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### Return of Organization Exempt From Income Tax

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

DLN: 93493065006077 OMB No 1545-0047

142,175

164,112

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public ▶ Information about Form 990 and its instructions is at www IRS gov/form990

For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016 C Name of organization D Employer identification number B Check if applicable The Silver Institute Inc  $\square$  Address change ☐ Name change Doing business as ☐ Initial return Final Deturn/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite ☐ Amended return (202) 835-0185 ☐ Application pending City or town, state or province, country, and ZIP or foreign postal code Washington, DC 20005 G Gross receipts \$ 1,570,380 Name and address of principal officer H(a) Is this a group return for ☐Yes ☑No subordinates? H(b) Are all subordinates ☐ Yes ☑No ıncluded? Tax-exempt status 501(c)(3)  $\checkmark$ 501(c) ( 6 ) ◀ (insert no ) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► www silverinstitute ord **L** Year of formation 1971 M State of legal domicile NY K Form of organization ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities The Silver Institute's purpose is that of promoting the welfare of the silver industry by increasing the knowledge of and demand for silver products across all end users The Silver Institute had 29 members as of year end 2016 Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 28 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) . 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . Program service revenue (Part VIII, line 2g) . 1,463,497 1,569,932 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . 747 448 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 1,464,244 1,570,380 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0 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) 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 1,864,962 1,548,443 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 1,864,962 1,548,443 19 Revenue less expenses Subtract line 18 from line 12 . -400,718 21,937 Assets or defined by designation **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . 142,175 164,112

Signature Block

21 Total liabilities (Part X, line 26) .

Under penalties of perjury, I declare that I have examined this return, inclu knowledge and belief, it is true, correct, and complete Declaration of prepa any knowledge

22 Net assets or fund balances Subtract line 21 from line 20

Sign

Signature of officer Michael DiRienzo Executive Director Type or print name and title

Paid Preparer Use Only

Here

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 instru

For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2	016)			Page <b>2</b>
Par	t III	Statement of Program Service Ac	complishments		
		Check if Schedule O contains a response of	or note to any line in this Par	t III	🗆
1	Briefly	describe the organization's mission			
		stitute's purpose is that of promoting the w d users The Silver Institute had 29 membe		by increasing the knowledge of and d	emand for silver products
2		e organization undertake any significant pro	ogram services during the ye	ear which were not listed on	
	•	or Form 990 or 990-EZ?			🗌 Yes 🗹 No
		," describe these new services on Schedule			
3	Did th	e organization cease conducting, or make s	ignificant changes in how it	conducts, any program	
		es?			🗌 Yes 🗹 No
	If "Yes	," describe these changes on Schedule O			
4	Sectio	be the organization's program service accons 501(c)(3) and 501(c)(4) organizations areses, and revenue, if any, for each program	e required to report the amo		
4a	(Code	) (Expenses \$	ıncludıng grants of	\$ ) (Revenue \$	)
		ver Institute publishes and disseminates to membo as the Industry's core annual statistical analysis o			
4b	(Code	) (Expenses \$	ıncludıng grants of	\$ ) (Revenue \$	)
	prograi	ver Institute's General Program provides a variety n to boost demand for sterling silver jewelry, incre tters that highlight trends in the silver marketplace	easing awareness and education	about silver through the Silver Institute's we	
4c	(Code	) (Expenses \$	ıncludıng grants of	\$ ) (Revenue \$	)
	public o	ver Institute's Industrial Program provides a forum in the positive benefits of silver The Silver Institu chnology and as a general microbial			
4d	Other	program services (Describe in Schedule O	)		
	(Expe	nses \$ including	grants of \$	) (Revenue \$	)
4e	Total	program service expenses ▶			

or X as applicable

Section 501(c)(3) organizations.

If "Yes," complete Schedule C. Part III 🛸 .

Page 3

No

Νo

No

No

No

Nο

Nο

Nο

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Nο

Nο

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Nο

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No

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No

Form 990 (2016)

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Sc	he	dı

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1	 th :he	Ξ

organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete 1 Is the organization required to complete Schedule B. Schedule of Contributors (see instructions)? . . . 2

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX,

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

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

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D. Parts XI and XII is optional

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

**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 . . . . . . . . . . . . .

Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . . . . . . .

b Was the organization included in consolidated, independent audited financial statements for the tax year?

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . . . . . . . . .

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

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 . . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

13 Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . .

assessments, or similar amounts as defined in Revenue Procedure 98-19?

Yes

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11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14h

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Page 4

Part IV Checklist of Required Schedules (continued)

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

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? If "Yes,"

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

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

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?

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . . . . . . . . . . . . . . . . .

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

**b** Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

**b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . 📆

column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . . . . . . . . .

20a

22

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24a

24b

24c

24d

25a

25b

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28a

28b

28c

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35a

35b

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Nο

No

Nο

No

Nο

No

Nο

Nο

Nο

Nο

No

Nο

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . .

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic 21 government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . .

Nο

Nο Nο Nο Nο Nο Nο Nο Nο Nο Nο Nο Nο Yes

Form 990 (2016)

	t V Statements Regarding Other IRS Filings and Tax Compliance			Page 5
Fai	Check if Schedule O contains a response or note to any line in this Part V			П
	Check in Deficultie of Contains a response of flore to any line in this fact v. F. F. F. F. F. F.		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable   1a			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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	.		١.,
b	If 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 2a is greater than 250, you may be required to e-file (see instructions)	2b		No
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		No
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
Ь	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
<b>-</b> -	Was the surrounding a surface a surface described by the library state of the surrounding and the surrounding	-		N-
	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?	5a		No
		5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	_		
d	Form 8282?	7c		
u	The rest, indicate the number of forms 6262 filed during the year 1. 1. 1.			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	70		
h	required?	7g		
_	1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
		8		No
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		No
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Section Sea(c)(25) quainted nonprofit fleatth insulance issue 5.			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		No
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			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
_		F	orm 99	<b>0</b> (2016)

-orm	990 (2016)			Page (
Part	<b>Governance, Management, and Disclosure</b> For each "Yes" response to lines 2 through 7b below, and for a 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	ı "No" respo	nse to l	
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		✓
Sec	ction A. Governing Body and Management			
	Enterthe control of the control of t		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year la	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			
ь	Enter the number of voting members included in line 1a, above, who are independent			
	1b	28		
	officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervol of officers, directors or trustees, or key employees to a management company or other person? .	/Ision 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		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 members of the governing body?	nore <b>7a</b>	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, o persons other than the governing body?	r <b>7b</b>		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year the following	r by		
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 organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Sei	ction B. Policies (This Section B requests information about policies not required by the Internal Rev		<u> </u>	110
	teron bill oneles (mis section b requests information about poneles not required b) the internal Nev		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, affiliate and branches to ensure their operations are consistent with the organization's exempt purposes?	es, <b>10b</b>		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing t	the 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		No
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to		
	conflicts?	12b		No
	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
	Did the organization have a written whistleblower policy?	13		No
	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 independe persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	nt		
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	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 participal in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exemple.			
	status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	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 o available for public inspection. Indicate how you made these available. Check all that apply	nly)		
	available for public inspection. Indicate now you made these available. Check all that apply			
	Own website  Another's website  Upon request  Other (explain in Schedule O)			
19		t		

(A)

Name and Title

(F)

Estimated

amount of other

(E)

Reportable

compensation

#### Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, Part VII 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

(C)

Position (do not check more

than one box, unless person

(D)

Reportable

compensation

(B)

Average

hours per

week (list is both an officer and a from the from related compensation organization (Wany hours director/trustee) organizations from the for related 2/1099-MISC) (W- 2/1099organization and Highest oc employee individual trustee or director Officer Former organizations MISC) related Institutional Trustee below dotted organizations employee line) compensated See Additional Data Table

,	<del>, '</del>								<del> </del>	<del>,                                     </del>
<b>(A)</b> Name and Title	(B) Average hours per week (list any hours		ne b	ox, u ın off	t che inles ficer	s pers	on	(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 trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
See Additional Data Table										
]										
J										
1b Sub-Total			٠.			▶				·
c Total from continuation sheets to P	art VII, Sectio	nΑ.				▶			_	

С	Total from continuation sheets to Part VII, Section A		
d	Total (add lines 1b and 1c)		
2	Total number of individuals (including but not limited to those listed above) when	ho received more than	\$100,000

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

services rendered to the organization? If "Yes," complete Schedule J for such person .

(A)

Name and business address

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

from the organization. Report compensation for the calendar year ending with or within the organization's tax year

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

line 1a? If "Yes," complete Schedule J for such individual .

Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on

3

4

5

KSG LLC

ındıvıdual .

1400 I Street NW Suite 550 Washington, DC 20005 Michael Barlerin Associates

845 Third Ave 6th Floor NY, NY 10022

Section B. Independent Contractors

compensation from the organization ▶ 2

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

of reportable compensation from the organization ▶ 0

Yes

3

4

5

(B)

Description of services

Management Fees

Silver Promotion

No

Nο

Nο

Nο

470,000

170,000

(C)

Compensation

Part		II Statement of Revenue	<u> </u>						rage <b>3</b>
		Check if Schedule O contain	s a respo	onse or note to an	y line in this Part VII				<u> 🗆</u>
					<b>(A)</b> Total revenue	(B Relate exer funct	ed or npt tion	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1	a Federated campaigns	1a			reve	nue		512-514
Contributions, Gifts, Grants and Other Similar Amounts		<b>b</b> Membership dues	1b						
3ra not		c Fundraising events	1c						
S. (		<b>d</b> Related organizations	1d						
ia Ia		e Government grants (contributions)	1e						
is,		f All other contributions, gifts, grants							
tio S I S		and similar amounts not included above	1f						
혈粪		g Noncash contributions included	1						
Contributions, Gifts, Grants and Other Similar Amounts		ın lınes 1a-1f \$							
<u>ة</u> ك	L	h Total.Add lines 1a-1f			0				
Пе				Busines	s Code				
ven	28	Industrial Conference							
a <sup>2</sup>		Membership Dues & Assessments			1,4	409,442	1,409,44	2	
MC		Miscellaneous Publications				160,490			160,490
₹	Ì	- rubilications							200,100
ranı	•	· All other program service reveni							
Program Service Revenue		· -		1,	569,932				
<u>a</u>		ITotal.Add lines 2a-2f		<u> </u>	_	1			
		Investment income (including div similar amounts)		nterest, and other	44	18			448
	4	Income from investment of tax-e	xempt b	ond proceeds	<b>•</b>	0			
	5	Royalties		1	<b>&gt;</b> [	0			
	_	(ı) Re	eal	(II) Personal	_				
	68	Gross rents							
	ı	<b>b</b> Less rental expenses							
		c Rental income or			-				
	ľ	(loss)							
	•	Net rental income or (loss) .				0			
	_	(i) Secu	rities	(II) Other	_				
	/2	Gross amount from sales of assets other							
		than inventory							
	ı	<b>b</b> Less cost or							
		other basis and sales expenses							
		Gain or (loss)							
		<b>d</b> Net gain or (loss)		<b>•</b>		0			
<u>a</u>	Uč	(not including \$	of						
eun		contributions reported on line 10 See Part IV, line 18							
ev.		<b>b</b> Less direct expenses			-				
erf		c Net income or (loss) from fundra		ents		0			
Other Revenue	98	Gross income from gaming activ	rities						
		See Part IV, line 19	а						
	ı	<b>b</b> Less direct expenses			$\dashv$				
		c Net income or (loss) from gamir	ng activit	ies		0			
	10	aGross sales of inventory, less returns and allowances							
		returns and anowances	a	l					
	ı	<b>b</b> Less cost of goods sold	Ь		$\dashv$				
		Net income or (loss) from sales	of invent	ory <b>&gt;</b>		О			
		Miscellaneous Revenue		Business Code					
	11	la							
	ı	b							
	•	с							
		d All other revenue							
	•	e Total. Add lines 11a-11d .		•		0			
	12	2 Total revenue. See Instruction	s	• • •	1,570,38	30	1,409,442		160,938
					, , , , , , ,	•			Form <b>990</b> (2016)

	Statement of Functional Expenses 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	anizations must com	plete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX			<u> </u>
	include amounts reported on lines 6b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpense
	ants and other assistance to domestic organizations and mestic governments See Part IV, line 21	0			
	ants and other assistance to domestic individuals. See Part line 22	0			
gov	ants and other assistance to foreign organizations, foreign vernments, and foreign individuals See Part IV, line 15	0			
<b>4</b> Ber	nefits paid to or for members	0			
	mpensation of current officers, directors, trustees, and vemployees	0			
def	mpensation not included above, to disqualified persons (as ined under section 4958(f)(1)) and persons described in the transfer of the transfe	0			
<b>7</b> Oth	ner salaries and wages	0			
	nsion plan accruals and contributions (include section 401 and 403(b) employer contributions)	0			
9 Oth	ner employee benefits	0			
L <b>0</b> Pay	roll taxes	0			
. <b>1</b> Fee	es for services (non-employees)				
<b>a</b> Mai	nagement	470,000			
<b>b</b> Leg	gal	0			
c Acc	counting	6,900			
<b>d</b> Lob	obying	0			
	fessional fundraising services See Part IV, line 17	0			
	restment management fees	0			
g Oth	ner (If line 11g amount exceeds 10% of line 25, column amount, list line 11g expenses on Schedule 0)	0			
. <b>2</b> Adv	vertising and promotion	0			
<b>3</b> Off	ice expenses	22,190			
	ormation technology	0			
	yaltıes	0			
	cupancy	0			
	vel	0			
. <b>8</b> Pay	ments of travel or entertainment expenses for any eral, state, or local public officials	0			
	nferences, conventions, and meetings	24,359			
	erest	0			
	ments to affiliates	0			
•	preciation, depletion, and amortization	0			
	urance	0			
24 Oth mis exc	ner expenses Itemize expenses not covered above (List scellaneous expenses in line 24e If line 24e amount seeds 10% of line 25, column (A) amount, list line 24e penses on Schedule O )				
a S	ilver Promotion Service	498,240			
<b>b</b> W	orld Silver Survey	323,810			
c Pe	eru Consumer Marketıng	53,750			
<b>d</b> M	arket Reports	33,375			
e A	Il other expenses	115,819			
25 Tot	tal functional expenses. Add lines 1 through 24e	1,548,443	0	0	
<b>26 Joi</b> rep edu	nt costs. Complete this line only if the organization orted in column (B) joint costs from a combined icational campaign and fundraising solicitation eck here				

1 0111	, ,,,,	(2010)					rage 1.
Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part IX			🗆
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing			142,175	1	164,112
	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 for trustees, key employees, and highest compensations of Schedule L	ployees Complete Part		5	0	
Assets	7	Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L  Notes and loans receivable, net		6	0		
\$\$ e	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	10b			10c	o
	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	e 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)		142,175	16	164,112	
	17	Accounts payable and accrued expenses				17	
	18	Grants payable		Γ		18	
	19	Deferred revenue	ferred revenue				
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability Complete F	Part IV	of Schedule D		21	
Ò			cc	<del> </del>			

	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)	142,175	16	164,112
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
itie	22	Loans and other payables to current and former officers, directors, trustees,			

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

Liabil 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, 25 and other liabilities not included on lines 17-24)

Complete Part X of Schedule D

0 26 Total liabilities. Add lines 17 through 25 . 26 Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

0 complete lines 27 through 29, and lines 33 and 34. 142,175 164.112 27 Unrestricted net assets 27

Assets or Fund Balances 28 28 Temporarily restricted net assets 29 Permanently restricted net assets 29

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 Paid-in or capital surplus, or land, building or equipment fund . . . 31

32

33

34

164,112

164,112

Form **990** (2016)

142,175

142,175

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

32

33

34

Net

Form	990 (2016)				Page <b>12</b>
Par	t XI 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,	,570,380
2	Total expenses (must equal Part IX, column (A), line 25)	2		1	548,443
3	Revenue less expenses Subtract line 2 from line 1	3			21,937
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			142,175
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			164,112
Par	t XII Financial Statements and Reporting	· ·			
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☐ 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 separate consolidated basis, or both	basıs,			
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	dule O			

За

Зb

Νo

Form **990** (2016)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

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

Audit Act and OMB Circular A-133?

### **Additional Data**

**Software ID:** 16000303

**Software Version:** 2016v3.0

**EIN:** 23-7108453

Name: The Silver Institute Inc

Director

Director

Vice President

Ounesh Reebye

Octavio Alvidrez Ortega

Form 990 (2016)  Form 990, Part VII - Compensation o	of Officers. C	)irecto	rs.7	(ru	ster	es. K	ev I	Employees, Hig	hest	
Compensated Employees, and Indep	endent Cont	ractor	rs	(C)	:)			(D)	(E)	(F)
Name and Title	Average hours per week (list any hours	perso and	an one son is La dir	ne bo both recto	ox, u :h an or/tr	eck mo unless o office rustee)	er	compensation from the organization	Reportable compensation from related organizations	Estimated amount of other compensation from the
	for related organizations below dotted line)	individual trustee or director	lestitutional Trustee	Officer	key employee	Highest compensated employee	Former	- (W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Fernando Alanıs Director	0 00	x						0	0	0
Bradford Cooke Director	0 00	×						o	0	0
Tom Deguehery Director	0 00	×						o	0	0
Roque G Benavides Director	0 00	x						o	0	0
Ben Van Kerkwijk Director	0 00	×						0	0	0
Jack Allen Director	0 00	x						0	0	0
Michael Carabini Director	0 00	x						0	0	0
Cigdem Bostan	0 00	×					П	0	0	0

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless hours per compensation compensation amount of other person is both an officer from related week (list from the compensation and a director/trustee) any hours organizations from the organization for related (W-2/1099-(W- 2/1099organization and Highest compensated employee Former Individual trustee or director key employee organizations Institutional MISC) MISC) related below dotted organizations line) Trustee 0 00 Terry Hanlon

Terry Harrion		l x			n	0	
Director	0 00	l			3	•	
Conor Dullaghan	0 00	×			0	0	
Director	0 00	l ''			3	9	
Grant Angwin	0 00	×			0	0	
Director	0 00				3	3	
	0.00						

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Grant Angwin		<sub>v</sub>				n	0	
Director	0 00	^				3	o di	
Chiaki Kaneko	0 00	×				0	0	
Director	0 00					,		
Stephen Orr	0 00	v				0	0	
		I ^	 l 1	1 1		0	· ·	

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Director	0 00							
Chiaki Kaneko	0 00	×				0	0	
Director	0 00					3	3	
Stephen Orr	0 00					0	0	
Director	0 00	^				0	0	

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Phillips Baker Jr

Director

Director

Director

David Wolfin

Michael Mesaric

Chiaki Kaneko	0 00	X			0	0	
Director	0 00				9		
Stephen Orr	0 00						
	•••••	X			0	0	
Director	0 00						
Mitchell Krebs	0 00						
		X	l x l		0	1 0	
President	0.00						

Stephen On		l x			0	0	0
Director	0 00	'`					
Mitchell Krebs	0 00	¥	¥		0	0	0
President	0 00	^				ŭ	0
David Madge	0 00	×			0	0	0

Birector	0 00							
Mitchell Krebs	0 00							
		X		χl		0	0	0
President	0 00						_	-
David Madge	0 00							
[		X				0	0	0
Director	0.00						-	_

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless compensation compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organizations from the organization for related (W-2/1099-(W- 2/1099organization and Highest compensated employee Former Individual trustee or director organizations Institutional MISC) related MISC) director below dotted organizations employee line) 0 00 Michael Needham

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Director

Director

Warren Rehn

Michael DiRienzo

Exec Dir & Secy

Chiraniit Sapre

Mike Clark

Director

Director

Director

Director

Director

Treasurer

Jason Rubin

Leo van Wyk

Michael Steinmann

Thomas Angelos

Mark Spurbeck

Asst Treasurer

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**SCHEDULE C** (Form 990 or 990-

Department of the Treasury

### **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.

OMB No 1545-0047

DLN: 93493065006077

Open to Public

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

Inspection

Intern	al Revenue Service	<u></u>				Inspection
		on Form 990, Part IV, Line 3, or Form 9		ne 46 (Polit	tical Campaıgı	n Activities), then
		omplete Parts I-A and B Do not complete		ъ .		
	Section 501(c) (other than section Section 527 organizations. Comple	501(c)(3)) organizations Complete Parts	s I-A and C below	Do not co	mpiete Part I-B	
If the	e organization answered "Yes"	on Form 990, Part IV, Line 4, or Form 9	90-EZ, Part VI, Iı	ne 47 (Lob	bying Activitie	es), then
		at have filed Form 5768 (election under s				
		at have NOT filed Form 5768 (election ur on Form 990, Part IV, Line 5 (Proxy Tax				
	xy Tax) (see separate instructio		() (See Separate	iiisii uciioi	is) or Form 99	U-LZ, Fait V, iiile 330
	Section 501(c)(4), (5), or (6) organ	nizations Complete Part III				
	me of the organization Silver Institute Inc				Employer ide	entification number
1110	Shver Institute Inc				23-7108453	
Par	t I-A Complete if the orga	anization is exempt under sectio	n 501(c) or is	a sectio	n 527 organ	ization.
1	Provide a description of the orga	anization's direct and indirect political car	npaign activities i	n Part IV		
2	Political expenditures				<b>&gt;</b>	\$
3	Volunteer hours					
Par	t I-B Complete if the orga	anization is exempt under sectio	n 501(c)(3).			
1	Enter the amount of any excise	tax incurred by the organization under se	ection 4955		<b>&gt;</b>	\$
2	Enter the amount of any excise	tax incurred by organization managers u	nder section 4955	i	<b>&gt;</b>	\$
3	If the organization incurred a se	ction 4955 tax, did it file Form 4720 for t	his year?			☐ Yes ☐ No
4a	Was a correction made?					☐ Yes ☐ No
ь	If "Yes," describe in Part IV					L les L No
Par	t I-C Complete if the orga	anization is exempt under sectio	n 501(c), exc	ept secti	on 501(c)(3	<del>)</del> ).
1	Enter the amount directly expen	ided by the filing organization for section	527 exempt func	tion activiti	es 🕨	\$
2	Enter the amount of the filing or function activities	ganization's funds contributed to other o	rganizations for s	ection 527	exempt •	\$
3	Total exempt function expenditu	ires Add lines 1 and 2 Enter here and or	n Form 1120-POL,	, lıne 17b	•	\$
4	Did the filing organization file <b>Fo</b>	rm 1120-POL for this year?				☐ Yes 🗹 No
5	organization made payments For of political contributions received	l employer identification number (EIN) of or each organization listed, enter the amo d that were promptly and directly deliver ttee (PAC) If additional space is needed,	ount paid from the ed to a separate p	e filing orga political org	nization's fund anization, such	s Also enter the amount
	(a) Name	(b) Address	(c) EIN	filing o	ount paid from organization's If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
2						
3						
4						
5						
6						
For P	aperwork Reduction Act Notice, see	the instructions for Form 990 or 990-EZ.	Cat	No 500849	Schedule C	(Form 990 or 990-EZ) 2016

activity

Volunteers?

1

(b)

Amount

(a)

Yes

No

Schedule C (Form 990 or 990EZ) 2016

#### Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? **b** If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing 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)(5), or section 501(c) (6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 Nο 1 2 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Yes Did the organization agree to carry over lobbying and political expenditures from the prior year? No Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year С Total 2c 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

efile GRAPHI	C print - DO NO	T PROCES	S As F	iled Data -	a - DLN: 934930650								06077
Schedule L (Form 990 or 990	P-EZ)		► Compl	<b>ns with Ir</b> lete if the orga art IV, lines 2!	anization ans	swered		c					-0047
		res on ro	or Form	990-EZ, Part	V, line 38a o	r 40b.	, UI 20	с,			2(	)]	6
Department of the Tre Internal Revenue Serv	asurv	ormation abo		th to Form 990 ale L (Form 99 <u>www.irs.gov</u>	90 or 990-EZ		ructio	ns is	at		pen		ublic
Name of the org							En	ıplo	yer ide	entifica			
The Silver Institute	: Inc						23	-710	8453				
	ss Benefit Tran									40			
	lete if the organiza  ) Name of disquali			Relationship be					escripi		(d	) Cor	rected?
	,	'			organization	' 				nsaction		es	No
	mount of tax incur												
Part II Los	mount of tax, if an ans to and/or I	From Inter	ested Pe	rsons.					line 26	\$ \$	the ord	ianiza	tion
	orted an amount o	n Form 990, F	Part X, line	5, 6, or 22	, rait v, iiie 3		30, Fai		11116 20	, or ii	ine org	jailiza	icion .
(a) Name of interested person	(b) Relationship with organization			to or from the nization?	(e)Original principal amount	(f)Balance due	(g) defa		Appro boa	(h) Approved by board or committee?		(i)Writte agreemei	
			То	From	1		Yes No		Yes	No	Yes		No
Total Part III Gra	nts or Assistar	rce Renefit	ina Inter		> \$ ne								
	nplete if the orga					line 27.							
(a) Name of inter	rested person (b	) Relationship erested perso organizat	n and the	(c) Amount	of assistance	<b>(d)</b> Type	of assis	stanc	e	<b>(e)</b> Pu	rpose (	of ass	istance
F D	fuction Act Notice is	4b - T4		000 000 !	- <b>7</b> C-	at No. 50056A							E7\ 201 <i>6</i>

Explanation

Schedule I. (Form 990 or 990-FZ) 2016

Return Reference

Supplemental Information

Part V

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

efile GRAPH	IC print -	DO NOT PROCESS	As Filed Data -		DLN	N: 93493065006077
SCHEDUL	FΩ	Supplement	tal Informatio	n to Form 990 or 9	990-F7	OMB No 1545-0047
(Form 990 or EZ)  Department of the T	ions on on. uctions is at	2016 Open to Public Inspection				
Internal Revenue 6.e Name of the org The Silver Institute					Employer ider	ntification number
Return Reference	e O, Supp	lemental Informatio	·n	Explanation		
Form 990, Part VI, Line 3 Description of Delegated Duties to Management Company	KSG, LLC Institute	provides association mar	nagement services in c	onnection with the implementat	ion and administi	ration of The Silver

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line	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
6	silver products and wholesalers of silver investment products
Explanation	i i
of Classes of	
Members or	
Shareholder	

Return Explanation

990 Schedule O. Supplemental Information

Process

Form 990,
Part VI, Line
11b Form
990 is reviewed in detail by the Institute's Executive Director
990 Review

# 990 Schedule O, Supplemental Information

Management

Return Reference	Explanation
Form 990, Part VI, Line 15a Compensation Review & Approval Process - CEO, Top	The Silver Institute does not have any employees The Silver Institute is managed under co ntract 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

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19 Other Organization	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.
Documents Publicly Available	