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Form 990
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2019
Open to Public Inspection

▶ 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.

A For the **2019** calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HUMANE SOCIETY SILICON VALLEY Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 901 AMES AVENUE City or town, state or province, country, and ZIP or foreign postal code MILPITAS, CA 95035 F Name and address of principal officer: KURT KRUKENBERG SAME AS C ABOVE	D Employer identification number 94-1196215 E Telephone number 408-262-2133 G Gross receipts \$ 41,524,651. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.HSSV.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1929		M State of legal domicile: CA

Part I Summary

1	Briefly describe the organization's mission or most significant activities: THE MISSION OF THE ORGANIZATION IS TO SAVE AND ENHANCE LIVES.		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	162
6	Total number of volunteers (estimate if necessary)	6	3766
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 39	7b	0.
8	Contributions and grants (Part VIII, line 1h)	8	11
9	Program service revenue (Part VIII, line 2g)	9	11
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10	162
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11	3766
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12	0.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13	0.
14	Benefits paid to or for members (Part IX, column (A), line 4)	14	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	16a	0.
16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,212,242.	16b	0.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17	0.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18	0.
19	Revenue less expenses. Subtract line 18 from line 12	19	0.
20	Total assets (Part X, line 16)	20	0.
21	Total liabilities (Part X, line 26)	21	0.
22	Net assets or fund balances. Subtract line 21 from line 20	22	0.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer KURT KRUKENBERG, PRESIDENT Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name MATTHEW PETROSKI Preparer's signature MATTHEW PETROSKI Date 02/10/21 Check if self-employed <input type="checkbox"/> PTIN P00853132 Firm's name ▶ ARMANINO LLP Firm's EIN ▶ 94-6214841 Firm's address ▶ 50 W. SAN FERNANDO ST, STE 500 SAN JOSE, CA 95113 Phone no. 408-200-6400	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**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 listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ 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 program services? ☒ Yes ☐ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 4,958,383. including grants of \$) (Revenue \$ 1,261,167.)
PROGRAMS TO SAVE LIVES - ADOPTION AND ANIMAL CARE:

-ADOPTION - FACILITATES ADOPTIONS BY MATCHING PROSPECTIVE PET OWNERS WITH THE RIGHT PET FOR THEIR FAMILY, SUPPLYING INFORMATION ON PET CARE TO ENSURE A SUCCESSFUL ADOPTION PLACEMENT, AND PROVIDING POST ADOPTION SUPPORT TO ADOPTERS. ADOPTIONS TAKE PLACE AT MULTIPLE LOCATIONS, INCLUDING THE ANIMAL COMMUNITY CENTER IN MILPITAS AND THE PETCO NEIGHBORHOOD ADOPTION 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 \$ 3,640,546. including grants of \$) (Revenue \$ 285,848.)
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 3,000 ANIMALS REQUIRED MEDICAL TREATMENT AND REHABILITATION BY MEDICAL STAFF AND FOSTERS IN THE YEAR ENDED JUNE 30, 2020.

-MEDICAL CENTER CLINIC - PROVIDES LOW COST MEDICAL SERVICES TO THE PUBLIC, INCLUDING SPAY AND NEUTER SURGERIES, VACCINATIONS, DISEASE TESTING, DEWORMING, MICROCHIPPING AND OTHER MEDICAL PROCEDURES. (SEE SCHEDULE O FOR CONTINUATION)

4c (Code:) (Expenses \$ 1,695,575. including grants of \$) (Revenue \$ 557,183.)
COMMUNITY PROGRAMS FOR PEOPLE AND PETS:

-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 ENDED JUNE 30, 2020, NEARLY 900 PARTICIPANTS ATTENDED APPROXIMATELY 230 CLASSES.

-PET STORE OFFERS PRODUCTS AND INFORMATION IN AREAS LIKE NUTRITION, BASIC BEHAVIOR AND TRAINING TOOLS, GROOMING, DEVELOPMENTAL TOYS, SUPPLEMENTS, AND OTHER PRODUCTS. (SEE SCHEDULE O FOR CONTINUATION)

4d Other program services (Describe on Schedule O.)

(Expenses \$ 92,102. including grants of \$) (Revenue \$)

4e Total program service expenses **10,386,606.**Form **990** (2019)

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	X
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	X
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
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):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
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? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
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	X

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	68
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

Part 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 162		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		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?		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		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).		
a 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?	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		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?		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	X	
7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
8		
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?		
9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
9b		
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12		
10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
10b		
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders		
11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state?		
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		
13b		
c Enter the amount of reserves on hand		
13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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?		X
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?		X
If "Yes," complete Form 4720, Schedule O.		

Form 990 (2019)

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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

	1a	1b	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 on Schedule O.	11			
b Enter the number of voting members included on line 1a, above, who are independent		11		
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	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?			3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5	X
6 Did the organization have members or stockholders?			6	X
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	X
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	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			8a	X
b Each committee with authority to act on behalf of the governing body?			8b	X
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 on Schedule O			9	X

Section 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	X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
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	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
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	X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section 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

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) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

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

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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.
- See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) REBECCA RANNINGER OWEN BOARD CHAIR (AS OF 07/19)	6.00	X		X				0.	0.	0.
(2) SALLY HAZARD BOURGOIN VICE CHAIR (THRU 08/20)	4.00	X		X				0.	0.	0.
(3) PETER DETKIN SECRETARY	4.00	X		X				0.	0.	0.
(4) CHRISTY RICHARDSON TREASURER	4.00	X		X				0.	0.	0.
(5) KURT KRUKENBERG FORMER CHAIR (THRU 11/19)	4.00	X		X				0.	0.	0.
(6) ALLISON BUCHANAN BOARD MEMBER	3.00	X						0.	0.	0.
(7) ANDREA BORCH BOARD MEMBER	3.00	X						0.	0.	0.
(8) BLYTHE JACK BOARD MEMBER	3.00	X						0.	0.	0.
(9) BRENDA SWINEY BOARD MEMBER	3.00	X						0.	0.	0.
(10) DEBBIE VANDERZWAAG BOARD MEMBER	3.00	X						0.	0.	0.
(11) SUE DIEKMAN BOARD MEMBER	3.00	X						0.	0.	0.
(12) LARS RABBE BOARD MEMBER (THRU 10/19)	3.00	X						0.	0.	0.
(13) SHANNON WAAS BOARD MEMBER (AS OF 09/19)	3.00	X						0.	0.	0.
(14) CAROL NOVELLO PRESIDENT (THRU 12/19)	45.00			X				266,393.	0.	14,025.
(15) CANDICE BALMACEDA VP OF FINANCE	45.00			X				180,349.	0.	12,312.
(16) CRISTIE KAMIYA CHIEF OF SHELTER MEDICINE	45.00				X			197,356.	0.	12,896.
(17) JOANNE JACOBS CHIEF OF OPERATIONS	45.00				X			184,508.	0.	12,437.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) STEPHANIE LADEIRA VICE PRESIDENT DEVELOPMENT	45.00					X		194,874.	0.	12,890.
(19) ANDREA MOORE STAFF VETERINARIAN	45.00					X		153,877.	0.	4,119.
(20) MARIA YVONNE SAUCEDO VP HR VOLUNTEER PROGRAMS &	45.00					X		148,863.	0.	12,604.
(21) JENNIFER DALMASSO LEAD VETERINARIAN	45.00					X		118,417.	0.	11,657.
(22) SANDRA MALLALIEU SENIOR DIRECTOR, MARKETING	45.00					X		115,464.	0.	3,627.
1b Subtotal								1,560,101.	0.	96,567.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,560,101.	0.	96,567.

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

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- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** 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

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

1 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) Name and business address	(B) Description of services	(C) Compensation
ONE & ALL, INC. FKA GRIZZARD, 2 N. LAKE AVE, SUITE #600, PASADENA, CA 91101-1868	THIRD PARTY FUNDRAISER	823,690.
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►	1	

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Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line 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
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	152,205.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	14,816,603.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 436,589.				
	h Total. Add lines 1a-1f		14,968,808.				
	Program Service Revenue	2 a SAVE LIVES & PLACEMENT	Business Code	900099	944,010.	944,010.	
b COMMUNITY PROGRAMS			900099	391,583.	391,583.		
c CONTRACTS WITH GOVERNMENT			900099	301,626.	301,626.		
d MEDICAL SERVICES			900099	270,964.	270,964.		
e MUTUAL RESCUE			900099	7,130.	7,130.		
f All other program service revenue							
g Total. Add lines 2a-2f			1,915,313.				
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)			685,402.		
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real (ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities (ii) Other	23,333,663.			
	b Less: cost or other basis and sales expenses	7b		22,865,404.			
	c Gain or (loss)	7c		468,259.			
	d Net gain or (loss)			468,259.			468,259.
	8 a Gross income from fundraising events (not including \$ 152,205. of contributions reported on line 1c). See Part IV, line 18	8a		149,601.			
	b Less: direct expenses	8b		149,601.			
	c Net income or (loss) from fundraising events			0.			
	9 a Gross income from gaming activities. See Part IV, line 19	9a		12,834.			
b Less: direct expenses	9b		6,097.				
c Net income or (loss) from gaming activities			6,737.			6,737.	
10 a Gross sales of inventory, less returns and allowances	10a		436,985.				
b Less: cost of goods sold	10b		270,145.				
c Net income or (loss) from sales of inventory			166,840.	166,840.			
Miscellaneous Revenue	11 a MISCELLANEOUS	Business Code	900099	22,045.	22,045.		
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			22,045.			
	12 Total revenue. See instructions			18,233,404.	2,104,198.	0.	1,160,398.

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 response or note to any line in this Part IX ☐

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	942,369.	364,778.	447,806.	129,785.
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	6,713,756.	5,270,522.	347,607.	1,095,627.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	101,311.	85,973.	3,885.	11,453.
9 Other employee benefits	804,208.	656,150.	59,040.	89,018.
10 Payroll taxes	566,670.	441,852.	38,251.	86,567.
11 Fees for services (nonemployees):				
a Management				
b Legal	35,390.	25,416.	6,278.	3,696.
c Accounting	74,025.		74,025.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	285,050.			285,050.
f Investment management fees	75,512.		75,512.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	745,728.	544,585.	59,411.	141,732.
12 Advertising and promotion	65,490.	36,955.	12,988.	15,547.
13 Office expenses	302,217.	164,057.	23,615.	114,545.
14 Information technology	242,173.	146,551.	30,026.	65,596.
15 Royalties				
16 Occupancy	430,117.	394,270.	20,660.	15,187.
17 Travel	27,477.	22,592.	2,179.	2,706.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	40,028.	32,114.	4,133.	3,781.
20 Interest	133,137.	121,030.	6,978.	5,129.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	638,319.	580,274.	33,453.	24,592.
23 Insurance	88,872.	68,261.	9,381.	11,230.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a OPERATING SUPPLIES	763,446.	763,446.		
b COMM. & DIRECT MAIL	664,041.	557,707.	0.	106,334.
c OTHER BOND COSTS	121,086.	110,073.	6,346.	4,667.
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	13,860,422.	10,386,606.	1,261,574.	2,212,242.
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)

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,553,754.	1	2,873,422.
	2 Savings and temporary cash investments	746,035.	2	3,729,763.
	3 Pledges and grants receivable, net	929,191.	3	409,049.
	4 Accounts receivable, net	106,284.	4	112,445.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	66,639.	8	109,315.
	9 Prepaid expenses and deferred charges	301,825.	9	524,578.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 26,299,071.		
	b Less: accumulated depreciation	10b 6,755,274.		
		19,585,017.	10c	19,543,797.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	24,474,001.	12	27,053,735.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	366,376.	15	430,796.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	49,129,122.	16	54,786,900.	
Liabilities	17 Accounts payable and accrued expenses	1,028,741.	17	1,203,684.
	18 Grants payable		18	
	19 Deferred revenue	96,703.	19	164,741.
	20 Tax-exempt bond liabilities	10,465,533.	20	10,029,566.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	1,471,600.
	26 Total liabilities. Add lines 17 through 25	11,590,977.	26	12,869,591.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	32,238,285.	27	37,160,144.
	28 Net assets with donor restrictions	5,299,860.	28	4,757,165.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	37,538,145.	32	41,917,309.
	33 Total liabilities and net assets/fund balances	49,129,122.	33	54,786,900.

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Part XI Reconciliation of Net AssetsCheck 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	18,233,404.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,860,422.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,372,982.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	37,538,145.
5	Net unrealized gains (losses) on investments	5	6,182.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	41,917,309.

Part XII Financial Statements and ReportingCheck 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c 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 on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form **990** (2019)

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

2019

Open to Public Inspection

Name of the organization

HUMANE SOCIETY SILICON VALLEY

Employer identification number

94-1196215

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ 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).**
- 4 ☐ 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: _____
- 5 ☐ 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).**
- 7 ☒ 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.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ 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 university: _____
- 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.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 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.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving 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.**
- 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.**
- 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.**
- d ☐ **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.**
- e ☐ 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.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9,530,904.	9,896,595.	9,892,908.	9,496,869.	14,968,808.	53,786,084.
2 Tax revenues levied for the organization'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	9,530,904.	9,896,595.	9,892,908.	9,496,869.	14,968,808.	53,786,084.
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)						3,345,553.
6 Public support. Subtract line 5 from line 4.						50,440,531.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	9,530,904.	9,896,595.	9,892,908.	9,496,869.	14,968,808.	53,786,084.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	533,958.	480,252.	566,091.	847,105.	685,402.	3,112,808.
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.	184,480.	2,117,657.
11 Total support. Add lines 7 through 10						59,016,549.
12 Gross receipts from related activities, etc. (see instructions)					12	13,655,064.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	85.47	%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	85.25	%
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% 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 organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% 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 organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2019

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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		
c 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		

Section 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		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 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 the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 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 supported organizations played in this regard.		
3		

Section 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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.			
a 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.			
a 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			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 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 complete Sections A through E.

Section 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	

Section 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	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	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	

Section 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
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 the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Supplemental Information.

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; 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.)

Schedule B

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

Department of the Treasury
Internal Revenue Service

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

2019

Name of the organization

HUMANE SOCIETY SILICON VALLEY

Employer identification number

94-1196215

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 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

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☒ 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.
- ☐ 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, II, and III.
- ☐ 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 ▶ \$ _____

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).

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 4,202,273.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 1,324,749.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 661,475.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 484,447.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 350,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II 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
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

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

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ► \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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) organizations: Complete Part III.

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures ▶ \$

3 Volunteer hours for political campaign activities ▶

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$

3 If the organization incurred a section 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.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527
exempt function activities ▶ \$

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,
line 17b ▶ \$

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(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) 2019

LHA

932041 11-26-19

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(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) 2019

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

	(a)		(b)
	Yes	No	Amount
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:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?	X		
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		400.
j Total. Add lines 1c through 1i			400.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
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?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 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).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

THE ORGANIZATION WAS INVOLVED IN THREE LOBBYING SITUATIONS WITH

LAWMAKERS, ALL RELATED TO THE ORGANIZATION'S MISSION:

1) THE ORGANIZATION'S PRESIDENT CONTACTED AND MET WITH STAFF OF STATE

LEGISLATORS TO SUPPORT LANGUAGE CHANGES IN VETERINARY MEDICAL BOARD

Part IV Supplemental Information (continued)

REGULATIONS FOR SHELTERS.

2) THE ORGANIZATION'S PRESIDENT WROTE A LETTER TO A STATE LEGISLATOR

SHARING SUPPORT OF SB 1347 PERMITTING ANIMAL SHELTERS TO ADMINISTER

ESSENTIAL SERVICES WITHOUT A VETERINARIAN ONSITE.

3) THE ORGANIZATION CO-SIGNED (ALONG WITH MANY OTHER CA SHELTERS) A

LETTER TO CA LAWMAKERS URGING THEY SUPPORT THE ONE-TIME \$5M GRANT TO

SHELTERS THAT HAD BEEN PROPOSED BY GOVERNOR NEWSOM.

4) THE ORGANIZATION PAID \$400 TO CALANIMALS FOR ANNUAL MEMBERSHIP DUES,

WHICH INCLUDES UPDATES ON ANIMAL ADVOCACY EFFORTS AT THE STATE CAPITAL

AND GUIDANCE ON HOW TO GET INVOLVED.

THE TIME AND EFFORT SPENT ON THIS LOBBYING ACTIVITY WAS VERY LIMITED

COMPARED TO OTHER PROGRAM SERVICE ACTIVITIES.

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

2019

Open to Public Inspection

Name of the organization

HUMANE SOCIETY SILICON VALLEY

Employer identification number

94-1196215

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 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's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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 (for example, recreation or education) ☐ Preservation of a historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for 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.

1a If the organization elected, as permitted under FASB 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 FASB 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2019

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3,765,035.	3,459,064.	3,416,913.	3,210,243.	3,277,959.
b Contributions	226,901.	300,000.			
c Net investment earnings, gains, and losses	199,945.	214,651.	250,838.	415,350.	-67,716.
d Grants or scholarships					
e Other expenditures for facilities and programs	212,472.	208,680.	208,687.	208,680.	
f Administrative expenses					
g End of year balance	3,979,409.	3,765,035.	3,459,064.	3,416,913.	3,210,243.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ☐ .00 %

b Permanent endowment ☐ 88.15 %

c Term endowment ☐ 11.85 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations

(ii) Related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		5,146,351.		5,146,351.
b Buildings		16,381,031.	3,655,265.	12,725,766.
c Leasehold improvements				
d Equipment		1,092,736.	720,510.	372,226.
e Other		3,678,953.	2,379,499.	1,299,454.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				19,543,797.

Schedule D (Form 990) 2019

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) FIXED INCOME SECURITIES	10,944,140.	END-OF-YEAR MARKET VALUE
(B) EQUITY MUTUAL FUNDS	9,169,026.	END-OF-YEAR MARKET VALUE
(C) CERTIFICATES OF DEPOSIT	6,940,569.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	27,053,735.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost 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" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2) PPP LOAN	1,471,600.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,471,600.

2. 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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... ☒

Schedule D (Form 990) 2019

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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	18,195,481.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	6,182.
b	Donated services and use of facilities	2b	31,407.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	37,589.
3	Subtract line 2e from line 1	3	18,157,892.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	75,512.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	75,512.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	18,233,404.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	13,816,317.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	31,407.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	31,407.
3	Subtract line 2e from line 1	3	13,784,910.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	75,512.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	75,512.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	13,860,422.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

THE APPROPRIATED EXPENDITURES FROM THE EARNINGS ON THE ENDOWMENT FUNDS ARE

INTENDED TO BE USED FOR ALL OF THE ORGANIZATION'S PROGRAMS WHICH FALL

UNDER ITS EXEMPT PURPOSE.

PART X, LINE 2:

GENERALLY ACCEPTED ACCOUNTING PRINCIPLES PROVIDE ACCOUNTING AND DISCLOSURE

GUIDANCE ABOUT POSITIONS TAKEN BY AN ORGANIZATION IN ITS TAX RETURNS THAT

MIGHT BE UNCERTAIN. MANAGEMENT HAS CONSIDERED ITS TAX POSITIONS AND

BELIEVES THAT ALL OF THE POSITIONS TAKEN BY THE ORGANIZATION IN ITS

FEDERAL AND STATE EXEMPT ORGANIZATION TAX RETURNS ARE MORE LIKELY THAN NOT

TO BE SUSTAINED UPON EXAMINATION.

Part XIII Supplemental Information *(continued)*

THE ORGANIZATION FILES INFORMATION RETURNS IN THE U.S. FEDERAL

JURISDICTION AND STATE OF CALIFORNIA. THE ORGANIZATION'S FEDERAL RETURNS

FOR THE YEARS ENDED JUNE 30, 2017 AND BEYOND REMAIN SUBJECT TO POSSIBLE

EXAMINATION BY THE INTERNAL REVENUE SERVICE. THE ORGANIZATION'S CALIFORNIA

RETURNS OF THE TAX YEARS ENDED JUNE 30, 2016 AND BEYOND REMAIN SUBJECT TO

POSSIBLE EXAMINATION BY THE FRANCHISE TAX BOARD.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2019

Open to Public
Inspection

Name of the organization

HUMANE SOCIETY SILICON VALLEY

Employer identification number

94-1196215

Part I

Fundraising Activities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☒ Mail solicitations e ☒ Solicitation of non-government grants
b ☒ Internet and email solicitations f ☒ Solicitation of government grants
c ☒ Phone solicitations g ☒ Special fundraising events
d ☒ In-person solicitations

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ Yes ☐ No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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
		Yes	No			
ONE & ALL, INC. FKA GRIZZARD - 2 N. LAKE AVE, SUITE #600, HANSA TRADING INTERNATIONAL INC. DBA AUCTION CITY - 3536	DIRECT MAIL FUNDRAISING CAMPAIGNS		X	1,631,438.	239,651.	1,391,787.
ONE & ALL, INC. FKA GRIZZARD - 2 N. LAKE AVE, SUITE #600, GATEWAY COMMUNICATIONS - 16805 EN MASON CT, PORTLAND, DV CANVASS, LLC - 1930 VILLAGE CENTER CIR #3-2019,	VEHICLE DONATION SERVICES	X		129,286.	29,149.	100,137.
	NEWSLETTER AND CALENDAR		X	95,025.	8,817.	86,208.
	TELEMARKETING SERVICES		X	29,412.	4,343.	25,069.
	CANVASSING SERVICES		X	0.	3,090.	0.
Total				1,885,161.	285,050.	1,603,201.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

CA, AK, AL, AR, FL, GA, HI, IL, KS, KY, MA, MD, MI, ME, MS, NH, NJ, NM, NY, NC, OK, OR, PA, RI, SC
TN, UT, VA, WI, WV, CO, CT, NV, ND, OH, WA

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		FURBALL (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	301,806.			301,806.
	2 Less: Contributions	152,205.			152,205.
	3 Gross income (line 1 minus line 2)	149,601.			149,601.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	149,601.			149,601.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				149,601.
	11 Net income summary. Subtract line 10 from line 3, column (d)				0.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** 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:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** 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

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

- 16** Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17** Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: ONE & ALL, INC. FKA GRIZZARD

(I) ADDRESS OF FUNDRAISER: 2 N. LAKE AVE, SUITE #600, PASADENA, CA 91101

(I) NAME OF FUNDRAISER: HANSA TRADING INTERNATIONAL INC. DBA AUCTION CITY

(I) ADDRESS OF FUNDRAISER: 3536 HAVEN AVE., REDWOOD CITY, CA 94063

(I) NAME OF FUNDRAISER: ONE & ALL, INC. FKA GRIZZARD

Part IV Supplemental Information *(continued)*

(I) ADDRESS OF FUNDRAISER: 2 N. LAKE AVE, SUITE #600, PASADENA, CA 91101

(I) NAME OF FUNDRAISER: GATEWAY COMMUNICATIONS

(I) ADDRESS OF FUNDRAISER: 16805 EN MASON CT, PORTLAND, OR 97230

(I) NAME OF FUNDRAISER: DV CANVASS, LLC

(I) ADDRESS OF FUNDRAISER:

1930 VILLAGE CENTER CIR #3-2019, LAS VEGAS, NV 89134

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.**

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

HUMANE SOCIETY SILICON VALLEY

Employer identification number

94-1196215

Part I Questions Regarding Compensation

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.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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

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?

3 Indicate which, if any, of the following the 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.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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 organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

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:

a The organization?

b Any related organization?

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:

a The organization?

b Any related organization?

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

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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2019

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-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CAROL NOVELLO	(i)	266,393.	0.	0.	4,774.	9,251.	280,418.	0.
PRESIDENT (THRU 12/19)	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CANDICE BALMACEDA	(i)	180,349.	0.	0.	3,304.	9,008.	192,661.	0.
VP OF FINANCE	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CRISTIE KAMIYA	(i)	197,356.	0.	0.	3,642.	9,254.	210,252.	0.
CHIEF OF SHELTER MEDICINE	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JOANNE JACOBS	(i)	184,508.	0.	0.	3,205.	9,232.	196,945.	0.
CHIEF OF OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) STEPHANIE LADEIRA	(i)	194,874.	0.	0.	3,637.	9,253.	207,764.	0.
VICE PRESIDENT DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ANDREA MOORE	(i)	153,877.	0.	0.	2,450.	1,669.	157,996.	0.
STAFF VETERINARIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MARIA YVONNE SAUCEDO	(i)	148,863.	0.	0.	2,738.	9,866.	161,467.	0.
VP HR VOLUNTEER PROGRAMS &	(ii)	0.	0.	0.	0.	0.	0.	0.
	(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.

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.**

OMB No. 1545-0047

2019
Open to Public Inspection

Name of the organization
HUMANE SOCIETY SILICON VALLEY

Employer identification number
94-1196215

Part I Bond Issues		SEE PART VI FOR COLUMN (F) CONTINUATIONS									
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A CALIFORNIA ENTERPRISE DEVELOPMENT AUTHORITY	35-2273601	13067RAE3	04/30/08	16,000,000.	FINANCE THE CONSTRUCTION, EQUIPPING AND FURNISHING		X		X		X
B											
C											
D											

Part II Proceeds									
		A		B		C		D	
1	Amount of bonds retired	5,650,000.							
2	Amount of bonds legally defeased								
3	Total proceeds of issue	16,000,000.							
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	320,000.							
8	Credit enhancement from proceeds	239,151.							
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	15,440,849.							
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2010							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X						
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

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

Schedule K (Form 990) 2019

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X						
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
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?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
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		%		%		%		%
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?	X							
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?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c 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?	X							

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?	X							
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X							

Part IV Arbitrage (continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
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)?		X						
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?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?	X							

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions

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)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public
Inspection

- ▶ **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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	118	129,286.	PROC. NET OF REPAIRS
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	30	170,780.	AVG HI & LOW AT GIFT
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 - 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	130	89,862.	LOWER OF FMV/AUCTION
26 Other ▶ (ANIMAL & MEDI)	X	496	46,661.	FMV
27 Other ▶ ()				
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

0

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
exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II.

	Yes	No
30a		X
31	X	
32a	X	
33		

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

Schedule M (Form 990) 2019

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THIS NUMBER REFLECTS THE NUMBER OF CONTRIBUTIONS MADE, NOT THE NUMBER
OF ITEMS CONTRIBUTED.

SCHEDULE M, LINE 32B:

THE ORGANIZATION USES A THIRD PARTY, HANSA TRADING INTERNATIONAL, INC.
(DBA AUCTION CITY) TO PROCESS AND SELL ALL AUTO DONATIONS. THE
ORGANIZATION RECEIVES A NET CHECK FROM THE THIRD PARTY.

	AMOUNT	% OF GROSS	% OF AVAILABLE
AUCTION CITY:			
GROSS RECEIPTS (BID PRICE)	153,296		
COSTS OF REPAIR ETC.	-24,010	16%	
NET AVAILABLE	129,286		
FEE TO AUCTION CITY	-29,149	19%	23%
NET TO HSSV	100,137	65%	77%
		100%	100%

IN ADDITION, BUYERS ALSO PAY FEES NOT LISTED ABOVE.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

2019

Open to Public
Inspection

Name of the organization

HUMANE SOCIETY SILICON VALLEY

Employer identification number

94-1196215

FORM 990 PART III LINE 1

HUMANE SOCIETY SILICON VALLEY (THE "ORGANIZATION") IS A CALIFORNIA

NONPROFIT PUBLIC BENEFIT CORPORATION THAT HAS OPERATED CONTINUOUSLY

SINCE 1929. THE FOCUS OF THE ORGANIZATION IS COMPANION ANIMAL RESCUE

AND HOMELESSNESS PREVENTION. THE ORGANIZATION SERVES AS A SAFETY NET

FOR COMPANION ANIMALS IN SILICON VALLEY, SETS A NATIONAL EXAMPLE FOR

INNOVATION AND SEEKS TO TRANSFORM HUMAN LIVES THROUGH DEEPER

CONNECTIONS TO ANIMALS. THE ORGANIZATION IS THE FIRST ORGANIZATION EVER

TO MEET THE MODEL SHELTER STANDARD OF CARE GUIDELINES PUT FORTH BY THE

ASSOCIATION OF SHELTER VETERINARIANS. THE IMPACT ACHIEVED REFLECTS THE

QUALITY OF THE ORGANIZATION AND ITS PEOPLE.

IMPACT

HUMANE SOCIETY SILICON VALLEY IS SAVING HOMELESS PETS AND TRANSFORMING

HUMAN LIVES AT THE LOCAL, REGIONAL AND NATIONAL LEVELS. THE

ORGANIZATION DELIVERS ITS MISSION IMPACT THROUGH ACCOUNTABILITY,

ENGAGEMENT, INNOVATION AND TRANSPARENCY. SPECIFICALLY, THE

ORGANIZATION:

- SAVES 100% OF ALL HEALTHY ANIMALS IN THE ORGANIZATION'S CARE AND HAS

DONE SO SINCE 2006. IN THE YEAR ENDED JUNE 30, 2020, THE ORGANIZATION

SAVED 95% OF ALL ANIMALS THAT CAME THROUGH ITS DOORS, INCLUDING MANY

NEEDING REHABILITATION OR EXTENDED TREATMENT. SAVE RATE IS CALCULATED

USING THE TOTAL NUMBER OF ANIMALS THAT ENTERED THE SHELTER, ADOPTIONS,

ANIMALS RETURNED TO OWNERS, ANIMALS TRANSFERRED TO OTHER AGENCIES OR

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

Schedule O (Form 990 or 990-EZ) (2019)

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

COLONIES, ANIMALS EUTHANIZED, AND ANIMALS

THAT DIED IN CARE. THIS SAVE RATE COMPARES TO THE NATIONAL AVERAGE OF

77% (AS REPORTED ON

[HTTPS://WWW.ASPCA.ORG/ANIMAL-HOMELESSNESS/SHELTER-INTAKE-AND-SURRENDER/P](https://www.aspc.org/animal-homelessness/shelter-intake-and-surrender/p)

ET-STATISTICS).

-TAKES IN MORE THAN 6,200 ANIMALS PER YEAR, INCLUDING OVER 3,800

ANIMALS BROUGHT IN FROM SHELTERS THROUGH THE REGIONAL RESCUE PROGRAM.

-IN ADDITION TO FINDING HOMES FOR OVER 5,600 ANIMALS ACROSS MULTIPLE

ADOPTION LOCATIONS, 142 WERE REUNITED WITH THEIR FAMILIES AND ALMOST

260 WERE TRANSFERRED OUT TO RESCUE GROUPS AND MANAGED CAT COLONIES.

-PERFORMS MORE THAN 7,100 SPAY/NEUTER SURGERIES PER YEAR.

-PROVIDES EDUCATION FOR APPROXIMATELY 3,600 CHILDREN, FROM

PRE-KINDERGARTEN THROUGH TWELFTH GRADE. THESE HUMANE 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.

-MAINTAINS A NET PROMOTER SCORE OF MORE THAN 85 OUT OF 100 FOR THOSE

VISITORS IN HUMANE SOCIETY SILICON VALLEY'S ADOPTION CENTER AND 96 OUT

OF 100 FOR VISITORS TO ITS MEDICAL CENTER. NET PROMOTER MEASURES THE

WILLINGNESS OF CUSTOMERS TO RECOMMEND HUMANE SOCIETY SILICON VALLEY'S

SERVICES AND THEIR LOYALTY TO THE BRAND.

-IS SUPPORTED BY MORE THAN 3,700 UNIQUE VOLUNTEERS WHO PROVIDE OVER

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

277,000 HOURS IN A VARIETY OF VOLUNTEER ROLES IN EVERY ASPECT OF THE ORGANIZATION.

-IS FUNDED THROUGH THE GENEROSITY OF MORE THAN 24,000 INDIVIDUAL SUPPORTERS WHO PROVIDED DONATIONS TO FURTHER THE ORGANIZATION'S MISSION TO SAVE AND ENHANCE LIVES.

SUPPORT PEOPLE & ANIMALS IN OUR COMMUNITY: THE ORGANIZATION IMPROVES ACCESS TO VETERINARY CARE AND PROVIDES SUPPORT FOR PET OWNERS IN NEED, KEEPING BONDED FAMILIES TOGETHER THROUGH INTEGRATED SERVICES THAT IMPACT BOTH HUMAN AND ANIMAL LIVES AND PROVIDING VALUE TO OUR COMMUNITY WELL INTO THE FUTURE.

-ADDRESSES THE KEY ISSUES FACING UNDER-SERVED INDIVIDUALS WHO CONSIDER PETS PART OF THEIR FAMILY TO IMPROVE PEOPLES' LIVES AND INCREASE MISSION RESULTS. PROGRAMS RANGE FROM EMERGENCY BOARDING TO WELLNESS CLINICS.

-KEEPS ANIMALS IN HOMES BY:

--PROVIDING POST ADOPTION SUPPORT, INCLUDING PROVIDING 160 ANIMALS WITH BEHAVIOR SUPPORT, 74 ANIMALS WITH SCHOLARSHIPS FOR PRIVATE DOG TRAINING WITH A CONSULTANT, AND 18 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 9,500 POUNDS OF DRY FOOD, OVER 10,000 CANS OF WET FOOD, AND 511 POUNDS

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

OF LITTER TO 187 HOUSEHOLDS, WELLNESS CLINICS, HOMELESS ENCAMPMENTS,
RESCUE GROUPS AND CAT COLONIES, SUPPORTING 3,012 ANIMALS, IN THE YEAR
ENDED JUNE 30, 2020.

--ADMINISTERING APPROXIMATELY 15,400 MICROCHIPS AND VACCINATION
SERVICES AT LOW-COST TO PUBLIC CLIENT ANIMALS DURING THE YEAR ENDED
JUNE 30, 2020.

-EDUCATES APPROXIMATELY 3,600 STUDENTS IN OVER 212 EDUCATION PROGRAMS
THAT TEACH ANIMAL CARE, HUMANE ADVOCACY, AND COMPASSION FOR ALL LIVING
BEINGS.

-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
NATIONALLY THROUGH PROGRAMS LIKE DOGGY DAY OUT, AND DRIVE MORE FUNDS
INTO THE ANIMAL WELFARE SECTOR THROUGH CORPORATE SPONSORSHIPS.

THE ORGANIZATION MAINTAINS ITS OWN DOGGY DAY OUT PROGRAM TO PROVIDE
EXERCISE AND LOWER THE STRESS LEVELS FOR LARGE, HIGH ENERGY DOGS. OVER
210 DOGGY DAY OUT VOLUNTEERS GAVE MORE THAN 2,700 HOURS TO TAKE
APPROXIMATELY 20 DOGS A MONTH ON WALKS, HIKEs AND FIELD TRIPS AWAY FROM
THE SHELTER.

-IN THE YEAR ENDED JUNE 30, 2020, \$467,135 OF CONTRIBUTIONS AND PROGRAM
FEES WERE RESTRICTED OR DESIGNATED TO THE MUTUAL RESCUE INITIATIVE.

-TO DATE, THE MUTUAL RESCUE DOGGY DAY OUT MANUAL, CREATED TO HELP

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SHELTERS START AND MANAGE THEIR OWN PROGRAMS, HAS BEEN DOWNLOADED OVER

560 TIMES SINCE ITS LAUNCH.

-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.

DURING THE YEAR ENDED JUNE 30, 2020, MUTUAL RESCUE PRODUCED "KEEMA &

HER PACK," THE TWELFTH IN ITS ACCLAIMED SERIES OF SHORT FILMS. RATHER

THAN RELEASING "KEEMA" ONLINE, MUTUAL RESCUE SUBMITTED IT TO SELECTED

FILM FESTIVALS IN THE UNITED STATES. IT WAS ACCEPTED INTO 9 JURIED FILM

FESTIVALS AND HONORED WITH 2 AWARDS.

DURING THE YEAR ENDED JUNE 30, 2020, PREVIOUS MUTUAL RESCUE FILMED AT 6

CHARITY EVENTS AND FILM FESTIVALS.

EXPAND LIFESAVING IMPACT: WITH THE ORGANIZATION'S REGIONAL RESCUE

PARTNERSHIPS, DIRECT MEDICAL SUPPORT, AND SPAY/NEUTER PROGRAMS, IT IS

COMMITTED TO HELPING CALIFORNIA ELIMINATE EUTHANASIA FOR ALL HEALTHY

AND TREATABLE PETS.

-EXPANDING ITS REGIONAL RESCUE PROGRAM, 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

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NEED. IN THE YEAR ENDED JUNE 30, 2020, MORE THAN 3,000 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 823 ANIMALS FROM WITHIN
SILICON VALLEY AND OVER 3,000 ANIMALS FROM OUTSIDE OF SILICON VALLEY IN
THE YEAR ENDED JUNE 30, 2020.

--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.

--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 TO DESTINATION SHELTERS USING STANDARDIZED PROCESSES, BUILDING
SUSTAINABLE IMPROVEMENT IN THE CENTRAL VALLEY THROUGH RESOURCE SHARING,
AND WIDENING LIFESAVING CAPACITY THROUGH DATA COLLECTION, INFORMATION
SHARING, PROTOCOL DEVELOPMENT, AND SAFETY NETS.

--PREVENTS UNINTENDED BIRTHS THROUGH A RANGE OF TARGETED SPAY/NEUTER
PROGRAMS.

--ADMINISTERS THE PORTIA TARGETED SPAY/NEUTER PROGRAM TO ADDRESS LARGE
NUMBERS OF HOMELESS ANIMALS COMING FROM FIVE SPECIFIC ZIP CODES IN

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SANTA CLARA COUNTY. OF THE ORGANIZATION'S TOTAL SURGERIES IN THE YEAR

ENDED JUNE 30, 2020, 1,200 WERE COMPLETED AS PART OF THIS PROGRAM.

--PREVENTING UNINTENDED PREGNANCIES (PUP) PROGRAM ALLOWS MEMBERS OF THE

PUBLIC TO SURRENDER HEALTHY, UNINTENDED LITTERS OF PUPPIES AND KITTENS

WITH NO SURRENDER FEE, AND THE ORGANIZATION ALSO SPAYS OR NEUTERS THE

MOTHER AND FATHER AT NO CHARGE AND RETURNS THEM TO THE OWNERS. EIGHTEEN

SPAY/NEUTER SURGERIES HAVE BEEN COMPLETED THROUGH THIS PROGRAM IN THE

YEAR ENDED JUNE 30, 2020.

--HUMANE SOCIETY SILICON VALLEY PROVIDES MULTIPLE FREE TRAP, NEUTER AND

RELEASE (TNR) SERVICES:

--THE MILPITAS COMMUNITY CAT PROGRAM (MCCP) IS A TARGETED TNR PROGRAM

THAT HAS

HELPED OVER 230 CATS IN MILPITAS IN THE YEAR ENDED JUNE 30, 2020.

FORM 990 PART III LINE 1 (CONTINUED)

--TO LOWER THE NUMBER OF HOMELESS CATS IN SANTA CLARA COUNTY, MORE THAN

1,290 SPAY/NEUTER SURGERIES WERE PROVIDED TO HOMELESS COMMUNITY CATS

THROUGH THE TNR PROGRAM IN THE YEAR ENDED JUNE 30, 2020.

ADVANCE ANIMAL WELFARE: THROUGH INNOVATION IN SHELTER MEDICINE,

TEACHING PROGRAMS, AND MENTORSHIP FOR SHELTER PARTNERS, THE

ORGANIZATION IS EMPOWERING OTHERS TO IMPROVE STANDARDS OF CARE AND

BUILD CAPACITY TO SAVE LIVES.

--PROVIDES CONSULTATIONS TO UNDER-RESOURCED SHELTERS TO SHARE BEST

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PRACTICES AND IMPROVE THEIR STANDARDS OF CARE AND CAPACITY TO SAVE

LIVES. FIFTEEN OFFSITE AND ONSITE SHELTER CONSULTATIONS WERE COMPLETED

AS OF JUNE 30, 2020.

-PROVIDES EDUCATION TO FUTURE AND CURRENT SHELTER VETERINARIANS,

VETERINARY TECHNICIANS, AND ANIMAL SHELTER EMPLOYEES. EDUCATED 15

VETERINARY EXTERNS. 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 (ENDED JANUARY

2020) AIMED AT TEACHING LEADERSHIP SKILLS IN THE ANIMAL WELFARE SECTOR.

-THE ORGANIZATION'S CHIEF OF SHELTER MEDICINE MADE 9 PRESENTATIONS ON

SHELTER MEDICINE AND SHELTER MANAGEMENT AT NATIONAL AND REGIONAL

CONFERENCES AND WEBINARS.

* 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

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NOT-FOR-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 4.4 TO 1 AND 3.0 TO 1 AT JUNE 30, 2020

AND 2019, 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 10 FOR MORE INFORMATION ON THE

BONDS PAYABLE.

THE ORGANIZATION'S STRENGTHS ARE ITS PROGRAM EFFICIENCY RATIO AND ITS

ACCOUNTABILITY AND TRANSPARENCY RATINGS. THE ORGANIZATION'S PROGRAM

EXPENSES ARE 75% OF TOTAL EXPENSES, WHICH IS CONSIDERED EXCELLENT BY

CHARITY NAVIGATOR'S RATINGS METHODOLOGY. IN ADDITION, 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. MANAGEMENT BELIEVES

THAT THE IMPACT RATING WILL MOST LIKELY BE BASED ON GUIDESTAR'S RATING

SYSTEMS, SINCE IT ALREADY PUBLISHES MISSION IMPACT INFORMATION FROM

GUIDESTAR. SINCE THE ORGANIZATION HAS THE HIGHEST RATING OF PLATINUM ON

GUIDESTAR, MANAGEMENT BELIEVES THAT MOST LIKELY THE ORGANIZATION WILL

RECEIVE FULL POINTS FOR THE NEW MISSION IMPACT SECTION. MANAGEMENT

BELIEVES THAT THIS WOULD LIKELY DRIVE UP THE ORGANIZATION'S OVERALL

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CHARITY NAVIGATOR RATING TO 4 STARS.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

THE FOLLOWING SERVICES WERE DISCONTINUED DURING THE YEAR ENDED JUNE 30,

2020 TO FOCUS RESOURCES ON AREAS OF GREATER MISSION IMPACT:

-MEMBERS ONLY DOG PARK PROVIDED OFF-LEASH PLAY ENVIRONMENT FOR DOGS AND
THEIR PEOPLE.

-GROOMING PROVIDED GROOMING SERVICES AVAILABLE TO THE PUBLIC AS WELL AS
NEARLY 50 SHELTER ANIMALS IN THE YEAR ENDED JUNE 30, 2020.

ON MARCH 11, 2020, THE WORLD HEALTH ORGANIZATION DECLARED THE NOVEL
STRAIN OF CORONAVIRUS ("COVID-19") A GLOBAL PANDEMIC AND RECOMMENDED
CONTAINMENT AND MITIGATION MEASURES WORLDWIDE. THE COVID-19 OUTBREAK IN
THE UNITED STATES HAS CAUSED BUSINESS DISRUPTION THROUGH MANDATED AND
VOLUNTARY CLOSINGS OF BUSINESSES AND SHELTER IN PLACE ORDERS. WHILE THE
DISRUPTION TO PROGRAMS AND SERVICES IS EXPECTED TO BE TEMPORARY, THE
ORGANIZATION WAS FORCED TO POSTPONE THE FUR BALL (THE ANNUAL FUNDRAISER
GALA), CLOSE CORPORATE PROGRAMS, AND, FOR A SHORT PERIOD OF TIME, CLOSE
ADOPTIONS AND OTHER SERVICES/PROGRAMS FOR THE PUBLIC. AS THE SITUATION
CONTINUED TO EVOLVE, THE ORGANIZATION ADJUSTED OPERATIONS TO RE-OPEN
MISSION CRITICAL PUBLIC PROGRAMS AND SERVICES TO THE EXTENT POSSIBLE
WHILE PROTECTING EMPLOYEES, VOLUNTEERS, AND THE PUBLIC. IT IS CLOSELY
MONITORING THE IMPACT OF THE COVID-19 PANDEMIC ON ALL ASPECTS OF ITS
BUSINESS. THE ORGANIZATION BELIEVES THE ULTIMATE IMPACT OF THE COVID-19
PANDEMIC ON ITS OPERATING RESULTS, CASH FLOWS AND FINANCIAL CONDITION
IS LIKELY TO BE DETERMINED BY FACTORS WHICH ARE UNCERTAIN AND
UNPREDICTABLE.

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FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

--60+ DISCOUNT OFFERS HALF-PRICED ADOPTION FEES TO ADOPTERS WHO ARE AGE

60 AND OLDER AND ADOPT A SENIOR PET.

--VETERANS DISCOUNT WAIVES THE ADOPTION FEE OF ONE FELINE AND/OR CANINE

WITHIN A SIX-MONTH PERIOD FOR MILITARY PERSONNEL AND VETERANS.

--MOMMY & ME PRICING WHEN ADOPTING A MOTHER CAT, ADOPTERS CAN ALSO TAKE

HOME ONE OF HER KITTENS AT NO ADDITIONAL COST.

--FELV+ CATS (FELINE LEUKEMIA VIRUS) POSITIVE CATS HAVE AN ADOPTION FEE

OF \$10.

-BEHAVIOR - PERFORMS BEHAVIOR ASSESSMENTS ON ALL SHELTER ANIMALS 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 240 UNDER SOCIALIZED KITTENS TO INCREASE THEIR

ADOPTABILITY IN THE YEAR ENDED JUNE 30, 2020.

-ANIMAL CARE - FURNISHES FOOD, EXERCISE, TRAINING, CARE, ENRICHMENT AND

SUPPORT FOR ANIMALS AWAITING ADOPTION.

-INTAKE - 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

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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:

-FREE SPAY AND NEUTER SERVICES - PORTIA'S TARGETED SPAY/NEUTER PROGRAM

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.

THIS PROGRAM IS FULFILLED AT HUMANE SOCIETY SILICON VALLEY'S MEDICAL

CENTER, SAN JOSE ANIMAL CARE AND SERVICES, AND THROUGH MOBILE CLINICS.

-PREVENT UNWANTED PREGNANCIES (PUP) PROGRAM - ALLOWS MEMBERS OF THE

PUBLIC TO SURRENDER HEALTHY, UNINTENDED LITTERS OF PUPPIES AND KITTENS

WITH NO SURRENDER FEE, AND THE ORGANIZATION ALSO SPAYS OR NEUTERS THE

MOTHER AND FATHER AT NO CHARGE AND RETURNS THEM TO THE OWNERS. HUMANE

SOCIETY SILICON VALLEY FINDS HOMES FOR THE SURRENDERED PUPPIES AND

KITTENS AFTER PROVIDING VET CARE AND SPAY/NEUTER SURGERIES.

-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 ENDED JUNE 30, 2020.

-TRAP-NEUTER-RETURN (TNR) - INCLUDES SPAY/NEUTER SURGERY, FVRCP (FELINE

DISTEMPER COMBO) AND RABIES VACCINATIONS, INTERNAL/EXTERNAL PARASITE

TREATMENT, AN EAR TIP, AND OPTIONAL MICROCHIP AND/OR FELV/FIC

COMBINATION TESTING.

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FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

-ANIMAL BEHAVIOR COUNSELING COUNSELED 157 POST-ADOPTION AND

PRE-SURRENDER PET OWNERS EXPERIENCING BEHAVIORAL CHALLENGES WITH THEIR

PETS IN THE YEAR ENDED JUNE 30, 2020. SUPPORT IS PROVIDED VIA EMAIL,

TELEPHONE AND IN PERSON. THE ORGANIZATION'S TEAM EDUCATES PET OWNERS ON

BEHAVIOR MANAGEMENT AND TRAINING OPTIONS.

-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.

-PET PANTRY PROVIDES DOG FOOD, CAT FOOD AND OTHER SUPPLIES AT NO CHARGE

TO COMMUNITY MEMBERS WHO CANNOT AFFORD TO FEED THEIR PETS OR HOMELESS

CAT COLONIES.

-TEMPORARY EMERGENCY PET BOARDING PROVIDES PET BOARDING FOR PEOPLE

LOOKING TO REMOVE THEMSELVES FROM DOMESTIC VIOLENCE SITUATIONS OR

PEOPLE EXPERIENCING HOMELESSNESS WHO ARE HOSPITALIZED FOR MEDICAL

TREATMENT OR REHABILITATION.

-WELLNESS CLINICS ARE HELD MONTHLY TO PROVIDE SPAY/NEUTER AND OTHER

WELLNESS SERVICES TO ANIMALS BELONGING TO PEOPLE EXPERIENCING

HOMELESSNESS IN THE COMMUNITY.

-GRIEF COUNSELING OFFERS, ON A REGULAR BASIS, A SUPPORT GROUP

FACILITATED BY A LICENSED MARRIAGE AND FAMILY PRACTITIONER FOR PEOPLE

WHO HAVE SUFFERED THE LOSS OF A COMPANION ANIMAL.

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-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

A VARIETY OF VOLUNTEER POSITIONS. THE 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. THE 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.

-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. IT 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. IT ALSO DRIVES

ENGAGEMENT WITH LOCAL SHELTERS THROUGHOUT THE COUNTRY BY PROMOTING

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PROGRAMS LIKE DOGGY DAY OUT THAT BENEFIT BOTH ANIMALS AND HUMANS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

PROGRAMS TO ADVANCE ANIMAL WELFARE - APPRENTICESHIPS FOR KNOWLEDGE

TRANSFER:

-HUMANE SOCIETY SILICON VALLEY HOSTED 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 \$ 92,102. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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.

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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;

2. EACH OF THE ORGANIZATIONS IS OF LONG STANDING WITHIN THEIR COMMUNITIES;

3. EACH IS IN CALIFORNIA IN LARGE METROPOLITAN COMMUNITIES WHERE THE COST
OF LIVING IS SIMILAR TO HSSV'S COMMUNITY; AND

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4. ALL OF THE ORGANIZATIONS IN CALIFORNIA THAT MEET CRITERIAS 1, 2 AND 3 ARE INCLUDED.

TO HELP ASSURE QUALITY AND INDEPENDENCE, THE STUDY IS PREPARED BY STAFF AND REVIEWED AND APPROVED BY THE TREASURER AND BOARD CHAIR, PRIOR TO PRESENTATION TO THE ENTIRE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

CA, AK, AL, AR, FL, GA, HI, IL, KS, KY, MA, MD, MI, ME, MS, NH, NJ, NM, NY, NC, OK, OR, PA, RI, SC

TN, UT, VA, WI, WV, CO, CT, NV, ND, OH, WA

FORM 990, PART VI, SECTION C, LINE 19:

AUDIT REPORTS, ANNUAL REPORTS, AND 990'S ARE POSTED DIRECTLY ON ITS WEBSITE. HSSV PROVIDES A CONTACT EMAIL ON ITS WEBSITE FOR ANYONE WHO WANTS TO REQUEST A COPY OF OTHER DOCUMENTS, SUCH AS THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY.

FORM 990, PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	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	HY	16	16,381,031.				16,381,031.	3,327,645.		327,620.	3,655,265.
	* 990 PAGE 10 TOTAL BUILDINGS						16,381,031.				16,381,031.	3,327,645.		327,620.	3,655,265.
	MACHINERY & EQUIPMENT														
13	MACHINERY & EQUIPMENT	VARIOUS		.000	HY	16	1,092,736.				1,092,736.	699,597.		48,829.	748,426.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						1,092,736.				1,092,736.	699,597.		48,829.	748,426.
	TRANSPORTATION EQUIPMENT														
16	AUTOMOBILES	VARIOUS		.000	HY	16	497,999.				497,999.	108,917.		35,629.	144,546.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT						497,999.				497,999.	108,917.		35,629.	144,546.
	LAND														
1	LAND	04/30/09		.000	HY	16	5,146,351.				5,146,351.			0.	
	* 990 PAGE 10 TOTAL LAND						5,146,351.				5,146,351.	0.		0.	0.
	OTHER														
15	COMPUTERS & SOFTWARE	VARIOUS		.000	HY	16	474,378.				474,378.	48,140.		87,797.	135,937.
20	LAND IMPROVEMENTS	VARIOUS		.000	HY	16	2,615,308.				2,615,308.	1,932,656.		138,444.	2,071,100.
22	CONSTRUCTION IN PROGRESS	VARIOUS		.000	HY	16	91,268.				91,268.			0.	
	* 990 PAGE 10 TOTAL OTHER						3,180,954.				3,180,954.	1,980,796.		226,241.	2,207,037.
	* GRAND TOTAL 990 PAGE 10 DEPR						26,299,071.				26,299,071.	6,116,955.		638,319.	5,755,274.

928111 04-01-19

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone