n is b	ne b oth ctor/	ox, ι an o /trus	unless fficer stee)		(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
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former	2/1099 111307	2/1033 11130)	related organizations
Thomas Angelos	0 00	х		х				0	0	0
Treasurer Fernando Alanıs	0 00									
President	0 00	X		Х				0	0	0
Bradford Cooke	0 00	×						0	0	0
Director Jeff Clevenger	0 00	 								
Director	0 00	X						0	0	0
Roque G Benavides Past President	0 00	×		Х				0	0	О
Claire Gannon	0 00	×						0	0	0
Director Geoffrey Burns	0 00							0	0	
Director	0 00	×						0	0	0
Michael Carabini	0 00	х						0	0	0
Director Satoshi Terashita	0 00									
Director	0 00	×						0	0	0
Octavio Alvidrez Ortega	0 00	х						0	0	0
Director Patrick Drouin	0 00									
Director	0 00	Х						0	0	0
Terry Hanlon	0 00	×						0	0	0
Osamu Ikeda	0 00	\								
Director	0 00	×						0	0	0
Grant Angwin Director	0 00	×						0	0	О
David Madge	0 00	×						0	0	0
Director Stephen Orr	0 00									
Director	0 00	×						0	0	0
Mitchell Krebs	0 00	Х						0	0	0
Vice President Rohan Hazelton	0 00									
Director	0 00	Х						0	0	0
Phillips Baker Jr	0 00	x						0	0	o
Director David Wolfin	0 00	<u> </u>								
Director	0 00	X				_		0	0	0
Michael Mesaric Director	0 00	×						0	0	О
Michael Needham	0 00	×						0	0	0
Director Michael Floskis	0 00									
Director	0 00	×						0	0	0
Michael DiRienzo	20 00	х		х				0	0	0
Exec Dir & Secy John Smith	0 00 0 00									
Director	0 00	Х						0	0	0
	-									

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) A verage hours per week (list any hours (C) Position (do not of more than one box, person is both an and a director/true					nless ficer		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the	
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations	
Harnett Hunnable	0 00	х						0	0	0	
Director	0 00										
Jason Rubin	0 00	x						0	0	0	
Director	0 00	^						•	Ů	Ů	
Leo van Wyk	0 00										
Director	0 00	Х						0	0	0	
David Whittle	0 00									-	
Director	0 00	Х						0	0	0	
Matthew Waz	0 00	.,						0			
Director	0 00	Х						0	0	0	
Ken Koskı	0 00										
Asst Treasurer	0 00			Х				0	0	0	

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DLN: 93493083006164

OMB No 1545-0047

SCHEDULE D

(Form 990)

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

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Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Supplemental Financial Statements

ame of the organization ne Silver Institute Inc		Employer identification number			
ie suvei institute inc	23-7108453				
	Advised Funds or Other Similar Fu				
organization answered "Yes" to Form	990, Part IV, line 6. (a) Donor advised funds	(b) Funds and other accounts			
Total number at end of year	(a) Bollot advised fullus	(b) Fullus und other accounts			
Aggregate contributions to (during year)					
Aggregate grants from (during year)					
Aggregate value at end of year					
Did the organization inform all donors and donor at funds are the organization's property, subject to the		or advised Yes No			
Did the organization inform all grantees, donors, a used only for charitable purposes and not for the b	nd donor advisors in writing that grant funds	ny other purpose			
conferring impermissible private benefit?	·	☐ Yes ☐ No			
art II Conservation Easements. Comple	te if the organization answered "Yes" to	o Form 990, Part IV, line 7.			
Purpose(s) of conservation easements held by the Preservation of land for public use (e g , recrea Protection of natural habitat Preservation of open space	ition or education)	historically important land area certified historic structure			
Complete lines 2a through 2d if the organization heasement on the last day of the tax year	eld a qualified conservation contribution in t	he form of a conservation			
	[Held at the End of the Year			
Total number of conservation easements		2a			
Total acreage restricted by conservation easemen	nts	2b			
Number of conservation easements on a certified	historic structure included in (a)	2c			
Number of conservation easements included in (c historic structure listed in the National Register) acquired after 8/17/06, and not on a	2d			
Number of conservation easements modified, tran	sferred, released, extinguished, or terminate	d by the organization during			
the tax year ▶					
Number of states where property subject to conse	rvation easement is located 🕨				
Does the organization have a written policy regard enforcement of the conservation easements it hold	ling the periodic monitoring, inspection, hand	Iling of violations, and Yes No			
Staff and volunteer hours devoted to monitoring, in	nspecting, and enforcing conservation easen	nents during the year			
Amount of expenses incurred in monitoring, inspec	cting, and enforcing conservation easements	during the year			
Does each conservation easement reported on lin and section 170(h)(4)(B)(ii)?	e 2(d) above satisfy the requirements of sec	tion 170(h)(4)(B)(i)			
In Part XIII, describe how the organization reports balance sheet, and include, if applicable, the text of the organization's accounting for conservation eas	of the footnote to the organization's financial				
rt III Organizations Maintaining Collect Complete if the organization answere	tions of Art, Historical Treasures, o	or Other Similar Assets.			
If the organization elected, as permitted under SF, works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the footn	AS 116 (ASC 958), not to report in its rever assets held for public exhibition, education, o	or research in furtherance of public			
If the organization elected, as permitted under SF, works of art, historical treasures, or other similar service, provide the following amounts relating to	assets held for public exhibition, education, o				
(i) Revenues included in Form 990, Part VIII, line	e 1	▶ \$			
(ii) Assets included in Form 990, Part X		▶ -\$			
If the organization received or held works of art, his following amounts required to be reported under S		·			
Revenues included in Form 990, Part VIII, line 1		► \$			

b Assets included in Form 990, Part X

Par	t III Organizations Maintaining Co	ollections of Art	t, His	tori	cal Tr	easur	es, or O	the	r Similar As	sets (co	ontinued)
3	Using the organization's acquisition, access collection items (check all that apply)	sion, and other reco	rds, ch	ecka	any of t	he follo	wing that a	are a	sıgnıfıcant use	ofits	
а	Public exhibition		d	Γ	Loan	or excha	ange progi	ams			
b	Scholarly research		e	\vdash	Other						
c	Preservation for future generations										
4	Provide a description of the organization's of Part XIII	collections and expla	aın how	they	/ furthe	r the or	ganızatıor	ı's ex	empt purpose	ın	
5	During the year, did the organization solicit								ılar	┌ Yes	□ N-
Dai	assets to be sold to raise funds rather than rt IV Escrow and Custodial Arrange								os" to Form (No
	Part IV, line 9, or reported an a						answere	u i	C3 (0 1 0 1 1 1 1 .		
1a	Is the organization an agent, trustee, custo included on Form 990, Part X?	dıan or other ınterm	ediary	for c	ontrıbu	tions or	other ass	ets r	not	┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	III and complete the	e follow	ng t	able		_				
							-		Ar	nount	
С	Beginning balance						_	1c			
d	Additions during the year							1d			
e	Distributions during the year							1e			
f	Ending balance							1f			
2a	Did the organization include an amount on F	orm 990, Part X, Iır	ne 21?							☐ Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	III Check here if the	e expla	natio	on has	been pr	ovided in I	art)	KIII		Γ
Pa	rt V Endowment Funds. Complete	ıf the organizatio									
		(a)Current year	(b)	Prior	/ear	b (c) Two	o years back	(d)	Three years back	(e)Four y	ears back
1a	Beginning of year balance							╄			
Ь	Contributions							+-		<u> </u>	
С	Net investment earnings, gains, and losses	;									
d	Grants or scholarships										
e											
f	and programs							+			
g	End of year balance										
9 2	Provide the estimated percentage of the cu	rrent week and belon	l	. 1	aalum	n (a)) h					
	•	rrent year end balan	ice (iiii	e ig,	Colum	II (a)) IIE	eiu as				
а	Board designated or quasi-endowment										
b	Permanent endowment ►										
С	Temporarily restricted endowment F The percentages in lines 2a, 2b, and 2c sho	ould oqual 100%									
За	Are there endowment funds not in the posse		zation t	hat s	ra bala	landad	ministoro	d for	tho		
Ja	organization by	ession of the organiz	Zationi	.iiat c	ire nero	i allu au	IIIIIIstele	u 101	tile	Yes	No
	(i) unrelated organizations								3a	(i)	
	(ii) related organizations								3a((ii)	
b								•	3	b	<u> </u>
4	Describe in Part XIII the intended uses of t						anad Was		Fa 000 Da	TV 1.	
Pe	rt VI Land, Buildings, and Equipm 11a. See Form 990, Part X, line		the of	yan	ızatıdı	i aliswe	ereu res	. 10	FOIII 990, Pa	art IV, II	пе
	Description of property				a) Cost o sıs (ınve	or other estment)	(b)Cost or basis (ot		(c) Accumulat depreciation		Book value
1a	Land									_	
	Buildings									\neg	
	Leasehold improvements									\dashv	
	Equipment									-	
	Other									_	
	al. Add lines 1a through 1e (Column (d) must	equal Form 990 Part	X colu	mn (l	3) /ine	10(c))		_	🕨	-	

See Form 990, Part X, line 12. (a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)	(2)20011 14140	Cost or end-of-year market value
(1) Financial derivatives		
(2)Closely-held equity interests Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	+	
Part VIII Investments—Program Related. C	omplete ıf the organızatı	on answered 'Yes' to Form 990, Part IV, line 11c.
See Form 990, Part X, line 13. (a) Description of investment	(h) Pook volue	(c) Method of valuation
(a) Description of investment	(b) Book value	Cost or end-of-year market value
7 • • • • • • • • • • • • • • • • • • •	*	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization		90 Part IV line 11d See Form 990 Part X line 15
(a) Descri		(b) Book value
		+
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1	15.)	
		to Form 990, Part IV, line 11e or 11f. See
Form 990, Part X, line 25.		, ,
1 (a) Description of liability	(b) Book value	
Federal income taxes		
		_
	+	-
		1
		_
		1
	Ī	
		-
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	•	

Par		on of Revenue per Audited Financial Statements With Revenue pe on answered 'Yes' to Form 990, Part IV, line 12a.	r Retur	'n Complete ıf
1		· · · · · · · · · · · · · · · · · · ·	1	1,839,158
2	A mounts included on I	line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains o	on investments 2a		
b	Donated services and	d use of facilities		
c	Recoveries of prior yea	ear grants		
d	Other (Describe in Pai	art XIII)		
e	Add lines 2a through 2	2d	2e	
3	Subtract line 2e from l	line 1	3	1,839,158
4	Amounts included on F	Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses	s not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Pai	art XIII)		
c	Add lines 4a and 4b .		4c	
5			5	1,839,158
Part		on of Expenses per Audited Financial Statements With Expenses pation answered 'Yes' to Form 990, Part IV, line 12a.	per Ret	urn. Complete
1	Total expenses and lo	osses per audited financial statements	1	1,798,172
2	A mounts included on I	line 1 but not on Form 990, Part IX, line 25		
а	Donated services and	use of facilities		
b	Prior year adjustments	s		
C	Otherlosses			
d	Other (Describe in Par	rt XIII)		
e	Add lines 2a through 2	2d	2e	
3	Subtract line 2e from l	line 1	3	1,798,172
4	A mounts included on F	Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses	not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Par	art XIII)		
C	Add lines $\mathbf{4a}$ and $\mathbf{4b}$.		4c	
5			5	1,798,172
Part	Supplemen	ntal Information		
Part		quired for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, , Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to pr	rovide an	y additional
	Return Reference	Explanation		

•	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2013

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DLN: 93493083006164

Employer identification number

OMB No 1545-0047

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Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 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. ▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

The Silver Institute	: Inc							23-71	08453				
					3) and sectio		organi	zatıoı	ns only				
					90, Part IV, line								
1 (a) Name	e of disqualifi	ed person		iship betwee on and organ	n disqualified	(c) Description of transaction				າ ⊦	(d) Corr		
			рстэс	ni ana organ	112411011						Yes	No	
2 Enterthe a	mount of tax	incurred by o	rganization	managers of	r dısqualıfıed pe	rsons durina	the vea	r unde	rsectio				
									▶ \$	· ·			
3 Enterthe a	mount of tax	, if any, on lin	e 2, above, r	eımbursed b	y the organizat	ion			F \$				
	ans to and					/ l.== 20= =		. O O D	T.V . I.	26			
					990-EZ, Part \ 1, line 5, 6, or 22		r Form 9	90, P	art IV , II	ne 26,	orifthe		
(a) Name of	(b)	(c)	(d) Loan		(e)Original	(f)Balance	(g) In		(h)		(i)Wri	ıtten	
interested	· · · · · · · · · · · · · · · · · · ·		\>		principal	due	''		Approv	- 1 -		greement?	
person	with	loan	organızatı	on?	amount				by				
	organizatio	n							board or				
									commi	ttee?			
			То	From			Yes	No	Yes	No	Yes	No	
											_		
											_		
											_		
											_		
						1			1		_		
otal		<u>▶ \$</u>	C'	Ŧ . I									
					ed Persons. 1 Form 990, P	art IV line	27						
(a) Name of Ir		(b) Relations			unt of assistanc		e of ass	ictano	-0 (0) Purno	se of ass	istance	
person		interested pe			ane or assistant		/C 01 452	i s cum	. (, r urpo	JC 01 433	, is carre	
·		organi	zatıon										
						_							

Business Transactions			- 20- 20h 20-		
Complete if the organizat (a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) KSG LLC	Shared Officer	495,000	Management Fee		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
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Schedule L (Form 990 or 990-EZ) 2013

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2013

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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization The Silver Institute Inc Employer identification number

23-7108453

990 Schedule O, Supplemental Information

Return Reference	Explanation				
Form 990, Part VI, Line 4 Description of Significant Changes to Organizational Documents	The Corporate Bylaws, last amended in 1986, were updated to reflect changes and modernization in law and to reflect changes in technology. The bylaws were amended to provide that certain decisions can be made by the Executive Committee as opposed to the full Board of Directors. The amended bylaws expand the types of entities eligible for membership to include silver exploration companies and suppliers of services to the silver industry.				
Form 990, Part VI, Line 6 Explanation of Classes of Members or Shareholder	The Silver Institute draws its membership from across the breadth 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 11b Form 990 Review Process	The Form 990 is made available upon request to the Board of Directors 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 - CEO, Top Management	The Silver Institute does not have any employees The Silver Institute 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 determined 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 described on its web site. Financial statements and detailed governing documents are available upon written request. The Form 990 is available upon request and is available from the GuideStar web site.				
Form 990, Part IX, Line 24e Other Expenses	Bank Fees Column (A) - Total = \$0, Column (B) - Program Services = \$0, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0				
Form 990, Part IX, Line 24e Other Expenses	Chinese Market Development Column (A) - Total = \$37229, Column (B) - Program Services = \$0, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0				
Form 990, Part IX, Line 24e Other Expenses	Industrial Silver Conference Column (A) - Total = \$49637, Column (B) - Program Services = \$0, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0				
Form 990, Part IX, Line 24e Other Expenses	Membership Services Column (A) - Total = \$9480, Column (B) - Program Services = \$0, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0				
Form 990, Part IX, Line 24e Other Expenses	Mexico Marketing Column (A) - Total = \$47500, Column (B) - Program Services = \$0, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0				
Form 990, Part IX, Line 24e Other Expenses	Newsletter Column (A) - Total = \$15850, Column (B) - Program Services = \$0, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0				
Form 990, Part IX, Line 24e Other Expenses	Peru Consumer Marketing Column (A) - Total = \$47500, Column (B) - Program Services = \$0, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0				
Form 990, Part IX, Line 24e Other Expenses	Press Release Column (A) - Total = \$26933, Column (B) - Program Services = \$0, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0				
Form 990, Part IX, Line 24e Other Expenses	Resource Center - Admin Column (A) - Total = \$0, Column (B) - Program Services = \$0, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0				
Form 990, Part IX, Line 24e Other Expenses	Silver Nano Program Column (A) - Total = \$9595, Column (B) - Program Services = \$0, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0				
Form 990, Part IX, Line 24e Other Expenses	Web Site Support Column (A) - Total = \$8614, Column (B) - Program Services = \$0, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0				