PUBLIC DISCLOSURE COPY

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ARMANINO LLP

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** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

<u>A 1</u>	or th	e 2018 calendar year, or tax year beginning $-$	OL 1, 2018 and	enaing J	UN 30, 2019			
B (heck if pplicab	C Name of organization			D Employer ide	entific	ation number	
	Addre	e HUMANE SOCIETI SILICON VALLEI						
	Name Chang	e Doing business as			9	4-11	96215	
]Initial return	Number and street (or P.O. box if mail is not de	elivered to street address)	Room/suite	E Telephone nu	ımber		
	∃Final return	901 AMES AVENUE			40	8-262	2-2133	
	termir ated		ZIP or foreign postal code		G Gross receipts \$		16,662	2,302.
	Amen	MIDFILAS, CA 93033			H(a) Is this a gro	-		_
	Application pendi	F Name and address of principal officer: No. 1	KRUKENBERG		for subordi			XNo
	<u> </u>	SAME AS C ABOVE			H(b) Are all subording	nates inc	luded? Yes	No
		empt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1)	or 527	If "No," atta	ach a l	ist. (see instructio	ns)
		te: WWW.HSSV.ORG			H(c) Group exer			
	orm o	organization: X Corporation Trust A	ssociation Other	L Year	of formation: 1929	M	State of legal domic	cile: CA
	1	Briefly describe the organization's mission or mos	t significant activities: THE MI	SSION OF	THE ORGANIZAT	ION		
Activities & Governance		IS TO SAVE AND ENHANCE LIVES.						
rnai	2	Check this box if the organization disco	ontinued its operations or dispos	sed of more	than 25% of its ne	et asse	ets.	
ove	3	Number of voting members of the governing body	(Part VI, line 1a)			3		12
Ğ	4	Number of independent voting members of the go	verning body (Part VI, line 1b)			4		12
es &	5	Total number of individuals employed in calendar	year 2018 (Part V, line 2a)			5		144
Viţi.	6	Total number of volunteers (estimate if necessary)				6		5950
∤ cti	7 a	Total unrelated business revenue from Part VIII, co	olumn (C), line 12			7a		0.
_	b	Net unrelated business taxable income from Form	990-T, line 38	<u></u>		7b		0.
					Prior Year		Current Yea	
ē	8	Contributions and grants (Part VIII, line 1h)			9,892,9			,869.
Revenue	9				2,252,8			,147.
		Investment income (Part VIII, column (A), lines 3, 4		426,6	_	•	,583.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8d			186,4	-		,683.
	12	Total revenue - add lines 8 through 11 (must equa	• • • • • • • • • • • • • • • • • • • •		12,758,9	_	13,716	
	13	Grants and similar amounts paid (Part IX, column				0.		0.
	14	Benefits paid to or for members (Part IX, column (0.040.6	0.	0.000	0.
es	15	Salaries, other compensation, employee benefits (8,042,6	$\overline{}$		3,483.
Expenses	16a	Professional fundraising fees (Part IX, column (A),	line 11e)		113,0	,15.	1//	,287.
Ϋ́	_b	Total fundraising expenses (Part IX, column (D), lir			4 222 6	60	4 522	121
	''	Other expenses (Part IX, column (A), lines 11a-11c			4,332,6	-	12,997	,121.
	l	Total expenses. Add lines 13-17 (must equal Part			270,6	_		3,391.
	19	Revenue less expenses. Subtract line 18 from line	12		ginning of Current \		End of Yea	
its o	20	Total assets (Part X, line 16)		DE	48,844,6		49,129	
Net Assets or	21	Total liabilities (Part X, line 26)			11,840,8		11,590	
let/	22	Net assets or fund balances. Subtract line 21 from	line 20		37,003,7	_	37,538	
Pa	art II	Signature Block	1 11110 20		, ,		· · · · · · · · · · · · · · · · · · ·	, -
Und	er pena	ulties of perjury, I declare that I have examined this return	, including accompanying schedule	s and stateme	ents, and to the best	of my	knowledge and belie	f, it is
		et, and complete. Declaration of preparer (other than offic					Ü	,
			,					
Sig	n	Signature of officer			Date			
Her		KURT KRUKENBERG, PRESIDENT						
		Type or print name and title	_					
		Print/Type preparer's name	Preparer's signature		Date Che	eck	PTIN	
Paid		LAWRENCE S. KUECHLER	LAWRENCE S. KUECHLER	0:		-employe	p00233621	
Prep	arer	Firm's name ARMANINO LLP			Firm's Ell	N 🛌	94-6214841	
Use	Only	Firm's address 50 W. SAN FERNANDO ST,	STE 500					
		SAN JOSE, CA 95113			Phone no	.408-	200-6400	
May	the I	RS discuss this return with the preparer shown abo	ove? (see instructions)				. X Yes	No

Pai	art III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	THE MISSION OF THE ORGANIZATION IS TO SAVE AND ENHANCE LIVES.		
	(SEE SCHEDULE O FOR CONTINUATION)		
2	Did the organization undertake any significant program services during the year which were not	t listed on the	
	prior Form 990 or 990-EZ?		Yes X No
	If "Yes," describe these new services on Schedule O.	'	
3	Did the organization cease conducting, or make significant changes in how it conducts, any pro	ogram services?	Yes X No
•	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest prog	ram services as measured by ex	vnenses
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and all	•	· ·
	revenue, if any, for each program service reported.	locations to others, the total exp	erises, and
 4а	1 007 044	\ (\(\text{D}\)	1 381 312 \
44	PROGRAMS TO SAVE LIVES - ADOPTION AND ANIMAL CARE:	/ (Revenue \$	
	- ADOLITON AND ANIMAL CARE.		
	-ADOPTION - FACILITATES ADOPTIONS BY MATCHING PROSPECTIVE PET OWNERS		
	WITH THE RIGHT PET FOR THEIR FAMILY, SUPPLIES INFORMATION ON PET CARE		
	·		
	TO ENSURE A SUCCESSFUL ADOPTION PLACEMENT, AND PROVIDES POST ADOPTION SUPPORT TO ADOPTERS. ADOPTIONS TAKE PLACE AT THREE LOCATIONS: THE		
	ANIMAL COMMUNITY CENTER IN MILPITAS AND THE PETCO NEIGHBORHOOD ADOPTIO	NAT .	
	-	ON	
	CENTERS IN SUNNYVALE AND WEST SAN JOSE. THE ORGANIZATION PROVIDES		
	SEVERAL ONGOING DISCOUNTS TO MAKE ADOPTION MORE AFFORDABLE TO MEMBERS		
	OF THE PUBLIC, INCLUDING:		
	(SEE SCHEDULE O FOR CONTINUATION)		
4b	(Code:) (Expenses \$ 3,280,886. including grants of \$) (Revenue \$	485,250.
	PROGRAMS TO SAVE LIVES - MEDICAL SERVICES:		
	-HOSPITAL AND TRIAGE - PERFORMS INITIAL HEALTH EXAMS, VACCINATIONS,		
	MICROCHIPPING, AND IF NEEDED, LONG TERM MEDICAL CARE FOR ALL INCOMING		
	ADOPTABLE SHELTER ANIMALS. APPROXIMATELY 3,400 ANIMALS REQUIRED MEDICA	AL	
	TREATMENT AND REHABILITATION BY MEDICAL STAFF IN THE YEAR ENDING JUNE		
	30, 2019.		
	-MEDICAL CENTER CLINIC - PROVIDES LOW-COST, AFFORDABLE MEDICAL SERVICE	S .	
	TO THE PUBLIC, INCLUDING SPAY AND NEUTER SURGERIES, VACCINATIONS,		
	DISEASE TESTING, DEWORMING, MICROCHIPPING AND OTHER MEDICAL PROCEDURES	5 .	
	(SEE SCHEDULE O FOR CONTINUATION)		
4c	(Code:) (Expenses \$1, 344, 888. including grants of \$) (Revenue \$	674,988.
	COMMUNITY PROGRAMS FOR PEOPLE AND ANIMALS:		
	-DOG CARE SERVICES - INCLUDES SERVICES FOR DOG OWNERS TO KEEP THEIR		
	PETS HEALTHY AND HAPPY IN THEIR HOMES.		
	MEMBERS ONLY DOG PARK PROVIDES A FUN AND HEALTHY OFF-LEASH PLAY		
	ENVIRONMENT FOR DOGS AND THEIR PEOPLE.		
	DOG TRAINING PROVIDES OBEDIENCE TRAINING FOCUSED ON DEVELOPING THE		
	HUMAN-CANINE BOND WITH SPECIAL ATTENTION ON NEW ADOPTERS. PROGRAMS		
	PROMOTE A POSITIVE, FORCE-FREE PHILOSOPHY TO DOG TRAINING. IN THE YEAR	l .	
	ENDING JUNE 30, 2019, OVER 1,000 PARTICIPANTS ATTENDED APPROXIMATELY		
	200 CLASSES. (SEE SCHEDULE O FOR CONTINUATION)		
4d	Other program services (Describe in Schedule O.)		
	550.011	ue\$ 93,305.)
	Total program service expenses ▶ 10,165,726.		
			Form 990 (2018)

11400130 701245 0502357.01

94-1196215

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
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		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		
0	, ,	8		x
•	Schedule D, Part III	- °		
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?			x
	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		v	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
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	X	
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	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
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		х
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		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
=	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
-1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	democracy government on traiting, conditing try, into it: II res. complete scriedule i, Parts Land II	_ 41		

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Part IV Checklist of Required Schedules (continued)

			Yes	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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
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	Х	<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	١		
	any tax-exempt bonds?	24c		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		х
h	transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		
D	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		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes."			
	complete Schedule L, Part II	26		х
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		х
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		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
00	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			х
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		х
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	555		
	If "Yes," complete Schedule R, Part V, line 2	36		х
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		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		77	
	(gambling) winnings to prize winners?	1c	X	(0015)
832004	! 12-31-18	⊢orm	230	(2018)

	990 (2018) HUMANE SOCIETY SILICON VALLEY 94-119621	5	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
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 144			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	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		x
b	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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
	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 \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		x
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	х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
_	to file Form 8282?	7c		x
d	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 personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/A	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	Х	
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? N/A	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 N/A 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 N/A 11a			
	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		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15	L	х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х

If "Yes," complete Form 4720, Schedule O.

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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		Х
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		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	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	Х	
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	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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	Х	
b	Other officers or key employees of the organization	15b	Х	
	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		Х
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			
844	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA, AK, AL, AR, FL, GA, HI, IL, KS, KY, MA, MD	L N		1.
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s	only) a	avallab	ие
	for public inspection. Indicate how you made these available. Check all that apply.			
40	X Own website X Another's website X Upon request Other (explain in Schedule O)		_1	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	inanci	aı	
00	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records LAUREN GALLAGHER - (408)262-2133			
	901 AMES AVENUE, MILPITAS, CA 95035			
	GEE COURDING O FOR BUIL LICE OF CHANGE		000	

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 tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos			one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week	<u> </u>	cer an	a a a	Irecto	r/trus	tee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	Individual trustee or director	al trustee		yee	Highest compensated employee		(** 2/ 1033 1/1100)		and related
	below	dualt	Institutional t	-	Key employee	st co	-ie			organizations
	line)	Indiv	Instit	Officer	Key e	Highe	Former			
(1) KURT KRUKENBERG	6.00									
BOARD CHAIR		х		х				0.	0.	0
(2) SALLY HAZARD BOURGOIN	4.00									
VICE CHAIR		Х		Х				0.	0.	0
(3) PETER DETKIN	4.00									
SECRETARY		Х		Х				0.	0.	0
(4) CHRISTY RICHARDSON	4.00									
TREASURER		Х		Х				0.	0.	0
(5) ALLISON BUCHANAN	3.00									
BOARD MEMBER		Х						0.	0.	0
(6) ANDREA BORCH	3.00									
BOARD MEMBER		Х						0.	0.	0
(7) BLYTHE JACK	3.00									
BOARD MEMBER		Х						0.	0.	0
(8) BRENDA SWINEY	3.00									
BOARD MEMBER		Х						0.	0.	0
(9) DEBBIE VANDERZWAAG	3.00									
BOARD MEMBER		Х						0.	0.	0
(10) SUE DIEKMAN	3.00									
BOARD MEMBER		Х						0.	0.	0
(11) LARS RABBE	3.00									
BOARD MEMBER		Х						0.	0.	0
(12) REBECCA RANNINGER OWEN	3.00									
BOARD MEMBER		Х						0.	0.	0
(13) CLINT SEVERSON (TO 2/19)	3.00									
SECRETARY		х		х				0.	0.	0
(14) SUMITA DUTTA (TO 2/19)	3.00									
BOARD MEMBER		х			L			0.	0.	0
(15) CAROL NOVELLO	40.00									
PRESIDENT				х	L	L		256,507.	0.	18,696
(16) CANDICE BALMACEDA	40.00									
VP OF FINANCE			L	х	L	L		164,296.	0.	30,547
(17) CRISTIE KAMIYA	40.00									
CHIEF OF SHELTER MEDICINE					х			190,264.	0.	22,446
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Part VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	j Hi	ghes	t Co	ompensated Employee	s (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours per week	box	not cl	ss pei	more rson i	than o s both or/trus	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(18) JOANNE JACOBS	40.00									
CHIEF OF OPERATIONS						Х		177,598.	0.	12,674.
(19) STEPHANIE LADEIRA VICE PRESIDENT DEVELOPMENT	40.00					х		188,820.	0.	23,891.
(20) ANDREA MOORE	40.00									
STAFF VETERINARIAN						Х		150,164.	0.	2,852.
(21) MARIA YVONNE SAUCEDO VP HR VOLUNTEER PROGRAMS & HUMANE ED	40.00					х		137,858.	0.	25,730.
(22) SANDRA MALLALIEU SENIOR DIRECTOR, MARKETING	40.00					х		110,822.	0.	2,210.
		-								
1b Sub-total								1,376,329.	0.	139,046.
c Total from continuation sheets to Part VI								1,376,329.	0.	0. 139,046.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but n							o re		-	139,046.

compensation from the organization

Yes No 3 4

	l for such individual
4	the sum of reportable compensation and other compensation from the organization
4	the sum of reportable compensation and other compensation from the or

and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes." complete Schedule J for such person

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
ONE & ALL, INC. FKA GRIZZARD, 2 N. LAKE	DIRECT MAIL, CALENDAR AND	
AVE, SUITE #600, PASADENA, CA 91101-1868	NEWSLETTER	582,645.
MENLO CIRCUS CLUB		
190 PARK LANE, ATHERTON, CA 94027	RENT/FACILITY	134,390.
BLACKBAUD		
2435 GOODWIN LANE, NEW BRAUNFELS, TX 78135	SOFTWARE SERVICES	123,142.
2 Total number of independent contractors (including but not limited to	those listed above) who received more than	

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\$100,000 of compensation from the organization

Form 990 (2018) HUMANE SOC.

Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any line	e in this Part VIII			
			·	·	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
S 10	1 2	Federated campaigns	1a					312 - 314
ant		Membership dues						
20 50		Fundraising events		596,035.				
fts,		Related organizations		, , , , , ,				
ig G		Government grants (contributi						
Sir		All other contributions, gifts, gran						
uti her	•	similar amounts not included above		8,900,834.				
g ţ		Noncash contributions included in lines		415,773.				
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f			9,496,869.			
<u> </u>				Business Code				
ø	2 a	SAVE LIVES & PLACEMENT		900099	989,611.	989,611.		
ķ	b	COMMUNITY PROGRAMS		900099	467,516.	467,516.		
Ser	c	MEDICAL SERVICES		900099	453,010.	453,010.		
Program Service Revenue	c	CONTRACTS WITH GOVERNM		900099	386,705.	386,705.		
ogra Re	e	MUTUAL RESCUE		900099	93,305.	93,305.		
Pr	f	All other program service reve	nue					
	ç	Total. Add lines 2a-2f			2,390,147.			
	3	Investment income (including	dividends, inter	est, and				
		other similar amounts)		▶	847,105.			847,105.
	4	Income from investment of tax	k-exempt bond p	oroceeds >				
	5	Royalties		>				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	2,683,290	•				
	b	Less: cost or other basis	1 040 010					
		and sales expenses	1,949,812					
		Gain or (loss)			722 179			733,478.
		Net gain or (loss)			733,478.			733,476.
anne	8 a	Gross income from fundraising including \$596 ,						
eve		contributions reported on line						
무		Part IV, line 18	a					
Other Reven		Less: direct expenses		669,840.	_			
		: Net income or (loss) from fund		·····	0.			
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses		0.	2 075			2 075
		Net income or (loss) from gam			3,975.			3,975.
	10 a	Gross sales of inventory, less		FE0 262				
		and allowances						
		Less: cost of goods sold		326,368.	232,894.	232,894.		
ŀ	C	Net income or (loss) from sales		Business Cada	232,034.	232,034.		
ŀ	11 -	Miscellaneous Revenue MISCELLANEOUS	-	Business Code 900099	11,814.	11,814.		
	ii a				, ~	,~		
		All other revenue						
		• Total. Add lines 11a-11d			11,814.			
	12	Total revenue. See instructions		>	13,716,282.	2,634,855.	0.	1,584,558.

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Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a respons Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		·		·
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors,				
trustees, and key employees	698,333.	363,870.	215,790.	118,673
6 Compensation not included above, to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	6,232,215.	4,948,275.	497,109.	786,831
8 Pension plan accruals and contributions (include	22 525	76 700		2 2-2
section 401(k) and 403(b) employer contributions)	92,683.	76,703.	7,621.	8,359
9 Other employee benefits	727,368.	595,512.	60,664.	71,192
10 Payroll taxes	537,884.	417,175.	51,301.	69,408
11 Fees for services (non-employees):				
a Management	60.051	20.452	20.024	2.044
b Legal	68,251.	32,173.	32,234.	3,844
c Accounting	50,765.		50,765.	
d Lobbying	155 005			155 005
e Professional fundraising services. See Part IV, line 17	177,287.	50.260	02 557	177,287
f Investment management fees	85,312.	59,369.	23,557.	2,386
g Other. (If line 11g amount exceeds 10% of line 25,	E40 600	561 000	14 544	164 020
column (A) amount, list line 11g expenses on Sch O.)	740,692.	561,009.	14,744.	164,939
12 Advertising and promotion	187,024.	113,856.	9,006.	64,162
13 Office expenses	310,048.	160,282.	29,606.	120,160
14 Information technology	311,458.	210,917.	31,428.	69,113
15 Royalties	200 020	257 026	10 776	12 426
16 Occupancy	390,038.	357,836.	18,776.	13,426
17 Travel	43,482.	34,362.	8,096.	1,024
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	33,321.	27,385.	2 155	2 701
Conferences, conventions, and meetings		164,035.	3,155. 9,217.	2,781 6,591
20 Interest	179,843.	104,035.	9,217.	0,591
Payments to affiliates	598,938.	546,290.	30,697.	21 051
22 Depreciation, depletion, and amortization	77,505.	61,516.	8,078.	21,951 7,911
23 Insurance	11,303.	01,510.	0,070.	7,511
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 0.)				
a OPERATING SUPPLIES	940,207.	938,264.	825.	1,118
b COMM. & DIRECT MAIL	388,206.	381,033.	7,173.	
c OTHER BOND COSTS	127,031.	115,864.	6,511.	4,656
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	12,997,891.	10,165,726.	1,116,353.	1,715,812
26 Joint costs. Complete this line only if the organization				
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.				
Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2018) Part X Balance Sheet

Part	. ^	Balance Sheet					
		Check if Schedule O contains a response or not	te to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			3,503,637.	1	2,553,754
	2	Savings and temporary cash investments	2,856,026.	2	746,035		
	3	Pledges and grants receivable, net			2,036,465.	3	929,193
	4	Accounts receivable, net			67,381.	4	106,28
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensation	ated emp	loyees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	tion 501(d	c)(9) voluntary			
ر ا		employees' beneficiary organizations (see instr).		·		6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use			77,925.	8	66,63
	9	Prepaid expenses and deferred charges			167,836.	9	301,82
	10a	Land, buildings, and equipment: cost or other					·
		basis. Complete Part VI of Schedule D	10a	26,128,552.			
	b	Less: accumulated depreciation		6,543,535.	19,641,260.	10c	19,585,01
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line			20,115,321.	12	24,474,00
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			378,759.	15	366,37
	16	Total assets. Add lines 1 through 15 (must equ	48,844,610.	16	49,129,12		
	17	Accounts payable and accrued expenses	893,471.	17	1,028,74		
	18	Grants payable				18	
	19	Deferred revenue			45,923.	19	96,70
	20	Tax-exempt bond liabilities			10,901,499.	20	10,465,53
	21	Escrow or custodial account liability. Complete				21	
ا مِ	22	Loans and other payables to current and former	officers,	directors, trustees,			
Liabilities		key employees, highest compensated employee	es, and di	squalified persons.			
<u>a</u>		Complete Part II of Schedule L				22	
•	23	Secured mortgages and notes payable to unrela	ated third	parties		23	
	24	Unsecured notes and loans payable to unrelated	d third pa	arties		24	
	25	Other liabilities (including federal income tax, pa	yables to	related third			
		parties, and other liabilities not included on lines	s 17-24). (Complete Part X of			
		Schedule D				25	
_	26	Total liabilities. Add lines 17 through 25			11,840,893.	26	11,590,97
		Organizations that follow SFAS 117 (ASC 958), check	here X and			
Se		complete lines 27 through 29, and lines 33 an					
בַּ	27	Unrestricted net assets			31,408,208.	27	32,238,28
38	28	Temporarily restricted net assets		·····	2,614,364.	28	2,018,71
2	29				2,981,145.	29	3,281,14
5		Organizations that do not follow SFAS 117 (A	SC 958),	check here			
5		and complete lines 30 through 34.					
2	30	Capital stock or trust principal, or current funds				30	
2	31	Paid-in or capital surplus, or land, building, or ed				31	
<u> </u>	32	Retained earnings, endowment, accumulated in	come, or	other funds		32	
	33				37,003,717.	33	37,538,14
	34	Total liabilities and net assets/fund balances .			48,844,610.	34	49,129,122

Pa	rt XI Reconciliation 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	13	716,	282.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12	,997,	891.
3	Revenue less expenses. Subtract line 2 from line 1	3		718,	391.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	37	,003,	717.
5	Net unrealized gains (losses) on investments	5		-183,	963.
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	37	538,	145.
Pa	rt 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: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.			
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X 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?				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2018)

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SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization **Employer identification number** HUMANE SOCIETY SILICON VALLEY 94-1196215 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	10,660,153.	9,530,904.	9,896,595.	9,892,908.	9,496,869.	49,477,429.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	10,660,153.	9,530,904.	9,896,595.	9,892,908.	9,496,869.	49,477,429.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						3,157,553.
6	Public support. Subtract line 5 from line 4.						46,319,876.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	10,660,153.	9,530,904.	9,896,595.	9,892,908.	9,496,869.	49,477,429.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	497,826.	533,958.	480,252.	566,091.	847,105.	2,925,232.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)			520,618.	726,930.	685,629.	1,933,177.
11	Total support. Add lines 7 through 10						54,335,838.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	14,100,179.
13	First five years. If the Form 990 is for	the organization's	first, second, third	, fourth, or fifth tax	year as a section	1 501(c)(3)	
	organization, check this box and stor						
Sec	ction C. Computation of Publi	c Support Per	centage				
14	11 1 3					14	85.25 %
15	Public support percentage from 2017					15	85.86 %
16a	33 1/3% support test - 2018. If the o				4 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies						
b	33 1/3% support test - 2017. If the o	organization did not	t check a box on lir	ne 13 or 16a, and I	ine 15 is 33 1/3%	or more, check this	s box
	and stop here. The organization qual	ifies as a publicly s	upported organizat	tion			▶□
17a	10% -facts-and-circumstances test	- 2018. If the orga	anization did not cl	neck a box on line	13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization						
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	ublicly supported o	organization		▶∟
b	10% -facts-and-circumstances test	- 2017. If the orga	anization did not ch	neck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or
	more, and if the organization meets the		•				
	organization meets the "facts-and-circ	cumstances" test. T	he organization qu	alifies as a publicl	y supported orgar	nization	▶∐
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	, 16b, 17a, or 17b,	check this box a	nd see instructions	_

Schedule A (Form 990 or 990-EZ) 2018

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Callendary year (or fiscal year beginning in) > (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total membership frees received. (Do not include any 'unusual grants.') 2 Gross receipts from admissions, formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose of Gross receipts from admissions, formed, or facilities from include or business under section 513 4 Tax revenues level of the organization's tax-exempt purpose or a consideration of the programment of the programme	Sec	ction A. Public Support						
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line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	r.	• •	•				•	
	20							

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
За		
Ja		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
0-		
9c		
40-		
10a		
401		
990 or 99	n-F7)	2019

Par	TIV Supporting Organizations _(continued)			
	_		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	and the state of t		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	, , , , , , , , , , , , , , , , , , ,			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	•		
		I	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	NO
•				
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	_		
<u>C</u>	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc	tions).		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting) Orga	nizations			
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All					
	other Type III non-functionally integrated supporting organizations must con	nplete S	Sections A through E.			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
_3	Other gross income (see instructions)	3				
4	Add lines 1 through 3	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
a	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other					
	factors (explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d	3				
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,					
	see instructions)	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by .035	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1				
2	Enter 85% of line 1	2				
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3				
4	Enter greater of line 2 or line 3	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions)	6				
7	Check here if the current year is the organization's first as a non-functionally	integra	ited Type III supporting orga	anization (see		
	instructions)	_		-		

Schedule A (Form 990 or 990-EZ) 2018

ı aı	Type in Non-Functionally integrated 509(a)(3) Supporting Orga	ilizations (continued)	
Secti	on D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which th	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Part VI	Computer and Information				
Part VI					
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,				
	line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,				
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.				
	(See instructions.)				
	(SSS manachona.)				

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

	HUMANE SOCIETY SILICON VALLEY 94-1196215						
Organiza	Organization type (check one):						
Filers of:		Section:					
Form 990	or 990-EZ	X 501(c)(3) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization					
Form 990	-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
•	-	covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e. See instructions.				
General F	Rule						
	· ·	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's	,				
Special R	lules						
8	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
1	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
i Z	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
but it mus	Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Name of organization

Employer identification number

HUMANE SOCIETY SILICON VALLEY

94-1196215

Parti	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4		(d) contribution		
1		Person Payroll Noncasi (Complete F noncash co	Part II for		
(a) No.	(b) Name, address, and ZIP + 4		(d) contribution		
2		Person Payroll Noncasi (Complete F noncash co	Part II for		
(a) No.	(b) Name, address, and ZIP + 4		(d) contribution		
3		Person Payroll Noncasi (Complete F noncash co	Part II for		
(a) No.	(b) Name, address, and ZIP + 4	l l	(d) contribution		
4	Hame, dudicess, and Zir + +	Person Payroll Noncasi (Complete F noncash co	X I O		
(a) No.	(b) Name, address, and ZIP + 4		(d) contribution		
5		Person Payroll Noncasi (Complete F noncash co	X		
(a) No.	(b) Name, address, and ZIP + 4		(d) contribution		
6		Person Payroll Noncasi (Complete F			

Name of organization

Employer identification number

HUMANE SOCIETY SILICON VALLEY

94-1196215

Partii	(see instructions). Use duplicate copies of Part II	i if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
l		I Ψ	l

Name of or	rganization		Employer identification number
HUMANE S	OCIETY SILICON VALLEY		94-1196215
Part III) through (e) and the following line er charitable, etc., contributions of \$1,000 or	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	ift
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
-		(e) Transfer of git	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gi	lift
-	Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of git	lift
-	Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to transferee

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

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 that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy

Tax) (see separate instructions), then				
•	Section 501(c)(4), (5), or (6) organizat	ions: Complete Part III.			
Nan	ne of organization			Empl	loyer identification number
		IETY SILICON VALLEY			94-1196215
Pa	art I-A Complete if the org	anization is exempt und	er section 501(c)	or is a section 527 or	ganization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures			
Pa	art I-B Complete if the org	anization is exempt und	er section 501(c)(3).	
1	Enter the amount of any excise tax	incurred by the organization und	der section 4955	▶ \$	
	Enter the amount of any excise tax				
3	If the organization incurred a sectio	n 4955 tax, did it file Form 4720	for this year?		Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part IV.				
Pa	art I-C Complete if the org	anization is exempt und	er section 501(c),	except section 501(c	9(3).
1	Enter the amount directly expended	by the filing organization for se	ction 527 exempt func	tion activities > \$	
2	Enter the amount of the filing organ	ization's funds contributed to ot	her organizations for se	ection 527	
	exempt function activities			> \$	
3	Total exempt function expenditures			,	
	line 17b			> \$	
4	Did the filing organization file Form	1120-POL for this year?			Yes No
5	Enter the names, addresses and en	• •	•	•	• •
	made payments. For each organiza	·	0 0		•
	contributions received that were pro			•	e segregated fund or a
	political action committee (PAC). If		1		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2018

LHA

832041 11-08-18

Part II-A Complete if the organization			501(c)(3) and file	ر - پور d Form 5768 (مار	action under
section 501(h)).		iipt ulidel sectioi		a i oiiii 3700 (ei	ection under
A Check I if the filing organizate expenses, and share	e of excess lobbying	expenditures).	n Part IV each affiliated (group member's nam	ne, address, EIN,
Limit	s on Lobbying Expe	nd "limited control" pro enditures unts paid or incurred.		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	sence public opinion ((grass roots lobbying)			
b Total lobbying expenditures to influ					
c Total lobbying expenditures (add lir	-		To the second se		
d Other exempt purpose expenditure					
e Total exempt purpose expenditures	s (add lines 1c and 1c	d)			
f Lobbying nontaxable amount. Ente	r the amount from th	e following table in bot	h columns.		
If the amount on line 1e, column (a) or	r (b) is: The lot	obying nontaxable am	ount is:		
Not over \$500,000	20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,000		00 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,50		00 plus 10% of the exc			
Over \$1,500,000 but not over \$17,0		00 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000	\$1,000	,000.			
h Subtract line 1g from line 1a. If zero i Subtract line 1f from line 1c. If zero j If there is an amount other than zer reporting section 4911 tax for this year.	or less, enter -0- o on either line 1h or /ear?	······································	ation file Form 4720		Yes No
(Some organizations th	at made a section 5	eraging Period Under 601(h) election do not rate instructions for li	have to complete all o	f the five columns b	elow.
	Lobbying Expe	nditures During 4-Yea	ar Averaging Period		_
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(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					

Schedule C (Form 990 or 990-EZ) 2018

94-1196215

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(6	(a)		(b)	
	e lobbying activity.	Yes	No	Amo	ount	
1	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:					
а	Volunteers?		Х			
b c	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?	Х	X			
	Mailings to members, legislators, or the public?	Х				
	Publications, or published or broadcast statements?		Х			
	Grants to other organizations for lobbying purposes?		х			
	Direct contact with legislators, their staffs, government officials, or a legislative body?	Х				
_	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		х			
	Other activities?	Х			950.	
i	Total. Add lines 1c through 1i				950.	
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х			
	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?					
	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5), or sec	tion		
	501(c)(6).					
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?		1			
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?					
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the					
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section			tion		
	501(c)(6) 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."					
1	Dues, assessments and similar amounts from members		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					
D	Carryover from last year					
2	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		··· 🗖			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	 ess				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p					
	expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
Par	t IV Supplemental Information					
Provi	de 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 a	nd 2 (see		
	ictions); and Part II-B, line 1. Also, complete this part for any additional information.	•		•		
PART	II-B, LINE 1, LOBBYING ACTIVITIES:					
WHEN	DIRECTLY RELATED TO ITS MISSION, HUMANE SOCIETY SILICON VALLEY HAS					
OCCA	SIONALLY PUBLICLY ENDORSED PROPOSED LOCAL , STATE AND FEDERAL					
	·					
ANIM	AL-RELATED LEGISLATION. DURING THE YEAR ENDED JUNE 30, 2019, THE					
ORGA	NIZATION: PAID \$550 TO STATE HUMANE ASSOCIATION OF CALIFORNIA AND					
\$400	TO CALIFORNIA ANIMAL WELFARE ASSOCIATION, INCLUDING MEMBERSHIP					

Schedule C (Form 990 or 990-EZ) 2018

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

HUMANE SOCIETY STLICON VALLEY

Employer identification number 94-1196215

organization answered "Yes" on Form 990, Part IV, line 6. 1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of contributions to (during year) 4 Aggregate value of and of year 2 Aggregate value of and of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization is property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 7 Part III Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(9) or conservation assements held by the organization (helds all that apply). 1 Purpose(9) or conservation assements held by the organization (helds all that apply). 2 Proservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Preservation of a certified historic structure Preservation of a certified historic structure included in (a) activitied historic structure included in (a) and the preservation of a certified historic structure included in (a) and the preservation decreasements or a certified historic structure included in (a) 2 c Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year P Number of states where property subject to conservation easements and enforcing conservation easements during the year P Number of states where property subject to conservation easements included in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year P Number of conservation easement reported on ine 2(d) above satisfy the requirements of section 170(h)(4)(B)(f)) no in Part XIII, describe how the organization re	Par	t I Organizations Maintaining Donor Advised Funds	or Other Similar Funds	or Accounts. Complete if the
Total number at end of year		organization answered "Yes" on Form 990, Part IV, line 6.		·
2 Aggregate value of contributions to (quiring year) 4 Aggregate value of and of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advisor for the organization inform all donors and donor advisors in writing that the assets held in donor advisor for the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of open space Protection of natural habitat Preservation of a historically important land area Protection of natural habitat Preservation of a conservation easement on the last day of the tax year. 2 Complete lines 2 a through 2 dif the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 3 Total number of conservation easements 2a Total acreage restricted by conservation) Donor advised funds	(b) Funds and other accounts
2 Aggregate value of contributions to (quiring year) 4 Aggregate value of and of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advisor for the organization inform all donors and donor advisors in writing that the assets held in donor advisor for the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of open space Protection of natural habitat Preservation of a historically important land area Protection of natural habitat Preservation of a conservation easement on the last day of the tax year. 2 Complete lines 2 a through 2 dif the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 3 Total number of conservation easements 2a Total acreage restricted by conservation	1	Total number at end of year		
3 Aggregate value of grants from (during year) 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissable purpose benefit? Part II Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. 1 Purpose(g) or conservation assements held by the organization chick all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a nethical historic structure Preservation of an attract habitat Preservation of an attract habitat Preservation of an attract habitat Preservation of a conservation easement on the last day of the tax year. 2 Complete lines 2 attrough 2 di the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 3 Total number of conservation easements 20	2			
A Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charatable purposes and not for the benefit of the donor or donor advisor, or any other purpose conferring impermisable private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). □ Preservation of land for public use (e.g., recreation or education) □ Preservation of a historically important land area □ Preservation of land for public use (e.g., recreation or education) □ Preservation of a historically important land area □ Preservation of open space 2 Complete lines 2a through 2 dif the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 3 Total number of conservation easements 4 Total animate of conservation easements and a certified historic structure included in (a) 1 Number of conservation easements included in (a) 2 Aggregate 2 Aggregate 2 Aggregate 2 Aggregate 2 Aggregate 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ≥ 2 Aggregate 3 Agg	3			
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conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. Ia If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenue included on Form 990, Part X Assets included in Form 990, Part X Assets included in Form 990, Part X Assets included in Form 990, Part X	9		•	
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Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part X b \$ Assets included in Form 990, Part X c \$ Assets included in Form 990, Part X	Day	conservation easements.	stariaal Transcures or Oth	as Cimilar Assats
If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X	Pai			ier Similar Assets.
historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X				
the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X	1a			
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X		•		ce of public service, provide, in Part XIII,
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(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X		•	or research in furtherance of pub	lic service, provide the following amounts
 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X 		•		• •
 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X 				
the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X \$ \]	_			
a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X \$ \bullet\$	2	,		gain, provide
b Assets included in Form 990, Part X \$\rightarrow\$\$\$\$ \$\$	_	•	· · · · · · · · · · · · · · · · · · ·	▶ ◆

Par	rt III Organizations Maintaining	Collections of Art	t, Historical Tre	asures, or C	Other S	imilar	Assets	(contir	nued)	
3	Using the organization's acquisition, acces	sion, and other records	s, check any of the f	ollowing that ar	e a signi	ficant us	e of its co	ollection	items	,
	(check all that apply):									
а	Public exhibition	d	Loan or excl	nange program	s					
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's	collections and explair	how they further th	e organization's	s exempt	t purpose	e in Part	XIII.		
5	During the year, did the organization solicit	or receive donations of	of art, historical treas	ures, or other s	similar as	sets				
	to be sold to raise funds rather than to be							Yes		No
Par	rt IV Escrow and Custodial Arra		ete if the organization	n answered "Ye	es" on Fo	orm 990,	Part IV, I	ine 9, or		
	reported an amount on Form 990, F	Part X, line 21.								
1a	Is the organization an agent, trustee, custo						_	7		_
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part X	II and complete the fol	lowing table:							
								Amoun [*]	t	
	Additions during the year					1d				
_	J ,					1e				
f	Ending balance					1f		7		
	Did the organization include an amount on		*		•	·		Yes		∐ No
Par	rt V Endowment Funds. Complet									
ı uı	Endownent runds. Complet	(a) Current year	(b) Prior year	(c) Two years b		1 Three we	ars back	(a) Four	wooro	haak
10	Beginning of year balance		3,416,913.	3,210,2			7,959.			714.
			3,110,313.	3,210,1		5,2,	,,,,,,,,	,	150,	7
b	Contributions Net investment earnings, gains, and losses		250,838.	415,3	350	-6	7,716.		23	170.
4		,	230,030.	113,5			7,710.			
e										
·	and programs	208,680.	208,687.	208,6	580.				203.	925.
f			, -	,						
g g	End of year balance	2 765 025	3,459,064.	3,416,9	913.	3,21	0,243.	3 .	277.	959.
2	Provide the estimated percentage of the co						, ,			
_ a			%	,						
b	07.15	 %								
С										
	The percentages on lines 2a, 2b, and 2c sh									
За	Are there endowment funds not in the pos		tion that are held an	d administered	for the c	organizat	ion			
	by:	•							Yes	No
	(i) unrelated organizations							3a(i)		Х
								3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organi	zations listed as requir	ed on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment funds.							
Par	rt VI Land, Buildings, and Equip	ment.								
	Complete if the organization answe	red "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, P	art X, line	e 10.				
	Description of property	(a) Cost or o basis (investn	٠,	I .	` '	umulated eciation	t	(d) Boo	k valu	е
1a	Land		5	,146,351.				5,	146,	351.
			16	,443,089.	3	3,327,6	45.	13,	115,	444.
	Leasehold improvements									0.
			1	,335,157.	1	,102,9	72.		232,	185.
	Other		3	,203,955.	2	,112,9	18.	1,	091,	037.
Total	II. Add lines 1a through 1e. (Column (d) musi	equal Form 990. Part	X. column (B). line 10	Oc.)				19,	585,	017.
				,						

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 HUMANE SOCIETY S	ILICON VALLEY		94-1196215 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cos	st or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests		-	
(3) Other		-	
(A) FIXED INCOME SECURITIES	11,396,602.	END-OF-YEAR MARKET VAI	
(B) EQUITY MUTUAL FUNDS	7,024,556.	END-OF-YEAR MARKET VAI	
(C) CERTIFICATES OF DEPOSIT	6,052,843.	END-OF-YEAR MARKET VAI	LUE
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	24,474,001.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cos	st or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15	
	Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	e 15.)		▶
Complete if the organization answered "Yes"	on Form 990, Part IV, line		line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018

(6) (7) (8)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Sche	dule D (Form 990) 2018 HUMANE SOCIETY SILICON VALLEY			94-11962	15 Page 4		
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With R	evenue per Re	turn.			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a						
1	Total revenue, gains, and other support per audited financial statements			1	13,550,618.		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains (losses) on investments	. 2a	-183,963.				
b	Donated services and use of facilities	2b	103,611.				
С	Recoveries of prior year grants	2c					
d	Other (Describe in Part XIII.)						
е	Add lines 2a through 2d			2e	-80,352.		
3	Subtract line 2e from line 1			3	13,630,970.		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	85,312.				
b	Other (Describe in Part XIII.)	4b					
С	Add lines 4a and 4b			4c	85,312.		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	13,716,282.		
Par	t XII Reconciliation of Expenses per Audited Financial Statem			Return.			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a						
1	Total expenses and losses per audited financial statements			1	13,016,190.		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:						
a	Donated services and use of facilities	2a	103,611.				
b	Prior year adjustments		,				
c							
d	Other losses Other (Describe in Part XIII.)						
				2e	103,611.		
3	Add lines 2a through 2d			3	12,912,579.		
4	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:						
-	· · · · · ·	امدا	85,312.				
	Investment expenses not included on Form 990, Part VIII, line 7b		03,312.				
	Other (Describe in Part XIII.)			4-	85,312.		
	Add lines 4a and 4b			4c	12,997,891.		
5 Dai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t XIII Supplemental Information.			5	12,997,091.		
		N/ Page 415 au	ad Oba David V. Page 4	Dot W. Para	0. D+ VI		
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part			; Part X, line	z; Part XI,		
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	litional informa	ition.				
ח א ח ת	T I THE A.						
PART	V, LINE 4:						
mur	ADDDODDIAMED EVDENDIMIDES EDOM MUE PADNINGS ON MUE ENDOMMENM	EIMDC ADE					
Inc	APPROPRIATED EXPENDITURES FROM THE EARNINGS ON THE ENDOWMENT	FUNDS ARE					
TNIME	NDED TO BE USED FOR ALL OF THE ORGANIZATION'S PROGRAMS WHICH	Datt					
INIE	NDED TO BE USED FOR ALL OF THE ORGANIZATION S PROGRAMS WHICH	r ALL					
IINDE	D IMC EVENDM DUDDOCE						
ONDE	R ITS EXEMPT PURPOSE.						
D3.D#	W LIND O						
PART	X, LINE 2:						
a=11=	DALLE AGGERTED AGGORNETING DELVATORES DESCRIPTING AND D	T G G T O G T T T T					
GENE	RALLY ACCEPTED ACCOUNTING PRINCIPLES PROVIDE ACCOUNTING AND D	ISCLOSURE					
a	NACE ADOLE DOCUMENTS MANUAL DE LA CONTRACTOR DE LA CONTRA	D110 M111 M					
GUID	ANCE ABOUT POSITIONS TAKEN BY AN ORGANIZATION IN ITS TAX RETU	RNS THAT					
мтан	T DE INCEDENTA VANAGEMENT HAG CONGEDEDED INC. HAY DOCUMENTO A	ND					
MIGH	T BE UNCERTAIN. MANAGEMENT HAS CONSIDERED ITS TAX POSITIONS A	עמ					
BELIEVES THAT ALL OF THE POSITIONS TAKEN BY THE ORGANIZATION IN ITS							
IND OF THE POSITIONS THANK OF THE ONORMINATION IN THE							
FEDE	RAL AND STATE EXEMPT ORGANIZATION TAX RETURNS ARE MORE LIKELY	THAN NOT					
TO B	E SUSTAINED UPON EXAMINATION.						

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

HUMANE SOCIETY SILICON VALLEY

Employer identification number

94-1196215

Part I Fundraising Activities required to complete this par	 Complete if the organization answet. 	ered "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not			
1 Indicate whether the organization rais		a activ	ities. (Check all that apply.					
a X Mail solicitations	· / —	•		overnment grants					
b X Internet and email solicitations f Solicitation of government grants									
c X Phone solicitations g X Special fundraising events									
d X In-person solicitations	3p		3						
2 a Did the organization have a written of	or oral agreement with any individual	(includ	lina of	ficers, directors, trus	tees. or				
•	key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?								
b If "Yes," list the 10 highest paid indi				ŭ					
compensated at least \$5,000 by the	• • • • • • • • • • • • • • • • • • • •		5						
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con contribu	ustody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization			
ONE & ALL, INC. FKA GRIZZARD	DIRECT MAIL FUNDRAISING	Yes	No						
- 2 N. LAKE AVE, SUITE #600,	CAMPAIGNS		Х	794,903.	135,908.	658,995.			
ONE & ALL INC. FKA GRIZZARD				,	, -	,			
- 2 N. LAKE AVE, SUITE #600,	NEWSLETTER AND CALENDAR		х	241,647.	13,521.	228,126.			
HANSA TRADING INTERNATIONAL				,	,	· · · · · · · · · · · · · · · · · · ·			
INC. DBA AUCTION CITY - 3536	VEHICLE DONATION SERVICES	х		123,888.	27,558.	96,330.			
CHARLES WILLIAM SIZEMORE -				,	,	,			
2718 GASPAR CT., PALO ALTO,	FUNDRAISING COUNSEL		Х	0.	300.	0.			
Total		<u></u> .	_	1,160,438.	177,287.	983,451.			
3 List all states in which the organization or licensing.	on is registered or licensed to solicit o	contrib	utions	or has been notified	it is exempt from re	gistration			
CA,AK,AL,AR,FL,GA,HI,IL,KS,KY,M	A,MD,MI,MN,MS,NH,NJ,NM,NY,N	IC,OK,	OR,P	A,RI,SC					
TN,UT,VA,WI,WV		<u> </u>		•					

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

SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2018

832081 10-03-18

Pa	111	of fundraising events. Complete if the of fundraising event contributions and groups are supplied to the contributions.	-			
		great and great	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
					NONE	(add col. (a) through
			FURBALL	TAILS 'N' ALES		col. (c))
Ф			(event type)	(event type)	(total number)	35(6)//
Revenue						
Rev	1	Gross receipts	1,104,344.	161,531		1,265,875.
	•	Lagar Cantributions	510,530.	85,505	5	596,035.
	2	Less: Contributions	310,330.	03,303	, . <u> </u>	330,033.
	3	Gross income (line 1 minus line 2)	593,814.	76,026	5.	669,840.
		, , , , , , , , , , , , , , , , , , , ,	·	·		,
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	_	Dook/footlike anaka				
per	6	Rent/facility costs				
Û	7	Food and beverages				
irec	'	Food and beverages				
	8	Entertainment				
	9	Other direct expenses		76,026	5.	669,840.
	10	Direct expense summary. Add lines 4 through			>	669,840.
_	11	Net income summary. Subtract line 10 from li				0.
Pa	rt I		answered "Yes" on Form	n 990, Part IV, line 19, o	or reported more than	
_		\$15,000 on Form 990-EZ, line 6a.	<u> </u>	# > Doll to be for about		1,07,1
ē			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				Sings/progressive sing		
Re	1	Gross revenue				
S	2	Cash prizes				
Direct Expenses						
xpe	3	Noncash prizes				
ct E						
Dire	4	Rent/facility costs				
	5	Other direct expenses				
_	3	Other direct expenses	Yes%	Yes	% Yes %	
	6	Volunteer labor	No No	No	No No	
	_					
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
	_					
		ter the state(s) in which the organization condu	_			
		he organization licensed to conduct gaming ac				Yes No
D	11	No," explain:				
	_					
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	erminated during the ta	x year?	Yes No
		Yes," explain:				
	_					
		L03-18			Cabadula C /Ca	rm 990 or 990-F 7) 2018

Sch	edule G (Form 990 or 990-EZ) 2018 HUMANE SOCIETY SILICON VALLEY 94	-11962	15	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	13a		%
	An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		•	
	Name			
	Address >			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No
	2000 the organization have a contract than a time party from whom the organization received garning revenue.			
h	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
_	of gaming revenue retained by the third party > \$			
_	If "Yes," enter name and address of the third party:			
٠	in 165, enter hame and address of the tillid party.			
	Name ►			
	name 🚩			
	Address ►			
	Addition F			
16	Gaming manager information:			
10	Gaming manager information.			
	Name ►			
	Traille P			
	Gaming manager compensation \$			
	Carming manager compensation			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
u			Yes	☐ No
h	retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	🗀	103	140
U				
Pa	organization's own exempt activities during the tax year ▶ \$ rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F	Part III liu	200 0	9h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	art III, III	163 3,	30, 100,
	130, 130, 10, and 170, as applicable. Also provide any additional information. See instructions.			
SCH	EDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:			
(T)	NAME OF FUNDRAISER: ONE & ALL, INC. FKA GRIZZARD			
· · /	MIND OF TONDRITORN, OND & MIND, INC. THE ONTHRING			
/ T \	ADDRESS OF FUNDRAISER: 2 N. LAKE AVE, SUITE #600, PASADENA, CA 91101			
<u>\ </u>	INDUIDED OF TOUDRATIONAL 2 N. BERE RVE, DOTTE #000, TADADENA, CA 91101			
/ T \	NAME OF PUNDDATORD, ONE CALL THO DEA OPTERADD			
(T)	NAME OF FUNDRAISER: ONE & ALL, INC. FKA GRIZZARD			
/ - `	ADDDEGG OF HINDDATGED ON LAWE AVE. GUTTER #COO. DAGADENA GO. 04404			
(T)	ADDRESS OF FUNDRAISER: 2 N. LAKE AVE, SUITE #600, PASADENA, CA 91101			
<u>/ - `</u>	NAME OF TUNIDDATORD HANGA MDADING INMEDIATIONAL INC. DD			
(T)	NAME OF FUNDRAISER: HANSA TRADING INTERNATIONAL INC. DBA AUCTION CITY			

11400130 701245 0502357.01

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

2078

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

HUMANE SOCIETY SILICON VALLEY

Employer identification number 94-1196215

Pa	art I Questions Regarding Compensation	·						
			Yes	No				
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,							
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.							
	First-class or charter travel							
	Travel for companions Payments for business use of personal residence							
	Tax indemnification and gross-up payments X Health or social club dues or initiation fees							
	Discretionary spending account Personal services (such as maid, chauffeur, chef)							
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or							
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Х					
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,							
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х					
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's							
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to							
	establish compensation of the CEO/Executive Director, but explain in Part III.							
	Compensation committee Written employment contract							
	Independent compensation consultant X Compensation survey or study							
	Form 990 of other organizations X Approval by the board or compensation committee							
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing							
7	organization or a related organization:							
а	Receive a severance payment or change-of-control payment?	4a		х				
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		х				
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		х				
_	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.							
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation							
	contingent on the revenues of:							
а	The organization?	5a		х				
b	Any related organization?	5b		Х				
	If "Yes" on line 5a or 5b, describe in Part III.							
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation							
	contingent on the net earnings of:							
а	The organization?	6a		Х				
	Any related organization?	6b		Х				
	If "Yes" on line 6a or 6b, describe in Part III.							
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments							
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X				
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the							
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X				
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in							
	Regulations section 53.4958-6(c)?	9		ı				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2018

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and (D) Nontaxable		(E) Total of columns	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred on prior Form 990	
(1) CAROL NOVELLO	(i)	256,507.	0.	0.	4,583.	14,113.	275,203.	0.	
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) CANDICE BALMACEDA	(i)	164,296.	0.	0.	3,197.	27,350.	194,843.	0.	
VP OF FINANCE	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) CRISTIE KAMIYA	(i)	190,264.	0.	0.	3,508.	18,938.	212,710.	0.	
CHIEF OF SHELTER MEDICINE	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) JOANNE JACOBS	(i)	177,598.	0.	0.	3,122.	9,552.	190,272.	0.	
CHIEF OF OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) STEPHANIE LADEIRA	(i)	188,820.	0.	0.	3,508.	20,383.	212,711.	0.	
VICE PRESIDENT DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
(6) ANDREA MOORE	(i)	150,164.	0.	0.	2,527.	325.	153,016.	0.	
STAFF VETERINARIAN	(ii)	0.	0.	0.	0.	0.	0.	0.	
(7) MARIA YVONNE SAUCEDO	(i)	137,858.	0.	0.	2,662.	23,068.	163,588.	0.	
VP HR VOLUNTEER PROGRAMS & HUMANE ED		0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 1A:
THE ORGANIZATION OFFERS HEALTH CLUB/GYM/FITNESS PROGRAM REIMBURSEMENT AS A
BENEFIT TO ALL ELIGIBLE EMPLOYEES.
ELIGIBLE EMPLOYEES MAY RECEIVE A TAXABLE FRINGE BENEFIT OF UP TO \$25 PER
MONTH FOR HEALTH CLUB/GYM/FITNESS PROGRAM PARTICIPATION. ELIGIBLE EMPLOYEES
MAY ALSO RECEIVE A TAXABLE FRINGE BENEFIT OF UP TO \$25 ANNUALLY FOR HEALTH
CLUB/GYM/FITNESS PROGRAM REGISTRATION/ENROLLMENT FEE.

SCHEDULE K (Form 990)

Part I

Department of the Treasury Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,

explanations, and any additional information in Part VI.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

SEE PART VI FOR COLUMN (F) CONTINUATIONS

2018
Open to Public Inspection

Name of the organization

Bond Issues

HUMANE SOCIETY SILICON VALLEY

Employer identification number 94-1196215

(a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issued	(e) Issu	e price	(f) Description of purpose		(g) Defeased (h) On behal of issuer					
								Yes	No	Yes	No	Yes	No
CALIFORNIA ENTERPRISE DEVE	LOPMENT				I	FINANCE THE	CONSTRUCTION,						
A AUTHORITY	35-2273601	13067RAE3	04/30/08	16,0	00,000.	EQUIPPING A	ND FURNISHING		Х		х		Х
В													
											, ,		
С													
											, ,		
D													
Part II Proceeds													
			A			В	С				D		
1 Amount of bonds retired				,200,000.									
2 Amount of bonds legally defeased													
3 Total proceeds of issue				,000,000.									
4 Gross proceeds in reserve funds													
5 Capitalized interest from proceeds	S												
6 Proceeds in refunding escrows													
7 Issuance costs from proceeds				320,000.									
8 Credit enhancement from proceed				239,151.									
9 Working capital expenditures from				440.040									
10 Capital expenditures from proceed				,440,849.									
11 Other spent proceeds													
12 Other unspent proceeds				2010									
13 Year of substantial completion .								N1 -		V	\neg	N1 -	
14 Were the bende issued as part of	a refunding issue of tay avamet	handa (ar	Yes	No	Yes	No	Yes	No	-	Yes	+	No	
Were the bonds issued as part of if issued prior to 2018, a current re	-	• •		х									
15 Were the bonds issued as part of											+		
issued prior to 2018, an advance	_	• •		Х									
16 Has the final allocation of proceed											+		
17 Does the organization maintain ac											+		
		• •	x										
I HA For Paperwork Reduction Act N					1		<u> </u>		Sobo	dula V	(Forn	• 000	20.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K (Form 990) 2018

Schedule K (Form 990) 2018 HUMANE SOCIETY SILICON VALLEY 94-1196215 Page 2

Part	t III Private Business Use								
		Α		E	3	(2)
1	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
	which owned property financed by tax-exempt bonds?		Х						
2	Are there any lease arrangements that may result in private business use of								
	bond-financed property?		Х						
За	Are there any management or service contracts that may result in private								
	business use of bond-financed property?		Х						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
	counsel to review any management or service contracts relating to the financed property?								
С	Are there any research agreements that may result in private business use of								
	bond-financed property?		Х						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside								
	counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by								
	entities other than a section 501(c)(3) organization or a state or local government	. %			%		%	ļ	%
5	Enter the percentage of financed property used in a private business use as a result of								
	unrelated trade or business activity carried on by your organization, another								
	section 501(c)(3) organization, or a state or local government		%	%		%			%
6	Total of lines 4 and 5		%		%		%		%
7	Does the bond issue meet the private security or payment test?	Х							
8a	Has there been a sale or disposition of any of the bond-financed property to a non-								
	governmental person other than a 501(c)(3) organization since the bonds were issued?		Х						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed								
	of		%		%		%		<u>%</u>
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections								
	1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified								
	bonds of the issue are remediated in accordance with the requirements under								
	Regulations sections 1.141-12 and 1.145-2?	Х							
Part	t IV Arbitrage						1		
			4	E	i l				ĺ
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
	Penalty in Lieu of Arbitrage Rebate?		Х						
	If "No" to line 1, did the following apply?		1						I
	Rebate not due yet?		Х						
	Exception to rebate?	Х							
С	No rebate due?		Х						
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
	performed		I						I
3	Is the bond issue a variable rate issue?	Х							

Schedule K (Form 990) 2018 HUMANE SOCIETY SILICON VALLEY 94-1196215 Page 3

Part IV Arbitrage (Continued)								
		A	E	3		С	Г	D
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		Х						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		Х						
7 Has the organization established written procedures to monitor the requirements of								
section 148?	Х							
Part V Procedures To Undertake Corrective Action								
		A	E	3		Ç	г)
Has the organization established written procedures to ensure that violations of	Yes	No	Yes	No	Yes	No	Yes	No
federal tax requirements are timely identified and corrected through the voluntary								
closing agreement program if self-remediation isn't available under applicable								
regulations?	Х							
Part VI Supplemental Information. Provide additional information for responses to questions	s on Schedule	e K. See instr	uctions					
SCHEDULE K, PART I, BOND ISSUES:								
(A) ISSUER NAME: CALIFORNIA ENTERPRISE DEVELOPMENT AUTHORITY								
(F) DESCRIPTION OF PURPOSE:								
FINANCE THE CONSTRUCTION, EQUIPPING AND FURNISHING OF THE ANIMAL COMM.	CTR							

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization HUMANE SOCIETY SILICON VALLEY Employer identification number 94-1196215

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for	Pai	t I Types of Property							
2 Art - Historical treasures 3 Art - Fractional interests 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities - Publicly traded 10 Securities - Closely held stock 11 Securities - Closely held stock 12 Securities - Publicly traded 13 Caudified conservation contribution - Historie structures 14 Qualified conservation contribution - Other 15 Real estate - Residential 16 Real estate - Chormercial 17 Real estate - Other 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 21 Historical structures 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other (ANTMAL MEDI) X 828 63,181, THRIFT STORE COST 27 Other (PROPERTY AND) X 12 20,000, PMY 19 Drugs and Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Druing the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for			Check if	Number of contributions or	Noncash contribution amounts reported on	Method of de		•	3
2 Art - Historical treasures 3 Art - Fractional interests 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities - Publicly traded 10 Securities - Closely held stock 11 Securities - Closely held stock 12 Securities - Publicly traded 13 Caudified conservation contribution - Historie structures 14 Qualified conservation contribution - Other 15 Real estate - Residential 16 Real estate - Chormercial 17 Real estate - Other 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 21 Historical structures 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other (ANTMAL MEDI) X 828 63,181, THRIFT STORE COST 27 Other (PROPERTY AND) X 12 20,000, PMY 19 Drugs and Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Druing the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for	1	Art - Works of art							
Art - Fractional interests 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities - Publicity traded 8 X 132 123,888, PROC, NET OF REPAIRS 9 Securities - Publicity traded 8 X 19 107,329, NVG HI & LOW AT GIFT 10 Securities - Closely held stock 11 Securities - Closely held stock 12 Securities - Partnership, LLC, or trust interests 12 Securities - Miscellaneous 13 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Other 15 Real estate - Residential 16 Real estate - Commercial 17 Real estate - Other 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Colter ▶ (AUCTION ITEMS) X 199 101,375, LOWER OF FMV/AUCTION 26 Other ▶ (AUCTION ITEMS) X 199 101,375, LOWER OF FMV/AUCTION 27 Other ▶ (ROPERTY AND) X 199 101,375, LOWER OF FMV/AUCTION TO The Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Number of Forms 8283 received by the organizat	2								
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8 Intellectual property 9 Securities - Publicly traded X 19 107, 329. AVG HI & LOW AT GIFT 10 Securities - Olssely held stock 11 Securities - Partnership, LLC, or trust interests 12 Securities - Miscellaneous 13 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Other 15 Real estate - Residential 16 Real estate - Commercial 17 Real estate - Other 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other (AUCTION ITEMS) X 189 101,375. LOWER OF FMV/AUCTION 26 Other (ANIMAL & MEDI) X 828 63,181. PHRIFT STORE COST 27 Other (ANIMAL & MEDI) X 828 63,181. PHRIFT STORE COST 28 Other (ANIMAL & MEDI) X 120,000. FMV 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for	7								
9 Securities - Publicly traded X 19 107,329, NVG HI & LOW AT GIFT 10 Securities - Closely held stock	8								
10 Securities - Closely held stock 11 Securities - Partnership, LLC, or trust interests 12 Securities - Miscellaneous 13 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Other 15 Real estate - Residential 16 Real estate - Commercial 17 Real estate - Commercial 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ▶ (AUCTION TREMS) X 189 101,375, LOWER OF FMV/AUCTION 26 Other ▶ (ANIMAL & MEDI) X 828 63,181. THRIFT STORE COST 27 Other ▶ (ANIMAL & MEDI) X 828 63,181. THRIFT STORE COST 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Ves No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for	9		Х	19	107,329.	AVG HI & LOW AT (GIFT		
11 Securities - Partnership, LLC, or trust interests 12 Securities - Miscellaneous 13 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Other	10								
trust interests Securities - Miscellaneous	11								
12 Securities - Miscellaneous Qualified conservation contribution - Historic structures									
Historic structures 14 Qualified conservation contribution - Other 15 Real estate - Residential 16 Real estate - Other 17 Real estate - Other 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ▶ (AUCTION ITEMS) X 189 101,375. Lower of FMV/AUCTION 26 Other ▶ (ANIMAL & MEDI) X 828 63,181. THRIFT STORE COST 27 Other ▶ (PROPERTY AND) X 1 20,000. FMV 28 Other ▶ (PROPERTY AND) X 1 20,000. FMV 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Ves No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for	12	[
14 Qualified conservation contribution - Other 15 Real estate - Residential 16 Real estate - Commercial 17 Real estate - Other 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other	13	Qualified conservation contribution -							
15 Real estate · Residential 16 Real estate · Commercial 17 Real estate · Other 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other		Historic structures							
16 Real estate - Commercial 17 Real estate - Other 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other	14	Qualified conservation contribution - Other							
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18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other	16	Real estate - Commercial							
19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ▶ (AUCTION ITEMS) X 189 101,375, Lower OF FMV/AUCTION 26 Other ▶ (ANIMAL & MEDI) X 828 63,181, THRIFT STORE COST 27 Other ▶ (PROPERTY AND) X 1 20,000, FMV 28 Other ▶ (PROPERTY AND) X 1 20,000, FMV 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for	17	Real estate - Other							
20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ▶ (AUCTION ITEMS) X 189 101,375. LOWER OF FMV/AUCTION 26 Other ▶ (ANIMAL & MEDI) X 828 63,181. THRIFT STORE COST 27 Other ▶ (PROPERTY AND) X 1 20,000. FMV 28 Other ▶ (PROPERTY AND) X 1 20,000. FMV 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for	18								
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22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ▶ (AUCTION ITEMS) X 189 101,375. LOWER OF FMV/AUCTION 26 Other ▶ (ANIMAL & MEDI) X 828 63,181. THRIFT STORE COST 27 Other ▶ (PROPERTY AND) X 1 20,000. FMV 28 Other ▶ (29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for	20								
Scientific specimens Archeological artifacts Other (AUCTION ITEMS) X 189 101,375. LOWER OF FMV/AUCTION Control (ANIMAL & MEDI) X 828 63,181. THRIFT STORE COST Other (PROPERTY AND) X 1 20,000. FMV Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Ouring the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for	21	Taxidermy							
Archeological artifacts 25 Other (AUCTION ITEMS) X 189 101,375. LOWER OF FMY/AUCTION 26 Other (ANIMAL & MEDI) X 828 63,181. FHRIFT STORE COST 27 Other (PROPERTY AND) X 1 20,000. FMV 28 Other (PROPERTY AND) X 1 20,000. FMV 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for	22	Historical artifacts							
25 Other	23	Scientific specimens							
26 Other	24	Archeological artifacts							
27 Other Contributions 28 Other (PROPERTY AND) X 1 20,000. FMV 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for	25	Other (AUCTION ITEMS)	X	189	·				
28 Other () 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for	26	Other (ANIMAL & MEDI)	X		,		Г		
Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for	27	Other (PROPERTY AND)	Х	1	20,000.	FMV			
for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No Uring the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for	28	Other ()							
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for	29	, ,	-						
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for		for which the organization completed Form 828	3, Part IV, [Donee Acknowledg	gement 29				
must hold for at least three years from the date of the initial contribution, and which isn't required to be used for								Yes	No
	30a								
				l contribution, and	which isn't required to be us	sed for			
exempt purposes for the critice modify period.		exempt purposes for the entire holding period?					30a		Х
b If "Yes," describe the arrangement in Part II.	b	,							
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 X						ions?	31	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a X	32a			_			32a	х	
b If "Yes," describe in Part II.	b	•							
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,	33	If the organization didn't report an amount in co	olumn (c) for	a type of property	for which column (a) is chec	ked,			
describe in Part II.		describe in Part II.							

For Paperwork Reduction Act Notice, see the Instructions for Form 990. LHA

Schedule M (Form 990) 2018

Part II Supplemental Inf is reporting in Part I, c this part for any addition	olumn (b), the num	ide the information ber of contributions	required by Part I, lines 30 s, the number of items rec	Ob, 32b, and 33, and whether the organization eived, or a combination of both. Also complete
SCHEDULE M, LINE 32B:				
THE ORGANIZATION USES A TH	IRD PARTY, HAN	SA TRADING INT	ERNATIONAL, INC.	
(DBA AUCTION CITY) TO PROC	ESS AND SELL A	LL AUTO DONATI	ONS. THE	
ORGANIZATION RECEIVES A NE	T CHECK FROM T	HE THIRD PARTY	•	
	AMOUNT	% OF GROSS	% OF AVAILABLE	
AUCTION CITY:				
GROSS RECEIPTS (BID PRICE)	147,038			
COSTS OF REPAIR ETC.	-23,150	16%		
NET AVAILABLE	123,888			
FEE TO AUCTION CITY	-27,558	19%	22%	
NET TO HSSV	96,330	66%	78%	
		100%	100%	
IN ADDITION, BUYERS ALSO P.	AY FEES NOT LI	STED ABOVE.		

SCHEDULE 0

(Form 990 or 990-EZ) Department of the Treasury

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.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Internal Revenue Service Name of the organization

HUMANE SOCIETY SILICON VALLEY

Inspection **Employer identification number** 94-1196215

832211 10-10-18

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

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization HUMANE SOCIETY SILICON VALLEY	Employer identification number 94-1196215
HTTPS://WWW.ASPCA.ORG/ANIMAL-HOMELESSNESS/SHELTER-INTAKE-AND-SURRENDER/P	·
ET-STATISTICS).	
-TAKES IN MORE THAN 7,100 ANIMALS PER YEAR. OF THOSE ANIMALS, OVER	
6,100 ARE ADOPTED THROUGH OUR ADOPTION PROGRAMS, APPROXIMATELY 150 ARE	
REUNITED WITH THEIR FAMILIES, AND 570 ARE TRANSFERRED OUT TO RESCUE	
GROUPS AND MANAGED CAT COLONIES.	
-PERFORMS MORE THAN 8,500 SPAY/NEUTER SURGERIES PER YEAR.	
-PROVIDES EDUCATION FOR OVER 7,600 CHILDREN, FROM PRE-KINDERGARTEN	
THROUGH 12TH GRADE. THESE EDUCATION PROGRAMS ENABLE SOCIAL AND	
EMOTIONAL LEARNING THROUGH INTERACTIONS WITH ANIMALS. THIS INCLUDES	
ECONOMICALLY DISADVANTAGED CHILDREN AND AT-RISK YOUTH MANY WITH LITTLE	
PRIOR EXPOSURE TO ANIMALS. THE ORGANIZATION ALSO WORKS WITH LOCAL	
SCHOOLS TO PROVIDE CAREFULLY DESIGNED PROGRAMS TAILORED TO THEIR	
STUDENTS' UNIQUE NEEDS, ESPECIALLY THOSE WHO NEED SUPPORT IN BUILDING	
EMPATHY, RESPONSIBLE DECISION-MAKING AND RELATIONSHIP SKILLS.	
-MAINTAINS A NET PROMOTER SCORE OF MORE THAN 85 OUT OF 100 FOR THOSE	
VISITORS IN OUR ADOPTION AND MEDICAL CENTER. NET PROMOTER MEASURES THE	
WILLINGNESS OF CUSTOMERS TO RECOMMEND HSSV'S SERVICES AND THEIR LOYALTY	
TO THE BRAND.	
-IS SUPPORTED BY MORE THAN 5,900 UNIQUE VOLUNTEERS WHO PROVIDED NEARLY	
250,000 HOURS IN A VARIETY OF VOLUNTEER ROLES IN EVERY ASPECT OF THE	
ORGANIZATION.	

Name of the organization HUMANE SOCIETY SILICON VALLEY	Employer identification number 94-1196215
-IS FUNDED THROUGH THE GENEROSITY OF MORE THAN 17,000 INDIVIDUAL	
SUPPORTERS AND HOUSEHOLDS WHO PROVIDE DONATIONS TO FURTHER THE	
ORGANIZATION'S MISSION TO SAVE AND ENHANCE LIVES.	
THE ORGANIZATION IS COMMITTED TO MAINTAINING A ROBUST LIFE-SAVING	
ECOSYSTEM IN SILICON VALLEY. SPECIFICALLY, THE ORGANIZATION:	
-CREATED AND LEADS AN INTER-AGENCY COALITION (WECARE) TO SAVE THE LIVES	
OF COMPANION ANIMALS IN SILICON VALLEY. THE ORGANIZATION FOUNDED THIS	
COALITION TO PROVIDE A PLATFORM FOR PUBLIC ANIMAL CARE AGENCIES TO WORK	
TOGETHER AS A COMMUNITY TO SAVE LIVES. VISIONARY LEADERSHIP IS IGNITING	
THESE ORGANIZATIONS TO COLLABORATE IN ACHIEVING GOALS PREVIOUSLY	
THOUGHT UNATTAINABLE. IN 2004, THE COMMUNITY-WIDE SAVE RATE WAS 30%; AS	
OF THE END OF CALENDAR YEAR 2018, THE SAVE RATE WAS 92%.	
-PREVENTS UNINTENDED BIRTHS THROUGH TARGETED SPAY/NEUTER PROGRAMS.	
HUMANE SOCIETY ADMINISTERS A TARGETED SPAY/NEUTER PROGRAM TO ADDRESS	
LARGE NUMBERS OF HOMELESS ANIMALS COMING FROM FIVE SPECIFIC ZIP CODES	
IN SANTA CLARA COUNTY. THESE FUNDS ENABLE THE ORGANIZATION TO OFFER	
FREE SPAY/NEUTER SURGERIES, MICROCHIPS, AND VACCINES TO ALL DOGS IN THE	
ZIP CODES. THIS PROGRAM IS FULFILLED AT HUMANE SOCIETY SILICON VALLEY'S	
MEDICAL CENTER, SAN JOSE ANIMAL CARE AND SERVICES, AND THROUGH MOBILE	
CLINICS. OVER 1,300 OF THE ORGANIZATION'S TOTAL SURGERIES IN THE YEAR	
ENDING JUNE 30, 2019 WERE COMPLETED AS PART OF THIS TARGETED PROGRAM.	
HUMANE SOCIETY SILICON VALLEY'S PUP PROGRAM ALLOWS MEMBERS OF THE	
PUBLIC TO SURRENDER HEALTHY, UNINTENDED LITTERS OF PUPPIES AND KITTENS	

Name of the organization HUMANE SOCIETY SILICON VALLEY	Employer identification number 94-1196215
WITH NO SURRENDER FEE, AND THE ORGANIZATION ALSO SPAYS OR NEUTERS THE	
MOTHER AND FATHER AT NO CHARGE AND RETURNS THEM TO THE OWNERS. HSSV	
FINDS HOMES FOR THE SURRENDERED PUPPIES AND KITTENS AFTER PROVIDING VET	
CARE AND SPAY/NEUTER SURGERIES, MORE THAN 19 SPAY/NEUTER SURGERIES HAVE	
BEEN COMPLETED THROUGH THIS PROGRAM IN THE YEAR ENDING JUNE 30, 2019.	
HUMANE SOCIETY SILICON VALLEY PROVIDES FREE TRAP NEUTER AND RELEASE	
(TNR) SERVICES FOR SANTA CLARA COUNTY RESIDENTS TO LOWER THE NUMBER OF	
HOMELESS CATS IN THE COUNTY. MORE THAN 1,700 SPAY/NEUTER SURGERIES WERE	
PROVIDED TO HOMELESS COMMUNITY CATS THROUGH THIS PROGRAM IN THE YEAR	
ENDING JUNE 30, 2019.	
-FINDS HOMES FOR OVER 6,100 ANIMALS ACROSS THREE ADOPTION LOCATIONS:	
THE ANIMAL COMMUNITY CENTER IN MILPITAS, AND THE PETCO NEIGHBORHOOD	
ADOPTION CENTERS IN SUNNYVALE AND WEST SAN JOSE.	
-KEEPS ANIMALS IN HOMES BY:	
PROVIDING POST ADOPTION SUPPORT, INCLUDING PROVIDING 136 ANIMALS WITH	
BEHAVIOR SUPPORT, 28 ANIMALS WITH SCHOLARSHIPS FOR PRIVATE DOG TRAINING	
WITH A CONSULTANT, AND 9 SCHOLARSHIPS FOR DOG TRAINING AT HUMANE	
SOCIETY SILICON VALLEY.	
PROVIDING FREE PET FOOD TO COMMUNITY MEMBERS WHO CANNOT AFFORD TO	
FEED THEIR PETS THROUGH THE PET PANTRY. THE ORGANIZATION GAVE NEARLY	
7,000 POUNDS OF DRY FOOD, 10,500 CANS OF WET FOOD, AND CLOSE TO 350	
POUNDS OF LITTER TO COMMUNITY MEMBERS THROUGH THIS PROGRAM IN THE YEAR	
ENDING JUNE 30, 2019.	

Name of the organization HUMANE SOCIETY SILICON VALLEY	Employer identification number 94-1196215
REUNITING MORE THAN 150 PETS WITH THEIR FAMILIES.	
PROVIDING MORE THAN 17,700 LOW-COST VACCINATIONS AND MORE THAN 2,900	
MICROCHIPS TO THE PETS OF COMMUNITY MEMBERS IN THE YEAR ENDING JUNE 30,	
2019.	
-EDUCATES MORE THAN 7,600 STUDENTS IN OVER 400 EDUCATION PROGRAMS THAT	
TEACH ANIMAL CARE, HUMANE ADVOCACY, AND COMPASSION FOR ALL LIVING	
BEINGS.	
-MAINTAINS A DOGGY DAY OUT PROGRAM TO PROVIDE EXERCISE AND LOWER THE	
STRESS LEVELS FOR LARGE, HIGH ENERGY DOGS. 300 DOGGY DAY OUT VOLUNTEERS	
GAVE 3,390 HOURS TO TAKE DOGS ON WALKS, HIKES AND FIELD TRIPS AWAY FROM	
THE SHELTER.	
-SERVES THE NEEDS OF THE COMMUNITY AT ITS ANIMAL COMMUNITY CENTER	
THROUGH PET CARE SERVICES. IN THE YEAR ENDING JUNE 30, 2019, OVER 1,900	
SHELTER AND PRIVATELY-OWNED ANIMALS WERE GROOMED THROUGH THE GROOMING	
CENTER, OVER 200 TRAINING CLASSES SERVED MORE THAN 1,000 DOGS AND	
PUPPIES, AND 54 NEW DOGS JOINED THE MEMBERS ONLY DOG PARK.	
-TRANSFERS OUT MORE THAN 570 ANIMALS TO RESCUE GROUPS AND MANAGED CAT	
COLONIES TO INCREASE LIFESAVING CAPACITY.	
THE ORGANIZATION IS EXPANDING COLLABORATIVE PARTNERSHIPS THROUGHOUT	
CALIFORNIA TO BROADEN ITS MISSION IMPACT. SPECIFICALLY, THE	
ORGANIZATION:	

Name of the organization HUMANE SOCIETY SILICON VALLEY	Employer identification number 94-1196215
	<u> </u>
-IS EXPANDING ITS REGIONAL RESCUE PROGRAM. THIS PROGRAM IS AIMED AT	
REDUCING EUTHANASIA BY IDENTIFYING ANIMALS AT SHELTERS WITHIN OUR	
COMMUNITY AND BEYOND THAT NEED MORE CARE OR THAT ARE HOUSED IN	
OVERCROWDED SHELTERS. BY WORKING WITH PARTNER SHELTERS THROUGHOUT	
CALIFORNIA, THE ORGANIZATION IS WORKING TO SAVE VULNERABLE ANIMALS AND	
INCREASE CALIFORNIA'S SAVE RATE. THE ORGANIZATION'S FOSTER PROGRAM	
SUPPORTS RESCUE EFFORTS BY INCREASING THE SPACE AND CAPACITY AVAILABLE	
TO TAKE IN AND CARE FOR ANIMALS IN NEED. IN THE YEAR ENDING JUNE 30,	
2019, MORE THAN 3,800 ANIMALS WERE PLACED IN FOSTER CARE. AS SILICON	
VALLEY HAS BECOME MORE SELF-SUSTAINING, THE ORGANIZATION HAS EXPANDED	
ITS GEOGRAPHIC REACH TO HELP ANIMALS THROUGHOUT CALIFORNIA. THROUGH THE	
REGIONAL RESCUE PROGRAM, THE ORGANIZATION BROUGHT IN MORE THAN 570	
ANIMALS FROM WITHIN SILICON VALLEY AND OVER 3,300 ANIMALS FROM OUTSIDE	
OF SILICON VALLEY IN THE YEAR ENDING JUNE 30, 2019. THE LATTER IS A	
SIGNIFICANT INCREASE FROM THE PRIOR YEAR, IN WHICH THE ORGANIZATION	
BROUGHT IN OVER 2,100 ANIMALS FROM OUTSIDE OF SILICON VALLEY.	
-IS A CORE MEMBER OF A SIX ORGANIZATION COALITION CALLED THE CALIFORNIA	
HUMANE ANIMAL TRANSITION TEAM (CHATT), WHICH CONSISTS OF ANIMAL CONTROL	
AGENCIES, AND RESCUE GROUPS WHOSE GOAL IS TO INCREASE LIFESAVING AND	
IMPROVE ANIMAL WELFARE IN CALIFORNIA'S CENTRAL VALLEY. CHATT IS	
COMMITTED TO IMPROVING THE FLOW OF ANIMALS FROM CENTRAL VALLEY SHELTERS	
LIKE KINGS COUNTY ANIMAL SERVICES, TULARE COUNTY ANIMAL CARE &	
ADOPTIONS AND FRESNO HUMANE ANIMAL SERVICES, TO DESTINATION SHELTERS	
INCLUDING HUMANE SOCIETY SILICON VALLEY, SAN FRANCISCO SPCA AND MARIN	
HUMANE, USING STANDARDIZED PROCESSES, BUILDING SUSTAINABLE IMPROVEMENT	
IN THE CENTRAL VALLEY THROUGH RESOURCE SHARING, AND WIDENING LIFESAVING	

Name of the organization HUMANE SOCIETY SILICON VALLEY	Employer identification number 94-1196215
CAPACITY THROUGH DATA COLLECTION, INFORMATION SHARING, PROTOCOL	
DEVELOPMENT, AND SAFETY NETS.	_
DIVIDOTMINI, IMD SITUIT REIC.	
-PROVIDES CONSULTATIONS TO UNDER-RESOURCED SHELTERS TO SHARE BEST	
PRACTICES AND IMPROVE THEIR STANDARDS OF CARE AND CAPACITY TO SAVE	
LIVES. 44 OFFSITE AND ONSITE SHELTER CONSULTATIONS HAVE BEEN COMPLETED	
AS OF JUNE 30, 2019.	
THE ORGANIZATION IS LEADING THE PRACTICE OF SHELTER MEDICINE TO ENSURE	
QUALITY OF CARE FOR SHELTER ANIMALS ACROSS THE SECTOR.	
-PROVIDES EDUCATION TO FUTURE AND CURRENT SHELTER VETERINARIANS,	
VETERINARY TECHNICIANS, AND ANIMAL SHELTER EMPLOYEES. EDUCATED 24	
VETERINARY AND VETERINARY TECHNICIAN STUDENT INTERNS AND EXTERNS AND	
MENTORED 2 PRE-VETERINARY SUMMER INTERNS. HOSTED 12 SHELTER/RESCUE	
STAFF FROM ACROSS THE COUNTRY THROUGH MADDIE'S APPRENTICESHIPS TO TEACH	
THEM ABOUT SETTING UP AND MANAGING VITAL PROGRAMS TO SAVE THE LIVES OF	
MORE ANIMALS. HOSTED 2 MADDIE'S EXECUTIVE FELLOWS FOR A YEAR-LONG	
FELLOWSHIP AIMED AT TEACHING LEADERSHIP SKILLS IN THE ANIMAL WELFARE	
SECTOR.	
-THE ORGANIZATION'S CHIEF OF SHELTER MEDICINE MADE 14 PRESENTATION ON	
SHELTER MEDICINE AND MANAGING PROGRAMS AT NATIONAL AND REGIONAL	
CONFERENCES AND WEBINARS.	
THE ORGANIZATION PROVIDES INTEGRATED SERVICES THAT IMPACT BOTH HUMAN	
AND ANIMAL LIVES TO PROVIDE VALUE TO OUR COMMUNITY WELL INTO THE	
FUTURE.	

Name of the organization HUMANE SOCIETY SILICON VALLEY	Employer identification number 94-1196215
-BY ADDRESSING THE KEY ISSUES FACING UNDER-SERVED INDIVIDUALS WHO	
CONSIDER PETS PART OF THEIR FAMILY AND BY ENHANCING THE TRANSITIONAL	
GROWTH AND DEVELOPMENT OF MARGINALIZED GROUPS, HSSV AIMS TO IMPROVE	
PEOPLES' LIVES AND INCREASE ITS MISSION RESULTS.	
WORKED WITH HARVARD BUSINESS SCHOOL COMMUNITY PARTNERS TO IDENTIFY	
POTENTIAL FUTURE STRATEGIC PARTNERS AND UNCOVER UNMET NEEDS WITHIN OUR	
COMMUNITY FOR PEOPLE EXPERIENCING HOMELESSNESS, ELDERS, YOUTH AT RISK,	
AND OTHER COMMUNITY SEGMENTS IN NEED.	
HOLDS MONTHLY WELLNESS CLINICS TO PROVIDE SPAY/NEUTER AND OTHER	
WELLNESS SERVICES TO ANIMALS BELONGING TO PEOPLE EXPERIENCING	
HOMELESSNESS IN THE COMMUNITY.	
	_
COLLABORATES WITH DOWNTOWN STREETS TEAM, AN ORGANIZATION AIMED AT	_
PROVIDING PEOPLE EXPERIENCING HOMELESSNESS WITH EMPLOYMENT	
SKILLS-BUILDING AND OPPORTUNITIES. THROUGH THIS NEW PILOT	
COLLABORATION, THE ORGANIZATION HAS HIRED 2 DOWNTOWN STREETS TEAM	
MEMBERS TO WORK IN ITS ANIMAL CARE DEPARTMENT.	
-PROVIDES TEMPORARY EMERGENCY PET BOARDING FOR PEOPLE LOOKING TO REMOVE	
THEMSELVES FROM DOMESTIC VIOLENCE SITUATIONS OR PEOPLE EXPERIENCING	
HOMELESS WHO ARE HOSPITALIZED FOR MEDICAL TREATMENT OR REHABILITATION.	
-ELEVATES THE CAUSE OF ANIMAL WELFARE THROUGH MUTUAL RESCUE, A NATIONAL	
INITIATIVE CREATED TO BRING THE CAUSES OF PEOPLE AND ANIMALS TOGETHER	
THROUGH AUTHENTIC STORYTELLING, DRIVE ENGAGEMENT WITH LOCAL SHELTERS	

Name of the organization HUMANE SOCIETY SILICON VALLEY	Employer identification number 94-1196215
NATIONALLY THROUGH PROGRAMS LIKE DOGGY DAY OUT, AND DRIVE MORE FUNDS	
INTO THE ANIMAL WELFARE SECTOR THROUGH CORPORATE SPONSORSHIPS.	
TO DATE, THE DOGGY DAY OUT MANUAL, CREATED TO HELP SHELTERS START AND	
MANAGE THEIR OWN DOGGY DAY OUT PROGRAMS, HAS BEEN DOWNLOADED OVER 400	
TIMES.	
THE BOOK "MUTUAL RESCUE: HOW ADOPTING A HOMELESS ANIMAL CAN SAVE YOU,	
TOO" WAS WRITTEN BY HUMANE SOCIETY SILICON VALLEY PRESIDENT AND MUTUAL	
RESCUE FOUNDER CAROL NOVELLO. THE BOOK, PUBLISHED IN 2019, PROFILES THE	
TRANSFORMATIONAL IMPACT THAT SHELTER PETS HAVE ON HUMANS, EXPLORING THE	
EMOTIONAL, PHYSICAL, AND SPIRITUAL GIFTS THAT RESCUED ANIMALS PROVIDE.	
MUTUAL RESCUE FILMS, WHICH ARE AIMED AT DEMONSTRATING THE INCREDIBLE	
IMPACT THAT AN ANIMAL AND A PERSON HAVE ON EACH OTHER, HAVE OVER 150	
MILLION VIEWS.	
* STATISTICS UNAUDITED	
CHARITY RATINGS	
CHARITY NAVIGATOR AND GUIDESTAR ARE KEY ORGANIZATIONS THAT PROVIDE, ON	
THEIR WEBSITES, INFORMATION ON NONPROFIT ORGANIZATIONS. THE FOLLOWING	
INFORMATION PERTAINS TO RATINGS AND COMPARABILITY TO OTHER NONPROFITS.	
AS PART OF THE ORGANIZATION'S LONG-TERM SUSTAINABILITY PLAN, THE	
ORGANIZATION CARRIES LOW INTEREST TAX EXEMPT BOND DEBT WHICH WAS USED	
TO FINANCE THE CONSTRUCTION, EQUIPPING AND FURNISHING OF THE ANIMAL	
COMMUNITY CENTER. TAX EXEMPT BOND FINANCING IS COMMON FOR NOT FOR	

Name of the organization HUMANE SOCIETY SILICON VALLEY	Employer identification number 94-1196215
PROFIT ENTITIES. HOWEVER, UNDER CHARITY NAVIGATOR'S FINANCIAL RATING	
SYSTEM, CARRYING DEBT IS PENALIZED, EVEN FOR ORGANIZATIONS LIKE HUMANE	
SOCIETY SILICON VALLEY WITH A STRONG FINANCIAL POSITION. THE	
ORGANIZATION'S CURRENT RATIO WAS 3.0 TO 1 AND 5.9 TO 1 AT JUNE 30, 2019	
AND 2018 RESPECTIVELY. THE ORGANIZATION HAS SUFFICIENT LIQUID ASSETS	
TO PAY OFF THE BOND PAYABLE DEBT. HOWEVER, THESE ASSETS HAVE BEEN	
INVESTED FOR LONG TERM GROWTH TO CREATE AN EVEN STRONGER FINANCIAL	
FOUNDATION FOR THE FUTURE. SEE NOTE 9 FOR MORE INFORMATION ON THE	
BONDS PAYABLE.	
THE ABOVE FACTOR NEGATIVELY AFFECTS THE FINANCIAL PORTION OF HUMANE	
SOCIETY SILICON VALLEY'S RATING ON CHARITY NAVIGATOR, A KEY NONPROFIT	
CHARITY RATING ORGANIZATION.	
HOWEVER, THE ORGANIZATION'S STRENGTHS ARE ITS PROGRAM EFFICIENCY RATIO	
AND ITS ACCOUNTABILITY AND TRANSPARENCY RATINGS. THE ORGANIZATION'S	
PROGRAM EXPENSES ARE 78% OF TOTAL EXPENSES, WHICH IS CONSIDERED	
EXCELLENT BY CHARITY NAVIGATOR'S RATINGS METHODOLOGY. FUTHERMORE, THE	
ORGANIZATION SCORED MAXIMUM POINTS ON THE ACCOUNTABILITY AND	
TRANSPARENCY FACTORS OF THE RATING.	
ADDITIONALLY, FROM THE OTHER THIRD-PARTY WATCHDOG, GUIDESTAR, THE	
ORGANIZATION HAS EARNED THE HIGHEST RATING OF A PLATINUM SEAL OF	
TRANSPARENCY FOR VOLUNTARILY AND PUBLICLY SHARING INFORMATION ABOUT ITS	
MISSION IMPACT.	
IN THE FUTURE, CHARITY NAVIGATOR IS PLANNING TO INCORPORATE MISSION	
IMPACT IN ITS RATING SYSTEMS, MOST LIKELY BASED ON GUIDESTAR'S RATING	Schodulo () (Form 990 or 990 E7) (2019)

Name of the organization HUMANE SOCIETY SILICON VALLEY	Employer identification number 94-1196215
SYSTEMS, SINCE IT ALREADY PUBLISHES MISSION IMPACT INFORMATION FROM	
GUIDESTAR. SINCE THE ORGANIZATION HAS THE HIGHEST RATING OF PLATINUM ON	
GUIDESTAR, MOST LIKELY THE ORGANIZATION WILL RECEIVE FULL POINTS FOR	
THE NEW MISSION IMPACT SECTION. THIS WOULD LIKELY DRIVE UP THE	
OVERALL CHARITY NAVIGATOR RATING TO 4 STARS.	
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:	
SENIORS FOR SENIORS PROGRAM OFFERS DISCOUNTED ADOPTION FEES TO	
ADOPTERS WHO ARE AGE 60 AND OLDER AND ADOPT A SENIOR PET.	
MILITARY PROGRAM OFFERS 50% DISCOUNT OFF ADOPTION FEES FOR MILITARY	
PERSONNEL AND VETERANS.	
ADOPTION SCHOLARSHIP PROGRAM WAIVES THE ADOPTION FEE FOR CERTAIN	
ANIMALS THAT HAVE BEEN AT THE SHELTER FOR A LONGER LENGTH OF STAY TO	
ENCOURAGE THEIR ADOPTION.	
-BEHAVIOR - PERFORMS BEHAVIOR ASSESSMENTS ON ALL SHELTER GUESTS TO	
ASSIST WITH MATCHING INDIVIDUAL ANIMALS' NEEDS WITH NEW FAMILIES AND	
DETERMINING WHEN BEHAVIOR MODIFICATIONS CAN HELP AN ANIMAL'S BEHAVIOR	
IMPROVE IN PREPARATION FOR ADOPTION. ASSISTS THE ADOPTIONS PROCESS BY	
PROVIDING PRE ADOPTION COUNSELING TO ADOPTERS CONSIDERING ADOPTING AN	
ANIMAL WITH CHALLENGING BEHAVIORS. THE BEHAVIOR DEPARTMENT ALSO	
OVERSEES THE ORGANIZATION'S KITTEN NURSERY, WHICH HOUSED AND SOCIALIZED	
NEARLY 400 UNDER SOCIALIZED KITTENS TO INCREASE THEIR ADOPTABILITY IN	
THE YEAR ENDING JUNE 30, 2019.	
-ANIMAL CARE - FURNISHES FOOD, EXERCISE, TRAINING, CARE, ENRICHMENT AND	
SUPPORT FOR ANIMALS AWAITING ADOPTION.	

Name of the organization HUMANE SOCIETY SILICON VALLEY	94-1196215
-SHELTER SERVICES - PROVIDES SHELTER FOR ANIMALS, INCLUDING INCOMING	
STRAY ANIMALS BROUGHT IN UNDER CONTRACT WITH THE CITY OF SUNNYVALE.	
ASSISTS IN PROVIDING SHELTER SERVICES TO OTHER ORGANIZATIONS IMPACTED	
BY LOCAL DISASTERS. OFFERS PET SURRENDER SERVICES TO THE PUBLIC BY	
APPOINTMENT AS WELL AS PET RETENTION AND REHOMING COUNSELING. PROVIDES	
END OF LIFE SERVICES FOR PETS OWNED BY MEMBERS OF THE PUBLIC.	
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:	
APPROXIMATELY 20,700 MICROCHIP AND VACCINATION SERVICES WERE	
ADMINISTERED TO PUBLIC CLIENT ANIMALS.	
-FREE SPAY AND NEUTER SERVICES - PROVIDES FREE SPAY/NEUTER, VACCINATION	
AND MICROCHIP SERVICES TO PETS OF OWNERS LIVING IN FIVE TARGETED ZIP	
CODES IN ORDER TO DECREASE THE NUMBERS OF UNWANTED ANIMALS ENTERING	
SHELTERS IN SANTA CLARA COUNTY.	
-PREVENT UNWANTED PREGNANCIES (PUP) PROGRAM - PROVIDED FREE SPAY AND	
NEUTER AND SURRENDER OPTION TO PET OWNERS WITH UNINTENDED LITTERS OF	_
PUPPIES AND KITTENS.	
-HOMELESS CLIENT SERVICES - PROVIDED MORE THAN 260 SPAY/NEUTER AND	
WELLNESS SERVICES TO THE PETS OF PEOPLE EXPERIENCING HOMELESSNESS IN	
THE COMMUNITY IN THE YEAR ENDING JUNE 30, 2019.	
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:	
GROOMING PROVIDES GROOMING SERVICES AVAILABLE TO THE PUBLIC AS WELL	
AS NEARLY 50 SHELTER ANIMALS IN THE YEAR ENDING JUNE 30, 2019 TO HELP	

Name of the organization HUMANE SOCIETY SILICON VALLEY	Employer identification number 94-1196215
THEM PUT THEIR BEST PAW FORWARD WHILE LOOKING FOR A NEW HOME.	
-PET STORE - OFFERS PRODUCTS AND EDUCATION IN AREAS LIKE NUTRITION,	
BASIC BEHAVIOR AND TRAINING TOOLS, GROOMING, DEVELOPMENTAL TOYS,	
SUPPLEMENTS, AND OTHER PRODUCTS.	
-ANIMAL BEHAVIOR COUNSELING - COUNSELED 136 POST ADOPTION AND PRE	
SURRENDER PET OWNERS EXPERIENCING BEHAVIORAL CHALLENGES WITH THEIR PETS	
IN THE YEAR ENDING JUNE 30, 2019. SUPPORT IS PROVIDED VIA EMAIL,	
TELEPHONE AND IN PERSON. THE ORGANIZATION'S TEAM EDUCATES PET OWNERS ON	
BEHAVIOR MANAGEMENT AND TRAINING OPTIONS.	
-PET PANTRY - PROVIDED DOG FOOD, CAT FOOD AND OTHER SUPPLIES AT NO	
CHARGE TO COMMUNITY MEMBERS WHO CANNOT AFFORD TO FEED THEIR PETS OR	
HOMELESS CAT COLONIES. 53 HOUSEHOLDS, RESCUE GROUPS AND CAT COLONIES	
PARTICIPATED IN THIS PROGRAM IN THE YEAR ENDING JUNE 30, 2019.	
-LOST AND FOUND - PROVIDES PROACTIVE SERVICES FOR PEOPLE WHO HAVE	
EITHER LOST A BELOVED PET OR FOUND AN ANIMAL, INCLUDING LOST PET	
RECOVERY COUNSELING, LOST AND FOUND TOURS, AND OTHER RESOURCES.	
-GRIEF COUNSELING - OFFERS A SUPPORT GROUP FACILITATED BY A LICENSED	
MARRIAGE AND FAMILY PRACTITIONER FOR PEOPLE WHO HAVE SUFFERED THE LOSS	
OF A COMPANION ANIMAL.	
-VOLUNTEER PROGRAMS - ENGAGES COMMUNITY MEMBERS IN A PARTNERSHIP TO	
SAVE AND ENHANCE THE LIVES OF ANIMALS. THIS PARTNERSHIP IS ACHIEVED BY	
INCLUDING VOLUNTEERS IN NEARLY EVERY ASPECT OF THE ORGANIZATION THROUGH	

Name of the organization HUMANE SOCIETY SILICON VALLEY	Employer identification number 94-1196215
A VARIETY OF VOLUNTEER POSITIONS, VOLUNTEER BOARD MEMBERS SERVE AS	
LEADERS IN THE ORGANIZATION, AND VOLUNTEERS ALSO ASSIST AS ANIMAL	
SOCIALIZERS, ADOPTION ASSISTANTS, MEDICAL CENTER ASSISTANTS, PET STORE	
CLERKS, FOSTER PARENTS, ANIMAL TRANSPORTERS, AND SPECIAL EVENT	
COORDINATORS. HUMANE SOCIETY SILICON VALLEY'S CORPORATE VOLUNTEER	
EXPERIENCE PROVIDES SILICON VALLEY EMPLOYEES WITH TEAM-BUILDING	
VOLUNTEER EXPERIENCES IN WHICH THEY LEARN ABOUT THE ORGANIZATION'S	
MISSION AND HELP SAVE LIVES THROUGH HANDS-ON ANIMAL EXPERIENCES.	
-EDUCATION - OFFERS A VARIETY OF PROGRAMS FOR CHILDREN AND TEENS. THEY	
INCLUDE KIND KIDS FIELD TRIPS FOR ELEMENTARY SCHOOL STUDENTS IN TITLE I	_
SCHOOLS, AND A COMPASSION IN ACTION AND ANIMAL STARZ PROGRAMS FOR	
PRE-TEENS AND TEENS, ANIMAL CARE WORKSHOPS EMPHASIZING COMMUNITY	
ACTIVISM, SHELTER TOURS FOR CHILDREN AND FAMILIES, SUMMER CAMP, GIRL	
SCOUTS WORKSHOPS, AND BIRTHDAY PARTIES.	
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
PROGRAMS TO SAVE LIVES - MUTUAL RESCUE:	
-MUTUAL RESCUE IS A NATIONAL INITIATIVE CREATED BY HUMANE SOCIETY	
SILICON VALLEY TO CHANGE THE CONVERSATION AROUND ANIMAL WELFARE FROM	
"PEOPLE OR ANIMALS" TO "PEOPLE AND ANIMALS."	
-MUTUAL RESCUE BRINGS STORIES ABOUT HOW SHELTER ANIMALS HAVE CHANGED	
THE LIVES OF PEOPLE FOR THE BETTER TO THE WORLD STAGE. THE INITIATIVE	
RAISES AWARENESS THAT WHEN PEOPLE DONATE TO A LOCAL ANIMAL SHELTER,	
THEY ARE HELPING TO TRANSFORM THE LIVES OF PEOPLE IN THEIR COMMUNITY	
FOR THE BETTER THROUGH LIFE-CHANGING, HUMAN-ANIMAL RELATIONSHIPS.	

Name of the organization HUMANE SOCIETY SILICON VALLEY	Employer identification number 94-1196215
-MUTUAL RESCUE DRIVES ENGAGEMENT WITH LOCAL SHELTERS THROUGHOUT THE	
COUNTRY BY PROMOTING PROGRAMS LIKE DOGGY DAY OUT THAT BENEFIT BOTH	
ANIMALS AND HUMANS.	
-IN THE YEAR ENDED JUNE 30, 2019, \$227,750 OF CONTRIBUTIONS AND PROGRAM	
FEES WERE RESTRICTED OR DESIGNATED TO THE MUTUAL RESCUE INITIATIVE	
EXPENSES \$ 464,373. INCLUDING GRANTS OF \$ 0. REVENUE \$ 93,305.	
PROGRAMS TO SAVE LIVES: APPRENTICESHIPS FOR KNOWLEDGE TRANSFER:	
-HUMANE SOCIETY SILICON VALLEY IS HOSTING TWO MADDIE'S EXECUTIVE	
LEADERSHIP FELLOWS FOR A YEAR-LONG INTENSIVE PROFESSIONAL OPPORTUNITY	
FOR INDIVIDUALS COMMITTED TO DEVELOPING AND STRENGTHENING THEIR	
KNOWLEDGE AND SKILL SETS IN NO-KILL ANIMAL SHELTERING MANAGEMENT AND	
LEADERSHIP. THIS PROGRAM IS PART OF THE ORGANIZATION'S MISSION TO	
EDUCATE AND INSPIRE FUTURE LEADERS IN ANIMAL WELFARE TO IMPROVE	
STANDARDS OF CARE FOR ANIMALS IN SHELTERS ACROSS THE COUNTRY.	
-THE ORGANIZATION HOSTS 12 PEOPLE PER YEAR AS PART OF MADDIE'S KITTEN	
LIFESAVING APPRENTICESHIP PROGRAM. APPRENTICES LEARN ABOUT SETTING UP	
AND MANAGING VITAL PROGRAMS TO MANAGE KITTENS, INCLUDING A KITTEN	
NURSERY, FELINE FOSTER PROGRAM, AND TREATMENTS FOR KITTENS WITH	
DISEASES.	
-THE ORGANIZATION PROVIDES EDUCATION AND MENTORSHIP TO VETERINARY	
INTERNS SEEKING TO INCREASE THEIR KNOWLEDGE IN SHELTER MEDICINE.	
EXPENSES \$ 88,538. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.	

Name of the organization HUMANE SOCIETY SILICON VALLEY	Employer identification number 94-1196215
FORM 990, PART VI, SECTION B, LINE 11B:	
THE ORGANIZATION'S FINANCIAL TEAM PERFORMS A DETAIL REVIEW OF FORM 990 AND	
THEN A COPY IS PROVIDED TO BOARD MEMBERS FOR THEIR REVIEW PRIOR TO FILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
ANNUALLY, THE BOARD MEMBERS, OFFICERS AND KEY EMPLOYEES ARE ASKED TO	
COMPLETE AND SIGN A "CONFLICT OF INTEREST POLICY & REASONABLE EFFORTS"	
QUESTIONNAIRE. THERE IS A CONFLICT OF INTEREST POLICY, WHISTLEBLOWER POLICY	
AND CODE OF ETHICS AND CONDUCT POLICY INCLUDED IN THE EMPLOYEE HANDBOOK.	
HUMAN RESOURCES POINTS THEM OUT AS KEY POLICIES IN THE EMPLOYEE HANDBOOK	
DURING ORIENTATION WITH ALL NEW EMPLOYEES. IN THE EVENT OF A CONFLICT,	
PROCEDURES FOR ADDRESSING THE CONFLICT OF INTEREST ARE SPECIFIED IN THE	
ORGANIZATION'S POLICY. THEY INCLUDE DISCUSSION AMONG THE EXECUTIVE TEAM	
AND IF NEEDED, PRESENTATION TO THE BOARD OF DIRECTORS, DISCUSSION BY THE	
BOARD, INVESTIGATION OF ALTERNATIVES, OTHER DUE DILIGENCE, AND SPECIFIC	
RULES FOR MAKING A DECISION ON A COURSE OF ACTION.	
FORM 990, PART VI, SECTION B, LINE 15:	
WHEN COMPENSATION IS MODIFIED, USUALLY ANNUALLY, THE BOARD OF DIRECTORS	
CONDUCTS A STUDY OF CHIEF EXECUTIVE/PRESIDENT AND CHIEF FINANCIAL EMPLOYEE	
COMPENSATION OF OTHER SIMILAR ORGANIZATIONS MEETING THE FOLLOWING CRITERIA:	
1. EACH OF THE ORGANIZATIONS LISTED IS IN THE ANIMAL WELFARE INDUSTRY AND	
OF SIMILAR SIZE AND RESPONSIBILITY FOR THE PRESIDENT AND CHIEF FINANCIAL	
EMPLOYEE OF THE ORGANIZATION;	

2018 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C o n v	ine lo. (Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
19	BUILDING	04/30/09		50.00	НУ1	a 6,	,443,089.			1	6,443,089.3	,000,021.		327,624.	3,327,645.
	* 990 PAGE 10 TOTAL BUILDING	S				16,	,443,089.			1	6,443,089.3	,000,021.		327,624.	3,327,645.
	MACHINERY & EQUIPMENT														
13	MACHINERY & EQUIPMENT	VARIOUS		.000	НУ1	61,	,197,596.				1,197,596.	935,822.		58,233.	994,055.
	* 990 PAGE 10 TOTAL MACHINER	Y & EQUIE	MENT			1,	,197,596.				1,197,596.	935,822.		58,233.	994,055.
	TRANSPORTATION EQUIPMENT					1									
16	AUTOMOBILES	VARIOUS		.000	НУ1	6	137,561.				137,561.	101,510.		7,407.	108,917.
	* 990 PAGE 10 TOTAL TRANSPOR EQUIPMENT	TATION					137,561.				137,561.	101,510.		7,407.	108,917.
	LAND														
1	LAND	04/30/09		.000	ну1	65,	,146,351.				5,146,351.			0.	
	* 990 PAGE 10 TOTAL LAND					\$,	,146,351.				5,146,351.	0.		0.	0.
	OTHER														
15	COMPUTERS & SOFTWARE	VARIOUS		.000	НУ1	6	588,647.				588,647.	157,919.		22,342.	180,261.
20	LAND IMPROVEMENTS	VARIOUS		.000	ну1	62,	,615,308.				2,615,308.1	,749,322.		183,332.	L,932,654.
	* 990 PAGE 10 TOTAL OTHER					3,	,203,955.				3,203,955.1	,907,241.		205,674.	2,112,915.
	* GRAND TOTAL 990 PAGE 10 DE	PR				26,	,128,552.			2	6,128,552.5	,944,594.		598,938.	5,543,532.

828111 04-01-18

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone