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

► Information about Form 990 and its instructions is at <a href="www.IRS.gov/form990">www.IRS.gov/form990</a>

OMB No 1545-0047

DLN: 93493072003006

2015

Open to Public Inspection

A Fo	or the 2	015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015		_		
3 Che	eck if app	licable C Name of organization The Silver Institute Inc		D Emple	oyer i	identification number
Add	ress cha	nge		23-7	1084	453
Nar	ne chang	e Doing business as		-		
_ Init	ıal return			E Teleph	one r	numher
_ Fina		Number and street (or P O box if mail is not delivered to street address) Room/suite 1400 I Street NW				
_	ırn/term	nated		(202	) 83	5-0185
_	ended re	Washington, DC 20005		<b>G</b> Gross	receir	ots \$ 1,464,244
App	lication p	ending		<b>C</b> 01033	receip	7, 10 1, Z 11
		F Name and address of principal officer	<b>H(a)</b> Is th			urn for
				ordinates?		ΓYes ΓΝο
			H(b) Are inclu	ali subord ided?	linate	es
			If"N	lo," attacl	h a lı	st (see instructions)
Tax	k-exemp	t status	H(c) Gro	up exemp	tion	number ►
W	ebsite:	www silverinstitute org				
<b>(</b> Forn	n of orga	nization	<b>L</b> Year of f	ormation 1	971	<b>M</b> State of legal domicile NY
Pa	rt I	Summary				
	<b>1</b> Bri	efly describe the organization's mission or most significant activities				
	The	Silver Institute's purpose is that of promoting the welfare of the silver industry			owled	dge of and demand for
پ	silv	er products across all end users The Silver Institue had 32 members as of yea	r end 201	5		
<u> </u>						
Ĕ	_					
5	<b>2</b> Cl	eck this box 🔰 if the organization discontinued its operations or disposed of r	nore than 2	25% of its	net	assets
೨ ಪ	3 N	make a structure manufacture of the manufacture had a (Pout VII line 1 a)			۔ ا	1 20
4ctivities & Governance		imber of voting members of the governing body (Part VI, line 1a)		•	4	
Ě		mber of independent voting members of the governing body (Part VI, line 1b) tal number of individuals employed in calendar year 2015 (Part V, line 2a).		• •	5	
<u> </u>		tal number of volunteers (estimate if necessary)			6	-
•		tal unrelated business revenue from Part VIII, column (C), line 12		• •	7a	
		unrelated business taxable income from Form 990-T, line 34		• •	71	
				or Year		Current Year
	8	Contributions and grants (Part VIII, line 1h)				0
ā	9	Program service revenue (Part VIII, line 2g)		1,960	.207	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			,796	
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			<u>,                                      </u>	0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line		1,962	002	1,464,244
		12)		1,902	,003	1,404,244
	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
\$	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)				О
Ť	16a	Professional fundraising fees (Part IX, column (A), line 11e)				0
Expenses	ь	Total fundraising expenses (Part IX, column (D), line 25) ▶0				
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,889	,666	1,864,962
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		1,889	,666	1,864,962
	19	Revenue less expenses Subtract line 18 from line 12		72	,337	-400,718
net Assets or Fund Balances			Beginning	of Current	Year	End of Year
25 Oct	20	Total assets (Part X, line 16)		542	,893	142,175
d B	21	Total liabilities (Part X, line 26)		3,2	,	0
2 de 2	22	Net assets or fund balances Subtract line 21 from line 20				
	311	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 John M Kosciw CPA

Firm's address ► 4515 N 39th Street

ARLINGTON, VA 222072928

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

	, ,				
Par		ent of Program Service A			
		chedule O contains a response	or note to any line in this Par	tIII	<u> </u>
1	Briefly describe	the organization's mission			
				by incresing the knowledge of and	demand for silver
prod	ucts across all end	d users The Silver Institue had	32 members as of year end 2	015	
2		tion undertake any significant p		ar which were not listed on	▼Yes    ▼No
	If "Yes," describ	e these new services on Schedi	ıle O		
3	_	tion cease conducting, or make	significant changes in how it c	onducts, any program	⊤Yes ▼No
	If "Yes," describ	e these changes on Schedule O			
4	expenses Section		anizations are required to repo	three largest program services, as ort the amount of grants and alloc	
4a	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
				cials and the public, its annual report, We remains the most widely cited work on	
4b	(Code	) (Expenses \$	including grants of \$		)
	program to boost d		asıng awareness and education abol	cluding development of a Silver Promotion of silver through the Silver Institute's web ed applications	
4c	(Code	) (Expenses \$	including grants of \$		,
	•	, , , ,		nificant industry uses of silver and educa	tion of regulators and the
	public on the positi			to work with members and regulators re	
4d	Other program :	services (Describe in Schedule	0)		
	(Expenses \$	ıncludıng	grants of \$	) (Revenue \$	)
4e	Total program s	service expenses 🗠			

			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?  If "Yes," complete Schedule C, Part II	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	Yes	
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		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	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		Νo
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
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	11c		No
	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
е	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		No
	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
L4a	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? 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		No
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 domestic 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 or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νo
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		No
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		Νo
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 "Yes," 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? If "Yes," complete Schedule L, Part III	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		Νo
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,	28b		No
c	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? If "Yes," complete Schedule M	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? If "Yes," complete Schedule R, Part I	33		No
34	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		Νo
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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	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?	38	Yes	

	990 (2015)					Page
Pai	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this		v			.⊏
					Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable	1a	4			
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable	1b	0			
	Did the organization comply with backup withholding rules for reportable payments to gaming (gambling) winnings to prize winners?	o vend	dors and reportable	1c	Yes	
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	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal emp Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file			2b		Νo
	Did the organization have unrelated business gross income of \$1,000 or more during			3a		Νo
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation			3b		Νo
4a	At any time during the calendar year, did the organization have an interest in, or a si over, a financial account in a foreign country (such as a bank account, securities account)?			4a		No
b	If "Yes," enter the name of the foreign country ►	k and I	Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time durin	ng the	tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited the property of	tax sh	elter transaction?	5b		Νo
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?					
_				5c		
	Does the organization have annual gross receipts that are normally greater than \$10 organization solicit any contributions that were not tax deductible as charitable cont	rıbutı	ons?	6a		No
ъ 7	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?	nat su	cn contributions or gifts	6b		
_	Did the organization receive a payment in excess of \$75 made partly as a contribution services provided to the payor?		d partly for goods and	7a		
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided to the payor.		 ed?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal proper					
	file Form 8282?	l	 	<b>7</b> c		
a	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a p	erson	al benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a person	onal b	enefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the orequired?		zation file Form 8899 as	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles Form 1098-C?	s, dıd 1	the organization file a	7h		
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess but during the year?	siness	s holdings at any time			
•		•		8		No
	Did the sponsoring organization make any taxable distributions under section 4966. Did the sponsoring organization make a distribution to a donor, donor advisor, or relative to the sponsoring organization make a distribution to a donor, donor advisor, or relative to the sponsoring organization make any taxable distributions under section 4966.			9a 9b		No No
10	Section 501(c)(7) organizations. Enter	ateu p	erson	90		NO
	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	Section 501(c)(12) organizations. Enter					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	ın lıe	u of Form 1041?	12a		Νo
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		<u> </u>			
а	Is the organization licensed to issue qualified health plans in more than one state ${}^{\mathbf{N}}$ additional information the organization must report on Schedule O	l <b>ote.</b> S	ee the instructions for	13a		No
ь	Enter the amount of reserves the organization is required to maintain by the states			a		140
	in which the organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c	2	1.4-		NI ~
	Did the organization receive any payments for indoor tanning services during the tax If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explana	•		14a 14b		No
_	provide all confidence payments in the provide all explains					

Part VI G	overnance,	Management,	and	Disclosure
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Se	ction A. Governing Body and Management			·
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 29			
	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 1b 28			
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 filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		N o
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	
	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	0.5	103	
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	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		No
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		No
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		Νο
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		Νο
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		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	ction C. Disclosure	100		
	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (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, address, and telephone number of the person who possesses the organization's books and records Michael DiRienzo 1400 I Street NW Washington, DC 20005 (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 or note to any line 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

- 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	more t	tion ( han ( on is	one I both	box, and	heck unless officer stee)	i	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
See Additional Data Table										
			_							
										Form <b>990</b> (2015)

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

	(A) Name and Title	(B) A verage hours per week (list any hours	more t	han o	one both	box, an d	heck unless officer stee)		Repoi compei from organiza	table nsation the tion (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Kej emplojee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC)	organization and related organizations
See	Additional Data Table											
1b c d	Sub-Total					 						
2	Total number of individuals (in \$100,000 of reportable compe						d abov	e) w	ho receive	d more th	an	
3	Did the organization list any <b>f</b> oon line 1a? <i>If "Yes," complete S</i>					key	emplo	yee,	or highes	t compen		Yes No
4	For any individual listed on line organization and related organ individual										on from the uch	4 No
5	Did any person listed on line 1 services rendered to the organ									anızatıon • • •		5 No
	ction B. Independent Co											
1	Complete this table for your five compensation from the organization											
		( <b>A)</b> ame and business	address								(B) cription of services	(C) Compensation
KSG L	LC I Street NW Suite 550									Manageme	nt Fees	495,000
Wash	Ington, DC 20005 el Barlerin Associates									Silver Prom	iotion	187,000
845 T	hırd Ave 6th Floor											
NY, N	Y 10022											

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

Form **990** (2015)

Part V		Statement of		ose or note to any lu	ne in thic Part VIII			_
			le O contains a respon	ise or note to any III	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts Its	1a	Federated camp	aigns 1a					
ons, Gifts, Grants Similar Amounts	b	Membership due	s <b>1b</b>					
, G Am	С	Fundraising evei	nts <b>1c</b>					
Giffs, nilar Au	d	Related organiza	ntions 1d					
s, G mil	е	Government grants	(contributions) <b>1e</b>					
	f	All other contribution						
tributio Other	_	sımılar amounts not Noncash contribution						
ntri d O	g	1a-1f \$	ns meladed in inles					
Contain	h	Total. Add lines	1a-1f	· · · •	0			
<u>e</u>				Business Code				
жеп	2a	Industrial Conference	e		14,096			14,096
æ	Ь	Membership Dues &	Assessments		1,258,447	1,258,447		
Ace	С	Miscellaneous			60			60
Program Serwce Revenue	d	Publications			190,894			190,894
E	e	A.II 1.1						
ıßo,	f	All other program	n service revenue					
Δ	g	Total. Add lines	2a-2f		1,463,497			
	3		me (including dividend ramounts)		747			747
	4		ment of tax-exempt bond p		0			
	5	Royalties			0			
			(ı) Real	(II) Personal				
	6a	Gross rents						
	ь	Less rental expenses						
	С	Rental income						
	d	or (loss) Net rental incom	ne or (loss)		0			
			(ı) Securities	(II) Other	'	'		
	7a	Gross amount from sales of assets other than inventory						
	b c	Less cost or other basis and sales expenses Gain or (loss)						
	d	Net gain or (loss	5)	<b> </b>	0			
Other Revenue	8a	Gross income from events (not inclus)  \$	uding  reported on line 1c)					
ē		22. a.c.v, iiiic	a					
₹	b	Less direct exp	enses b					
			oss) from fundraising 6	events 🛌	0			
	9a	Gross Income fro See Part IV, line	om gaming activities 219 <b>a</b>					
			enses <b>b</b> [					
			oss) from gaming activ	vities	0			
	10a	Gross sales of ir returns and allow						
		Less cost of go	L					
	С		oss) from sales of inve	-	0			
	11-	Miscellaneous	Revenue	Business Code				
	11a b							
	С		<del></del>					
	d	All other revenue	e					
	e	Total. Add lines	L	🕨				
	12	Total revenue. S			0			
	**	iocai revenue. S	ee maductions		1,464,244	1,258,447		205,797

	Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must complete all columns	All other organiz	ations must con	nplete column (A )	
	Check if Schedule O contains a response or note to any line in t				
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0	·		·
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals 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			
0	Payroll taxes	0			
1	Fees for services (non-employees)				
а	Management	495,000			
b	Legal	0			
C	Accounting	6,700			
d	Lobbying	0			
e	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			
2	Advertising and promotion	0			
3	Office expenses	28,441			
ŀ	Information technology	0			
5	Royalties	0			
•	Occupancy	0			
7	Travel	0			
3	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
•	Conferences, conventions, and meetings	2,667			
)	Interest	0			
L	Payments to affiliates	0			· · ·
!	Depreciation, depletion, and amortization	0			
}	Insurance	0			
ı	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	595,702			
b	World Silver Survey	422,962			
c	Market Reports	52,014			
d	Technical Monitoring	50,411			
e	All other expenses	211,065			
5	Total functional expenses. Add lines 1 through 24e	1,864,962	0	0	
6	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)				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X . . . . . . . . . . . . . . . . . . (A) (B) Beginning of year End of year 1 542.893 1 142.175 Cash-non-interest-bearing . . . . . . 2 2 Savings and temporary cash investments . . . 3 0 3 Pledges and grants receivable, net . . . 4 0 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 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 6 0 7 Notes and loans receivable, net . . . . . 7 0 0 8 8 Inventories for sale or use . . . 9 0 9 Prepaid expenses and deferred charges . . . . 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 0 b 10b 10c Less accumulated depreciation . 0 11 11 0 12 Investments—other securities See Part IV, line 11 . . . . . 12 0 13 13 Investments—program-related See Part IV, line 11 . . . . . 0 14 14 15 15 0 542,893 16 142,175 16 **Total assets.**Add lines 1 through 15 (must equal line 34) . . . 17 17 Accounts payable and accrued expenses . . . . . 18 18 19 19 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . \_iabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . . 24 24 Unsecured notes and loans payable to unrelated third parties . . . 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 D 25 . . . . . . . . . . . . . . . . . . 0 26 26 **Total liabilities.**Add lines 17 through 25 . . . . . Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔽 and complete Net Assets or Fund Balances lines 27 through 29, and lines 33 and 34. 27 542.893 27 142,175 Unrestricted net assets . . . . . 28 Temporarily restricted net assets . . . . . . . . . 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds . . . . . . . . . 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 32 Retained earnings, endowment, accumulated income, or other funds 32 33 542,893 33 142,175 Total net assets or fund balances . . 34 Total liabilities and net assets/fund balances . . . . . . . . . . 542.893 142,175

- 01111	750 (2013)				aye 12
Par	Reconcilliation of Net Assets  Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,4	164,244
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,8	364,962
3	Revenue less expenses Subtract line 2 from line 1	3		-4	100,718
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) $\cdot$ .	4		Ţ	542,893
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			.42,175
Par	t XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>.                                    </u>
				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		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revia separate basis, consolidated basis, or both	ewed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
ь	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 sep basis, consolidated basis, or both	arate			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign of the audit, review, or compilation of its financial statements and selection of an independent accountant		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t Single Audit Act and OMB Circular A-133?	he	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Software ID: 15000324
Software Version: 2015v2.0

**EIN:** 23-7108453 **Name:** The Silver Institute Inc

<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours for related	more t perso and a	tion ( han o n is t	ne b ooth ctor,	ox, i an o /trus	unless fficer tee)		( <b>D)</b> 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	Key employee	Highest compensated employee	Former	2,2033 112007	2/1099 111367	related organizations
Fernando Alanıs	0 00									
Director	0 00	X						0	0	0
Bradford Cooke	0 00	×						0	0	0
Director	0 00		<u> </u>						_	_
Tom Deguehery	0 00	×						0	0	o
Director	0 00		-			-				
Roque G Benavides  Director		x						0	0	О
Geoffrey Burns	0 00									
Director	0 00	×						0	0	0
Michael Carabini	0 00									
Director	0 00	×						0	0	0
Satoshi Terashita Director	0 00	х						0	0	0
Octavio Alvidrez Ortega	0 00	<u> </u>		,,						
Vice President	0 00	X		Х				0	0	0
Ounesh Reebye	0 00	×						0	0	0
Director	0 00							,		, and the second
Terry Hanlon	0 00	×						0	0	o
Director	0 00		$\vdash$			-				
Erman Donmez Director		×						0	0	o
Grant Angwin	0 00									
Director	0 00	X						0	0	0
Chiaki Kaneko Director		×						0	0	o
Stephen Orr	0 00		$\vdash$							
Director	0 00	Х						0	0	0
Mitchell Krebs		×		х				0	0	o
David Madge	0 00		$\vdash$		<del> </del>					
Director	0 00	x						0	0	0
Phillips Baker Jr	0 00							_	_	_
Director	0 00	X						0	0	0
David Wolfin	0 00	×						0	0	0
Director	0 00									_
Michael Mesaric	0 00	×						0	0	o
Director	0 00		-			-				
Michael Needham  Director		×						0	0	o
Warren Rehn	0 00									
Director	0 00	X						0	0	0
Michael DiRienzo	30 00	×		v				0	0	0
Exec Dir & Secy	0 00			Х				0	0	
Mike Clark	0 00	x						0	0	0
Director	0 00		-			_				
Harriett Hunnable		×						0	0	o
Director  Jason Rubin	0 00		+							
Director	0.00	×						0	0	o

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 organizations below dotted line)	Posit more the person a Individual trustee or director	tion (d han oi n is b	one booth a ctor/	ox, u an of /trust 点 中	unless fficer stee)	( <b>D)</b> 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
Leo van Wyk Director	0 00	х					0	0	0
Thomas Angelos Treasurer	0 00			х			0	0	0
Mark Spurbeck Asst Treasurer	0 00			х			0	0	0

DLN: 93493072003006

**SCHEDULE C** 

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

**Political Campaign and Lobbying Activities** 

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

►Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

OMB No 1545-0047

2015

Open to Public Inspection www.irs.gov/form990. If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

	Section 501(c)(3) organizations th	nat have filed Form 5768 (election un	nder section 501(h))	Complete Part II-A Do not	•
		nat have NOT filed Form 5768 (electi s'' on Form 990, Part IV, Line 5 (F			
line	35c (Proxy Tax) (see separate	e instructions), then	, ,,		, ,
	Section 501(c)(4), (5), or (6) orga	ınızatıons Complete Part III		Employer iden	tification number
	e Silver Institute Inc			Employer iden	tii ication number
Do.	tt A. Complete if the or	ganization is exempt unde	r costion FO1/s	23-7108453	organization
Раг	t I-A Complete if the or	ganization is exempt unde	r section 501(c	) or is a section 527	organization.
1 2	Provide a description of the org	ganızatıon's dırect and ındırect polı	tical campaign activ	vities in Part IV	
Poli	tical expenditures				
	· •				
,	-				<b>#</b>
3					₹
Volu	unteer hours				
Pai	TELEB Complete if the or	ganization is exempt unde	r section 501(c	)(3).	
1		e tax incurred by the organization u			\$
2	Enter the amount of any excise	4955	\$		
3	If the organization incurred a s	ection 4955 tax, did it file Form 4	720 for this year?		┌ Yes ┌ No
4a					
	a correction made?				
vvas	a correction made				
ΓY	es No				
	If "Yes," describe in Part IV				
Pai	<u> </u>	ganization is exempt unde		<u> </u>	1(c)(3).
1	Enter the amount directly expe	ended by the filing organization for s	section 527 exempt	t function activities	\$
2	•				
- Ente	er the amount of the filing organiz	ration's funds contributed to other	organizations for se	ction 527	
	mpt function activities		<b></b>		
Þ					
					\$
3	Total exempt function expendit	tures Add lines 1 and 2 Enter her	e and on Form 1120	)-POL. line 17b	_
	<b>&gt;</b>				\$
4					
Dıd	the filing organization file <b>Form 1</b> 1	<b>120-POL</b> for this year?			
ΓY	'es ✓ No				
, ' 5		nd employer identification number (	EIN) of all section !	527 political organizations	to which the filing
-	organization made payments F amount of political contribution	For each organization listed, enter the second organization listed, enter the second of the second o	the amount paid fror directly delivered t	n the filing organization's f o a separate political orga	unds Also enter the nization, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's	(e) A mount of politica

(a) Name	( <b>b)</b> Address	<b>(c)</b> EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
or Paperwork Reduction Act Notice, se	e the instructions for Form 990 or 990-	EZ. Ca	t No 50084S Schedule C (F	orm 990 or 990-EZ) 2015

ochedule C (i	01111 3 3 0 0 1 3 3 0 EZ / 2 0 1 3	Page 4
Part II-A	Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (	election
	under section 501(h)).	

A Check ► If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ► If the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures		(a) Filing organization's	(b) Affiliated
(The term "expenditures" means amounts paid or incu	rred.)	totals	group totals

Total lobbying expenditures to influence public opinion (grass roots

**1a** lobbying)

f b Total lobbying expenditures to influence a legislative body (direct lobbying)

 $f{c}$  Total lobbying expenditures (add lines 1a and 1b)

 $oldsymbol{d}$  O ther exempt purpose expenditures

Total exempt purpose expenditures (add lines 1c and 1d)  ${f e}$ 

f Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

Grassroots nontaxable amount (enter 25% of line 1f)

Subtract line 1g from line 1a If zero or less, enter -0-

Subtract line 1f from line 1c If zero or less, enter -0-

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

┌ Yes ┌

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditures During 4-Year Averaging Period									
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	<b>(d)</b> 2015	(e) Total				
2a	Lobbying nontaxable amount									
b	Lobbying ceiling amount (150% of line 2a, column(e))									
c	Total lobbying expenditures									
d	Grassroots nontaxable amount									
e 	Grassroots ceiling amount (150% of line 2d, column (e))									
f	Grassroots lobbying expenditures									

	filed Form 5768 (election under section 501(h)).	(-)	/ <b>L</b> \
or each "Yes" i ctivity.	response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a) No	(b) Amount
legislati	he year, did the filing organization attempt to influence foreign, national, state or local on, including any attempt to influence public opinion on a legislative matter or referendum, the use of	Yes	
<b>a</b> olunteers?			•
<b>b</b> Paid sta	ff or management (include compensation in expenses reported on lines 1c through 1i)?		J
<b>c</b> 1edia advertis	ements?		
	<u> </u>		
<b>d</b> lailings to me	embers, legislators, or the public?		
<b>e</b> Publicat	ions, or published or broadcast statements?		
<b>f</b> Grants t	 o other organizations for lobbying purposes?		1 1
<b>g</b> Direct c	 ontact with legislators, their staffs, government officials, or a legislative body?		
<b>h</b> Rallies,	demonstrations, seminars, conventions, speeches, lectures, or any similar means?		
<b>i</b> ) ther activitie	ıs?		
	<u>                                     </u>		
<b>j</b> otal Add line	es 1c through 1ı		
1			
	ectivities in line 1 cause the organization to be not described in section 501(c)(3)?  enter the amount of any tax incurred under section 4912		-
c If "Yes,"	enter the amount of any tax incurred by organization managers under section 4912	i	
<b>d</b> If the fill	ng organization incurred a section 4912 tax, did it file Form 4720 for this year?		
Part III-A	Complete if the organization is exempt under section $501(c)(4)$ , section $501(c)(6)$ .	」 1 501(c)(5),	or section
1 Were su	bstantially all (90% or more) dues received nondeductible by members?	ſ	Yes No
	organization make only in-house lobbying expenditures of \$2,000 or less?	-	2   Yes
	organization agree to carry over lobbying and political expenditures from the prior year?	-	<b>3</b>   No
Part III-B	Complete if the organization is exempt under section 501(c)(4), section		
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered line 3, is answered "Yes."	"No" OR (b)	Part III-A,
<b>1</b> Jues, assessr	nents and similar amounts from members		
1			
	162(e) nondeductible lobbying and political expenditures (do not include amounts of political s for which the section 527(f) tax was paid).		
<b>a</b> Turrent year			
2a			
<b>b</b> Carryover fron	ı last year		
2b			
<b>c</b> otal			
2c			
<ul><li>3 Aggrega</li><li>4</li></ul>	te amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
oes the orgar	e sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess nization agree to carryover to the reasonable estimate of nondeductible lobbying and iditure next year?		
_ 1	amount of lobbying and political expenditures (see instructions)	5	
<b>5</b> Taxable			
<b>5</b> Taxable			
5 Taxable Part IV Provide the o	Supplemental Information  descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grations), and Part II-B, line 1 Also, complete this part for any additional information		I-A, lines 1 and

DLN: 93493072003006

OMB No 1545-0047

## Schedule L

(Form 990 or 990-EZ)

► 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.

**Transactions with Interested Persons** 

2015

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of The Silver		anization							En	nploye	r identi	fication	number	
THE SILVER										-710				
Part I								(4), and 501(c					4.0.1	
1 (		ete if the o						25a or 25b, or fied person and			z, Part cription		<u>10Б</u> ( <b>d)</b> Corre	acted2
1 (	a) Name	s or arsquar	illeu p	7C13011	(b) Ke		ganızatıon	neu person an	1 "	-	saction		Yes	No
					I									
													-	
2 5-4													L	
	ertne ar 58	mount of ta	x incu	rred by orga	nization m	anagers or dis	qualified pers	ons during the	yearı	ınaer: I. I	section Section			
		nount of ta	· x.ıfar	nv. on line 2.	above. re	 ımbursed bv tl	he organizatio	n			<b>▶</b> \$			
			•			•								
Part II						Persons.							6.1	
						s" on Form 99 90, Part X, lin		line 38a, or Fo	rm 99	0, Par	t IV, lin	e 26, o	r if the	
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	interested with person organization	· · · · · · · · · · · · · · · · · · ·		or from t organizati		principal amount	due	default?		Approved agre-		agreem	ement?	
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Part III						nterested F								
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<b>(a)</b> Na	me of in persor	terested		Relationshi erested pers			of assistance	e <b>(d)</b> Type (	ofassi	stance	(e)	Purpos	e of assı	stance
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Complete if the organization		· · · · · · · · · · · · · · · · · · ·		1	
(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 revenues?	
				Yes	No
(1) KSG LLC	Shared Officer	495,000	Management Fee		Νo

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

Return Reference Explanation

Schedule L (Form 990 or 990-EZ) 2015

DLN: 93493072003006

OMB No 1545-0047

Open to Public Inspection

# **SCHEDULE 0** (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 990-EZ 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

Return Reference	Explanation
Form 990, Part VI, Line 3 Description of Delegated Duties to Management Company	KSG, LLC provides association management services in connection with the implementation and administration of The Silver Institute
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	Chinese Market Development Column (A) - Total = \$35754, Column (B) - Program Services = \$ 0, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e Other Expenses	General Public Relations Column (A) - Total = \$6201, 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 = \$38709, 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 = \$4583, 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	New sletter Column (A) - Total = \$16934, 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 = \$23750, 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 = \$18789, 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 = \$12225, 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 = \$6620, Column (B) - Program Services = \$0, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0