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ARMANINO LLP

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PUBLIC DISCLOSURE COPY **Return of Organization Exempt From Income Tax**

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

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

OMB No. 1545-0047

Department of the Treasury A For the 2022 calendar year, or tax year beginning JUL 1 2022 and ending JUN 30. C Name of organization D Employer identification number Check if applicable: Address change HUMANE SOCIETY SILICON VALLEY Name change 94-1196215 Doing business as Initial return E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final return/ termin-ated 901 AMES AVENUE 408-262-2133 27,267,906. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return MILPITAS, CA 95035 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: KURT KRUKENBERG Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions WWW.HSSV.ORG J Website: H(c) Group exemption number K Form of organization: X Corporation Trust Association Other Year of formation: 1929 M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: THE MISSION OF THE ORGANIZATION Activities & Governance IS TO SAVE AND ENHANCE LIVES. 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 15 3 Number of voting members of the governing body (Part VI, line 1a) 3 15 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 172 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 2394 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 16,518,370, 13,691,495. Contributions and grants (Part VIII, line 1h) 8 Revenue 2,089,587 1,872,408. Program service revenue (Part VIII, line 2g) 468,636 342,215. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 110,283 120,963. 11 19,186,876 16,027,081. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 30,000. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 9,710,389. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 11,599,343. 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 1,298,779 1 083 979. **b** Total fundraising expenses (Part IX, column (D), line 25) 4,087,890, 4,698,438. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 15,127,058. 17,381,760. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 4,059,818. -1,354,679. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 63,587,753 63,497,711. Total assets (Part X, line 16) 10,462,732 10,069,204. 21 Total liabilities (Part X, line 26) 三年 53,125,021. 53,428,507. Net assets or fund balances. Subtract line 21 from line 20 ... Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign KURT KRUKENBERG, PRESIDENT Here Type or print name and title Date PTIN Check Print/Type preparer's name Preparer's signature MATTHEW PETROSKI MATTHEW PETROSKI 02/23/24 P00853132 Paid 94-6214841 Firm's name ARMANINO LLP Preparer Firm's EIN Firm's address 50 W. SAN FERNANDO ST, STE 500 Use Only Phone no.408-200-6400 SAN JOSE, CA 95113 Yes May the IRS discuss this return with the preparer shown above? See instructions No

Pa	Till Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	AT HUMANE SOCIETY SILICON VALLEY, OUR MISSION IS TO SAVE LIVES, KEEP		
	FAMILIES TOGETHER, AND CREATE A BETTER FUTURE FOR PETS AND THEIR		
	PEOPLE.		
	(SEE SCHEDULE O FOR CONTINUATION)		
2	Did the organization undertake any significant program services during the year which were not listed	ed on the	
	prior Form 990 or 990-EZ?		Yes X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	n services?	Yes X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program	services, as measured	by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocated and section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocated are required to report the amount of grants and allocated are required to report the amount of grants and allocated are required to report the amount of grants and allocated are required to report the amount of grants and allocated are required to report the amount of grants and allocated are required to report the amount of grants and allocated are required to report the amount of grants and allocated are required to report the amount of grants and allocated are required to report the amount of grants and allocated are required to report the amount of grants and allocated are required are required to report the amount of grants are required at the required are required are required are required at the required are required at the required are required at the required are required are required at the required at the required are required at the required at the required are required at the required at t	ions to others, the tota	al expenses, and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$6,661,126. including grants of \$) (Revenue \$	1,299,611.
	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:		
	CO. DIGGOTHER CHIEF PRICE NO. IDODETCH FING TO IDODETCH WAS INC. INC.		
	60+ DISCOUNT OFFERS HALF-PRICED ADOPTION FEES TO ADOPTERS WHO ARE AGE		104 721 \
4b	(Code:) (Expenses \$ 4,352,347. including grants of \$) (Revenue \$	184,731.
	PROGRAMS TO SAVE LIVES - MEDICAL SERVICES:		
	HOGDIMAL AND MDIAGE DEDEADMS INIMIAL HEALMS EVAMS VACCINAMIONS		
	HOSPITAL AND TRIAGE PERFORMS INITIAL HEALTH EXAMS, VACCINATIONS,		
	MICROCHIPPING, AND IF NEEDED, LONG-TERM MEDICAL CARE FOR ALL INCOMING ADOPTABLE SHELTER ANIMALS.		
	ADOFTABLE SHELIER 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.		
	Institute, partonalite, intercontilitie into other interest incompetitie.		
	-FREE SPAY AND NEUTER SERVICES		
4c	(Code:) (Expenses \$ 2,313,304. including grants of \$) (Revenue \$	484,837.)
	COMMUNITY PROGRAMS FOR PEOPLE AND PETS:	/ (Nevende	· · · · · · · · · · · · · · · · · · ·
	-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, 2023, OVER 1,500 PARTICIPANTS ATTENDED CLASSES.		
	-PET STORE OFFERS PRODUCTS AND INFORMATION IN AREAS LIKE NUTRITION,		
	BASIC BEHAVIOR AND TRAINING TOOLS, GROOMING, DEVELOPMENTAL TOYS,		
	SUPPLEMENTS, AND OTHER PRODUCTS.		_
	-		
	-ANIMAL BEHAVIOR COUNSELING COUNSELS POST-ADOPTION AND PRE-SURRENDER		
4d	Other program services (Describe on Schedule O.)		_
	(Expenses \$ 517,883. including grants of \$) (Revenue \$)
4e	Total program service expenses 13,844,660.		<u>, </u>
			Form 990 (2022)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ť		
·	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
0	, ,	8		x
•	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	<u> </u>		
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
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		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
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	· (continued)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for demostic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a	Х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
00	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		x
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		_ <u>x</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
22	Schedule N, Part II	32		<u> </u>
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	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	-33		
-	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	Ь
ı al	Check if Schedule O contains a response or note to any line in this Part V			
	Oncorni ochiculic O containo a response oi note to any ilie in this hart V		Yes	No
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 56		169	140
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			,,
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	7-		Х
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.		X
لم	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c		A
d		7e		х
e f		7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	Х	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
D	Enter the amount of reserves the organization is required to maintain by the states in which the			
_	organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13b 13c			
14a	Did the constitution and the second of the s	14a		х
	K IIV II has 't Challe Fare 700 to see at the see as week to see a	14b		
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1-10		
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.	.5		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
-	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

232005 12-13-22

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

	Check if Schedule O contains a response or note to any line in this Part VI					Х						
Sec	tion A. Governing Body and Management											
					Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	1	5								
	If there are material differences in voting rights among members of the governing body, or if the governing											
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.											
b	Enter the number of voting members included on line 1a, above, who are independent	1b	1	5								
2	2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other											
	officer, director, trustee, or key employee?											
3	Did the organization delegate control over management duties customarily performed by or under the											
				3		Х						
4	Did the organization make any significant changes to its governing documents since the prior Form 99			4		Х						
5												
6												
7a	Did the organization have members, stockholders, or other persons who had the power to elect or app											
	more members of the governing body?			7a		х						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto											
	persons other than the governing body?			7b		х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year											
а	The governing body?	,	3-	8a	х							
b	Each committee with authority to act on behalf of the governing body?			8b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read											
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	/enue	Code.)									
			,		Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х						
	If "Yes," did the organization have written policies and procedures governing the activities of such cha											
	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	befo	re 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	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	12b	Х							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," c	lescribe									
	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 in	dependent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?											
а	The organization's CEO, Executive Director, or top management official			15a	Х							
b	Other officers or key employees of the organization			15b	Х							
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.											
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	nent w	vith a									
	taxable entity during the year?			16a		Х						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its p	participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	izatio	n's									
	exempt status with respect to such arrangements?			16b								
Sec	tion C. Disclosure											
17	List the states with which a copy of this Form 990 is required to be filedCA,AK,AL,AR,FL,GA,H											
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	d 990	0-T (section 501(c)(3)	s only)	availal	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		,									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, cor	nflict (of interest policy, an	d finan	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 boo	ks an	d records									
	FARIDEH ESHAGH - (408)262-2133											
	901 AMES AVENUE, MILPITAS, CA 95035											

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A) Name and title	(B) Average			Pos	C) ition			(D) Reportable	(E) Reportable	(F) Estimated
Name and the	hours per	box	not c , unle	ss per	rson is	s both	n an	compensation	compensation	amount of
	week (list any		cer ar	id a d	irecto	r/trus	tee)	from the	from related	other
	hours for	direct				9		organization	organizations (W-2/1099-MISC/	compensation from the
	related	tee or	ustee			ensate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al trus	nal tr		loyee	comp		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) KURT KRUKENBERG	40.00	드	드	9	포	포늄	윤			
PRESIDENT		1		х				297,279.	0.	5,568.
(2) CRISTIE KAMIYA	40.00							·		•
CHIEF OF SHELTER MEDICINE					Х			221,248.	0.	14,486.
(3) JOANNE JACOBS	40.00									
CHIEF OF OPERATIONS					Х			221,262.	0.	13,796.
(4) MARIA YVONNE SAUCEDO	40.00									
CHIEF PEOPLE OFFICER					Х			190,034.	0.	5,857.
(5) DAVID WHITMAN	40.00	-								
VP, CREATIVE DEVELOPMENT						Х		167,677.	0.	13,217.
(6) CANDICE BALMACEDA	40.00	-								
VP OF FINANCE - THRU 09/22				Х				166,999.	0.	10,642.
(7) ANDREA MOORE	30.00	-							_	
STAFF VETERINARIAN						Х		165,576.	0.	2,935.
(8) JENNIFER DALMASSO	40.00	-								
LEAD VETERINARIAN	10.00					Х		146,842.	0.	13,185.
(9) STEPHANIE LADEIRA - THRU 07/22	40.00	-						140.000	_	0.665
CHIEF OF PHILANTHROPY AND COMMUNITY	40.00					Х		148,822.	0.	8,665.
(10) VALERIE SHEARER	40.00	-						124 600	_	0.560
STAFF VETERINARIAN	40.00					Х		134,628.	0.	2,562.
(11) FARIDEH ESHAGH	40.00	-		,,					_	٥
VP OF FINANCE - FR. 01/23 (12) PETER DETKIN	2,00			Х				0.	0.	0.
BOARD CHAIR	2.00	x		х				0.	0.	0
(13) SALLY HAZARD BOURGOIN	2.00	Α		^				0.	٠.	0.
VICE CHAIR	2.00	x		х				0.	0.	0.
(14) ALISON BUCHANAN	2.00	Λ		_				0.	0.	<u> </u>
SECRETARY	2.00	x		x				0.	0.	0.
(15) CHRISTY RICHARDSON	2.00	Λ						· · · · · · · · · · · · · · · · · · ·	· ·	<u>.</u>
TREASURER	2.00	х		x				0.	0.	0.
(16) ANDREA BORCH	2.00								••	
BOARD MEMBER		х						0.	0.	0.
(17) SHIRLEY CHEN LEE	2.00							1		-
BOARD MEMBER		х						0.	0.	0.
	-		_			_			L	- 000 (sees)

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Form 990 (2022) HUMANE SOC		****	LEY						94-119621	5 Page 8
Part VII Section A. Officers, Directors, To	rustees, Key Emp	oloy	ees,	and	l Hig	ghes	t Co	ompensated Employee	s (continued)	
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average	(do	not cl	Posi			ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both	an	compensation	compensation	amount of
	week (list anv			u a u		1711 43		from	from related	other
	hours for	lirecto				_		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	9e or (stee			nsated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ndividual trustee or director	nstitutional trustee		yee	эш ш		1099-NEC)	.555.1.25,	and related
	below	idual	tutior	er	Key employee	est co	ıer			organizations
	line)	Indiv	Insti	Officer	Key 6	Highest compensated employee	Former			
(18) SUE DIEKMAN	2.00									
BOARD MEMBER		Х						0.	0.	0.
(19) BLYTHE JACK	2.00									
BOARD MEMBER		Х						0.	0.	0.
(20) JENNY LEE	2.00									
BOARD MEMBER		Х						0.	0.	0.
(21) WILL MARTIN	2.00									
BOARD MEMBER		Х						0.	0.	0.
(22) REBECCA RANNINGER OWEN	2.00									
BOARD MEMBER		Х						0.	0.	0.
(23) STEVEN R. RODGERS	2.00									
BOARD MEMBER		Х						0.	0.	0.
(24) ANDIE SOBRATO	2.00									
BOARD MEMBER		Х						0.	0.	0.
(25) BRENDA SWINEY	2.00									
BOARD MEMBER		Х						0.	0.	0.
(26) SHANNON WASS	2.00									
BOARD MEMBER		Х						0.	0.	0.
1b Subtotal								1,860,367.	0.	90,913.
c Total from continuation sheets to Part	t VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)								1,860,367.	0.	90,913.

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

Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

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

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

S X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
	Description of services	Compensation
ONE & ALL, INC., 8605 SANTA MONICA		
BOULEVARD #64772, WEST HOLLYWOOD, CA 90069	PROFESSIONAL FUNDRAISER	844,607.
AMAZAE EVENTS INC., 100 GILMAN AVENUE,		
SUITE A, CAMPBELL, CA 95008	SPECIAL EVENTS COORDINATOR	640,608.
MARIA CECILIA STERNZON, 1420 MAPLE AVENUE,		
UNIT B, SAN MARTIN, CA 95046	DOG TRAINING SERVICES	117,483.
WESTON CONSTRUCTION, 17500 DEPOT ST SUITE		
200, MORGAN HILL, CA 95037	CONSTRUCTION SERVICES	115,521.
HEAVENLY GREENS		
370 UMBARGER ROAD, SAN JOSE, CA 95111	TURF REPLACEMENT	104,917.
2 Total number of independent contractors (including but not limited to	those listed above) who received more than	
\$100,000 of compensation from the organization	5	
		200

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2022)

22

Form 990 HUMANE SOCIE	II BILICON	V 2 3 111							94-11962	113
Part VII Section A. Officers, Directors, True	ıstees, Key En	nplo	yee	s, aı	nd H	lighe	est (Compensated Employe	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average							Reportable	Reportable	Estimated
	hours	(cl			that		ly)	compensation	compensation	amount of
	per					Ė		from	from related	other compensation
	week					yee		the	organizations (W-2/1099-MISC)	
	(list any	ector				eg m		organization		from the
	hours for	ordir	au			ted e		(W-2/1099-MISC)		organization
	related	stee	truste		ao	bens				and related
	organizations	al tru	onal		ploye	Com				organizations
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
	· ·	드	드	Ð	3	王	Fe			
27) DEBBIE VANDERZWAAG	2.00							_	_	_
BOARD MEMBER - THRU 01/23		Х						0.	0.	С
		ŀ								
						_				

Form 990 (2022)
Part VIII

Statement of Revenue

		Check if Schedule O contains a response	nse c	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 excluded from tax under
						iunction revenue	business revenue	sections 512 - 514
S, S	1 a	Federated campaigns1a						
Contributions, Gifts, Grants and Other Similar Amounts	b							
جَ ۾		Fundraising events 1c						
fts, r A		Related organizations 1d						
ig ig		Government grants (contributions) 1e						
Sin		All other contributions, gifts, grants, and						
e H	•	similar amounts not included above 1f		13,691,495.				
흡환	_	***		473,550.				
n ou	9		Þ	1,3,330.	13,691,495.			
O 6		Total. Add lines 1a-1f	<u></u>	Business Code	13,031,133.			
_	0 -	SAVE LIVES & PLACEMENT	ŀ	900099	809,445.	809,445.		
<u>i</u>	2 a	CONTRACTS WITH GOVT AG	— ŀ	900099	458,877.	458,877.		
er.	D	COMMUNITY PROGRAMS	— ŀ	900099	427,130.	427,130.		
n S	С.	MEDICAL SERVICES	- -	900099	-			
gra Be	a	MEDICAL SERVICES	- -	300033	176,956.	176,956.		
Program Service Revenue	e	All all and an area area.	— ∤					
-	T	All other program service revenue	L		1 072 400			
	g	Total. Add lines 2a-2f	<u></u>		1,872,408.			
	3	Investment income (including dividends, i			697 060			607.060
	_	other similar amounts)			687,069.			687,069.
	4	Income from investment of tax-exempt bo	nd pr	oceeds				
	5	Royalties		(") D				
		(i) Rea	<u>'</u>	(ii) Personal				
	6 a	Gross rents 6a	\longrightarrow					
	b	' "						
	С	Rental income or (loss) 6c						
		Net rental income or (loss)	<u>.</u>					
	7 a	Gross amount from sales of (i) Securit		(ii) Other				
		assets other than inventory 7a 10,703,9	961.	5,101.				
	b	Less: cost or other basis						
Jue		and sales expenses		0.				
ther Revenue		Gain or (loss) 7c 349 , 9		5,101.				
8		Net gain or (loss)			-344,854.			-344,854.
he	8 a	Gross income from fundraising events (not						
ō		including \$ of						
		contributions reported on line 1c). See						
		Part IV, line 18	8a					
		Less: direct expenses	8b					
		Net income or (loss) from fundraising ever						
	9 a	Gross income from gaming activities. See						
		Part IV, line 19	9a					
		Less: direct expenses	9b					
		Net income or (loss) from gaming activitie	s					
	10 a	Gross sales of inventory, less returns						
		and allowances	10a					
	b	Less: cost of goods sold	10b	186,909.				
	С	Net income or (loss) from sales of invento	ry		96,771.	96,771.		
Ø			,	Business Code				
Miscellaneous Revenue	11 a	MISCELLANEOUS	↓	900099	24,192.			24,192.
lan enu	b	·	↓					
Sev Sev	С		↓					
Mis		All other revenue						
=	е	Total. Add lines 11a-11d			24,192.			
	12	Total revenue. See instructions			16,027,081.	1,969,179.	0.	366,407.

232009 12-13-22

Part IX Statement of Functional Expenses

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

Do	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	. 512. 6/1po/1000	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	1,263,990.	850,149.	318,544.	95,297
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	8,244,768.	7,312,649.	160,011.	772,108
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	136,330.	119,047.	9,195.	8,088
9	Other employee benefits	1,252,737.	1,061,086.	112,531.	79,120
10	Payroll taxes	701,518.	577,479.	55,984.	68,055
11	Fees for services (nonemployees):				
а	Management	02.444	75.004	T 100	
b	Legal	93,144.	75,831.	7,483.	9,830
С	Accounting	182,071.	5,834.	175,821.	416
d	Lobbying	4 000 070			4 000 070
е	Professional fundraising services. See Part IV, line 17	1,083,979.		05.000	1,083,979
f	Investment management fees	95,898.		95,898.	
g	Other. (If line 11g amount exceeds 10% of line 25,	E0E 100	640 254	44 401	110 254
	column (A), amount, list line 11g expenses on Sch O.)	797,109.	642,354.	44,401.	110,354
12	Advertising and promotion	108,348.	108,348.	16.000	26 707
13	Office expenses	122,906.	80,100.	16,099.	26,707
14	Information technology	252,439.	214,205.	24,103.	14,131
15	Royalties	F10 011	467, 261	20.040	14 701
16	Occupancy	512,011.	467,361.	29,949.	14,701
17	Travel	32,303.	28,461.	1,832.	2,010
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	20 420	24.262	2 102	2.050
19	Conferences, conventions, and meetings	39,420.	34,362.	2,102.	2,956 7,983
20	Interest	262,586.	241,645.	12,958.	7,963
21	Payments to affiliates	725 000	677 120	26 210	22.260
22	Depreciation, depletion, and amortization	735,808.	677,130.	36,310.	22,368
23	Insurance	113,152.	97,049.	8,709.	7,394
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount list line 24e expenses on Schadula (1).				
а	amount, list line 24e expenses on Schedule 0.) OPERATING SUPPLIES	976,609.	976,095.	135.	379
a b	OTHER MISC EXPENSE	180,677.	90,388.	14,568.	75,721
C	OTHER BOND COSTS	111,231.	102,361.	5,489.	3,381
d	COMM. & DIRECT MAIL	82,726.	82,726.	-,	2,201
e	All other expenses	,:•	,,		
25	Total functional expenses. Add lines 1 through 24e	17,381,760.	13,844,660.	1,132,122.	2,404,978
<u>.5 </u>	Joint costs. Complete this line only if the organization	, ,	, , , = = , , , , = •	,,	, ,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2022) Part X Balance Sheet

Part .	^	Balance Sneet					
		Check if Schedule O contains a response or n	ote to an	y line in this Part X		<u> </u>	
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,297,210.	1	185,613
	2	Savings and temporary cash investments	2,498,440.	2	4,351,44		
	3	Pledges and grants receivable, net			10,167,607.	3	9,700,87
	4	Accounts receivable, net			218,261.	4	93,94
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial c	contributor, or 35%			
		controlled entity or family member of any of th	ese perso	onsL		5	
	6	Loans and other receivables from other disqua	alified per				
		under section 4958(f)(1)), and persons describ	ed in sec	tion 4958(c)(3)(B)		6	
တ္	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			81,915.	8	135,92
&	9	B			101,827.	9	168,34
1	l0a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	26,693,604.			
	b	Less: accumulated depreciation		8,212,746.	18,778,196.	10c	18,480,85
1	1	Investments - publicly traded securities				11	
1	2	Investments - other securities. See Part IV, line	11		29,014,513.	12	29,929,03
1	3	Investments - program-related. See Part IV, lin	e 11			13	
1	4	Intangible assets				14	
1	15	Other assets. See Part IV, line 11			429,784.	15	451,67
1	16	Total assets. Add lines 1 through 15 (must ed	qual line 3	33)	63,587,753.	16	63,497,71
1	17	Accounts payable and accrued expenses	1,179,714.	17	1,265,99		
1	8					18	
1	9	Deferred revenue			125,385.	19	81,53
2	20	Tax-exempt bond liabilities			9,157,633.	20	8,721,66
2	21	Escrow or custodial account liability. Complet	e Part IV	of Schedule D		21	
ဖ္က 2	22	Loans and other payables to any current or fo	rmer offic	er, director,			
≝		trustee, key employee, creator or founder, sub	stantial c	contributor, or 35%			
		controlled entity or family member of any of these persons				22	
- 2	23	Secured mortgages and notes payable to unre				23	
2	24	Unsecured notes and loans payable to unrelate				24	
2	25	Other liabilities (including federal income tax, p	-				
		parties, and other liabilities not included on lin	es 17-24)	. Complete Part X			
		of Schedule D				25	
2	26	J			10,462,732.	26	10,069,20
,,		Organizations that follow FASB ASC 958, cl	neck her	e X			
<u>ğ</u>		and complete lines 27, 28, 32, and 33.					
튵 2	27			<u> </u>	38,291,462.	27	37,779,00
2	28	Net assets with donor restrictions			14,833,559.	28	15,649,50
<u> </u>		Organizations that do not follow FASB ASC	958, che	eck here			
<u> </u>		and complete lines 29 through 33.					
ဋ္ဌ 2	29	Capital stock or trust principal, or current fund				29	
8 3	30	Paid-in or capital surplus, or land, building, or				30	
- ∣	31	Retained earnings, endowment, accumulated			F0 45- 5	31	FA 155 = 22
	32	Total net assets or fund balances		<u> </u>	53,125,021.	32	53,428,507
3	33	Total liabilities and net assets/fund balances			63,587,753.	33	63,497,711

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			<u></u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	6,027	,081.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	7,381	.,760.
3	Revenue less expenses. Subtract line 2 from line 1	3		1,354	1,679.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5	3,125	,021.
5	Net unrealized gains (losses) on investments	5		1,658	3,165.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	5	3,428	3,507.
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	s 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	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 ;	1	Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2l	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		20	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3	1	Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		31)	

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number

	HUMANE SOCIETY SILICON VALLEY 94-1196215							1196215		
Pai	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.		
—— Γhe α	organi	zation is not a private found								
1		A church, convention of chu	urches, or associatio	n of churches described	l in sectio	n 170(b)(1	I)(A)(i).			
2		A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990).)					
3		A hospital or a cooperative				(b)(1)(A)(ii	i).			
4		A medical research organiza	ation operated in cor	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 col	lege or university owned	or operat	ed by a go	vernmental ur	nit describe	ed ir	1
		section 170(b)(1)(A)(iv). (C		,	•	, 0				
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).			
7	Х	An organization that normal	-					e general i	oubl	ic described in
		section 170(b)(1)(A)(vi). (C		mai pai t or no capport ii	o a go			90		
8		A community trust describe		1)(A)(vi). (Complete Part	t II)					
9	H	An agricultural research org				ed in coniu	inction with a	land-grant	coll	ene
5		or university or a non-land-g				-		-		cgc
		university:	rant college of agrici	ulture (see instructions).	Litter the i	name, only	, and state of	ti le college	, 01	
10		An organization that normal	lly rocciyos (1) moro:	than 33 1/30/ of its supp	ort from o	ontribution	e momborch	in foot, and	d ar	ass receipts from
10		activities related to its exem								
				•	` '					•
		income and unrelated busin		(less section 511 tax) fro	m busines	sses acquii	rea by the org	anization a	ιπer	June 30, 1975.
		See section 509(a)(2). (Cor	•		(-1 0		20(-)(4)			
11		An organization organized a	•	•	•					
12		An organization organized a	•	•	•		•	•		
		more publicly supported org	-						nec	ck the box on
		lines 12a through 12d that o	* *					-		
а		Type I. A supporting orga			•	-			-	-
		the supported organization		• • • •	majority o	of the direc	tors or trustee	es of the su	ıppo	orting
		organization. You must c	-							
b		Type II. A supporting orga	· ·				-	• • •	-	
		control or management of			ame perso	ns that co	ntrol or manag	ge the supp	oorte	ed
		organization(s). You mus								
С		Type III functionally inte						ly integrate	ed w	ith,
		its supported organization								
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection w	ith its suppor	ted organiz	zatic	on(s)
		that is not functionally into	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	an attentiv	/ene	ess
		requirement (see instructi	ons). You must con	nplete Part IV, Sections	A and D,	and Part	V.			
е		Check this box if the orga					Type I, Type I	I, Type III		
		functionally integrated, or	* *	nally integrated supporting	ng organiz	ation.			_	
f		r the number of supported o	•						L	
g		ide the following information			(iv) Is the orga	nization listed	(v) Amount of	monotoni		wil Amount of other
	(1) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of support (see in	•		(vi) Amount of other oport (see instructions)
		organization		above (see instructions))	Yes	No	Support (See III		Jup	
									1	

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.)

Se	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	9,496,869.	14,968,808.	18,489,738.	16,518,370.	13,691,495.	73,165,280.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	9,496,869.	14,968,808.	18,489,738.	16,518,370.	13,691,495.	73,165,280.	
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)						15,079,282.	
6	Public support. Subtract line 5 from line 4.						58,085,998.	
	ction B. Total Support						, , -	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
	Amounts from line 4	9,496,869.	14,968,808.	18,489,738.	16,518,370.	13,691,495.	73,165,280.	
	Gross income from interest,	, , ,	, , ,	, , ,	, , -	, , ,	, , ,	
Ü	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	847,105.	685,402.	567,244.	568,454.	687,069.	3,355,274.	
٥	Net income from unrelated business	017,100.	000,102.	007,222	000,101.			
9								
	activities, whether or not the	0.	0.	0.	189.	0.	189.	
40	business is regularly carried on	٠.	0.		105.	••		
10	Other income. Do not include gain							
	or loss from the sale of capital	15,789.	34,879.	38,933.	24,110.	24,192.	137,903.	
	assets (Explain in Part VI.)	13,703.	34,075.	30,333.	24,110.	24,152.	76,658,646.	
	Total support. Add lines 7 through 10					12	11,713,198.	
	Gross receipts from related activities,	•					11,713,150.	
13	First 5 years. If the Form 990 is for th			•				
80	organization, check this box and stop ction C. Computation of Publi							
	•			al (f)\		44	75.77 %	
	Public support percentage for 2022 (li					14		
	Public support percentage from 2021					15	- 70	
162	33 1/3% support test - 2022. If the c							
	stop here. The organization qualifies as a publicly supported organization							
k	b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
17a	10% -facts-and-circumstances test							
	and if the organization meets the facts		•	-	•	VI how the organiz	ation	
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pul	olicly supported or	ganization			
k	10% -facts-and-circumstances test	•				•	0% or	
	more, and if the organization meets th				-			
	organization meets the facts-and-circu				•			
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	i, 16b, 17a, or 17b	, check this box ar		(Form 990) 2022	

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.)

Sed	etion A. Public Support	clow, picase comp	oicte i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	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 furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(4) = 3 · 3	(2) 20:0	(0) = 0 = 0	(4,) = 0 = 1	(0) = 0 = 0	(1) 1010.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organization	on,
	check this box and stop here						
	ction C. Computation of Publi					 	
	Public support percentage for 2022 (I		•	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves					T .= I	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from					18	% 7 : t
198	33 1/3% support tests - 2022. If the						
b	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	in did not check a	hox on line 14 19	a or 19h check th	ns hox and see in	structions	

232023 12-09-22

Schedule A (Form 990) 2022

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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")? |f "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?
- 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).
- 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.)

		Yes	No
	1		
	2		
	За		
	Sa		
	3b		
	3с		
	4a		
	4b		
	_		
	4c		
	5a		
	Ju		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	401		
مان	10b A (Forn	n 000)	2022
uid	A ILOU	い シグし)	2022

Sched

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	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		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			l
	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? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		l
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	nstructior	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes, " then in Part VI identify			l
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described 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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organ	nizations				
1							
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Sect	Section A - Adjusted Net Income (A) Prior Year (B) Current Year (optional)						
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
_4	Add lines 1 through 3.	4					
_5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or						
	collection of gross income or for management, conservation, or						
	maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
<u>a</u>	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
c	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
	see instructions).	4					
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functional	ally integrate	ed Type III supporting orga	nization (see			
	instructions).						

Schedule A (Form 990) 2022

Par	rt V Type	III Non-Functionally Integrated 509	(a)(3) Supporting Orga	ınizations _{(continu}	ıed)			
Sect	ion D - Distrib	utions				Current Year		
1								
2	Amounts paid							
	organizations	2						
3	Administrativ	e expenses paid to accomplish exempt purpose	es of supported organizations	S	3			
4	Amounts paid	to acquire exempt-use assets			4			
5		aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5			
6		itions (describe in Part VI). See instructions.			6			
7		distributions. Add lines 1 through 6.			7			
8		to attentive supported organizations to which the	ne organization is responsive	1				
		ils in Part VI). See instructions.	3		8			
9	-	amount for 2022 from Section C, line 6			9			
10		t divided by line 9 amount			10			
			(i)	(ii)		(iii)		
Secti	ion E - Distrib	ution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	s	Distributable Amount for 2022		
1	Distributable	amount for 2022 from Section C, line 6						
2	Underdistribu	tions, if any, for years prior to 2022 (reason-						
	able cause re	quired - explain in Part VI). See instructions.						
3	Excess distrib	outions carryover, if any, to 2022						
а	From 2017							
b	From 2018							
С	From 2019							
d	From 2020							
е	From 2021							
f	Total of lines	3a through 3e						
g	Applied to un	derdistributions of prior years						
h	Applied to 20	22 distributable amount						
i	Carryover fro	m 2017 not applied (see instructions)						
i		ubtract lines 3g, 3h, and 3i from line 3f.						
4		for 2022 from Section D,						
	line 7:	\$						
а		derdistributions of prior years						
		22 distributable amount						
		ubtract lines 4a and 4b from line 4.						
5		nderdistributions for years prior to 2022, if						
	•	lines 3g and 4a from line 2. For result greater						
		plain in Part VI. See instructions.						
6		nderdistributions for 2022. Subtract lines 3h						
•	•	ine 1. For result greater than zero, explain in						
	Part VI. See	•						
7		butions carryover to 2023. Add lines 3j						
•	and 4c.	and the state of t						
8	Breakdown o	f line 7:						
	Excess from							
	Excess from 2							
	Excess from 2							
	Excess from 2							
	Excess from 2							
	- エスレビシシ ロロロロー	LULL						

Schedule A (Form 990) 2022

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	line 1; Part IV, Section B, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

2022

Employer identification number

HUMANE SOCIETY SILICON VALLEY 94-1196215							
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						
Note: Only a section 501(is covered by the General Rule or a Special Rule . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e. See instructions.					
General Rule							
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling by one contributor. Complete Parts I and II. See instructions for determining a contributor's						
Special Rules							
sections 509(a)(1 contributor, during	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) I Z, line 1. Complete Parts I and II.	d that received from any one					
For an organizati	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a	any one					
literary, or educa	ng the year, total contributions of more than \$1,000 exclusively for religious, charitable, so tional purposes, or for the prevention of cruelty to children or animals. Complete Parts I (e (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 \$							
answer "No" on Part IV, lir	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fore 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF,	• •					
that it doesn't meet the fill	ng requirements of Schedule B (Form 990).						
LHA For Paperwork Reduc	tion Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2022)					

Page 2 Name of organization Employer identification number HUMANE SOCIETY SILICON VALLEY 94-1196215

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	tional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 2	Name, address, and ZIP + 4	Total contributions Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
3		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 4	Name, address, and ZIP + 4	\$ 678,162. Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
5	Name, audi 655, and Air + 4	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
6		Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)	Page 2
Name of organization	Employer identification number
HUMANE SOCIETY SILICON VALLEY	94-1196215

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
7		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	rume, address, und En 1 1	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person		

Name of organization

Employer identification number

HUMANE SOCIETY SILICON VALLEY

94-1196215

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		<u> </u>				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		<u></u>				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			

Page 3

Name of organization **Employer identification number** HUMANE SOCIETY SILICON VALLEY 94-1196215 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Page 4

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

HUMANE SOCIETY SILICON VALLEY

Employer identification number

94-1196215

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin-		r Si	milar Funds o	or Ac	coun	ts. Complete if the
		(a) Donor adv	/ised	I funds	(b) Fun	ds and other accounts
1	Total number at end of year	. , ,					
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in v	writing that the assets	held	d in donor advise	d fund	ls	
	are the organization's property, subject to the organization's	-					Yes No
6	Did the organization inform all grantees, donors, and donor a						
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for	any	other purpose co	onferri	ng	
	impermissible private benefit?						Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered "	Yes	" on Form 990, P	art IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that appl	y).				
	Preservation of land for public use (for example, recreated	tion or education)		Preservation of a	a histo	rically	important land area
	Protection of natural habitat			Preservation of a	a certif	fied his	storic structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation cont	ribu	tion in the form o	f a cor	serva	
	day of the tax year.						Held at the End of the Tax Year
а	Total number of conservation easements					2a	
b	Total acreage restricted by conservation easements					2b	
С	Number of conservation easements on a certified historic stru	ucture included in (a)				2c	
d	Number of conservation easements included in (c) acquired a	after July 25,2006, and	d no	t on a			
						2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished,	or te	rminated by the o	organiz	zation	during the tax
	year						
4	Number of states where property subject to conservation eas	_					
5	Does the organization have a written policy regarding the per		ectio	on, handling of			
	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations	, and	d enforcing conse	ervatio	n ease	ments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and	enfo	orcina conservati	on eas	ement	ts during the year
•		ming or violations, and	Orne	ording deriservan	orr ouc	ornon.	is during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirem	ents	of section 170(h))(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?						Yes No
9	In Part XIII, describe how the organization reports conservation						d
	balance sheet, and include, if applicable, the text of the footn	ote to the organizatio	n's f	inancial statemer	nts tha	t desc	ribes the
	organization's accounting for conservation easements.						
Par	t III Organizations Maintaining Collections of		rea	sures, or Oth	ier Si	imila	r Assets.
	Complete if the organization answered "Yes" on Form						
1a	If the organization elected, as permitted under FASB ASC 95	•					
	of art, historical treasures, or other similar assets held for pub	•	,			ce of p	Dublic
	service, provide in Part XIII the text of the footnote to its finan						
b	If the organization elected, as permitted under FASB ASC 95						
	art, historical treasures, or other similar assets held for public	exhibition, education	, or	research in furthe	erance	of put	olic service,
	provide the following amounts relating to these items:						_
	(i) Revenue included on Form 990, Part VIII, line 1						
_							\$
2	If the organization received or held works of art, historical trea				gain, p	rovide	•
	the following amounts required to be reported under FASB A						Φ
a	Revenue included on Form 990, Part VIII, line 1						
b	Assets included in Form 990, Part X						Φ

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

Schedule D (Form 990) 2022

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)			(1 01111 000) <u>EGEE</u>	ETY SILICON VAL					94-119		Pa	age 2
collection items (check all that apply): a	Par	t III	Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or	Other	Simila	r Assets	(continu	ıed)	
a Public exhibition d	3	Using	the organization's acquisition, accession	on, and other records	s, check any of the fo	ollowing that	make sig	gnificant ı	use of its			
b Scholarly research e Other Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization's collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, furstee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X. line 21. b If Yes in Yes i		collec	tion items (check all that apply):									
Preservation for future generations	а		Public exhibition	d	Loan or excl	nange prograi	m					
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. To be said to raise funds a their than to be maintained as part of the organization's collection?	b		Scholarly research	е	Other							
Second Part W Part West Mo Part West Mo	С		Preservation for future generations									
No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, Inne 9, or reported an amount on Form 990, Part X, Inne 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, Inne 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: C	4	Provid	de a description of the organization's co	llections and explain	how they further th	e organizatior	n's exem	npt purpo	se in Part	XIII.		
Sectron and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IX, line 21. Is Sectron arrangement Sec	5	During	g the year, did the organization solicit o	r receive donations o	f art, historical treas	ures, or other	r similar a	assets				_
Tell												No
1	Pai	t IV			te if the organization	n answered "\	Yes" on I	Form 990), Part IV, I	ine 9, or		
No Form 990, Part X			reported an amount on Form 990, Par	t X, line 21.								
b F F F F F F F F F	1a								_	_		,
Additions during the year 1									L	Yes		No
C Beginning balance 1c C C C C C C C C	b	If "Yes	s," explain the arrangement in Part XIII	and complete the foll	owing table:							
d Additions during the year										Amount		
Example Distributions during the year February Ending balance Section Fire Section												
Tending balance	d											
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	е											
Describe in Part XIII Check here if the explanation has been provided on Part XIII Check here if the explanation answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organizations answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization should be provided on Part XIII Check here if the organization should be provided on Part XIII Check here if the explanation answered "Yes" on Form 990, Part IV, line 10. Part V Part V Part XIII Check here if the explanation answered "Yes" on Form 990, Part IV, line 10. Part XIII Par										7	_	1
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.			•					ty?	L	」Yes		∫ No ¹
Column C												<u> </u>
1a Beginning of year balance 4,319,682, 4,859,829, 3,979,409, 3,765,035, 03,459,064. b Contributions 1,451,988, 238,588, 57,940, 226,901, 300,000. c Net investment earnings, gains, and losses d 496,267. -542,308, 1,046,102, 1199,945, 214,651. d Grants or scholarships -542,308, 1,046,102, 1199,945, 214,651. e Other expenditures for facilities and programs 247,269, 236,427, 223,622, 212,472, 228,60. f Administrative expenses 6,020,668, 4,319,682, 4,859,829, 3,979,409, 3,765,035. g End of year balance 6,020,668, 4,319,682, 4,859,829, 3,979,409, 3,765,035. a Board designated or quasi-endowment 87,3100 96 96 Term endowment 97,3100 96 96 The percentages on lines 2a, 2b, and 2c should equal 100%. 3a(i) 8 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations 3a(i) 8 (ii) Related organizations 3a(i) 8 (iii) Related organizations 3a(i) 8 b If "Yes" on line 3a(ii), are the related organization's endowment funds. Part VII Land, Buildings, and Equipment. (a) Cost or other basis (investment) (b) Cost or other cheep of the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part S, line 10. (d) Book value basis (investme	rai	LV	Lindowillent i dilds. Complete i						voare back	(a) Four	mare l	hack
b Contributions	4.	Desir	ain a channa halana		•							
C Net investment earnings, gains, and losses 496, 267, -542, 308, 1,046, 102, 199, 945, 214, 651,	1a	-										
d Grants or scholarships	D				•							
Provide the expenditures for facilities 247,269 236,427 223,622 212,472 208,680	C			430,207.	-342,300.	1,040	,102.		<i>,</i> , , 45.		14,	551.
Related organization by: Significant organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Significant organization by: Significant organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Significant organization by: Significant organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Significant organization organization organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Significant organization organization organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Significant organization organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Significant organization organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Significant organization organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Significant organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Significant organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Significant organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Significant organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Significant organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Significant organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Significant organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Significant organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Significant organization answered "Yes" on Form 990, Part IV	a											
F Administrative expenses G G Q Q Q Q Q Q Q Q	е			247 269	236 427	223	622	2	12 /72		208 4	680
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Permanent endowment 87.3100 9		•		247,203.	230,427.	223	,022.		12,4/2.		200,0	300.
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment				6 020 668	1 319 682	/ 859	829	3 0	79 409	٦ -	765 (035
Board designated or quasi-endowment							,023.	3,3	75,405.	5,	05,	333.
Description of property September S	_) neid as.						
Term endowment 12,690 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No 3a(j) X	a h				_ ⁷⁰							
The percentages on lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Test Test	D											
A rethere endowment funds not in the possession of the organization that are held and administered for the yes No No yes No No yes No No No No No No No N	·											
Vest	32				tion that are held an	d administer	ed for the	2				
(i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iv) X (iv) Related organizations (iv) Related organizations (iv) X (iv) Related organizations (iv) X (iv) Related organizations (iv) Related organizations (iv) Related organizations (iv) X (iv) A (iv) Pathology (iv) Pathology (iv) Cost or other of the phasis (other) (iv) Accumulated of the phasis (other) (iv) Book value (iv) Book	ou			osion of the organizat	non that are neid an	a daminiotore	od for the	-		[·	Yes	No
(ii) Related organizations3a(ii) Xb If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?3b4 Describe in Part XIII the intended uses of the organization's endowment funds.Part VI Land, Buildings, and Equipment.Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.Description of property(a) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land5,146,351.5,146,351.b Buildings16,408,994.4,639,191.11,769,803.c Leasehold improvements1,676,087.1,126,810.549,277.d Equipment1,676,087.1,126,810.549,277.e Other3,462,172.2,446,745.1,015,427.		•	•							3a(i)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 5,146,351. 5,146,351. b Buildings 16,408,994. 4,639,191. 11,769,803. c Leasehold improvements d Equipment e Other Other												
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) (c) Accumulated depreciation Land 5,146,351. 5,146,351. b Buildings 16,408,994. 4,639,191. 11,769,803. c Leasehold improvements 11,676,087. 1,126,810. 549,277. e Other 5 other 3,462,172. 2,446,745. 1,015,427.	b											
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 5,146,351. 5,146,351. b Buildings 16,408,994. 4,639,191. 11,769,803. c Leasehold improvements 1,676,087. 1,126,810. 549,277. e Other 3,462,172. 2,446,745. 1,015,427.												
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 5,146,351. 5,146,351. 5,146,351. b Buildings 16,408,994. 4,639,191. 11,769,803. c Leasehold improvements 1,676,087. 1,126,810. 549,277. e Other 3,462,172. 2,446,745. 1,015,427.	Par											
basis (investment) basis (other) depreciation 1a Land 5,146,351. 5,146,351. b Buildings 16,408,994. 4,639,191. 11,769,803. c Leasehold improvements 4 Equipment 1,676,087. 1,126,810. 549,277. e Other 3,462,172. 2,446,745. 1,015,427.			Complete if the organization answered	d "Yes" on Form 990,	, Part IV, line 11a. S	ee Form 990,	Part X, I	ine 10.				
1a Land 5,146,351. 5,146,351. b Buildings 16,408,994. 4,639,191. 11,769,803. c Leasehold improvements 1,676,087. 1,126,810. 549,277. e Other 3,462,172. 2,446,745. 1,015,427.			Description of property	(a) Cost or ot	ther (b) Cost	or other	(c) Ac	cumulate	ed	(d) Book	value	 e
b Buildings 16,408,994. 4,639,191. 11,769,803. c Leasehold improvements 1,676,087. 1,126,810. 549,277. e Other 3,462,172. 2,446,745. 1,015,427.			<u> </u>	basis (investm	nent) basis ((other)	dep	reciation				
b Buildings 16,408,994. 4,639,191. 11,769,803. c Leasehold improvements 1,676,087. 1,126,810. 549,277. e Other 3,462,172. 2,446,745. 1,015,427.	1a	Land			5	,146,351.				5,1	46,3	351.
c Leasehold improvements 1,676,087. 1,126,810. 549,277. e Other 3,462,172. 2,446,745. 1,015,427.				I	16	,408,994.		4,639,	191.	11,7	769,8	303.
d Equipment 1,676,087. 1,126,810. 549,277. e Other 3,462,172. 2,446,745. 1,015,427.												
e Other 3,462,172. 2,446,745. 1,015,427.					1,	,676,087.		1,126,	810.	5	49,2	277.
Fotal. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)					3	,462,172.		2,446,	745.	1,0	15,4	427.
					K. column (B), line 10	Oc.)				18,4	180,8	358.

Schedule D (Form 990) 2022

Schedule D	(Form 990) 2022 HUMANE SOCIETY SILICON VALLEY	94-1196215	Page •
Part VII	Investments - Other Securities.		
	Complete if the organization answered "Ves" on Form 990, Part IV, line 11h, See Form 990, Part V, line 12		

3	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,
(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) CERTIFICATES OF DEPOSIT	5,611,150.	END-OF-YEAR MARKET VALUE
(B) FIXED INCOME SECURITIES	11,293,950.	END-OF-YEAR MARKET VALUE
(C) EQUITY MUTUAL FUNDS	13,023,937.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	29,929,037.	

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. (h) must equal Form 000 Part V. col. (R) line 13.)		

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.)

Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1) Feder	al income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
'otal (O ((1) and a 15 and 600 But V and (D) (1) 05	

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

Schedule D (Form 990) 2022

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

Pai	Reconciliation of Revenue per Audited Financial Staten		levenue per Re	turn.	
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 1.			1	17,692,648.
1	Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12:				17,032,040.
2	Net unrealized gains (losses) on investments	2a	1,658,165.		
a b	Donated services and use of facilities		103,300.		
	Recoveries of prior year grants		200,000.		
c d	Other (Describe in Part XIII.)				
e	Add lines 2a through 2d			2e	1,761,465.
3	Subtract line 2e from line 1			3	15,931,183.
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	95,898.		
b	Other (Describe in Part XIII.)		,	1	
	Add lines 4a and 4b			4c	95,898.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)			5	16,027,081.
Pa	t XII Reconciliation of Expenses per Audited Financial State	ments With	Expenses per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
1	Total expenses and losses per audited financial statements			1	17,389,162.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	103,300.		
b	Prior year adjustments				
С	Other losses				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	103,300.
3	Subtract line 2e from line 1			3	17,285,862.
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		95,898.		
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	95,898.
5 D 2	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t XIII Supplemental Information.			5	17,381,760.
			101 D 11/1: 4	D	0. D. 1.1/1
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part and 4b; an			; Part X, II	ne 2; Part XI,
IIIIES	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	dultional inform	ation.		
PART	V, LINE 4:				
	·				
THE	APPROPRIATED EXPENDITURES FROM THE EARNINGS ON THE ENDOWMEN!	r funds are			
INTE	NDED TO BE USED FOR ALL OF THE ORGANIZATION'S PROGRAMS WHICH	H FALL			
UNDE	R ITS EXEMPT PURPOSE.				
חסגם	V IINE 2.				
PART	X, LINE 2:				
GENE	RALLY ACCEPTED ACCOUNTING PRINCIPLES PROVIDE ACCOUNTING AND	DTSCLOSURE			
GEIVE	MALLI RECEITED RECOUNTING INTROLLEDS INCVIDE RECOUNTING IND	DIBELEBOKE			
GUII	ANCE ABOUT POSITIONS TAKEN BY AN ORGANIZATION IN ITS TAX RE	TURNS THAT			
MIGH	T BE UNCERTAIN. MANAGEMENT HAS CONSIDERED ITS TAX POSITIONS	AND			
BELI	EVES THAT ALL OF THE POSITIONS TAKEN BY THE ORGANIZATION IN	ITS			
FEDE	RAL AND STATE EXEMPT ORGANIZATION TAX RETURNS ARE MORE LIKE	LY THAN NOT			
	- avant 1705 vpov - 1717 v				
TO I	E SUSTAINED UPON EXAMINATION.				

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization **Employer identification number** HUMANE SOCIETY SILICON VALLEY 94-1196215 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations e X Solicitation of non-government grants X Internet and email solicitations Solicitation of government grants X Phone solicitations g X Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization contributions' listed in col. (i) ONE & ALL, INC. FKA GRIZZARD DIRECT MAIL/ONLINE FR Yes No 2 N. LAKE AVE, SUITE #600 CAMPAIGNS/NEWS LETTER AND Х 1,333,242 753,466 579,776. CARS (CHARITABLE ADULT RIDES & SERVICES) - 4669 MURPHY VEHICLES Х 112,575 26,494 86,081. NEW CANVASSING EXPERIENCE INC. - 177 SHADY OAKS LOOP DOOR TO DOOR CANVASSING Х 8,585 94,226 -85,641. GATEWAY COMMUNICATIONS, INC. 16805 NE MASON COURT TELEMARKETING Х -17,805. 7 065 24,870 SANKY COMMUNICATIONS, INC. -DIRECT MAIL & ONLINE 360 W 31ST STREET, FLOOR 6 STRATEGIC CONSULTING Х 0 27,364 -27,364. STELTER - PO BOX 5228, DES MOINES, IA 50305-5228 SITE HOSTING & NEWSLETTERS X 0 42,914 -42,914. FIFTY ROCK CONSULTING (LANI) 33 KIHALANI LOOP UNIT 407 FUNDRAISING COUNSEL X 0. 112,585 -112,585. 379,548. 1,461,467. 1 081 919 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

232081 10-27-22

Schedule G (Form 990) 2022

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

SEE PART IV FOR CONTINUATIONS

Pa	rt I					
$\overline{}$		of fundraising event contributions and gro	(a) Event #1	(b) Event #2	(c) Other events	
			(4) = 1 3	(2)	(0) 5 mm 5 7 5 mm	(d) Total events
						(add col. (a) through col. (c))
۵			(event type)	(event type)	(total number)	Coi. (C))
Revenue						
3eve	1	Gross receipts				
٦						
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
		, , , , , , , , , , , , , , , , , , , ,				
	4	Cash prizes				
ړ	5	Noncash prizes				
Direct Expenses	_	Dont/facility agets				
xpe	6	Rent/facility costs				
ct E	7	Food and beverages				
)ire	-					
_	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through				
Pa	11 rt l				roported more than	<u> </u>
ıu		\$15,000 on Form 990-EZ, line 6a.	answered tes on Form	1990, Part IV, line 19, or	reported more than	
\Box		Ç. 0,000 0 0 000 <u></u> , 0 00.	() D:	(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
eve						
	1	Gross revenue				
	_					
ses	2	Cash prizes				
Sens	3	Noncash prizes				
Direct Expenses	٠	Nondan prizes				
rect	4	Rent/facility costs				
ā						
\perp	5	Other direct expenses				
			Yes %			
	6	Volunteer labor	L No	No	No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
	•	bireet expense summary. Add lines 2 through	3 iii columii (a)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		ter the state(s) in which the organization condu	-			
		the organization licensed to conduct gaming ac				Yes No
b	If "	No," explain:				
	_					
10a	We	ere any of the organization's gaming licenses re	voked, suspended, or te	erminated during the tax	vear?	Yes No
		Yes," explain:			<i>y</i> · · · · · · · · · · · · · · · · · · ·	
	_					
23208	2 10)-27-22			Sche	edule G (Form 990) 2022

Sch	edule G (Form 990) 2022 HUMANE SOCIETY SILICON VALLEY 94	-1196	215	Page 3
11	Does the organization conduct gaming activities with nonmembers?	\square	Ye	s 🗌 No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	. \square	Ye	s No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	. 13	a	%
	An outside facility		b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Ye	s No
b	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party \$			
С	: If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Consider an annual constant of			
	Gaming manager compensation \$			
	Description of services provided			
	Description of services provided			
				-
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	L	Ye	s No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III,	lines !	9, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
SCH	EDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:			
/ T \	NAME OF PHNIDATORD, ONE C ALL THO PRA OPTERADO			
(NAME OF FUNDRAISER: ONE & ALL, INC. FKA GRIZZARD			
(T)	ADDRESS OF FUNDRAISER: 2 N. LAKE AVE, SUITE #600, PASADENA, CA 91101			
· - /	MDDALDOS OF TONDRITORIC E M. MINE MAE, DOTTE #000, INDREMA, CA 71101			
(II) ACTIVITY: DIRECT MAIL/ONLINE FR CAMPAIGNS/NEWS LETTER AND CALENDAR			
	, In the state of the st			
(I)	NAME OF FUNDRAISER: CARS (CHARITABLE ADULT RIDES & SERVICES)			
(I)	ADDRESS OF FUNDRAISER: 4669 MURPHY CANYON RD #200, SAN DIEGO, CA 92123			

SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

HUMANE SOCIETY SILICON VALLEY

Employer identification number 94-1196215

Pa	art I Questions Regarding Compensation			
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments X Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	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:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	_		77
	The organization?	5a		X
b	Any related organization?	5b		
_	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:	0-		х
	The organization?	6a		X
D	Any related organization?	6b		
7	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		Х
c	not described on lines 5 and 6? If "Yes," describe in Part III	7		41
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			х
G	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		41
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	a		

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MIS/ compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) KURT KRUKENBERG	(i)	295,711.	0.	1,568.	5,175.	393.	302,847.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CRISTIE KAMIYA	(i)	219,166.	0.	2,082.	4,097.	10,389.	235,734.	0.
CHIEF OF SHELTER MEDICINE	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JOANNE JACOBS	(i)	219,708.	0.	1,554.	3,423.	10,373.	235,058.	0.
CHIEF OF OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MARIA YVONNE SAUCEDO	(i)	187,656.	0.	2,378.	2,935.	2,922.	195,891.	0.
CHIEF PEOPLE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DAVID WHITMAN	(i)	165,910.	0.	1,767.	2,917.	10,300.	180,894.	0.
VP, CREATIVE DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) CANDICE BALMACEDA	(i)	166,244.	0.	755.	2,991.	7,651.	177,641.	0.
VP OF FINANCE - THRU 09/22	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ANDREA MOORE	(i)	163,609.	0.	1,967.	2,658.	277.	168,511.	0.
STAFF VETERINARIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JENNIFER DALMASSO	(i)	145,216.	0.	1,626.	2,888.	10,297.	160,027.	0.
LEAD VETERINARIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) STEPHANIE LADEIRA - THRU 07/22	(i)	148,042.	0.	780.	2,776.	5,889.	157,487.	0.
CHIEF OF PHILANTHROPY AND COMMUNITY	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 1A:
THE ORGANIZATION OFFERS HEALTH CLUB/GYM/FITNESS PROGRAM REIMBURSEMENT AS A
BENEFIT TO ALL ELIGIBLE EMPLOYEES 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.

SCHEDULE K (Form 990) Department of the Treasury

Part I

Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2022 Open to Public Inspection

Name of the organization

Bond Issues

Employer identification number 94-1196215 HUMANE SOCIETY SILICON VALLEY SEE PART VI FOR COLUMN (F) CONTINUATIONS

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issu	ie price	(f) Description of purpose		(g) De	efeased	(h) On of is		(i) Po	
								Yes	No	Yes	No	Yes	N
CALIFORNIA ENTERPRISE DEVELOPMENT						FINANCE THE	CONSTRUCTION,						
A AUTHORITY	35-2273601	13067RAE3	04/30/08	16,0	00,000.	EQUIPPING AN	D FURNISHING		х		х		Х
В													
С													
D													
Part II Proceeds													
				\		В	С				D		
1 Amount of bonds retired			7	,000,000.									
2 Amount of bonds legally defeased													
3 Total proceeds of issue			16	,000,000.									
4 Gross proceeds in reserve funds													
5 Capitalized interest from proceeds													
6 Proceeds in refunding escrows													
7 Issuance costs from proceeds				320,000.									
8 Credit enhancement from proceeds				239,151.									
9 Working capital expenditures from proceeds													
10 Capital expenditures from proceeds		<u></u>	15	,440,849.									
11 Other spent proceeds													
• •													
13 Year of substantial completion				2010									
			Yes	No	Yes	No	Yes	No		Yes	+	No	—
14 Were the bonds issued as part of a refunding		•		77									
if issued prior to 2018, a current refunding iss				Х							+		
Were the bonds issued as part of a refunding				77									
issued prior to 2018, an advance refunding is			37	Х							+		
16 Has the final allocation of proceeds been made			X								+		
17 Does the organization maintain adequate boo			v										
final allocation of proceeds? LHA For Paperwork Reduction Act Notice, see t			Х							dule K			

Schedule K (Form 990) 2022 HUMANE SOCIETY SILICON VALLEY 94-1196215 Page 2

Part III Private Business Use

Par	t III Private Business Use								
			A	E	3		Ç	Γ)
1	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
	which owned property financed by tax-exempt bonds?		Х						
2	Are there any lease arrangements that may result in private business use of								
	bond-financed property?		х						
За	Are there any management or service contracts that may result in private								
	business use of bond-financed property?		х						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
	counsel to review any management or service contracts relating to the financed property?								
С	Are there any research agreements that may result in private business use of								
	bond-financed property?		х						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other								
	outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities								
	other than a section 501(c)(3) organization or a state or local government		%		%		%		%
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,						l		
	another section 501(c)(3) organization, or a state or local government		%		%		%		%
6	Total of lines 4 and 5		%		%	%		6	
7	Does the bond issue meet the private security or payment test?	Х							
8a	Has there been a sale or disposition of any of the bond-financed property to a non-								
	governmental person other than a 501(c)(3) organization since the bonds were issued?		Х						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or								
	disposed of		%		%		%		%
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							
Par	t IV Arbitrage								
		Α			3		Ç	Γ)
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
	Penalty in Lieu of Arbitrage Rebate?		Х						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		Х						
b	Exception to rebate?	Х							
	No rebate due?		Х						
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
	performed								
3	Is the bond issue a variable rate issue?	Х							

Schedule K (Form 990) 2022 HUMANE SOCIETY SILICON VALLEY 94-1196215 Page 3

Part IV Arbitrage (continued)								
		A	E	3	(<u> </u>		<u> </u>
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		Х						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		Х						
7 Has the organization established written procedures to monitor the								
requirements of section 148?	х							
Part V Procedures To Undertake Corrective Action								
		A	E	3		C)
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?	х							
Part VI Supplemental Information. Provide additional information for responses to questions	on Schedule	K. See instru	uctions.					
SCHEDULE K, PART I, BOND ISSUES:								
(A) ISSUER NAME: CALIFORNIA ENTERPRISE DEVELOPMENT AUTHORITY								
(F) DESCRIPTION OF PURPOSE:								
FINANCE THE CONSTRUCTION, EQUIPPING AND FURNISHING OF THE ANIMAL COMM. O	CTR							
							,	
							,	
							,	

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Inspection Employer identification number

	HUMANE SOCIETY SILICON VALLEY 94-119								5	
Par	tl Ty	pes of Property								
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1	9	Method on	(d) of determin tribution ar		s
1	Art - Works	s of art								
2		rical treasures								
3		onal interests								
4		publications								
5		nd household goods								
6		other vehicles	Х	68	113,671	. PROC	. NET OF	REPAIRS		
7		planes								
8		l property								
9		- Publicly traded	Х	33	343,792	. AVG	HI & LOW	AT GIFT		
10	Securities	- Closely held stock								
11		- Partnership, LLC, or								
	trust intere	ests								
12	Securities	- Miscellaneous								
13		onservation contribution -								
	Historic st	ructures								
14	Qualified o	conservation contribution - Other								
15	Real estate	e - Residential								
16	Real estate	e - Commercial								
17	Real estate	e - Other								
18	Collectible	s								
19	Food inver	ntory								
20	Drugs and	medical supplies								
21	Taxidermy									
22	Historical a	artifacts								
23	Scientific s	specimens								
24	Archeolog	ical artifacts								
25	Other	(ANIMAL & MEDICA)	Х	206	16,087	.FMV				
26	Other	()								
27	Other	()								
28	Other									
29	Number of	Forms 8283 received by the organi	ization durinç	g the tax year for co	ontributions					
	for which t	he organization completed Form 82	283, Part V, D	Oonee Acknowledg	ement 29				0	
									Yes	No
30a		year, did the organization receive b					that it			
		for at least 3 years from the date of								
	exempt pu	rposes for the entire holding period	?					30a		X
b		escribe the arrangement in Part II.								
31								31	Х	
32a	32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash									
	contributio							32a	Х	
b	•	escribe in Part II.								
33	-	nization didn't report an amount in o	column (c) fo	r a type of property	for which column (a) is ch	ecked,				
	describe ir									
$I \sqcup \Delta$	Far Dan	erwork Reduction Act Notice see	the leaders	tions for Form OO	`		Cabado	le M (Forn	- 000	2022

Part II	Supplemental Informating is reporting in Part I, column (b) this part for any additional informations.	, the number of contribu	ation require utions, the n	ed by Part I, lines 30b, umber of items receive	32b, and 33, and ed, or a combina	d whether the organizat tion of both. Also comp	ion lete
SCHEDULE	M, PART I, COLUMN (B):						
THE NUMBE	ER REFLECTS THE NUMBER OF	CONTRIBUTIONS MA	DE, NOT T	HE NUMBER OF			
ITEMS CON	WTRIBUTED.						
SCHEDULE	M, LINE 32B:						
THE ORGAN	NIZATION USES THIRD PARTI	ES TO PROCESS AND	SELL ALI	AUTO			
DONATIONS	S. THE ORGANIZATION RECEI	VES A NET CHECK F	ROM THE T	HIRD			
PARTIES.							
		AMOUNT %	OF GROSS	% OF			
AVAILABLI	3						
GROSS REG	CEIPTS (BID PRICE)	119,275					
COSTS OF	REPAIR ETC.	-5,604	5%				
NET AVAII	ABLE	113,671					
FEE TO 3	RD PARTIES	-28,597	24%	25%			
NET TO H	SSV	85,074	71%	75%			
		1	00%	100%			
IN ADDIT	ON, BUYERS ALSO PAY FEES	NOT LISTED ABOVE	•				
232142 09-09-	22					Schedule M (Form	990) 2022

SCHEDULE 0 (Form 990)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Inspection **Employer identification number**

HUMANE SOCIETY SILICON VALLEY	94-1196215								
FORM 990 PART III LINE 1									
HUMANE SOCIETY SILICON VALLEY (THE "ORGANIZATION") IS A CALIFORNIA									
NONPROFIT PUBLIC BENEFIT CORPORATION THAT HAS OPERATED CONTINUOUSLY									
SINCE 1929. THE FOCUS OF THE ORGANIZATION IS COMPANION ANIMAL RESCUE									
AND HOMELESSNESS PREVENTION, PROVIDING ANIMALS IN THE COMMUNITY AND									
BEYOND WITH EXPERT CARE. THE ORGANIZATION SERVES AS A SAFETY NET FOR									
BOTH PETS AND PEOPLE IN NEED OF RESOURCES AND PROGRAMS TO KEEP THEM									
HAPPY, HEALTHY, AND SAFE. IT SETS A NATIONAL EXAMPLE FOR INNOVATION AND									
SEEKS TO TRANSFORM HUMAN LIVES THROUGH DEEPER CONNECTIONS TO ANIMALS.									
THE									
ORGANIZATION IS THE FIRST ORGANIZATION EVER TO MEET THE MODEL SHELTER									
STANDARDOFCARE 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, 2023, THE									
ORGANIZATION SAVED 96% OF ALL ANIMALS THAT CAME THROUGH ITS DOORS,									

232211 10-28-22

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2 **Employer identification number** Name of the organization HUMANE SOCIETY SILICON VALLEY 94-1196215 INCLUDING MANY NEEDING REHABILITATION OR EXTENDED TREATMENT. SAVE RATE IS CALCULATED USING THE TOTAL NUMBER OF ANIMALS THAT ENTERED THE SHELTER, ADOPTIONS, ANIMALS RETURNED TO OWNERS, ANIMALS TRANSFERRED TO OTHER AGENCIES OR COLONIES, ANIMALS EUTHANIZED, AND ANIMALS THAT DIED IN CARE. TAKES IN MORE THAN 6,000 ANIMALS PER YEAR, INCLUDING OVER 3,100 ANIMALS BROUGHT IN FROM SHELTERS THROUGH THE REGIONAL RESCUE PROGRAM. IN ADDITION TO FINDING HOMES FOR OVER 5,500 ANIMALS ACROSS MULTIPLE ADOPTION LOCATIONS, 132 WERE REUNITED WITH THEIR FAMILIES, AND OVER 130 WERE TRANSFERRED OUT TO RESCUE GROUPS AND MANAGED CAT COLONIES. PERFORMS MORE THAN 7,800 SPAY/NEUTER SURGERIES PER YEAR. SUPPORT PEOPLE & ANIMALS IN OUR COMMUNITY: THE ORGANIZATION IMPROVES ACCESS TO VETERINARY CARE AND PROVIDES SUPPORT FOR PET OWNERS IN NEED KEEPING BONDED FAMILIES TOGETHER THROUGH INTEGRATED SERVICES THAT IMPACT BOTH HUMAN AND ANIMAL LIVES AND PROVIDING VALUE TO OUR COMMUNITY WELL INTO THE FUTURE. ADDRESSES THE KEY ISSUES FACING UNDER-SERVED INDIVIDUALS WHO CONSIDER PETS PART OF THEIR FAMILY TO IMPROVE PEOPLES' LIVES AND INCREASE MISSION RESULTS. PROGRAMS RANGE FROM EMERGENCY BOARDING TO WELLNESS CLINICS.

- KEEPS ANIMALS IN HOMES BY:

-- PROVIDING POST ADOPTION SUPPORT, INCLUDING BEHAVIOR SUPPORT.

Schedule O (Form 990) 2022 Page **2**

Employer identification number Name of the organization 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, 2023, OVER 2,800 ANIMALS WERE PLACED IN FOSTER CARE. AS SILICON VALLEY HAS BECOME MORE SELF-SUSTAINING, THE ORGANIZATION HAS EXPANDED ITS GEOGRAPHIC REACH TO HELP ANIMALS THROUGHOUT CALIFORNIA. THROUGH THE REGIONAL RESCUE PROGRAM, THE ORGANIZATION BROUGHT IN 1.192 ANIMALS FROM WITHIN SILICON VALLEY AND

<u>Schedule O (Form 990) 2022</u> Page **2**

Employer identification number Name of the organization HUMANE SOCIETY SILICON VALLEY 94-1196215 ALMOST 2,000 ANIMALS FROM OUTSIDE OF SILICON VALLEY DURING THE YEAR ENDED JUNE 30, 2023. --LEADS AN INTERAGENCY 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 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, AND PROTOCOL DEVELOPMENT. 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. 167 SPAY/NEUTER SURGERIES WERE COMPLETED THROUGH THIS PROGRAM DURING THE YEAR ENDED JUNE 30, 2023. --HUMANE SOCIETY SILICON VALLEY PROVIDES MULTIPLE FREE TRAP, NEUTER AND RELEASE (TNR) SERVICES. TO LOWER THE NUMBER OF HOMELESS CATS IN SANTA CLARA COUNTY, 2,262 SPAY/NEUTER SURGERIES WERE PROVIDED TO HOMELESS COMMUNITY CATS THROUGH THE TNR PROGRAM DURING THE YEAR ENDED

Schedule O (Form 990) 2022 Page 2 Name of the organization **Employer identification number** 94-1196215 HUMANE SOCIETY SILICON VALLEY JUNE 30, 2023. 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. --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.

Schedule O (Form 990) 2022 Page **2**

Schedule O (Form 990) 2022	Page 2
Name of the organization HUMANE SOCIETY SILICON VALLEY	Employer identification number 94-1196215
-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.	
-COMMUNITY SERVICES PROVIDES SHELTER FOR ANIMALS, INCLUDING INCOMING	
STRAY ANIMALS BROUGHT IN UNDER CONTRACT WITH THE CITY OF SUNNYVALE.	
ASSISTS IN PROVIDING SHELTER SERVICES TO OTHER ORGANIZATIONS IMPACTED	
BY LOCAL DISASTERS. OFFERS PET SURRENDER SERVICES TO THE PUBLIC BY	
APPOINTMENT AS WELL AS PET RETENTION AND REHOMING COUNSELING, PROVIDES	
END-OF-LIFE SERVICES FOR PETS OWNED BY MEMBERS OF THE PUBLIC.	
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:	
PORTIA'S TARGETED SPAY/NEUTER PROGRAM PROVIDES FREE SPAY/NEUTER,	
VACCINATION AND MICROCHIP SERVICES TO PETS OF OWNERS LIVING IN FIVE	
TARGETED ZIP CODES IN ORDER TO DECREASE THE NUMBERS OF UNWANTED ANIMALS	
ENTERING SHELTERS IN SANTA CLARA COUNTY. THIS PROGRAM IS FULFILLED AT	
HUMANE SOCIETY SILICON VALLEY'S MEDICAL CENTER 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	

Schedule O (Form 990) 2022 Page 2 **Employer identification number** Name of the organization HUMANE SOCIETY SILICON VALLEY 94-1196215 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
TO COMMUNITY MEMBERS WHO CANNOT AFFORD TO FEED THEIR PETS OR HOMELESS

CAT COLONIES.

-TEMPORARY EMERGENCY PET BOARDING PROVIDES PET BOARDING FOR PEOPLE

LOOKING TO REMOVE THEMSELVES FROM DOMESTIC VIOLENCE SITUATIONS OR

PEOPLE EXPERIENCING HOMELESSNESS WHO ARE HOSPITALIZED FOR MEDICAL

Schedule O (Form 990) 2022 Page **2**

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

<u>Schedule O (Form 990) 2022</u> Page **2**

Name of the organization **Employer identification number** HUMANE SOCIETY SILICON VALLEY 94-1196215 WITH LOCAL SHELTERS THROUGHOUT THE COUNTRY BY PROMOTING PROGRAMS LIKE DOGGY DAY OUT THAT BENEFIT BOTH ANIMALS AND HUMANS. EXPENSES \$ 517,883. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. FORM 990, PART VI, SECTION B, LINE 11B: THE ORGANIZATION'S FINANCIAL TEAM PERFORMS A DETAIL REVIEW OF FORM 990 AND THEN A COPY IS PROVIDED TO BOARD MEMBERS FOR THEIR REVIEW PRIOR TO FILING. 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: EACH OF THE ORGANIZATIONS LISTED IS IN THE ANIMAL WELFARE INDUSTRY AND OF SIMILAR SIZE AND RESPONSIBILITY FOR THE PRESIDENT AND CHIEF FINANCIAL

Schedule O (Form 990) 2022	Page 2
Name of the organization HUMANE SOCIETY SILICON VALLEY	Employer identification number 94-1196215
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	
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.	