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**ARMANINO <sup>LLP</sup>**

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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning JUL 1, 2021 and ending JUN 30, 2022

Form header section containing organization name (HUMANE SOCIETY SILICON VALLEY), address (901 AMES AVENUE, MILPITAS, CA 95035), EIN (94-1196215), and other identifying information.

Part I Summary

Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, member counts, revenue breakdown, and expense breakdown.

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.

Signature block section with fields for officer signature (KURT KRUKENBERG), preparer name (MATTHEW PETROSKI), and firm information (ARMANINO LLP).

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [ ] No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE MISSION OF THE ORGANIZATION IS TO SAVE AND ENHANCE LIVES.

(SEE SCHEDULE O FOR CONTINUATION)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 5,407,505. including grants of \$ ) (Revenue \$ 1,084,249. ) PROGRAMS TO SAVE LIVES - ADOPTION AND ANIMAL CARE:

-ADOPTIONS 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 CENTER IN WEST SAN JOSE. THE ORGANIZATION PROVIDES SEVERAL ONGOING DISCOUNTS TO MAKE ADOPTION MORE AFFORDABLE TO MEMBERS OF THE PUBLIC, INCLUDING:

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

4b (Code: ) (Expenses \$ 3,703,112. including grants of \$ ) (Revenue \$ 191,602. ) 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.

-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.

-FREE SPAY AND NEUTER SERVICES

4c (Code: ) (Expenses \$ 1,689,903. including grants of \$ ) (Revenue \$ 899,720. ) 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. DURING THE YEAR ENDED JUNE 30, 2022, OVER 1,200 PARTICIPANTS ATTENDED CLASSES.

-PET STORE OFFERS PRODUCTS AND INFORMATION IN AREAS LIKE NUTRITION, BASIC BEHAVIOR AND TRAINING TOOLS, GROOMING, DEVELOPMENTAL TOYS, SUPPLEMENTS, AND OTHER PRODUCTS.

-ANIMAL BEHAVIOR COUNSELING COUNSELS POST-ADOPTION AND PRE-SURRENDER

4d Other program services (Describe on Schedule O.) (Expenses \$ 502,096. including grants of \$ 30,000.) (Revenue \$ )

4e Total program service expenses 11,302,616.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	X	
<b>3</b> 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
<b>4 Section 501(c)(3) organizations.</b> 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
<b>5</b> 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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		X
<b>6</b> 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
<b>7</b> 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
<b>8</b> 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
<b>9</b> 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
<b>10</b> 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	
<b>11</b> 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.		
<b>a</b> 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>b</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	
<b>c</b> 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
<b>d</b> 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
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....		X
<b>f</b> 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	
<b>12a</b> 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>b</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
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		X
<b>b</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
<b>15</b> 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
<b>16</b> 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
<b>17</b> 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> See instructions .....	X	
<b>18</b> 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	
<b>19</b> 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
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> 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)

Table with 3 columns: Question number, Yes, No. Rows 22-38 detailing various organizational requirements and reporting obligations.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 12; 1b Enter the number of voting members included... 12; 2 Did any officer, director, trustee, or key employee have a family relationship...; 3 Did the organization delegate control over management duties...; 4 Did the organization make any significant changes to its governing documents...; 5 Did the organization become aware during the year of a significant diversion of the organization's assets...; 6 Did the organization have members or stockholders...; 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...; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body...; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe on 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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; b Other officers or key employees of the organization; 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?; 16b 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?

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. [X] Own website [X] Another's website [X] 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 FARIDEH ESHAGH - (408)262-2133 901 AMES AVENUE, MILPITAS, CA 95035

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) KURT KRUKENBERG PRESIDENT	40.00			X			288,337.	0.	5,320.	
(2) STEPHANIE LADEIRA VICE PRESIDENT DEVELOPMENT	40.00				X		206,840.	0.	13,547.	
(3) CRISTIE KAMIYA CHIEF OF SHELTER MEDICINE	40.00			X			205,524.	0.	13,561.	
(4) CANDICE BALMACEDA VP OF FINANCE	40.00			X			195,680.	0.	13,163.	
(5) JOANNE JACOBS CHIEF OF OPERATIONS	40.00			X			194,448.	0.	12,977.	
(6) MARIA YVONNE SAUCEDO VP HR VOLUNTEER PROG & HUM	40.00				X		158,951.	0.	11,510.	
(7) ANDREA MOORE STAFF VETERINARIAN	30.00				X		159,541.	0.	2,776.	
(8) DAVID WHITMAN VP, CREATIVE DEVELOPMENT	40.00				X		149,121.	0.	12,229.	
(9) JENNIFER DALMASSO LEAD VETERINARIAN	40.00				X		133,768.	0.	12,308.	
(10) REBECCA RANNINGER OWEN BOARD CHAIR	2.00	X		X			0.	0.	0.	
(11) SHANNON WAAS VICE CHAIR	2.00	X		X			0.	0.	0.	
(12) PETER DETKIN SECRETARY (THRU 01/22)	2.00	X		X			0.	0.	0.	
(13) STEVEN R. RODGERS SECRETARY	2.00	X		X			0.	0.	0.	
(14) CHRISTY RICHARDSON TREASURER	2.00	X		X			0.	0.	0.	
(15) ANDREA BORCH BOARD MEMBER	2.00	X					0.	0.	0.	
(16) BLYTHE JACK BOARD MEMBER	2.00	X					0.	0.	0.	
(17) BRENDA SWINEY BOARD MEMBER	2.00	X					0.	0.	0.	



**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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) DEBBIE VANDERZWAAG BOARD MEMBER (AS OF 09/21)	2.00	X						0.	0.	0.
(19) SUE DIEKMAN BOARD MEMBER	2.00	X						0.	0.	0.
(20) SALLY HAZARD BOURGOIN BOARD MEMBER (AS OF 08/21)	2.00	X						0.	0.	0.
(21) SHIRLEY CHEN LEE BOARD MEMBER	2.00	X						0.	0.	0.
(22) ANDIE SOBRATO BOARD MEMBER (AS OF 08/21)	2.00	X						0.	0.	0.
(23) ALLISON BUCHANAN BOARD MEMBER (THRU 09/21)	2.00	X						0.	0.	0.
<b>1b Subtotal</b> .....								1,692,210.	0.	97,391.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								1,692,210.	0.	97,391.

**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 **14**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i> .....	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		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	1,084,407.
WESTON CONSTRUCTION, 17500 DEPOT ST SUITE 200, MORGAN HILL, CA 95037	CONSTRUCTION SERVICES	187,648.
COMPONERE FINE CATERING 5836 SAN PABLO AVE, EMERYVILLE, CA 94608	CATERING SERVICES	140,440.
THE OLYMPIC CLUB 524 POST ST, SAN FRANCISCO, CA 94102	SPECIAL EVENTS VENUE	106,998.
CANINE HIGHER LEARNING 1420 MAPLE AVE UNIT B, SAN MARTIN, CA 95046	DOG TRAINING SERVICES	106,442.

**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 **5**

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	141,367.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	1,601,500.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	14,775,503.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 427,329.				
	<b>h Total.</b> Add lines 1a-1f .....			16,518,370.			
<b>Program Service Revenue</b>	<b>2 a</b> SAVE LIVES & PLACEMENT	<b>Business Code</b>					
		900099	1,084,251.	1,084,251.			
	<b>b</b> CONTRACTS WITH GOVT AG	900099	480,139.	480,139.			
	<b>c</b> COMMUNITY PROGRAMS	900099	333,595.	333,595.			
	<b>d</b> MEDICAL SERVICES	900099	191,602.	191,602.			
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....			2,089,587.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		568,454.			568,454.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	10,236,820.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	10,336,638.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>	-99,818.				
	<b>d</b> Net gain or (loss) .....			-99,818.		-99,818.	
<b>8 a</b> Gross income from fundraising events (not including \$ 141,367. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		1,328,457.				
			1,328,268.				
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....			189.		189.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>		5,947.				
			0.				
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....			5,947.		5,947.		
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>		239,737.				
			153,753.				
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....			85,984.	85,984.			
<b>Miscellaneous Revenue</b>	<b>11 a</b> MISCELLANEOUS	<b>Business Code</b>					
		900099	18,163.			18,163.	
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
<b>e Total.</b> Add lines 11a-11d .....			18,163.				
<b>12 Total revenue.</b> See instructions .....			19,186,876.	2,175,571.	0.	492,935.	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	30,000.	30,000.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	967,471.	555,085.	316,185.	96,201.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	7,172,521.	6,090,626.	339,529.	742,366.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	150,470.	128,075.	10,784.	11,611.
<b>9</b> Other employee benefits	869,536.	723,934.	74,458.	71,144.
<b>10</b> Payroll taxes	550,391.	464,820.	27,995.	57,576.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	24,951.	19,329.	4,411.	1,211.
<b>c</b> Accounting	56,563.		56,563.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17	1,298,779.			1,298,779.
<b>f</b> Investment management fees	118,814.		118,814.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	604,539.	501,957.	52,596.	49,986.
<b>12</b> Advertising and promotion	83,739.	83,739.		
<b>13</b> Office expenses	122,602.	76,785.	14,522.	31,295.
<b>14</b> Information technology	321,296.	260,436.	27,867.	32,993.
<b>15</b> Royalties				
<b>16</b> Occupancy	492,041.	449,032.	28,475.	14,534.
<b>17</b> Travel	42,331.	36,801.	1,620.	3,910.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	33,771.	28,340.	3,189.	2,242.
<b>20</b> Interest	24,374.	22,407.	1,201.	766.
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	701,859.	645,211.	34,591.	22,057.
<b>23</b> Insurance	105,400.	91,722.	6,497.	7,181.
<b>24</b> 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.)				
<b>a</b> OPERATING SUPPLIES	851,083.	835,087.	128.	15,868.
<b>b</b> COMM. & DIRECT MAIL	222,048.	60,167.		161,881.
<b>c</b> OTHER MISC EXPENSE	165,994.	91,980.	11,961.	62,053.
<b>d</b> OTHER BOND COSTS	116,485.	107,083.	5,741.	3,661.
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	15,127,058.	11,302,616.	1,137,127.	2,687,315.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	3,034,018.	<b>1</b>	2,297,210.
	<b>2</b> Savings and temporary cash investments .....	2,558,553.	<b>2</b>	2,498,440.
	<b>3</b> Pledges and grants receivable, net .....	6,488,293.	<b>3</b>	10,167,607.
	<b>4</b> Accounts receivable, net .....	55,850.	<b>4</b>	218,261.
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	93,039.	<b>8</b>	81,915.
	<b>9</b> Prepaid expenses and deferred charges .....	496,579.	<b>9</b>	101,827.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 26,899,952.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 8,121,756.		
		19,079,430.	<b>10c</b>	18,778,196.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	32,547,386.	<b>12</b>	29,014,513.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
<b>15</b> Other assets. See Part IV, line 11 .....	335,505.	<b>15</b>	429,784.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	64,688,653.	<b>16</b>	63,587,753.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,134,182.	<b>17</b>	1,179,714.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	81,856.	<b>19</b>	125,385.
	<b>20</b> Tax-exempt bond liabilities .....	9,593,600.	<b>20</b>	9,157,633.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	1,601,500.	<b>25</b>	0.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	12,411,138.	<b>26</b>	10,462,732.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	40,565,066.	<b>27</b>	38,291,462.
	<b>28</b> Net assets with donor restrictions .....	11,712,449.	<b>28</b>	14,833,559.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	52,277,515.	<b>32</b>	53,125,021.
	<b>33</b> Total liabilities and net assets/fund balances .....	64,688,653.	<b>33</b>	63,587,753.

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	19,186,876.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	15,127,058.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	4,059,818.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	52,277,515.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-3,212,312.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	53,125,021.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on 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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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.
- 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? .....
- 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 .....

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

Form **990** (2021)

**SCHEDULE A**  
**(Form 990)**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

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).)
- 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 on 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		
<b>Total</b>						

**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	9,892,908.	9,496,869.	14,968,808.	18,489,738.	16,518,370.	69,366,693.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	9,892,908.	9,496,869.	14,968,808.	18,489,738.	16,518,370.	69,366,693.
<b>5</b> 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) .....						14,680,986.
<b>6 Public support.</b> Subtract line 5 from line 4.						54,685,707.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	9,892,908.	9,496,869.	14,968,808.	18,489,738.	16,518,370.	69,366,693.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	566,091.	847,105.	685,402.	567,244.	568,454.	3,234,296.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	726,930.	685,629.	184,480.	97,548.	1,352,567.	3,047,154.
<b>11 Total support.</b> Add lines 7 through 10						75,648,143.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	12,247,167.
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	72.29 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	74.95 %
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2020.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2021.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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"/>	

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

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on 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.

14 First 5 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

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2021. 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 - 2020. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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>b</b> Did one or more disqualified persons (as defined on 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>		
<b>c</b> Did a disqualified person (as defined on 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>		
<b>10a</b> 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 line 10b below.</i>		
<b>b</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)

Table with 3 columns: Question, Yes, No. Contains questions 11a, 11b, 11c regarding gift acceptance.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains questions 1 and 2 regarding governing body powers and organization benefits.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains question 1 regarding directors/trustees of supported organizations.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains questions 1, 2, 3 regarding support provided, officers, and investment policies.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains questions 1-3 regarding the Integral Part Test and activities.

**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.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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	<b>Distributable Amount.</b> 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).		

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2021 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2021</b>	<b>(iii) Distributable Amount for 2021</b>
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017			
<b>b</b> Excess from 2018			
<b>c</b> Excess from 2019			
<b>d</b> Excess from 2020			
<b>e</b> Excess from 2021			

Schedule A (Form 990) 2021



**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ **Attach to Form 990 or Form 990-PF.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2021**

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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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), 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).

Name of organization  HUMANE SOCIETY SILICON VALLEY	Employer identification number  94-1196215
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**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	<hr/> <hr/> <hr/>	\$ 3,030,020.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 2,010,324.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 750,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 726,328.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 451,596.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 405,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  HUMANE SOCIETY SILICON VALLEY	Employer identification number  94-1196215
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**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
7	<hr/> <hr/> <hr/>	\$ 389,292.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 368,742.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 1,601,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  HUMANE SOCIETY SILICON VALLEY	Employer identification number  94-1196215
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**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
1	GIANTS FIELD CLUB SEATS FOR HSSV CARNIVAL AND 7 BOTTLES OF WINE <hr/> <hr/>	\$ 2,100.	06/30/22
2	SHARKS CLUB LEVEL SEATS FOR HSSV CARNIVAL <hr/> <hr/>	\$ 324.	06/30/22
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____

Name of organization  HUMANE SOCIETY SILICON VALLEY	Employer identification number  94-1196215
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**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
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

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

2021

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form for Part II Conservation Easements. Includes checkboxes for types of easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and National Register listings), and questions 3-9 regarding monitoring, expenses, and reporting.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a-1b regarding reporting requirements and questions 2a-2b regarding revenue and assets for financial gain.

**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
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 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:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on 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	4,859,829.	3,979,409.	3,765,035.	3,459,064.	3,416,913.
b Contributions	238,588.	57,940.	226,901.	300,000.	
c Net investment earnings, gains, and losses	-542,308.	1,046,102.	199,945.	214,651.	250,838.
d Grants or scholarships					
e Other expenditures for facilities and programs	236,427.	223,622.	212,472.	208,680.	208,687.
f Administrative expenses					
g End of year balance	4,319,682.	4,859,829.	3,979,409.	3,765,035.	3,459,064.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  .0000 %
  - b Permanent endowment  88.0800 %
  - c Term endowment  11.9200 %
- 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:
- |   | Yes                      | No                                  |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
- 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		16,399,991.	4,310,891.	12,089,100.
c Leasehold improvements				
d Equipment		1,732,327.	1,132,699.	599,628.
e Other		3,621,283.	2,678,166.	943,117.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				18,778,196.

**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	11,416,024.	END-OF-YEAR MARKET VALUE
(B) EQUITY MUTUAL FUNDS	10,936,516.	END-OF-YEAR MARKET VALUE
(C) CERTIFICATES OF DEPOSIT	6,661,973.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	29,014,513.	

**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)		
<b>Total.</b> (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)	
<b>Total.</b> (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.

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

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 ...

**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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	15,890,585.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-3,212,312.	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	34,835.	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	-3,177,477.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	19,068,062.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	118,814.	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	118,814.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	19,186,876.

**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.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	15,043,079.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>	34,835.	
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	34,835.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	15,008,244.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	118,814.	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	118,814.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	15,127,058.

**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, 2019 AND BEYOND REMAIN SUBJECT TO POSSIBLE  
 EXAMINATION BY THE INTERNAL REVENUE SERVICE. THE ORGANIZATION'S CALIFORNIA  
 RETURNS OF THE TAX YEARS ENDED JUNE 30, 2018 AND BEYOND REMAIN SUBJECT TO  
 POSSIBLE EXAMINATION BY THE FRANCHISE TAX BOARD.

**SCHEDULE G  
(Form 990)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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.

**2021**

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public Inspection**

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

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

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 GATEWAY COMMUNICATIONS - 16805 NE MASON CT, PORTLAND, DV CANVASS, LLC - 11710 PLAZA AMERICA DR, SUITE 2000, FIFTY ROCK CONSULTING - 33 KIHALANI LOOP UNIT 407, KIHEI STELTER - PO BOX 5228, DES MOINES, IA 50305-5228	DIRECT MAIL/ONLINE FR CAMPAIGNS/NEWS LETTER AND VEHICLE DONATION SERVICES TELEMARKETING SERVICES TELEMARKETING SERVICES FUNDRAISING CONSULTING SITE HOSTING & NEWSLETTERS		X	1,842,135.	1,037,838.	804,297.
		X		154,730.	26,400.	128,330.
			X	48,981.	33,859.	15,123.
			X	5,638.	114,015.	-108,377.
			X	0.	58,495.	-58,495.
			X	0.	27,819.	-27,819.
<b>Total</b>				<b>2,051,484.</b>	<b>1,298,426.</b>	<b>753,059.</b>

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.

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO  
MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY



**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))
		THE FURBALL (event type)	GOLF TOURNAMENT (event type)	1 (total number)	
Revenue	<b>1</b> Gross receipts .....	1,282,184.	187,640.		1,469,824.
	<b>2</b> Less: Contributions .....	79,367.	62,000.		141,367.
	<b>3</b> Gross income (line 1 minus line 2) .....	1,202,817.	125,640.		1,328,457.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....	88,424.	5,812.		94,236.
	<b>6</b> Rent/facility costs .....	427,736.	106,998.		534,734.
	<b>7</b> Food and beverages .....		249.		249.
	<b>8</b> Entertainment .....	471,240.			471,240.
	<b>9</b> Other direct expenses .....	199,258.	24,551.	4,000.	227,809.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				1,328,268.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				189.	

**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	<b>1</b> Gross revenue .....				
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> 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	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				
	<b>8</b> 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

(II) ACTIVITY: DIRECT MAIL/ONLINE FR CAMPAIGNS/NEWS LETTER AND CALENDAR

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

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

**Part IV** Supplemental Information *(continued)*

(I) NAME OF FUNDRAISER: GATEWAY COMMUNICATIONS

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

(I) NAME OF FUNDRAISER: DV CANVASS, LLC

(I) ADDRESS OF FUNDRAISER:

11710 PLAZA AMERICA DR, SUITE 2000, RESTON, VA 20190

(I) NAME OF FUNDRAISER: FIFTY ROCK CONSULTING

(I) ADDRESS OF FUNDRAISER: 33 KIHALANI LOOP UNIT 407, KIHEI MAUI, HI 96753

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

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

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
RUFF HAVEN 1370 S 400 W SALT LAKE CITY, UT 84115	85-0838808	501(C)(3)	10,000.	0.			UNRESTRICTED: TO SUPPORT LIFESAVING EFFORTS FOR HOMELESS ANIMALS IN THE LOCAL COMMUNITY
ASSISI ANIMAL CLINICS OF VIRGINIA INC. - 415 CAMPBELL AVE SW - ROANOKE, VA 24016	54-2021941	501(C)(3)	10,000.	0.			UNRESTRICTED: TO SUPPORT LIFESAVING EFFORTS FOR HOMELESS ANIMALS IN THE LOCAL COMMUNITY
HUMANE SOCIETY OF UTAH 4242 SOUTH 300 WEST MURRAY, UT 84107	87-0256350	501(C)(3)	10,000.	0.			UNRESTRICTED: TO SUPPORT LIFESAVING EFFORTS FOR HOMELESS ANIMALS IN THE LOCAL COMMUNITY

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table  3.

3 Enter total number of other organizations listed in the line 1 table  0.

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

Schedule I (Form 990) 2021

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

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**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2021**

Open to Public Inspection

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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

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

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

Schedule J (Form 990) 2021

**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 and/or 1099-NEC 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) KURT KRUKENBERG PRESIDENT	(i)	288,257.	0.	80.	4,963.	357.	293,657.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) STEPHANIE LADEIRA VICE PRESIDENT DEVELOPMENT	(i)	206,435.	0.	405.	3,852.	9,695.	220,387.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CRISTIE KAMIYA CHIEF OF SHELTER MEDICINE	(i)	205,278.	0.	246.	3,865.	9,696.	219,085.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CANDICE BALMACEDA VP OF FINANCE	(i)	195,625.	0.	55.	3,493.	9,670.	208,843.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JOANNE JACOBS CHIEF OF OPERATIONS	(i)	194,293.	0.	155.	3,310.	9,667.	207,425.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MARIA YVONNE SAUCEDO VP HR VOLUNTEER PROG & HUM	(i)	158,521.	0.	430.	2,891.	8,619.	170,461.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ANDREA MOORE STAFF VETERINARIAN	(i)	159,511.	0.	30.	2,524.	252.	162,317.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) DAVID WHITMAN VP, CREATIVE DEVELOPMENT	(i)	149,091.	0.	30.	2,623.	9,606.	161,350.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(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 UPON SUBMISSION OF RECEIPTS.

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](http://www.irs.gov/Form990) for instructions and the latest information.**

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

<b>Part I Bond Issues</b>		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
<b>A</b>	CALIFORNIA ENTERPRISE DEVELOPMENT AUTHORITY	35-2273601	13067RAE3	04/30/08	16,000,000.	FINANCE THE CONSTRUCTION, EQUIPPING AND FURNISHING		X		X		X
<b>B</b>												
<b>C</b>												
<b>D</b>												

<b>Part II Proceeds</b>		<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
<b>1</b>	Amount of bonds retired .....	6,550,000.							
<b>2</b>	Amount of bonds legally defeased .....								
<b>3</b>	Total proceeds of issue .....	16,000,000.							
<b>4</b>	Gross proceeds in reserve funds .....								
<b>5</b>	Capitalized interest from proceeds .....								
<b>6</b>	Proceeds in refunding escrows .....								
<b>7</b>	Issuance costs from proceeds .....	320,000.							
<b>8</b>	Credit enhancement from proceeds .....	239,151.							
<b>9</b>	Working capital expenditures from proceeds .....								
<b>10</b>	Capital expenditures from proceeds .....	15,440,849.							
<b>11</b>	Other spent proceeds .....								
<b>12</b>	Other unspent proceeds .....								
<b>13</b>	Year of substantial completion .....	2010							
		<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>14</b>	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						
<b>15</b>	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? .....		X						
<b>16</b>	Has the final allocation of proceeds been made? .....	X							
<b>17</b>	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) 2021

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? .....		X						
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? .....		X						
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? .....		X						
<b>b</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?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? .....		X						
<b>d</b> 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? ...								
<b>4</b> 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 .....		%		%		%		%
<b>5</b> 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 .....		%		%		%		%
<b>6</b> Total of lines 4 and 5 .....		%		%		%		%
<b>7</b> Does the bond issue meet the private security or payment test? .....	X							
<b>8a</b> 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>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....		%		%		%		%
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....								
<b>9</b> 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
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? .....		X						
<b>2</b> If "No" to line 1, did the following apply?								
<b>a</b> Rebate not due yet? .....		X						
<b>b</b> Exception to rebate? .....	X							
<b>c</b> No rebate due? .....		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed .....								
<b>3</b> 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
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? .....		X						
<b>b</b> Name of provider .....								
<b>c</b> Term of hedge .....								
<b>d</b> Was the hedge superintegrated? .....								
<b>e</b> Was the hedge terminated? .....								
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)? .....		X						
<b>b</b> Name of provider .....								
<b>c</b> Term of GIC .....								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? .....								
<b>6</b> Were any gross proceeds invested beyond an available temporary period? .....		X						
<b>7</b> 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)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to [www.irs.gov/Form990](http://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	60	133,751.	PROC. NET OF REPAIRS
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	39	214,006.	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 ( ANIMAL & MEDI )	X	288	63,759.	FMV
26 Other ( AUCTION ITEMS )	X	8	15,813.	LOWER OF FMV/AUCTION
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 V, Donee Acknowledgement **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
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?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
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.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

**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):

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

SCHEDULE M, LINE 32B:

THE ORGANIZATION USES THIRD PARTIES TO PROCESS AND SELL ALL AUTO DONATIONS. THE ORGANIZATION RECEIVES A NET CHECK FROM THE THIRD PARTIES.

	AMOUNT	% OF GROSS	% OF AVAILABLE
GROSS RECEIPTS (BID PRICE)	156,230		
COSTS OF REPAIR ETC.	-22,479	14%	
NET AVAILABLE	133,751		
FEE TO 3RD PARTIES	-26,753	17%	20%
NET TO HSSV	106,998	68%	80%
		100%	100%

IN ADDITION, BUYERS ALSO PAY FEES NOT LISTED ABOVE.

**SCHEDULE O  
(Form 990)**

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 Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

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, PROVIDING ANIMALS IN THE COMMUNITY AND  
 BEYOND WITH EXPERT CARE. THE ORGANIZATION SERVES AS A SAFETY NET FOR  
 BOTH PETS AND PEOPLE IN NEED OF RESOURCES AND PROGRAMS TO KEEP THEM  
 HAPPY, HEALTHY, AND SAFE. IT 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 DELIVERS ITS MISSION IMPACT THROUGH  
 ACCOUNTABILITY, ENGAGEMENT, INNOVATION AND TRANSPARENCY. THE  
 ORGANIZATION INVESTS RESOURCES ACROSS THREE KEY AREAS: PROGRAMS TO SAVE  
 THE LIVES OF ANIMALS; COMMUNITY PROGRAMS FOR PETS AND THEIR PEOPLE; AND  
 ADVANCING ANIMAL WELFARE. SPECIFICALLY, THE ORGANIZATION:

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

DONE SO SINCE 2006. DURING THE YEAR ENDED JUNE 30, 2022, THE

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

INCLUDING MANY NEEDING REHABILITATION OR EXTENDED TREATMENT. SAVE RATE

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

Schedule O (Form 990) 2021

132211 11-11-21

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

IS CALCULATED USING THE TOTAL NUMBER OF ANIMALS THAT ENTERED THE  
 SHELTER, ADOPTIONS, ANIMALS RETURNED TO OWNERS, ANIMALS TRANSFERRED TO  
 OTHER AGENCIES OR COLONIES, ANIMALS EUTHANIZED, AND ANIMALS THAT DIED  
 IN CARE.

-TAKES IN MORE THAN 6,800 ANIMALS PER YEAR, INCLUDING OVER 3,100  
 ANIMALS BROUGHT IN FROM SHELTERS THROUGH THE REGIONAL RESCUE PROGRAM.

-IN ADDITION TO FINDING HOMES FOR OVER 6,100 ANIMALS ACROSS MULTIPLE  
 ADOPTION LOCATIONS, 44 WERE REUNITED WITH THEIR FAMILIES AND OVER 170  
 WERE TRANSFERRED OUT TO RESCUE GROUPS AND MANAGED CAT COLONIES.

-PERFORMS MORE THAN 7,300 SPAY/NEUTER SURGERIES PER YEAR.

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 BEHAVIOR SUPPORT.

Name of the organization HUMANE SOCIETY SILICON VALLEY	Employer identification number 94-1196215
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--PROVIDING FREE PET FOOD TO COMMUNITY MEMBERS WHO CANNOT AFFORD TO FEED THEIR PETS THROUGH THE PET PANTRY.

--IMPLANTING MICROCHIPS AND PROVIDING VACCINATION SERVICES AT A LOW COST TO PUBLIC CLIENT ANIMALS.

-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.

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 NEED. IN THE YEAR ENDED JUNE 30, 2022, OVER 2,500 ANIMALS WERE PLACED IN FOSTER CARE. AS SILICON VALLEY HAS BECOME MORE SELF-SUSTAINING, THE ORGANIZATION HAS EXPANDED ITS GEOGRAPHIC REACH TO HELP ANIMALS



Name of the organization HUMANE SOCIETY SILICON VALLEY	Employer identification number 94-1196215
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THROUGHOUT CALIFORNIA. THROUGH THE REGIONAL RESCUE PROGRAM, THE ORGANIZATION BROUGHT IN 875 ANIMALS FROM WITHIN SILICON VALLEY AND OVER 3,100 ANIMALS FROM OUTSIDE OF SILICON VALLEY DURING THE YEAR ENDED JUNE 30, 2022.

--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.

--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.

TWENTY-THREE SPAY/NEUTER SURGERIES WERE COMPLETED THROUGH THIS PROGRAM

Name of the organization HUMANE SOCIETY SILICON VALLEY	Employer identification number 94-1196215
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DURING THE YEAR ENDED JUNE 30, 2022.

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

RELEASE (TNR) SERVICES. TO LOWER THE NUMBER OF HOMELESS CATS IN SANTA

CLARA COUNTY, 1,147 SPAY/NEUTER SURGERIES WERE PROVIDED TO HOMELESS

COMMUNITY CATS THROUGH THE TNR PROGRAM DURING THE YEAR ENDED JUNE 30,

2022.

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

PRACTICES AND IMPROVE THEIR STANDARDS OF CARE AND CAPACITY TO SAVE

LIVES.

-PROVIDES EDUCATION TO FUTURE AND CURRENT SHELTER VETERINARIANS,

VETERINARY TECHNICIANS, AND ANIMAL SHELTER EMPLOYEES.

\*STATISTICS UNAUDITED

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

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.

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

-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

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:

--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

Name of the organization HUMANE SOCIETY SILICON VALLEY	Employer identification number 94-1196215
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HUMANE SOCIETY SILICON VALLEY'S MEDICAL CENTER AND THROUGH MOBILE CLINICS.

--THE 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 PROVIDES SPAY/NEUTER AND WELLNESS SERVICES TO THE PETS OF PEOPLE EXPERIENCING HOMELESSNESS IN THE COMMUNITY.

--TRAP-NEUTER-RETURN (TNR) SERVICES FOR COMMUNITY CATS 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.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:  
PET OWNERS EXPERIENCING BEHAVIORAL CHALLENGES WITH THEIR PETS. 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

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

-VOLUNTEER PROGRAMS ENGAGE 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, FOSTER

PARENTS, ANIMAL TRANSPORTERS, AND SPECIAL EVENT COORDINATORS.

-EDUCATION OFFERS A VARIETY OF PROGRAMS, INCLUDING A VIRTUAL SUMMER

CAMP, VIRTUAL FIELD TRIPS, AND A PROGRAM FOR HIGH SCHOOL STUDENTS TO

VOLUNTEER IN A RANGE OF ROLES.

PROGRAMS TO ADVANCE ANIMAL WELFARE: APPRENTICESHIPS FOR KNOWLEDGE

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

TRANSFER

- THE ORGANIZATION, THROUGH THE CHIEF OF MEDICINE AND STAFF, PROVIDED

CONSULTATIONS FOR A RANGE OF ORGANIZATIONS, FROM NATIONAL EDUCATION

PROGRAMS TO LOCAL SHELTERS ACROSS THE COUNTRY. TOPICS RANGED FROM

MEDICAL PROTOCOLS AND PRACTICES, TO SHELTER PROCESSES AND OPERATIONS,

AND COVID-RELATED ADAPTATIONS TO PROGRAMS AND PROCESSES.

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

MUTUAL RESCUE:

-MUTUAL RESCUE IS A NATIONAL INITIATIVE CREATED BY HUMANE SOCIETY

SILICON VALLEY TO CHANGE THE CONVERSATION AROUND ANIMAL WELFARE FROM

"PEOPLE OR ANIMALS" TO "PEOPLE AND ANIMALS."

-MUTUAL RESCUE BRINGS STORIES ABOUT HOW SHELTER ANIMALS HAVE CHANGED

THE LIVES OF PEOPLE FOR THE BETTER TO THE WORLD STAGE. 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 PROGRAMS LIKE DOGGY DAY OUT THAT BENEFIT BOTH ANIMALS AND

HUMANS

EXPENSES \$ 502,096. INCLUDING GRANTS OF \$ 30,000. 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.

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

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