PUBLIC DISCLOSURE COPY

PLEASE FILE IN A SAFE PLACE

ARMANINO^{LLP}

12657 Alcosta Blvd., Suite 500 San Ramon, CA 94583 ph 925.790.2600 fx 925.790.2601

Form	990
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** PUBLIC DISCLOSURE COPY **

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

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

Department of the Treasury Internal Revenue Service

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



AF	or th	e 2021 calendar year, or tax year beginning JUL 1, 2021 and e	ending J	UN 30, 2022								
B (Check if Ipplicab	e: C Name of organization		D Employer identif	ication number							
	Address HUMANE SOCIETY SILICON VALLEY											
	Initial return	er										
	Final return			408-262-213								
_	termin ated			G Gross receipts \$	31,005,535.							
	Amen return	MILFITAS, CA 95055		H(a) Is this a group r								
	Applio tion pendi	F Name and address of principal officer: North KROKENDERG		for subordinate								
		SAME AS C ABOVE		H(b) Are all subordinates								
		empt status: $X = 501(c)(3) = 501(c) () = (insert no.) = 4947(a)(1) o = 0.000000000000000000000000000000000$	or 527	1 '	a list. See instructions							
				H(c) Group exemption								
	orm o art I	f organization: X Corporation Trust Association Other ► Summary	L Year	of formation: 1929	M State of legal domicile: CA							
ГС		Briefly describe the organization's mission or most significant activities: THE MIS	STON OF	THE ORGANIZATION	1							
e	'	IS TO SAVE AND ENHANCE LIVES.										
Governance	2	Check this box	ed of more	than 25% of its not as	eate							
/err	3			3								
ĝ	4	Number of independent voting members of the governing body (Part VI, line 12)										
<u>م</u>	1 -	Total number of individuals employed in calendar year 2021 (Part V, line 2a)										
ities		Total number of volunteers (estimate if necessary)			165 1989							
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.							
Ă		Net unrelated business taxable income from Form 990-T, Part I, line 11										
		· · · · · · · · · · · · · · · · · · ·		Prior Year	Current Year							
-	8	Contributions and grants (Part VIII, line 1h)		18,489,738.	16,518,370.							
Revenue	9	Program service revenue (Part VIII, line 2g)		1,654,273.	2,089,587.							
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,664,662.	468,636.							
£	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		77,957.	110,283.							
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		21,886,630.	19,186,876.							
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		100,000.	30,000.							
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.							
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		8,964,915.	9,710,389.							
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		418,734.	1,298,779.							
ed y	b	Total fundraising expenses (Part IX, column (D), line 25)	315.									
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,242,028.	4,087,890.							
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		13,725,677.	, ,							
	19	Revenue less expenses. Subtract line 18 from line 12		8,160,953.	4,059,818.							
S OL			Ве	ginning of Current Year	End of Year							
sets	20	Total assets (Part X, line 16)		64,688,653.	· · ·							
As As	21	Total liabilities (Part X, line 26)		12,411,138.	, ,							
Inet		Net assets or fund balances. Subtract line 21 from line 20		52,277,515.	53,125,021.							
Pa	art II	Signature Block										

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

Sign	Signature of officer		Date	1								
Here	KURT KRUKENBERG, PRESIDENT	KURT KRUKENBERG, PRESIDENT										
	Type or print name and title											
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN								
Paid	MATTHEW PETROSKI	MATTHEW PETROSKI	04/21/23 ^{II} self-employed P00853132									
Preparer	Firm's name ARMANINO LLP		Firm	's EIN ▶ 94-6214841								
Use Only	Firm's address 🔊 50 W. SAN FERNANDO S	ST, STE 500										
	SAN JOSE, CA 95113 Phone no.408											
May the IF	RS discuss this return with the preparer show	n above? See instructions		X Yes No								
	LUIA For Device when Device the Act	Netter and the second state to the state of the										

	990 (2021) HUMANE SOCIETY SILICON VALLEY	94-11962	215 Page 2
Pa	t III Statement of Program Service Accomplishments		T
_	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	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 t	he	
	prior Form 990 or 990-EZ?		Yes X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	ces?	
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program service Section $501(a)(4)$ and $501(a)(4)$ program service accomplishments for each of its three largest program service services are required to report the amount of graphs and allocations to		•
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to revenue, if any, for each program service reported.	ouriers, the total ex	penses, and
4a	(Code:) (Expenses \$5,407,505. including grants of \$)	(Revenue \$	1,084,249.
Ĩ	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		191,602.
4b	(Code:) (Expenses \$3,703,112. including grants of \$) PROGRAMS TO SAVE LIVES - MEDICAL SERVICES:	(Revenue \$	191,002.
	-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		
	1 (00 002		000 500
4c	(Code:) (Expenses \$1,689,903. including grants of \$) COMMUNITY PROGRAMS FOR PEOPLE AND PETS:	(Revenue \$	899,720.
	COMMONITY FROGRAMS FOR FEOFLE AND FEIS:		
	-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.)		
4d	Other program services (Describe on Schedule O.) (Expenses \$ 502,096. including grants of \$ 30,000.) (Revenue \$)
4d 4e	Other program services (Describe on Schedule O.))
4e	Other program services (Describe on Schedule O.) (Expenses \$ 502,096. including grants of \$ 30,000.) (Revenue \$) Form 990 (2021

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Form 990 (2021) HUMANE SOCIETY SIT HUMANE SOCIETY SILICON VALLEY

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	-		
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	•		х
~	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	•		x
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	x	
11	or in quasi endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,	10		
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			17
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-	х	
40	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10	х	
10	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	18		<u> </u>
19		10		x
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
zua b		20a 20b		
21	It "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		<u> </u>
- 1	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21	х	
132003				(2021)

132003 12-09-21

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FUIII	990	(2021)

HUMANE SOCIETY SILICON VALLEY

22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part X. column (A). Ine 27: #rys_1 complete Schedule (, Part I and III 20 Did the organization asset "The Part VII. Schedule A. June 31: 40, 51. Bould compensation of the organization is current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule 41. Who," go to ine 28: 20: 71 (Yes, "answer lines 24: through 24 and complete Schedule 41. Who," go to ine 28: 20: 71 (Yes, "answer lines 24: through 24 and complete Schedule 41. Who," go to ine 28: 20: 71 (Yes, "answer lines 24: through 24 and complete Schedule 41. Who," go to ine 28: 20: 71 (Yes, "answer lines 24: through 24 and complete Schedule 41. Who," go to ine 28: 20: 71 (Yes, "answer lines 24: through 24 and complete Schedule 41. Who," go to ine 28: 20: 71 (Yes, "answer lines 24: through 24 and complete any tax-sempt bonds? 244 2	Pa	rt IV Checklist of Required Schedules (continued)			
22 Del the organization report more than \$5:000 of grants or other assistance to or for domastic individuals on Part X, Guine X, Sonce A,				Yes	No
Part IX, column (A), line 2?, if 'Yes, 'completes Schedule /, Part I and III 22 X 23 Dot the organization answer 'Ver's in Part VI, Schedul componention of the organization's current schedule /. 23 X 242 Dat the organization in there 'a car exempt bond issue with an oublanding principal amount of more than \$100,000 as of the last day of the year, 'that was issued after December 31, 2002? If 'Yes, 'canswer lines 24b through 24d and complete Schedule /. 24a Z4b X 243 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception'? 24b X 244 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception'? 24c X 255 Section 501(c)(3), 601(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified period in an excess benefit transaction with a disqualified period in an excess benefit transaction with a disqualified period in an excess benefit transaction with a disqualified period in an excess benefit transaction with a disqualified period in an excess benefit transaction with a disqualified period in a priod besit and a disqualified period in a priod besit and the set as a set on the assistance to any current or former officer, director, trustes, key employee, creator or founder, substantial contributor or angolybe thrend, a gain and a set on table and the set on the assistance to any current or former officer, director, trustes, key employee, treator or founder, substantial contributor? Z 27 Dd	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
23 Did the organization answer "Ves" to Fart VII, Section A, line 3, 4, or 5, about compensated on programs of the organization is current and former (forces, directors, trustees, key employees, and highest compensated employees? If 'Ves, " complete Schedule / B Did the organization have a taxesempt bond issue with an outstanding principal amount of more than \$100.00 as of the SE Schedule / W is 'yes, 'that was issued after December 31, 2002? If 'Yes, " answer lines 24b through 24d and complete Schedule / W is 'yes, 'that was issued after December 31, 2002? If 'Yes, 'answer lines 24b through 24d and complete Schedule / W is 'yes, 'that was issued after December 31, 2002? If 'Yes, 'answer lines 24b through 24d and complete schedule / W is 'yes, 'that was issued after December 31, 2002? If 'Yes, 'answer lines 24b through 24d and complete Schedule / W is 'yes, 'that was issued after December 31, 2002? If 'Yes, 'answer lines 24b through 24d and complete Schedule / Ves, 'answer lines 24b through 24d and complete Schedule / Ves, 'answer lines 24b through 24d and complete Schedule / Ves, 'answer lines 24b through 24d and complete Schedule / Ves, 'answer lines 24b through 24d and complete Schedule / Ves, 'answer lines 24b through 24d and complete Schedule / Ves, 'answer lines 24b through 24d and complete Schedule / Part I 25 Section 30(Ves), 50(Ves), 70(Ves), 50(Ves), 70(Ves), 50(Ves), 70(Ves), 7			22		x
and tormer officers, directors, trustees, key employees, and highest comparated employees? # 'Yes, ' complete 3 X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' rannew lines 244 binough 244 and complete 24a X 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary pariod exception? 24a X 25 Did the organization invest any increation of tissue for bonds outstanding at any time during the year to defease any tax-exempt bonds? 24d X 25 Section \$01(c)(3), 501(c)(4), and \$01(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 24d X 25 Section \$01(c)(3), 501(c)(4), and \$01(c)(20) organizations. Did the organization ray on year, and that the transaction has not been reported on any of the organization spinor forms 990 or 990-E27 if 'Yes,' complete Schedule L, Part I 25a X 26 Did the organization prot any and cord the assistant a contributor, or 35% controlled entity or tamply member of any of these schedule L, Part II 26 X 27 X Bit the organization approx and the absolutions, and exception common the member, or to 35% controlled entity or tamply member of any of these schedule L, Part III 26 X 28 Was the o	23		<u> </u>		
Schedule / 23 X 24a D dt the organization have a tax-everypt bond issue with an outstanding principal amount of more than \$100,000 as of the statudy of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete 24a 24a D dt the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24a 24b Dt the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24a 25 Section 50(16(3), 501(64), and 501(62) organizations. Do the organization ange in an excess benefit transaction with a disqualified person during the year? If Yes," complete Schedule I, Part I 25a 25 Debt the organization avecture that rengader in an excess benefit transaction with a disqualified person during the year? If Yes," complete Schedule I, Part I 25a 25 Debt the organization organization. During the year? If Yes," complete Schedule I, Part I 25a 26 D dt the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or form officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an employee thereof) or family member of any of these persons? If Yes," complete Schedule L, Part I 25a 27 M was the organization proved transform the discuss that is a contributor, or family member of any of these persons? If Yes," complete Schedule L, Part I 25b 27 M was the organization contribution or family member of any of these persons? If Yes," complete Schedule L, Part I 25b 28 A current or founder, substantiad c	20				
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yea,'' <i>anawe lines 24b brough 24d and complete Schedule I, Wea</i> ,'' or <i>the year, that was based after December 31, 2002? If 'Yea,'' anawe lines 24b brough 24d and complete Schedule I, Wea,'' or <i>the year, that was based after December 31, 2002? If 'Yea,'' anawe lines 24b brough 24d and complete Schedule I, Wea,'' or <i>the year in the second of the year in the second of the year in the second of the the are thanking escond at any time during the year to defease any tax-exempt bonds?</i> 24d. X 25a Section 501(c)(3), and 501(c)(4), and 501(c)(28) organizations. Did the organization orgage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the thrankschor nuture, layer all 'yea,' complete Schedule I, Part I 25b X 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or form officer, director, trustee, key employee, creator or founder, substantial contributor, er 35b's controlled entity of number of any of these persons ?! ("yea,' complete Schedule L, Part I! 26c X 28 Did the organization provide a grant or other assistance to any current or form officer, director, trustee, key employee, creator or founder, substantial contributor, er 35b's controlled entity of number of any of these persons ?! ("yea,' complete Schedule L, Part I! 27c X 28 Was the organization provide agrant or other assitance to any current or form officer, director, trus</i></i>			23	x	
Is at day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete 24b X Is both the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24b X Is both the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24d X Is both the organization anisitial an escrew account ofher than a refunding story at any time during the year 10 delease any tax-seempt bonds? 24d X Is both the organization and that it engaged in an excess benefit transaction with a disqualified person during the year? 24d X Is both organization axee that it engaged in an excess benefit transaction with a disqualified person during the year? Yes, 'complete Scheckle I, Part I 25a X Is both organization explore that it engaged in an excess benefit transaction in a prior year, and that the transaction has not been reported on any of the organization is prior Forms 990 or 930 E27 If Yes, 'complete Scheckle I, Part I 25b X 20 both erganization raper bar of the angle store on founder, substantial contributor, or 0 a 35% controlled entity or tamily member of any of these person? If Yes, 'complete Scheckle I, Part I 26b X 21 both erganization area that the substant and or raping tart stection committee member, or to a 35% controlled entity of nearly member of any of these person? If Yes, 'complete Scheckle I, Part IV 26b X 22 both the organization raper to the assistance to any current or forumer officer, director, trustee, key em	24a				
Schedule K. If 'We', top to fine 25a 24a X D Did the organization meaintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? 24a X 25a Bection 501(c)(3), 301(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 24d X 25a Bection 501(c)(3), 301(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and the any individual another year or tounder, substantial contributor or 395% 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor? J '''yes,' complete Schedule L, Part I'. 26 X 28 X A difference person 21'' 'Yes,' complete Schedule L, Part I'. 28 X 29 K	214				
b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? Zeb X c Did the organization invest any proceeds of tax exempt bonds buyond a temporary period exception? Zeb X c Did the organization invest any proceeds of tax exempt bonds outstanding at any time during the year 0 defease any tax exompt bonds? Zeb X d Did the organization act as an 'on behalf of 'issue for bonds outstanding at any time during the year? Zeb X d Did the organization act as an 'on behalf of 'issue for bonds outstanding at any time during the year? Zeb X d Did the organization act as an 'on behalf of 'issue for bonds outstanding at any time during the year? Zeb X d Did the organization exponts that the transaction has not been reported on any of the organization spitor Forms 990 or 990 EZ? If 'Yes,' complete Schedule L, Part I Zeb X 20 Did the organization provide a grant or other assistance to any current or forme officer, director, trustee, key employee, creator or founder, substantial contributor or to a 35% controlled entity of naily member of any of these person? If 'Yes,' complete Schedule L, Part II Zeb X 21 Did the organization apert to a basis scattancion with an of the following parties (see the Schedule L, Part II Zeb X 22 Did the organization represer that 25,000 in non-cash contributofne? If 'Yes,' complete Schedule L, Part II			242	x	
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"Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 31 X 33 Did the organization ventive disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part I 32 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization. So, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 35a X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 36 X 37 Did the or			28b		X
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31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 33 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I III, or IV, and Part V, line 1 33 X 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 35a Did the organization. Solid the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 35a X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 37 X 37 Did the organization complete Schedule Q and provide explanations on Schedule O for Part V, line 2 36 X 38 Did the organization complete Schedule Q and provide explanations on Schedule O for Part V, lines 11b and 19? 38 X 39 Did the organization complete Schedule Q <td< td=""><td>30</td><td></td><td></td><td></td><td></td></td<>	30				
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38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 38 X 9art 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 38 X 1a 48 48 48 48 b 5 5 5 5 1a 6 0 10 10 10 1a 1a 48 1a 48 1a c 1a 1a 48 1a 1a 48 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1a 1b 0 1a c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X	37				
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b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X				Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			4		
(gambling) winnings to prize winners?					
	С		10	x	
	12200				(2021)

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		CIETY SILICON VALLEY	94-119621	5	P	age 5						
Par	rt V Statements Regarding (Other IRS Filings and Tax Compliance (continued)										
			1 1		Yes	No						
2a		ed on Form W-3, Transmittal of Wage and Tax Statements,										
		or within the year covered by this return	2a 165									
b		d the organization file all required federal employment tax return		2b	X							
		preater than 250, you may be required to e-file. See instruction	S									
				3a		X						
		nis year? If "No" to line 3b, provide an explanation on Schedule		3b								
4a	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a											
		such as a bank account, securities account, or other financial a	ccount)?	4a		Х						
b	If "Yes," enter the name of the foreign	-										
	U	for FinCEN Form 114, Report of Foreign Bank and Financial Ad	· · · ·									
5a		ibited tax shelter transaction at any time during the tax year?		<u>5</u> a		X						
b		zation that it was or is a party to a prohibited tax shelter transac		5b		X						
		zation file Form 8886-T?		<u>5c</u>								
6a		iss receipts that are normally greater than \$100,000, and did the										
	any contributions that were not tax dee			<u>6a</u>		X						
b	, 0	vith every solicitation an express statement that such contribution	0									
				6b								
7	•	uctible contributions under section 170(c).										
а	• • • •	xcess of \$75 made partly as a contribution and partly for goods and ser		7a	X							
b	, 0 ,			7b	X							
С		otherwise dispose of tangible personal property for which it wa	•	_		v						
				7c		X						
		8282 filed during the year	7d			x						
e	• ,	, directly or indirectly, to pay premiums on a personal benefit or		7e		X						
t		bay premiums, directly or indirectly, on a personal benefit contra		7f		л						
g b		ion of qualified intellectual property, did the organization file Fo ion of cars, boats, airplanes, or other vehicles, did the organiza		7g 7h	x							
h o		ng donor advised funds. Did a donor advised fund maintained		70								
8			•	8								
9	Sponsoring organization have excess to Sponsoring organizations maintainin			0								
a		anu tauahla diatuikutiana undar asatian 10000		9a								
b				9b								
10	Section 501(c)(7) organizations. Enter											
		s included on Part VIII, line 12	10a									
		Part VIII, line 12, for public use of club facilities	10b									
11	Section 501(c)(12) organizations. En			1								
а	Gross income from members or share	nolders	11a									
b		not net amounts due or paid to other sources against										
	amounts due or received from them.)	- 	11b									
12a		table trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a								
b	If "Yes," enter the amount of tax-exem	pt interest received or accrued during the year	12b									
13	Section 501(c)(29) qualified nonprofi	t health insurance issuers.										
а	Is the organization licensed to issue qu	ualified health plans in more than one state?		13a								
	Note: See the instructions for addition	al information the organization must report on Schedule O.										
b	-	nization is required to maintain by the states in which the	1 1									
		ed health plans	13b									
С	Enter the amount of reserves on hand		13c									
				14a		X						
b		ort these payments? If "No," provide an explanation on Schedu		14b								
15		on 4960 tax on payment(s) of more than \$1,000,000 in remuner										
		ne year?		15		X						
	If "Yes," see the instructions and file Fe					w						
16	-	itution subject to the section 4968 excise tax on net investment	income?	16		X						
4-	If "Yes," complete Form 4720, Schedu											
17		d the trust, any disqualified person, or mine operator engage in	•									
		sition of an excise tax under section 4951, 4952 or 4953?		17								
1005-	If "Yes," complete Form 6069.	6		Earr	990	(2004)						
132005	05 12-09-21	0		LOLU	1000	120211						

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	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			X
800	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management		N.	
10	Enter the number of voting members of the governing body at the end of the tax year 1	2	Yes	No
la		-		
	If there are material differences in voting rights among members of the governing body, or if the governing			
L.	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.	2		
b		-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	0		x
•	officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			x
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<u> </u>		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		
7a				
_	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	<u>8a</u>	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
_	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	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	12a	х	
b		12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
b		15b	х	
ĩ	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	10.0		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
.54	taxable entity during the year?	16a		x
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100		
0	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
		16b		
800	exempt status with respect to such arrangements?			l
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)	availai	ble
	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, ar	nd finano	cial	
	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 6 12:09:21 SEE SCHEDULE O FOR FULL LIST OF STATES		9 90	

Form 990 (2	021) HUMANE SOCIETY	SILICON VALLEY	94-1196215 P	age 7							
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated											
	Employees, and Independent Contractors										
	Check if Schedule O contains a respor	se or note to any line i	n this Part VII								
Section A.	Officers, Directors, Trustees, Key E	nployees, and Highe	st Compensated Employees								
1a Complet	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)	(B)			(C)			(D)	(E)	(F)
Name and title	Average	(do		Pos	itior			Reportable	Reportable	Estimated
	hours per	box	(do not check more than one box, unless person is both an			s both	n an	compensation	compensation	amount of
	week	officer and a director/trustee)		from	from related	other				
	(list any	ector						the	organizations	compensation
	hours for	or dir	e			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	truste		e	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tri	ional		ploye	t com		1099-NEC)		and related organizations
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) KURT KRUKENBERG	40.00	_			-					
PRESIDENT				х				288,337.	0.	5,320.
(2) STEPHANIE LADEIRA	40.00									
VICE PRESIDENT DEVELOPMENT						x		206,840.	0.	13,547.
(3) CRISTIE KAMIYA	40.00									
CHIEF OF SHELTER MEDICINE					х			205,524.	0.	13,561.
(4) CANDICE BALMACEDA	40.00									
VP OF FINANCE				х				195,680.	0.	13,163.
(5) JOANNE JACOBS	40.00									
CHIEF OF OPERATIONS					х			194,448.	0.	12,977.
(6) MARIA YVONNE SAUCEDO	40.00									
VP HR VOLUNTEER PROG & HUM						X		158,951.	0.	11,510.
(7) ANDREA MOORE	30.00									
STAFF VETERINARIAN						X		159,541.	0.	2,776.
(8) DAVID WHITMAN	40.00									
VP, CREATIVE DEVELOPMENT						X		149,121.	0.	12,229.
(9) JENNIFER DALMASSO	40.00									
LEAD VETERINARIAN						X		133,768.	0.	12,308.
(10) REBECCA RANNINGER OWEN	2.00									
BOARD CHAIR		Х		X				0.	0.	0.
(11) SHANNON WAAS	2.00									
VICE CHAIR		Х		Х				0.	0.	0.
(12) PETER DETKIN	2.00									
SECRETARY (THRU 01/22)		Х		Х				0.	0.	0.
(13) STEVEN R. RODGERS	2.00									
SECRETARY		Х		X				0.	0.	0.
(14) CHRISTY RICHARDSON	2.00									
TREASURER		X		X				٥.	0.	0.
(15) ANDREA BORCH	2.00									
BOARD MEMBER		Х						0.	0.	0.
(16) BLYTHE JACK	2.00									
BOARD MEMBER		х						٥.	0.	0.
(17) BRENDA SWINEY	2.00									
BOARD MEMBER		Х						0.	0.	0.
100007 10 00 01										Earm 990 (2021)

132007 12-09-21

Form 990 (2021)

17580421 701245 0502357.01

2021.05070 HUMANE SOCIETY SILICON VA 05023571

8

Form 990 (2021) HUMANE SOCIETY SILICON VALLEY 94-119621											5	P	age 8
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A) (B) (C)								(D)	(E)			(F)	
Name and title	Average	(do not check more than one					one	Reportable	Reportable		Es	stimate	ed
	hours per	box	, unle	ss per nd a di	son i	s both	an	compensation	compensation		ar	nount	of
	week				liecto	1/1/1/1/105	.ee)	- from	from related			other	
	(list any hours for	director						the	organizations			ipensa	
	related	e or di	ee			sated		organization	(W-2/1099-MIS	C/		rom th	
	organizations	ustee	trustee		e	npens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)			anizat d relat	
	below	ual tr	tional		ploye	st con vee	_	1099-1120)				anizati	
	line)	Individual trustee or	In stit utional 1	Officer	ƙey employee	Highest compensated employee	Former				orga	annzati	0113
(18) DEBBIE VANDERZWAAG	2.00	-		0	×	υE	Ľ.						
BOARD MEMBER (AS OF 09/21)		х						0.		Ο.			Ο.
(19) SUE DIEKMAN	2.00												
BOARD MEMBER		х						0.		٥.			٥.
(20) SALLY HAZARD BOURGOIN	2.00												
BOARD MEMBER (AS OF 08/21)		x						0.		Ο.			٥.
(21) SHIRLEY CHEN LEE	2.00												
BOARD MEMBER		x						0.		Ο.			٥.
(22) ANDIE SOBRATO	2.00							·.		••			••
BOARD MEMBER (AS OF 08/21)	2.00	x						0.		Ο.			0.
(23) ALLISON BUCHANAN	2 00	Λ	-					· · ·		••			<u> </u>
	2.00									•			0
BOARD MEMBER (THRU 09/21)		х	<u> </u>					0.		0.			0.
			<u> </u>										
1b Subtotal			I					1,692,210.		0.		97.	391.
c Total from continuation sheets to Part VII								0.		0.	0.		
d Total (add lines 1b and 1c)								1,692,210.		0.	97,391.		
2 Total number of individuals (including but no								, ,	000 of roportable			,	
compensation from the organization		030	11310	u au	000	<i>y</i> wii	010						14
												Yes	No
3 Did the organization list any former officer,	director trust	ا مم		mnl	0.000	o or	hia	hest compensated emp	lovee on				
	-		•	•	•		Ŭ	• • •			3		х
line 1a? If "Yes," complete Schedule J for su											3		
4 For any individual listed on line 1a, is the su			•					•	•			х	
and related organizations greater than \$150			•								4	А	
5 Did any person listed on line 1a receive or a											_		v
rendered to the organization? <i>If "Yes." com</i>	plete Schedule	e J fe	or si	ıch r	bers	on .					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest cor										ensa	tion fro	om	
the organization. Report compensation for t	he calendar ye	ear e	endir	ng w	ith c	or wi	thin		ear.				
(A)	addraaa							(B)	omiono	0)		-
Name and business								Description of s	ervices		ompe	nsatio	n
ONE & ALL, INC. FKA GRIZZARD, 2 N. LA													
AVE, SUITE #600, PASADENA, CA 91101-1								THIRD PARTY FUNDRA	ISER		1	,084,	407.
WESTON CONSTRUCTION, 17500 DEPOT ST S	SUITE												
200, MORGAN HILL, CA 95037								CONSTRUCTION SERVI	CES			187,	648.
COMPONERE FINE CATERING													
5836 SAN PABLO AVE, EMERYVILLE, CA 94	1608						0	CATERING SERVICES				140,	440.
THE OLYMPIC CLUB													
524 POST ST, SAN FRANCISCO, CA 94102								SPECIAL EVENTS VEN	UE			106,	998.
CANINE HIGHER LEARNING													
1420 MAPLE AVE UNIT B, SAN MARTIN, CA								DOG TRAINING SERVI				106,	442.
2 Total number of independent contractors (ir \$100,000 of componentian from the organized	0	ot lin	niteo	d to t		se lis [.] 5	ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz	allon 🕨					,					Form	990 /	2021)

132008 12-09-21

'ar	t VII									-
		Check if Schedule O	conta	ains a respo	nse	or note to any line	e in this Part VIII (A)	(B)	(C)	 (D)
							Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue exclu from tax und sections 512 -
ŝ	1 a	Federated campaigns		1a						
und				1b						
mo	с	Fundraising events				141,367.				
ar A		Related organizations								
milŝ		Government grants (conti				1,601,500.				
and Other Similar Amounts	f	All other contributions, gifts,	gran	ts, and						
the		similar amounts not included	l abov	/e 1 f		14,775,503.				
0 p	g	Noncash contributions included in	lines [.]	1a-1f 1g \$		427,329.				
an	h	Total. Add lines 1a-1f				►	16,518,370.			
						Business Code				
	2 a					900099	1,084,251.	1,084,251.		
e	b	CONTRACTS WITH GOVI	' AG			900099	480,139.	480,139.		
Revenue	с	COMMUNITY PROGRAMS				900099	333,595.	333,595.		
Sev	d	MEDICAL SERVICES				900099	191,602.	191,602.		
	е									
		All other program service					0 000 505			
_		Total. Add lines 2a-2f					2,089,587.			
	3	Investment income (inclue					568 151			568,4
		other similar amounts)					568,454.			500,4
	4	Income from investment of								
	5	Royalties		(i) Real		(ii) Personal				
	6 2	Gross rents	6a	(i) ricu		(ii) i ciscilai				
		Gross rents Less: rental expenses								
		Rental income or (loss)	6c							
		Net rental income or (loss)								
		Gross amount from sales of	″ <u> </u>	(i) Securit	es	(ii) Other				
		assets other than inventory	7a	10,236,8						
	b	Less: cost or other basis								
P		and sales expenses	7b	10,336,6	38.					
aniia	с	Gain or (loss)	7c							
	d	Net gain or (loss)					-99,818.			-99,8
D	8 a	Gross income from fundraisi	ng ev	ents (not						
5		including \$	141,	367. of						
		contributions reported on	line	1c). See						
		Part IV, line 18			8a					
		Less: direct expenses			8b	1,328,268.				
		Net income or (loss) from				····· ►	189.			1
	9 a	Gross income from gamir			1					
		Part IV, line 19			<u>9a</u>	5,947.				
		Less: direct expenses			9b	0.	5.048			
		Net income or (loss) from			°	▶	5,947.			5,9
	то а	Gross sales of inventory,			40	239,737.				
	Ŀ	and allowances			10a					
		Less: cost of goods sold Net income or (loss) from					85,984.	85,984.		
+	C		उवार		у	Business Code				
	11 🤉	MISCELLANEOUS				900099	18,163.			18,1
Jue	n a b						,,			,_
Revenue	c									
Be		All other revenue								
		Total. Add lines 11a-11d					18,163.			
		Total revenue. See instruction					19,186,876.	2,175,571.	0.	492,9

10

2021.05070 HUMANE SOCIETY SILICON VA 05023571

HUMANE SOCIETY SILICON VALLEY

94-1196215 Page 10

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 (B) (C) (D) (A) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 30,000 30,000 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 Compensation of current officers, directors, 5 trustees, and key employees 967,471. 555,085. 316,185 96,201. Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7,172,521 6,090,626. 339,529. 742,366. 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 150,470 128,075. 10,784 11,611. 723,934 869,536 74,458 71,144. Other employee benefits 9 550,391 464,820 27,995 57,576. 10 Payroll taxes Fees for services (nonemployees): 11 Management а 24,951 19,329. 4,411. 1,211. b Legal 56,563, 56,563 С Accounting d Lobbying 1,298,779. 1,298,779. Professional fundraising services. See Part IV, line 17 е Investment management fees 118,814. 118,814. f Other. (If line 11g amount exceeds 10% of line 25, g 604,539 501,957 52,596 49,986. column (A), amount, list line 11g expenses on Sch 0.) 83,739 83,739 Advertising and promotion 12 122,602 76,785. 14,522. 31,295. 13 Office expenses _____ 321,296, 260,436, 27,867 32,993. Information technology 14 Royalties 15 492,041 449,032 28,475 14,534. 16 Occupancy 42,331 36,801, 1,620 3,910. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 28,340. 3,189 2,242. 33,771. Conferences, conventions, and meetings 19 24,374. 22,407, 1,201 766. 20 Interest Payments to affiliates 21 701,859 645,211, 34,591 22,057. 22 Depreciation, depletion, and amortization 105,400. 6,497 91,722. 7,181. 23 Insurance Other expenses. Itemize expenses not covered 24 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 0.) OPERATING SUPPLIES 851,083, 835,087, 128 15,868. а COMM. & DIRECT MAIL 222,048 60,167. 161,881. b OTHER MISC EXPENSE 165,994, 91,980, 11,961 62,053. С OTHER BOND COSTS 116,485. 107,083. 5,741 3,661. d All other expenses е 15,127,058 1,137,127 2,687,315. Total functional expenses. Add lines 1 through 24e 11,302,616. 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

11

132010 12-09-21

Check here

17580421 701245 0502357.01

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

Form 990 (2021)

17580421 701245 0502357.01

27

28

29

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31

32

33

40,565,066.

11,712,449.

52,277,515.

64,688,653.

27

28

29

30

31

32

33

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

HUMANE SOCIETY SILICON VALLEY

Net assets without donor restrictions

Net assets with donor restrictions

Capital stock or trust principal, or current funds

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

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Organizations that do not follow FASB ASC 958, check here

and complete lines 29 through 33.

Total liabilities and net assets/fund balances

(A) Beginning of year End of year 2,297,210. 3,034,018. 1 1 Cash - non-interest-bearing 2,558,553. 2,498,440. Savings and temporary cash investments 2 2 Pledges and grants receivable, net 6,488,293. 10,167,607. 3 3 55,850. 218,261. Accounts receivable, net 4 4 Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 7 Notes and loans receivable, net Assets 93,039. 81,915. 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 496,579. 9 101,827. **10a** Land, buildings, and equipment: cost or other 26,899,952. basis. Complete Part VI of Schedule D _____ 10a 8,121,756. 19,079,430. 18,778,196. b Less: accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 32,547,386 29,014,513. 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 335,505. 429,784. Other assets. See Part IV, line 11 15 15 64,688,653. 63,587,753. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 1,134,182. 1,179,714. Accounts payable and accrued expenses 17 17 18 18 Grants payable 81,856. 125,385. 19 19 Deferred revenue 9,593,600. 9,157,633. Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 1,601,500. 25 of Schedule D 12,411,138. 10,462,732. 26 26 **Total liabilities.** Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 Net Assets or Fund Balances and complete lines 27, 28, 32, and 33.

94-1196215

Page **11**

0

38,291,462.

14,833,559.

53,125,021.

63,587,753.

Form 990 (2021)

(B)

Form 990 (2021)

Form	1990 (2021) HUMANE SOCIETY SILICON VALLEY	94-119621	5	Pa	_{ge} 12
	rt XI Reconciliation of Net Assets				2
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	19,	186,	876.
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,	127,	058.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,	059,	818.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	52,	277,	515.
5	Net unrealized gains (losses) on investments	5	-3,	212,	312.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			٥.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	53,	125,	021.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	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			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	·			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit			l
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2021)

132012 12-09-21

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047	_
2021	-

	Inspection
nnlovor	identification number

Nan	ne of t	he organization							identification number
De			SOCIETY SILICO						94-1196215
	irt I	Reason for Public (ee instruction	S.	
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, cl	neck only	one box.)			
1		A church, convention of chu	urches, or associatio	n of churches described	in sectio	on 170(b)(1	I)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii).(Attach Schedule E (Form	n 990).)				
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170)(b)(1)(A)(ii	ii).		
4		A medical research organization	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	lege or university owned	or operat	ed by a go	overnmental ur	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	e general p	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Parl	: II.)				
9		An agricultural research org	anization described	in section 170(b)(1)(A)(i	x) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g							
		university:		. , ,				Ū.	
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membershi	p fees, and	d gross receipts from
		activities related to its exem	•					-	•
		income and unrelated busir							-
		See section 509(a)(2). (Cor					, ,		
11	\square	An organization organized a		velv to test for public sat	etv. See	section 50)9(a)(4).		
12	\square	An organization organized a	•		•			rv out the	purposes of one or
		more publicly supported or	•	•	•			•	
		lines 12a through 12d that							
а		Type I. A supporting orga	• ·			-		-	nivina
		the supported organization	-	-	• • • •	-			
		organization. You must c			indjointy c				pporting
b		Type II. A supporting org	-		ion with it	s sunnorte	ad organization	n(s) by hav	ina
, N	·	control or management o							
		organization(s). You mus			ane perso	113 11121 001	ntiol of manag	je ine supp	Joned
с		Type III functionally inte	-		in connect	tion with	and functional	v integrate	d with
U		its supported organization	• • •					yintegrate	a with,
d		Type III non-functionally		-				ted organiz	ration(s)
ŭ		that is not functionally int	• •					•	. ,
		requirement (see instructi	с с	e ,	•		•	anallentiv	61633
~		Check this box if the orga	,	• •	,				
0		functionally integrated, or					турет, турет	і, туре ш	
f	Ento	er the number of supported of	raonizationa	, , , , , , , , , , , , , , , , , , , ,	0 0	ation.			
		vide the following information	0	d organization(a)					
<u> </u>		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the org	anization listed ing document?	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10	Yes	No	support (see in	structions)	support (see instructions)
				above (see instructions))					
Tet									
Tota		an amagula Dia darattara A. (A)			000 57		I	0.1	
LHA	L POR P	Paperwork Reduction Act N	iotice, see the instri	uctions for Form 990 or	990-EZ.	132021 01-	04-22	Sche	dule A (Form 990) 2021

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	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.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 3	9,892,908.	9,496,869.	14,968,808.	18,489,738.	16,518,370.	69,366,693.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						14,680,986.
	Public support. Subtract line 5 from line 4.						54,685,707.
	tion B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	9,892,908.	9,496,869.	14,968,808.	18,489,738.	16,518,370.	69,366,693.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	FCC 001	947 105	C 9 E 40 2	567 044		2 224 206
	and income from similar sources	566,091.	847,105.	685,402.	567,244.	568,454.	3,234,296.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	726 020	695 600	104 400	07 549	1 252 567	2 047 154
	assets (Explain in Part VI.)	726,930.	685,629.	184,480.	97,548.	1,352,567.	3,047,154.
	Total support. Add lines 7 through 10					40	75,648,143.
	Gross receipts from related activities,		,				12,247,167.
13	First 5 years. If the Form 990 is for th			· · · ·			
Sec	organization, check this box and stor ction C. Computation of Publi						
	Public support percentage for 2021 (I			olumn (f))		14	72.29 %
	Public support percentage from 2020		•	())		15	74.95 %
	33 1/3% support test - 2021. If the c						/0
100	stop here. The organization qualifies						
h	33 1/3% support test - 2020. If the o		-			or more, check thi	······································
N	and stop here. The organization qual	-		1			
17a	10% -facts-and-circumstances test		• •			und line 14 is 10% (
170	and if the organization meets the fact						
	meets the facts-and-circumstances te			-		-	
h	10% -facts-and-circumstances test	•	• •	,	•	7a and line 15 is 1	
N.	more, and if the organization meets th	-					07001
	organization meets the facts-and-circu						
18	Private foundation. If the organization		•				
				., ,			(Form 990) 2021

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.)

Sec	ction A. Public Support		-	•	-		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	1 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
5	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disgualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8 Sec	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	1 (f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с	Add lines 10a and 10b						
	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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	L					
14	First 5 years. If the Form 990 is for the	•		-			·
	check this box and stop here						
	tion C. Computation of Publi		-				
	Public support percentage for 2021 (I		•	column (f))		15	%
	Public support percentage from 2020					16	%
	tion D. Computation of Inves						
17	Investment income percentage for 20			line 13, column (f))		17	%
18	Investment income percentage from					18	%
19a	33 1/3% support tests - 2021. If the						ine 17 is not
	more than 33 1/3%, check this box ar	-					
b	33 1/3% support tests - 2020. If the	-					
	line 18 is not more than 33 1/3%, che			-		0	
	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	inis box and see ins		
13202	3 01-04-22		16	5		Sched	dule A (Form 990) 2021

1

Yes No

Part IV Supporting Organizations

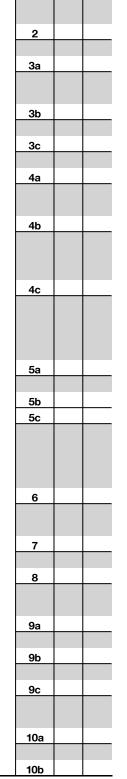
(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and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

Section A. All Supporting Organizations

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

17

132024 01-04-21



Schedule A (Form 990) 2021

	(Form 990) 2021	HUMANE SOCIETY
Part IV	Supporting Orga	anizations (continued)

HUMANE SOCIETY SILICON VALLEY

Yes No

1

2

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organs the	
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	
2	Did the organization operate for the benefit of any supported organization other than the supported	

organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
		4		

<u>the supported organization(s)</u> Section D. All Type III Supporting Organizations

		Yes	No
Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how			
the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?	2		
	3		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in</i> Part VI <i>how the organization maintained a close and continuous working relationship with the supported organization(s).</i> By reason of the relationship described on line 2, above, did the organization's supported organizations have a	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in</i> Part VI <i>how</i> <i>the organization maintained a close and continuous working relationship with the supported organization</i> (s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in</i> Part VI <i>the role the organization</i> 's	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If</i> " <i>No</i> ," <i>explain in</i> Part VI <i>how the organization maintained a close and continuous working relationship with the supported organization(s).</i> By reason of the relationship described on line 2, above, did the organization's supported organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If</i> " <i>Yes</i> ," <i>describe in</i> Part VI <i>the role the organization</i> 's

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization use	d to satisfy	the Integral Part	Test during the year	(see instructions).
	Check the box hext to the method that the organization use	su io salisiy	The mey a Fait	rest during the year	

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

c 🗌	The organization supported a governmental entity	Describe in Part VI how	you supported a governmental entit	y (see instruction <u>s).</u>
-----	--	-------------------------	------------------------------------	-------------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 132025 01-04-22

Yes No 2a 2b 3a 3b

Schedule A (Form 990) 2021

17580421 701245 0502357.01

ar (B) Current Year (optional)
gh E. (B) Current Year
(B) Current Year
ar (B) Current Year (optional)
Current Year

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

132026 01-04-22

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued			
Secti	ection D - Distributions Current Year					
1	Amounts paid to supported organizations to accomplish exempt purposes					
2	Amounts paid to perform activity that directly furthers exempt purposes of supported					
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3 3	3		
4	Amounts paid to acquire exempt-use assets		4	۱		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	5		
6	Other distributions (describe in Part VI). See instructions.		6	5		
7	Total annual distributions. Add lines 1 through 6.		7	,		
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.		8	3		
9	Distributable amount for 2021 from Section C, line 6		ç)		
10	Line 8 amount divided by line 9 amount	1	10)		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021		
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
a	From 2016					
b	From 2017					
C	From 2018					
d	From 2019					
e	e From 2020					
f	f Total of lines 3a through 3e					
g	g Applied to underdistributions of prior years					
h	h Applied to 2021 distributable amount					
i	i Carryover from 2016 not applied (see instructions)					
j	j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	4 Distributions for 2021 from Section D,					
	line 7: \$					
	Applied to underdistributions of prior years					
	Applied to 2021 distributable amount					
	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2021. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j					
	and 4c.					
	Breakdown of line 7:					
	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
е	Excess from 2021					

Schedule A (Form 990) 2021

132027 01-04-22

Schedule A	(Form 990) 2021 HUMANE SOCIETY SILICON VALLEY	94-1196215	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section S	s 1 and 2; Part IV, Section t V, Section B, line 1e; Pa	n C,
	(See instructions.)		
32028 01-04-2	2 21	Schedule A (Form	990) 202

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HUMANE SOCIETY SILICON VALLEY

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Employer identification number

94-1196215

Schedule	В
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):			
Filers of:	Section:		
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treated as a private foundation		
	527 political organization		
Form 990-PF	501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a private foundation		
	501(c)(3) taxable private foundation		

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 \dots \blacktriangleright \$

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).

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

Schedule B (Form 990) (2021)

Name of o	rganization		Employer identification number	er
HUMANE S	SOCIETY SILICON VALLEY		94-1196215	
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributi	ions Type of contribution	<u>1</u>
1		\$3,030	0,020. Person X Payroll Noncash X (Complete Part II for noncash contributions.))
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributi	(d) ions Type of contribution	1
2		\$2,010	0,324. Person X 0(Complete Part II for noncash contributions.))
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributi	(d) ions Type of contribution	<u>n</u>
3		\$750	0,000. (Complete Part II for noncash contributions.))
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributi	(d) ions Type of contributior	 n
4		\$726	6,328. Person X Payroll Noncash I (Complete Part II for noncash contributions.))
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributi	(d) ions Type of contribution	<u>ו</u>
5		\$451	Person X Payroll Image: Complete Part II for noncash contributions.))
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributi	(d) ions Type of contributior	<u>1</u>
6		\$405	Person X Payroll)

123452 11-11-21

24 2021.05070 HUMANE SOCIETY SILICON VA 05023571

17580421 701245 0502357.01

Schedule B (Form 990) (2021) Name of organization

Page **2**

Name of o	rganization	Employer identification number	
HUMANE S	SOCIETY SILICON VALLEY		94-1196215
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
7		\$389,	292. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
8		\$368,	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
9		\$1,601,	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		\$	Person Payroll Payroll Payroll Noncash Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

123452 11-11-21

17580421 701245 0502357.01

25 2021.05070 HUMANE SOCIETY SILICON VA 05023571

Schedule B (Form 990) (2021)

Name of organization

Page 2

Schedule B (Form 990) (2021)	Page		
Name of organization	Employer identification number		
HUMANE SOCIETY SILICON VALLEY	94-1196215		

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I GIANTS FIELD CLUB SEATS FOR HSSV CARNIVAL AND 7 BOTTLES 1 OF WINE 06/30/22 2,100. \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I SHARKS CLUB LEVEL SEATS FOR HSSV CARNIVAL 2 324. 06/30/22 \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$

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Schedule B (Form 990) (2021)

3

Schedule E	3 (Form 990) (2021)		Page ²				
Name of or	rganization		Employer identification number				
HUMANE S	OCIETY SILICON VALLEY		94-1196215				
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	a) through (e) and the following line entr charitable, etc., contributions of \$1,000 or lo	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year ry. For organizations ess for the year. (Enter this info. once.) \$				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-		(e) Transfer of gift					
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No.		l					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Γ	(e) Transfer of gift						
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift	I				
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				

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Schedule B (Form 990) (2021)

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SCHEDULE D (Form 990)	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.			
Department of the Treasury Internal Revenue Service		► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information		
Name of the organizati	on			
-	HUMANE SOCIETY SILICON VALL	EY		
Part I Organiza	ations Maintaining Donor Advise	d Funds or Other Similar Funds	s or A	
organizatio	n answered "Yes" on Form 990, Part IV, lin	e 6.		
		(a) Donor advised funds		
1 Total number at er	nd of year			
2 Aggregate value o	f contributions to (during year)			

OMB No. 1545-0047 2021

	ment of the Treasury I Revenue Service	Go to www.irs.gov/Form9	Attach to Form 990. 90 for instructions and the la	atest information.		Inspect	
Nam	lame of the organization				Employer	r identificatio	n number
	C C	HUMANE SOCIETY SILICON VALL	EY			94-1196215	
Par	t I 🛛 Organiza	ations Maintaining Donor Advise	d Funds or Other Simil	ar Funds or Ac	counts.	Complete if the	ne
	organizatio	n answered "Yes" on Form 990, Part IV, lin	e 6.				
			(a) Donor advised fun	nds (I	b) Funds an	d other accou	ints
1	Total number at e	nd of year					
2		f contributions to (during year)					
3	Aggregate value o	f grants from (during year)					
4	Aggregate value a	t end of year					
5	Did the organization	on inform all donors and donor advisors in	writing that the assets held in	donor advised fund	s		
	are the organization	on's property, subject to the organization's	exclusive legal control?			Yes	No
6	Did the organization	on inform all grantees, donors, and donor a	dvisors in writing that grant fu	inds can be used or	nly		
	for charitable purp	ooses and not for the benefit of the donor o	r donor advisor, or for any oth	ier purpose conferri	ng		
	impermissible priv					Yes	No
Par	tll Conserv	ation Easements. Complete if the org	ganization answered "Yes" on	Form 990, Part IV,	line 7.		
1	Purpose(s) of cons	servation easements held by the organization	on (check all that apply).				
	Preservation	n of land for public use (for example, recrea	tion or education)	eservation of a histo	rically impo	rtant land area	a
		of natural habitat	Pre	eservation of a certif	ied historic	structure	
		n of open space					
2		through 2d if the organization held a qualif	ied conservation contribution	in the form of a cor			
	day of the tax yea				Held	at the End of th	ie lax Year
а					2a		
b	-				2b		
С		vation easements on a certified historic stru			2c		
d		vation easements included in (c) acquired a					
•		nal Register			2d		
3		vation easements modified, transferred, rel	eased, extinguished, or termir	nated by the organiz	ation during	g the tax	
4	year	 where property subject to conservation eas	amont is logated				
5		tion have a written policy regarding the per		handling of			
Ŭ		forcement of the conservation easements it				Yes	No
6		er hours devoted to monitoring, inspecting,					
•						e aannig 110 j	
7	Amount of expens	 ses incurred in monitoring, inspecting, hanc	lling of violations, and enforcir	ng conservation eas	ements dur	ing the vear	
-	▶\$						
8	Does each conser	vation easement reported on line 2(d) abov	e satisfy the requirements of s	section 170(h)(4)(B)(i)		
	and section 170(h					Yes	No
9		be how the organization reports conservation				-	
	balance sheet, and	d include, if applicable, the text of the footr	note to the organization's finar	ncial statements that	t describes	the	
		counting for conservation easements.	-				
Par	t III Organiza	ations Maintaining Collections of	Art, Historical Treasu	res, or Other Si	milar Ass	sets.	
	Complete i	f the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its revenue	statement and bala	nce sheet w	/orks	
	of art, historical tre	easures, or other similar assets held for put	blic exhibition, education, or re	esearch in furtheran	ce of public		
	service, provide in	Part XIII the text of the footnote to its finar	ncial statements that describe	s these items.			
b	b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of						
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,						
	-	ing amounts relating to these items:					
	(i) Revenue inclu	ided on Form 990, Part VIII, line 1			▶ \$		
	.,				▶ \$		
2	If the organization	received or held works of art, historical treat	asures, or other similar assets	for financial gain, p	rovide		

		the following amounts required to be reported under FASB ASC 958 relating to these items:	
	а	Revenue included on Form 990, Part VIII, line 1	\$
_	b	Assets included in Form 990, Part X	\$
L	HA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2021
1	32051	10-28-21	

-		LETY SILICON VAL				94-119		Page 2
Par	t III Organizations Maintaining C	ollections of Art	t, Historical Tre	asures, or Oth	er Similar	Assets	(contin	ued)
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the f	ollowing that make	significant u	se of its		
	collection items (check all that apply):							
а	Public exhibition	d	Loan or exc	hange program				
b	Scholarly research	е	Other					
с	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	how they further th	e organization's ex	empt purpos	e in Part 2	XIII.	
5	During the year, did the organization solicit o							
-	to be sold to raise funds rather than to be ma						Yes	No No
Par	t IV Escrow and Custodial Arran					Part IV li		
	reported an amount on Form 990, Pai	rt X, line 21.	to in the organizatio			, r arcri, n		
19	Is the organization an agent, trustee, custodi		iany for contribution	s or other assets no	t included			
Ia	on Form 990, Part X?						Yes	No
h	If "Yes," explain the arrangement in Part XII					∟	165	
D		and complete the lon	iowing table.				Amount	
					4.		Amount	
	Beginning balance							
	Additions during the year							
	Distributions during the year							
	Ending balance						7.	
	Did the organization include an amount on Fo				• • • • • • • • • • • • • • • • • • • •	L	Yes	No
Par	If "Yes," explain the arrangement in Part XIII.					<u></u>		
Fai	t V Endowment Funds. Complete i					aara baak	(a) Four	vooro book
		(a) Current year	(b) Prior year	(c) Two years back	., ,		. ,	years back
	Beginning of year balance	4,859,829.	3,979,409.			59,064.	3,	416,913.
	Contributions	238,588.	57,940.	· · · · ·				
	Net investment earnings, gains, and losses	-542,308.	1,046,102.	199,945	5. 214,651. 250,83			
	Grants or scholarships							
е	Other expenditures for facilities							
	and programs	236,427.	223,622.	212,472	. 20	08,680.		208,687.
f	Administrative expenses							
g	End of year balance	4,319,682.	4,859,829.	3,979,409	. 3,76	55,035.	3,	459,064.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a)) held as:				
а	Board designated or quasi-endowment	.0000	_%					
b	Permanent endowment 88.0800	%						
с	Term endowment 11.9200	%						
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held ar	nd administered for	the organiza	tion	_	
	by:							Yes No
	(i) Unrelated organizations						3a(i)	Х
	(ii) Related organizations						3a(ii)	Х
b	If "Yes" on line 3a(ii), are the related organiza						3b	
4	Describe in Part XIII the intended uses of the							
Par	t VI Land, Buildings, and Equipm	ent.						
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part	X, line 10.			
	Description of property	(a) Cost or o	ther (b) Cost	or other (c)	Accumulate	d	(d) Book	< value
		basis (investr	• •		depreciation		.,	
1a	Land		5	,146,351.			5.	146,351.
	Buildings			,399,991.	4,310,8	391.		089,100.
	Leasehold improvements			· · ·	, ,		,	
	Equipment		1	,732,327.	1,132,6	599.		599,628.
	Other			,621,283.	2,678,2			943,117.
	. Add lines 1a through 1e. (Column (d) must e			, ,	, ,			778,196.
Total	The most a through the (Column (a) Must e	<u>qual FUIII 990, Part</u> /		<i></i>		Schodula		n 990) 2021
						Schedule	D (Poin	1 3301 2021

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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)		
Total. (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)		
Total. (Col. (b) must equal Form 990. Part X. col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 2	5.
1. (a) Description of liability	(b) Book value
(1) Federal income taxes	

(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (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

Schedule D (Form 990) 2021

X

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Sche	edule D (Form 990) 2021 HUMANE SOCIETY SILICON VALLEY	94-119	6215 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	15,890,585.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a -3, 212	,312.	
b	Donated services and use of facilities 2b 34	,835.	
с			
d			
е	Add lines 2a through 2d	2e	-3,177,477.
3	Subtract line 2e from line 1	3	19,068,062.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 118	8,814.	
b	Other (Describe in Part XIII.) 4b		
с	Add lines 4a and 4b	4c	118,814.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	19,186,876.
Pa	Int XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	15,043,079.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a 34	,835.	
b	Prior year adjustments 2b		
с	Conter losses 2c		
d	I Other (Describe in Part XIII.) 2d		
е	Add lines 2a through 2d	2e	34,835.
3	Subtract line 2e from line 1		15,008,244.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 118	8,814.	
b	Other (Describe in Part XIII.) 4b		
с	Add lines 4a and 4b	4c	118,814.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.)		15,127,058.
Pa	art 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.

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Schedule D (Form 990) 2021

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 D (Form 990) 2021

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SCHEDULE G	SCHEDULE G Supplemental Information Regarding Fundraising or Gaming Activit							ties OMB No. 1545-0047		
(Form 990)	(Form 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if organization entered more than \$15,000 on Form 990-EZ, line 6a.									
Department of the Treasury		Open to Public								
Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.										
Name of the organization	Employer id	entification number								
		IETY SILICON VALLEY					94-11962			
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 th	e organization rais	sed funds through any of the following	g activ	vities. (Check all that apply.					
a 🛛 Mail solicitat	tions	e X Solicitat	ion of	non-g	overnment grants					
b X Internet and	email solicitations	s f Solicitat	ion of	gover	nment grants					
c X Phone solici	tations	g 🗴 Special	fundra	aising	events					
d 🛛 In-person so	licitations									
2 a Did the organization	on have a written c	or oral agreement with any individual	(incluc	ling of	ficers, directors, trus	tees,	or			
key employees list	ed in Form 990, P	art VII) or entity in connection with pr	ofessi	onal fi	undraising services?		X Ye	s 🗌 No		
b If "Yes," list the 10	highest paid indiv	viduals or entities (fundraisers) pursua	ant to	agreer	ments under which th	ne fur	ndraiser is to b	e		
compensated at le	ast \$5,000 by the	organization.								
		(ii) Activity		Did	(iv) Gross receipts to from activity		Amount paid			
(i) Name and addres	s of individual			Did aiser ustody			or retained by)	(vi) Amount paid to (or retained by)		
or entity (fund	lraiser)			trol of utions?			fundraiser ted in col. (i)	organization		
						10				
ONE & ALL, INC. FK		DIRECT MAIL/ONLINE FR		No	1 040 125		1 0 2 5 0 2 0	004.005		
- 2 N. LAKE AVE, SUITE #600,		CAMPAIGNS/NEWS LETTER AND		x	1,842,135.		1,037,838	. 804,297.		
HANSA TRADING INTERNATIONAL		VENTOR E DONANTON GEDUTOES	x		154 720		26 400	100 220		
INC. DBA AUCTION CITY - 3536 GATEWAY COMMUNICATIONS -		VEHICLE DONATION SERVICES	Δ		154,730.		26,400	. 128,330.		
16805 NE MASON CT,		TELEMARKETING SERVICES		x	48,981.		33,859	15,123.		
DV CANVASS, LLC -		TELEMARKETING SERVICES		^	40,901.		55,055	. 15,125.		
AMERICA DR, SUITE		TELEMARKETING SERVICES		x	5,638.		114,015	-108,377.		
FIFTY ROCK CONSULT					5,050.		114,015	100,577.		
KIHALANI LOOP UNIT		FUNDRAISING CONSULTING		x	0.		58,495	-58,495.		
STELTER - PO BOX 5	,						,			
MOINES, IA 50305-		SITE HOSTING & NEWSLETTERS		x	0.		27,819	-27,819.		
,							,	, .		
Total					2,051,484.		1,298,426	753,059.		
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,H	I, ID, IL, IN, IA, KS, KY, LA, ME, M	D,MA,	MI,M	N,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									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990) 2021

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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	
1 Gross receipts		THE FURBALL	GOLF TOURNAMENT	1	(add col. (a) through	
		(event type)	(event type)	(total number)	col. (c))	
1	Gross receipts	1,282,184.	187,640.		1,469,824.	
2	Less: Contributions	79,367.	62,000.		141,367.	
3	Gross income (line 1 minus line 2)	1,202,817.	125,640.		1,328,457.	
4	Cash prizes					
5	Noncash prizes	88,424.	5,812.		94,236.	
6	Rent/facility costs	427,736.	106,998.		534,734.	
7	Food and beverages		249.		249.	
8	Entertainment	471,240.			471,240.	
9	Other direct expenses	199,258.	24,551.	4,000.	227,809.	
10		n 9 in column (d)		>	1,328,268.	
11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990. Part IV. line 19, or reported more than						
	3 4 5 6 7 8 9 10	 2 Less: Contributions 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 	1 Gross receipts 1,282,184. 2 Less: Contributions 79,367. 3 Gross income (line 1 minus line 2) 1,202,817. 4 Cash prizes 88,424. 5 Noncash prizes 88,424. 6 Rent/facility costs 427,736. 7 Food and beverages 471,240. 9 Other direct expenses 199,258. 10 Direct expense summary. Add lines 4 through 9 in column (d)	THE FURBALL GOLF TOURNAMENT (event type) (event type) 1 Gross receipts 1,282,184. 2 Less: Contributions 79,367. 3 Gross income (line 1 minus line 2) 1,202,817. 4 Cash prizes 1 5 Noncash prizes 88,424. 6 Rent/facility costs 427,736. 7 Food and beverages 249. 8 Entertainment 471,240. 9 Other direct expenses 199,258. 10 Direct expense summary. Add lines 4 through 9 in column (d)	1 Gross receipts 1, 282, 184. 187, 640. 2 Less: Contributions 79, 367. 62, 000. 3 Gross income (line 1 minus line 2) 1, 202, 817. 125, 640. 4 Cash prizes 88, 424. 5, 812. 5 Noncash prizes 427, 736. 106, 998. 7 Food and beverages 249. 8 Entertainment 471, 240. 9 Other direct expenses summary. Add lines 4 through 9 in column (d) 1	

\$15,000 on Form 990-EZ, line 6a.

anue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))				
Revenue	1 Gross revenue								
ŝ	2 Cash prizes								
kpense	3 Noncash prizes								
Direct Expenses	4 Rent/facility costs								
	5 Other direct expenses								
	6 Volunteer labor	Yes %	Yes %	Yes %					
	7 Direct expense summary. Add lines 2 through	n 5 in column (d)							
	8 Net gaming income summary. Subtract line 7	' from line 1, column (d)							
9									
	a Is the organization licensed to conduct gaming activities in each of these states? Yes No b If "No," explain:								
10a	10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?								
	b If "Yes," explain:								

132082 10-21-21

Schedule G (Form 990) 2021

Sch	edule G (Form 990) 2021 HUMANE SOCIETY SILICON VALLEY	94-11962	15	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			_
	to administer charitable gaming?		Yes	No No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility			%
	An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	:		
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amou	nt		
	of gaming revenue retained by the third party \blacktriangleright \$			
С	If "Yes," enter name and address of the third party:			
	Name			
	Addrose			
	Address			
16	Gaming manager information:			
10				
	Name			
	Gaming manager compensation 🕨 💲			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	No No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in			
_	organization's own exempt activities during the tax year 🕨 \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); a	nd Part III, li	nes 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
COU				
БСП	EDULE 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			
(T)	NAME OF FUNDRAISER. HANSA TRADING INTERNATIONAL INC. DRA AUGUTON CITY			
(1)	NAME OF FUNDRAISER: HANSA TRADING INTERNATIONAL INC. DBA AUCTION CITY			
(I)	ADDRESS OF FUNDRAISER: 3536 HAVEN AVE., REDWOOD CITY, CA 94063			
13208	33 10-21-21	Schedule G	(Form	990) 2021
	35			,

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 G (Form 990)

132084 11-18-21

SCHEDULE I (Form 990)	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.							
Department of the Treasury Attach to Form 990. Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.								
Name of the organization	NE SOCIETY SILICON VALL	εy					Employer identification number 94-1196215	
Part I General Information of	on Grants and Assistance							
criteria used to award the gra	ain records to substantiate the ants or assistance? nization's procedures for monit				-			
	sistance to Domestic Organiz I more than \$5,000. Part II can				anization answered "Y	es" on Form 990, Part	IV, line 21, for any	
1 (a) Name and address of org or government	,	(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 V INC 415 CAMPBELL AVE SV ROANOKE, VA 24016		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	n 501(c)(3) and government org	I ganizations listed in th	e line 1 table					
3 Enter total number of other of	organizations listed in the line 1	I table						

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Schedule I (Form 990) 2021

Page 2

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.

SCHEDULE J (Form 990) Compensation Information OMB No. 1545-0047 Pepartment of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 23.	er Jo
Department of the Treasury Internal Revenue Service	
Department of the Treasury Internal Revenue Service Open to Public Inspection Name of the organization Employer identification numb 94-1196215 Part I Questions Regarding Compensation 94-1196215 Ia 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 II to provide any relevant information regarding these items. Yes First-class or charter travel Housing allowance or residence for personal use Image: Companion of the follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part II to explain Ib X 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, 1b X	
Name of the organization Employer identification number of the interact micrimutor. HUMANE_SOCIETY SILICON VALLEY 94-1196215 Part I Questions Regarding Compensation Yes Ia 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. Yes First-class or charter travel Housing allowance or residence for personal use Yes Travel for companions Payments for business use of personal residence Image: Company spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain Ib X 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, Ib X	
HUMANE SOCIETY SILICON VALLEY 94-1196215 Part I Questions Regarding Compensation Ia 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. Yes N First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b X 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, 1b X	
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. Yes N Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Housing allowance or residence for personal use Image: Company of the companions Image: Company of the companion of the following allowance or residence for personal residence Image: Company of the companication follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b X 2 Did the organization prior to reimbursing or allowing expenses incurred by all directors, 1 1 1	10
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. Yes N Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Housing allowance or residence for personal use Payments for business use of personal use Payments for business use of personal residence Travel for companions Payments for business use of personal residence Payments for business use of personal residence Payments for business use of personal residence Discretionary spending account Personal services (such as maid, chauffeur, chef) Payment or provision of all of the expenses described above? If "No," complete Part III to explain 1b X 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, Ib X	
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.	
 Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) 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 Ib X Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, 	
 First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) 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 Ib X Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, 	
 Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) 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 Ib X Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, 	
 Tax indemnification and gross-up payments Tax indemnification and gross-up payments Discretionary spending account Personal services (such as maid, chauffeur, chef) 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 If b X Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, 	
 Discretionary spending account Personal services (such as maid, chauffeur, chef) 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	
 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	
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b X 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, 1 X	
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b X 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, 1 X	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	
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.	
Compensation committee	
Independent compensation consultant	
X Form 990 of other organizations X Approval by the board or compensation committee	
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	
organization or a related organization:	
a Receive a severance payment or change-of-control payment?	K
b Participate in or receive payment from a supplemental nonqualified retirement plan?	K
c Participate in or receive payment from an equity-based compensation arrangement?	<u> </u>
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:	
	<u> </u>
	۲ <u> </u>
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:	7
	ζ
	<u> </u>
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	
	7
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	<u> </u>
	<u>κ</u> κ
Regulations section 53.4958-6(c)? 9 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule J (Form 990) 20	

132111 11-02-21

94-1196215

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.

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) KURT KRUKENBERG	(i)	288,257.	0.	80.	4,963.	357.	293,657.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) STEPHANIE LADEIRA	(i)	206,435.	0.	405.	3,852.	9,695.	220,387.	0.
VICE PRESIDENT DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CRISTIE KAMIYA	(i)	205,278.	0.	246.	3,865.	9,696.	219,085.	0.
CHIEF OF SHELTER MEDICINE	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CANDICE BALMACEDA	(i)	195,625.	0.	55.	3,493.	9,670.	208,843.	0.
VP OF FINANCE	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JOANNE JACOBS	(i)	194,293.	0.	155.	3,310.	9,667.	207,425.	0.
CHIEF OF OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MARIA YVONNE SAUCEDO	(i)	158,521.	0.	430.	2,891.	8,619.	170,461.	0.
VP HR VOLUNTEER PROG & HUM	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ANDREA MOORE	(i)	159,511.	0.	30.	2,524.	252.	162,317.	0.
STAFF VETERINARIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) DAVID WHITMAN	(i)	149,091.	0.	30.	2,623.	9,606.	161,350.	0.
VP, CREATIVE DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

HUMANE SOCIETY SILICON VALLEY

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.

(For Depar	tment of the Treasury	Su Complete if the orga Form 990. ► Go	anization answere explanations, and	any additional info	90, Part IV, ormation in	line 24a. Part VI.	Provide descrip	tions,			C	20	1545-00)21 o Pub tion	
Nam	e of the organization								-	-	identif		n num	ber
	HUMANE SOCIETY S									94-11	.9621	5		
Par		E PART VI FOR C	1				1							
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issu	e price	(f) Descripti	on of purpose	(g) De	efeased	(h) On		(i) Po	
											of is		finan	
	CALIFORNIA ENTERPRISE DEVELOPMENT						ETNANCE DUE	CONSTRUCTION .	Yes	No	Yes	No	Yes	No
	AUTHORITY	35-2273601	13067RAE3	04/30/08	16.0	00 000	EQUIPPING AN	,		x		x		x
<u> </u>	AUTHORITI	55-2275001	13007RAE3	04/30/08	10,0	00,000.	EQUIFFING AN	DFORMISHING				<u>л</u>		
в														
<u> </u>														
с														
D														
Par	t II Proceeds			1			1		1	1			I	
				Α			В	с				D		
1	Amount of bonds retired			6,	550,000.									
2	Amount of bonds legally defeased													
3	T				000,000.									
4	Gross proceeds in reserve funds													
5	Capitalized interest from proceeds													
_6	Proceeds in refunding escrows													
_7	Issuance costs from proceeds				320,000.									
8	Credit enhancement from proceeds				239,151.									
9	Working capital expenditures from proceeds													
10	Capital expenditures from proceeds			15,	440,849.									
<u>11</u>	Other spent proceeds													
12														
13	Year of substantial completion				2010									
				Yes	No	Yes	No	Yes	No		Yes	_	No	
14	Were the bonds issued as part of a refunding i		()		x									
45	if issued prior to 2018, a current refunding issu				Δ					_		_		
15	Were the bonds issued as part of a refunding i				x									
16	issued prior to 2018, an advance refunding iss		<u></u>		Δ							+		
<u>16</u> 17	Has the final allocation of proceeds been mad Does the organization maintain adequate bool			····· A										
17	final allocation of proceede?	ks and records to su		x										

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

Schedule K (Form 990) 2021 HUMANE SOCIETY SILICON VALLEY

9	4	_	1	1	9	6	2	1	5	
---	---	---	---	---	---	---	---	---	---	--

Page **2**

Part	III Private Business Use								
	-		<u> </u>		B		ç		2
1	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
	which owned property financed by tax-exempt bonds?		Х						
2	Are there any lease arrangements that may result in private business use of								
	bond-financed property?		x						
3a	Are there any management or service contracts that may result in private								
	business use of bond-financed property?		x						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
	counsel to review any management or service contracts relating to the financed property?								
с	Are there any research agreements that may result in private business use of								
	bond-financed property?		х						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other								
	outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities								
	other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5	Enter the percentage of financed property used in a private business use as a								
	result of unrelated trade or business activity carried on by your organization,								
	another section 501(c)(3) organization, or a state or local government		%		%		%		9
6	Total of lines 4 and 5		%		%		%		9
7	Does the bond issue meet the private security or payment test?	Х							
8a	Has there been a sale or disposition of any of the bond-financed property to a non-								
	governmental person other than a 501(c)(3) organization since the bonds were issued?		x						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or						•		
	disposed of		%		%		%		9
с	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations								
	sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all								
-	nonqualified bonds of the issue are remediated in accordance with the								
	requirements under Regulations sections 1.141-12 and 1.145-2?	х							
Part	IV Arbitrage		l		11		11		L
			4		в		C		
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
-	Penalty in Lieu of Arbitrage Rebate?		x						
2	If "No" to line 1, did the following apply?		1		·				
	Rebate not due yet?		X		1 1				
	Exception to rebate?	X							
		_	X						
	No rebate due? If "Yes" to line 2c, provide in Part VI the date the rebate computation was				<u> </u>		1		
	performed								

Schedule K (Form 990) 2021 HUMANE SOCIETY SILICON VALLEY

Part IV Arbitrage (continued)		•	-			<u>,</u>	-	<u> </u>
		A	E					1
4a Has the organization or the governmental issuer entered into a qualified	Yes	No x	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		Δ						
b Name of provider								
c Term of hedge		1						
d Was the hedge superintegrated?								
e Was the hedge terminated?		x						
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Δ						
b Name of provider								
c Term of GIC		1						
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the								
requirements of section 148?	Х							
Part V Procedures To Undertake Corrective Action			-					
		<u>A</u>	E	3	(2	C	2
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
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 instru	uctions.		•		•	•
CHEDULE K, PART I, BOND ISSUES:								
A) ISSUER NAME: CALIFORNIA ENTERPRISE DEVELOPMENT AUTHORITY								
F) DESCRIPTION OF PURPOSE:								
INANCE THE CONSTRUCTION, EQUIPPING AND FURNISHING OF THE ANIMAL COMM. C	CTR							
indential condition, by it ind individually of the minima cont.								

Page 3

94-1196215

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury	
Internal Revenue Service	

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

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

2021 **Open to Public** Inspection

Employer identification number

Name of the organization

HUMANE	SOCIETY	STLTCON	VALLEY	

(a) (b) (c) (c) <th></th> <th>HUMANE SOCIETY SIL</th> <th>ICON VALI</th> <th>JEY</th> <th></th> <th></th> <th>94-</th> <th>119621</th> <th>5</th> <th></th>		HUMANE SOCIETY SIL	ICON VALI	JEY			94-	119621	5	
Check if Number of Noncash contribution anounts reported in someth contribution anounts interaction interests Method of determining noncash contribution anounts 1 Art - Historical transmiss Image: Control butice of Porm 980, Part Vili, line 1g Image: Control butice of Porm 980, Part Vili, line 1g 2 Art - Historical transmiss Image: Control butice of Porm 980, Part Vili, line 1g Image: Control butice of Porm 980, Part Vili, line 1g 3 Art - Fractional interests Image: Control butice of Porm 980, Part Vili, line 1g Image: Control butice of Porm 980, Part Vili, line 1g 6 Cars and other vehicles X 60 133, 751. PROC. NET OF REPAIRS 7 Boats and planes Image: Control butice of Porm 980, Part Vili, line 1g Image: Control butice of Porm 980, Part Vili, line 1g 9 Securities - Colosity held stock Image: Control butice of Porm 980, Part Vili, line 1g Image: Control butice of Porm 980, Part Vili, line 1g 10 Securities - Colosity held stock Image: Control butice of Porm 980, Part Vili, line 1g Image: Control butice of Porm Porm 980, Part Vili, line 1g 11 Securities - Macellaneous Image: Control butice of Porm Porm 980, Part Vili, line 1g Image: Control butice of Porm 980, Part Vili, line 1g 12 Securities - Macellaneous Image: Control butice of Porm Porm Porm Porm Porm Porm Porm Porm	Par	t I Types of Property								
2 Art - Historical Interests			Check if	Number of contributions or	Noncash contribution amounts reported on	r	Method of o	determin	0	s
2 Art - Historical Interests	1	Art - Works of art								
3 A1 - Fractional interests 4 Books and publications Colthing and household goods X 6 Cars and other vehicles 7 Boats and planes 9 Securities - Publicly traded 7 Securities - Publicly traded 7 Securities - Publicly traded 8 Intellectual property 9 Securities - Pathership, LLC, or trust interests 10 Securities - Naceilaneous 11 Securities - Residential 12 Securities - Residential 13 Qualified conservation contribution - Historic structures 14 Cualified conservation contribution - Historic structures 15 Real estate - Commercial 16 Real estate - Commercial 17 Real estate - Commercial 18 Collectibles 19 Food inventory 20 Collectibles 21 Taxidermy 23 Collectibles 34 Chological aritlacts 35 Collectibles 42 Chological aritlacts 43	2									
4 Books and publications	3									
5 Clothing and household goods X 60 133,751. PROC. NET OP REPAIRS 6 Cars and other vehicles X 60 133,751. PROC. NET OP REPAIRS 8 Intellectual property Intellectual property Intellectual property Intellectual property 9 Securities - Publicly traded X 39 214,006. AVG HI & LOW AT GIFT 10 Securities - Partnership, LLC, or trust interests Interests Interests 12 Securities - Niscellaneous Interests Interests 13 Qualified conservation contribution - Other interests Interests Interests 14 Qualified conservation contribution - Other interests Interests Interests 14 Collectubles Interests Interests Interests 15 Real estate - Coher Interests Interests Interests 16 Collectubles Interests Interests Interests 20 Drugs and medical supplies Interests Interests Interests 21 Taxidemy Interests Interests Interests 23 Scientrific specimens	4									
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7 Basts and planes	6		X	60	133,751.	PROC	. NET OF RE	PAIRS		
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10 Securities - Closely held stock	9		X	39	214,006.	AVG I	HI & LOW AT	GIFT		
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12 Securities · Miscellaneous										
13 Qualified conservation contribution - Other	12									
Historic structures										
14 Qualified conservation contribution · Other		Historic structures								
15 Real estate · Residential	14									
16 Real estate · Commercial	15									
17 Real estate · Other 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxiderny 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ▶ (ANTMAL & MEDI)) 26 X 27 Other ▶ (AUCTION ITEMS)) 28 63,759. FMV 29 Verter ▶ (AUCTION ITEMS)) 29 Verter ▶ (AUCTION ITEMS)) 20 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 O										
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19 Food inventory										
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23 Scientific specimens										
24 Archeological artifacts X 288 63,759. FMV 25 Other ▶ (AUCTION ITEMS) X 8 15,813. LOWER OF FMV/AUCTION 26 Other ▶ (AUCTION ITEMS) X 8 15,813. LOWER OF FMV/AUCTION 27 Other ▶ (AUCTION ITEMS) X 8 15,813. LOWER OF FMV/AUCTION 28 Other ▶ (AUCTION ITEMS) X 8 15,813. LOWER OF FMV/AUCTION 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 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? 30a X b If "Yes," describe the arrangement in Part II. 30a X 31 X 31 X 32a Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 X 32a Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 X 32a										
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28 Other ▶ () 0 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 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? 30a X b If "Yes," describe the arrangement in Part II. 31 X 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 31 X b If "Yes," describe in Part II. 32a X 32a X 31 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 31 X 32a If "Yes," describe in Part II. 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. Image: Column Action Column Column (c) for a type of property for which column (a) is checked, describe in Part II. Image: Column Action Column		· · · · · · · · · · · · · · · · · · ·								
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exempt purposes for the entire holding period? 30a X b If "Yes," describe the arrangement in Part II. Image: Contribution in the contris in the contributin the contributin the contribution in the contr	000		•			•				
b If "Yes," describe the arrangement in Part II. 31 X 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 X 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a 32a 32a 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. Image: Contribution of 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. Image: Contribution of 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. Image: Contribution of 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. Image: Contribution of 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. Image: Contribution of 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.								30a		x
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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.	h							JZd		
describe in Part II.		-	olumn (a) fa	r a type of property	(for which column (a) is show	akad				
	33			a type of property	nor which column (a) is che	uneu,				
	LHA		the Instruct	tions for Form 99	<u>ו</u>		Schedule	M (Form	1 990	2021

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

Schedule M (Form 990) 2021

132141 11-17-21

	HUMANE SOCIETY SILICON VALLEY	94-1196215 Pag
is reporting in Part	Information. Provide the information required by Part I, lines 30b, I, column (b), the number of contributions, the number of items received ditional information.	32b, and 33, and whether the organization ed, or a combination of both. Also complete
CHEDULE M, PART I, COLU	JMN (B):	
HE NUMBER REFLECTS THE	NUMBER OF CONTRIBUTIONS MADE, NOT THE NUMBER OF	
TEMS CONTRIBUTED.		
CHEDULE M, LINE 32B:		
THE ORGANIZATION USES TH	HIRD PARTIES TO PROCESS AND SELL ALL AUTO	
DONATIONS. THE ORGANIZAT	TION RECEIVES A NET CHECK FROM THE THIRD	
PARTIES.		
·		
	AMOUNT % OF GROSS % OF AVAILABLE	
GROSS RECEIPTS (BID PRIC	CE) 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%	
.N ADDITION, BUYERS ALSO	D PAY FEES NOT LISTED ABOVE.	
132142 11-17-21		Schedule M (Form 990) 2

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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 for the latest information.



Employer identification number 94-1196215

Name of the organization

FORM 990 PART III LINE 1

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

HUMANE SOCIETY SILICON VALLEY

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

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Schedule O (Form 990) 2021 Name of the organization	Pag Employer identification numb
HUMANE SOCIETY SILICON VALLEY	94-1196215
S CALCULATED USING THE TOTAL NUMBER OF ANIMALS THAT ENTERED THE	
HELTER, ADOPTIONS, ANIMALS RETURNED TO OWNERS, ANIMALS TRANSFERRED TO	
THER AGENCIES OR COLONIES, ANIMALS EUTHANIZED, AND ANIMALS THAT DIED	
IN CARE.	
MAKES IN MORE MUAN & 900 ANTMALS DER VEAR INSTITUTING OVER 2 100	
-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,	
EEPING BONDED FAMILIES TOGETHER THROUGH INTEGRATED SERVICES THAT	
MPACT BOTH HUMAN AND ANIMAL LIVES AND PROVIDING VALUE TO OUR COMMUNITY	
VELL INTO THE FUTURE.	
-ADDRESSES THE KEY ISSUES FACING UNDER-SERVED INDIVIDUALS WHO CONSIDER	
PETS PART OF THEIR FAMILY TO IMPROVE PEOPLES' LIVES AND INCREASE	
IISSION RESULTS. PROGRAMS RANGE FROM EMERGENCY BOARDING TO WELLNESS	
CLINICS.	
KEEPS ANIMALS IN HOMES BY:	
PROVIDING POST ADOPTION SUPPORT, INCLUDING BEHAVIOR SUPPORT.	
132212 11-11-21 48	Schedule O (Form 990) 20

2021.05070 HUMANE SOCIETY SILICON VA 05023571

Schedule O (Form 990) 2021	Page 2
Name of the organization	Employer identification number
HUMANE SOCIETY SILICON VALLEY	94-1196215

--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

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ORGANIZATION HAS EXPANDED ITS GEOGRAPHIC REACH TO HELP ANIMALS

132212 11-11-21

Schedule O (Form 990) 2021	Page 2
Name of the organization HUMANE SOCIETY SILICON VALLEY	Employer identification number 94-1196215
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.	

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

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Schedule O (Form 990) 2021

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Schedule O (Form 990) 2021 Name of the organization	Page 2
HUMANE SOCIETY SILICON VALLEY	94-1196215
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.

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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

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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

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TO COMMUNITY MEMBERS WHO CANNOT AFFORD TO FEED THEIR PETS OR HOMELESS	
CAT COLONIES.	

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

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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.

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FORM 990, PART VI, SECTION B, LINE 12C:

ANNUALLY, THE BOARD MEMBERS, OFFICERS AND KEY EMPLOYEES ARE ASKED TO

COMPLETE AND SIGN A "CONFLICT OF INTEREST POLICY & REASONABLE EFFORTS"

QUESTIONNAIRE. THERE IS A CONFLICT OF INTEREST POLICY, WHISTLEBLOWER POLICY

AND CODE OF ETHICS AND CONDUCT POLICY INCLUDED IN THE EMPLOYEE HANDBOOK.

HUMAN RESOURCES POINTS THEM OUT AS KEY POLICIES IN THE EMPLOYEE HANDBOOK

DURING ORIENTATION WITH ALL NEW EMPLOYEES. IN THE EVENT OF A CONFLICT,

PROCEDURES FOR ADDRESSING THE CONFLICT OF INTEREST ARE SPECIFIED IN THE

ORGANIZATION'S POLICY. THEY INCLUDE DISCUSSION AMONG THE EXECUTIVE TEAM

AND IF NEEDED, PRESENTATION TO THE BOARD OF DIRECTORS, DISCUSSION BY THE

BOARD, INVESTIGATION OF ALTERNATIVES, OTHER DUE DILIGENCE, AND SPECIFIC

RULES FOR MAKING A DECISION ON A COURSE OF ACTION.

FORM 990, PART VI, SECTION B, LINE 15:

WHEN COMPENSATION IS MODIFIED, USUALLY ANNUALLY, THE BOARD OF DIRECTORS

CONDUCTS A STUDY OF CHIEF EXECUTIVE/PRESIDENT AND CHIEF FINANCIAL EMPLOYEE

COMPENSATION OF OTHER SIMILAR ORGANIZATIONS MEETING THE FOLLOWING CRITERIA:

1. EACH OF THE ORGANIZATIONS LISTED IS IN THE ANIMAL WELFARE INDUSTRY AND

OF SIMILAR SIZE AND RESPONSIBILITY FOR THE PRESIDENT AND CHIEF FINANCIAL

EMPLOYEE OF THE ORGANIZATION;

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

3. EACH IS IN CALIFORNIA IN LARGE METROPOLITAN COMMUNITIES WHERE THE COST

OF LIVING IS SIMILAR TO HSSV'S COMMUNITY; AND

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

INCLUDED.

TO HELP ASSURE QUALITY AND INDEPENDENCE, THE STUDY IS PREPARED BY STAFF AND

REVIEWED AND APPROVED BY THE TREASURER AND BOARD CHAIR, PRIOR TO

PRESENTATION TO THE ENTIRE BOARD OF DIRECTORS.

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

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

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

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

AUDIT REPORTS, ANNUAL REPORTS, AND 990'S ARE POSTED DIRECTLY ON ITS

WEBSITE. HSSV PROVIDES A CONTACT EMAIL ON ITS WEBSITE FOR ANYONE WHO WANTS

TO REQUEST A COPY OF OTHER DOCUMENTS, SUCH AS THE GOVERNING DOCUMENTS AND

CONFLICT OF INTEREST POLICY.