

# **PUBLIC DISCLOSURE COPY**

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**ARMANINO ADVISORY LLC**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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.

2024
Open to Public Inspection

A For the 2024 calendar year, or tax year beginning JUL 1, 2024 and ending JUN 30, 2025

B Check if applicable: C Name of organization: HUMANE SOCIETY SILICON VALLEY
D Employer identification number: 94-1196215
E Telephone number: 408-262-2133
G Gross receipts \$: 27,505,924.
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
I Tax-exempt status: 501(c)(3)
J Website: WWW.HSSV.ORG
K Form of organization: Corporation
L Year of formation: 1929
M State of legal domicile: CA

Part I Summary

Table with 3 main sections: Activities & Governance (lines 1-7), Revenue (lines 8-12), Expenses (lines 13-19), and Net Assets or Fund Balances (lines 20-22). Includes columns for Prior Year and Current Year.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of officer: KURT KRUKENBERG, PRESIDENT
Preparer's name: WANWAN ZHANG
Firm's name: ARMANINO ADVISORY LLC
Firm's address: 50 W. SAN FERNANDO ST, STE 500, SAN JOSE, CA 95113

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: 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 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 services? [X] Yes [ ] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 13,391,159. including grants of \$ ) (Revenue \$ 1,552,554. ) PROGRAMS FOR SAVING LIVES: ADOPTIONS 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 OCCUR 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: (CONTINUED ON SCHEDULE O)

4b (Code: ) (Expenses \$ 2,541,770. including grants of \$ ) (Revenue \$ 440,410. ) PROGRAMS FOR KEEPING FAMILIES TOGETHER: - 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, 2025, 1,496 PARTICIPANTS ATTENDED CLASSES. - 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. (CONTINUED ON SCHEDULE O)

4c (Code: ) (Expenses \$ 996,980. including grants of \$ 91,000. ) (Revenue \$ ) PROGRAMS FOR CHANGING THE GAME: - 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. (CONTINUED ON SCHEDULE O)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 16,929,909.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA, AK, AL, AR, FL, GA, HI, IL, KS, KY, MA, MD
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
FARIDEH ESHAGH - (408)262-2133
901 AMES AVENUE, MILPITAS, CA 95035

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KURT KRUKENBERG PRESIDENT	40.00			X			315,232.	0.	5,832.	
(2) JOANNE JACOBS CHIEF OF OPERATIONS (THRU 12/24)	40.00				X		284,458.	0.	16,857.	
(3) CRISTIE KAMIYA CHIEF OF SHELTER MEDICINE	40.00				X		250,497.	0.	22,980.	
(4) DAN COLEMAN CHIEF DEVELOPMENT OFFICER	40.00				X		245,959.	0.	5,068.	
(5) FARIDEH ESHAGH VICE PRESIDENT, FINANCE	40.00			X			242,911.	0.	5,289.	
(6) MARIA YVONNE SAUCEDO CHIEF OF PEOPLE	40.00				X		223,842.	0.	19,573.	
(7) NANCY WILLIS VICE PRESIDENT, STRATEGIC GROWTH	40.00				X		211,934.	0.	16,084.	
(8) JENNIFER DALMASSO LEAD VETERINARIAN	40.00					X	178,835.	0.	25,934.	
(9) ANDREA MOORE STAFF VETERINARIAN	35.00					X	195,365.	0.	3,575.	
(10) DAVID WHITMAN EXECUTIVE PRODUCER, MUTUAL RESCUE	40.00					X	182,338.	0.	15,627.	
(11) LISA FEDER SENIOR DIRECTOR, VETERINARY SERVICES	40.00					X	182,494.	0.	13,124.	
(12) MICHAEL SANDERS STAFF VETERINARIAN	40.00					X	171,444.	0.	15,339.	
(13) KRISTEN JAHNKE VICE PRESIDENT, OPERATIONS	40.00					X	163,253.	0.	14,403.	
(14) JAIME ALLEN VICE PRESIDENT, COMMUNITY PROGRAMS	40.00					X	150,041.	0.	20,927.	
(15) PETER DETKIN CHAIR	2.00	X		X			0.	0.	0.	
(16) SALLY HAZARD BOURGOIN VICE-CHAIR	2.00	X		X			0.	0.	0.	
(17) WILL MARTIN TREASURER	2.00	X		X			0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ALISON BUCHANAN SECRETARY	2.00	X		X				0.	0.	0.
(19) SALLY ABEL BOARD MEMBER	2.00	X						0.	0.	0.
(20) ANDREA BORCH BOARD MEMBER (THRU 11/24)	2.00	X						0.	0.	0.
(21) NEEL CHATTERJEE BOARD MEMBER	2.00	X						0.	0.	0.
(22) SHIRLEY CHEN LEE BOARD MEMBER	2.00	X						0.	0.	0.
(23) SUE DIEKMAN BOARD MEMBER (THRU 08/24)	2.00	X						0.	0.	0.
(24) JENNY LEE BOARD MEMBER	2.00	X						0.	0.	0.
(25) CHRISTY RICHARDSON BOARD MEMBER (THRU 08/24)	2.00	X						0.	0.	0.
(26) ANDIE SOBRATO BOARD MEMBER	2.00	X						0.	0.	0.
<b>1b Subtotal</b>								2,998,603.	0.	200,612.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								2,998,603.	0.	200,612.

**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 28

	Yes	No
<b>3</b> 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		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		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
SANKY COMMUNICATIONS, INC., 368 9TH AVE., STE 12-102, NEW YORK, NY 10001	FUNDRAISER	883,896.
AMAZAE EVENTS INC. 100 GILMAN AVE. STE A, CAMPBELL, CA 95008	SPECIAL EVENT COORDINATOR	874,363.
FIFTY ROCK CONSULTING 33 KIHALANI LOOP, UNIT 407, KIHEI, HI 96753	PROFESSIONAL FUNDRAISER	175,375.
CANINE HIGHER LEARNING, 1420 MAPLE AVENUE, UNIT B, SAN MARTIN, CA 95046	DOG TRAINING SERVICES	148,150.
TECTONIC VIDEO INC. 555 WILLIAM ST, RIVER FOREST, IL 60305	VIDEO PRODUCTION COMPANY	106,352.

**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

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VIII Statement of Revenue**

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns .....	<b>1a</b>					
	<b>b</b>	Membership dues .....	<b>1b</b>					
	<b>c</b>	Fundraising events .....	<b>1c</b>	1,711,087.				
	<b>d</b>	Related organizations .....	<b>1d</b>					
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	16,491,054.				
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 669,463.				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....		18,202,141.				
Program Service Revenue	<b>2 a</b>	SAVE LIVES & PLACEMENT	Business Code	900099	1,477,581.	1,477,581.		
	<b>b</b>	KEEPING FAMILY TOGETHE	Business Code	900099	440,410.	440,410.		
	<b>c</b>							
	<b>d</b>							
	<b>e</b>							
	<b>f</b>	All other program service revenue .....						
	<b>g</b>	<b>Total.</b> Add lines 2a-2f .....			1,917,991.			
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....			520,449.		520,449.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds .....						
	<b>5</b>	Royalties .....						
	<b>6 a</b>	Gross rents .....	<b>6a</b>	(i) Real				
				(ii) Personal				
	<b>b</b>	Less: rental expenses ...	<b>6b</b>					
	<b>c</b>	Rental income or (loss)	<b>6c</b>					
	<b>d</b>	Net rental income or (loss) .....						
	<b>7 a</b>	Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities				
				(ii) Other				
					4,088,405.			
	<b>b</b>	Less: cost or other basis and sales expenses .....	<b>7b</b>	4,016,136.	1,005,288.			
<b>c</b>	Gain or (loss) .....	<b>7c</b>	72,269.	-1,005,288.				
<b>d</b>	Net gain or (loss) .....			-933,019.		-933,019.		
<b>8 a</b>	Gross income from fundraising events (not including \$ 1,711,087. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		461,127.				
			<b>b</b>	Less: direct expenses .....	<b>8b</b>	1,384,261.		
			<b>c</b>	Net income or (loss) from fundraising events .....		-923,134.		-923,134.
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
			<b>b</b>	Less: direct expenses .....	<b>9b</b>			
			<b>c</b>	Net income or (loss) from gaming activities .....				
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....	<b>10a</b>		297,835.				
			<b>b</b>	Less: cost of goods sold .....	<b>10b</b>	222,862.		
			<b>c</b>	Net income or (loss) from sales of inventory .....		74,973.	74,973.	
Miscellaneous Revenue	<b>11 a</b>	INSURANCE REIMBURSEMEN	Business Code	900099	1,992,265.		1,992,265.	
	<b>b</b>	MISCELLANEOUS	Business Code	900099	25,711.		25,711.	
	<b>c</b>							
	<b>d</b>	All other revenue .....						
	<b>e</b>	<b>Total.</b> Add lines 11a-11d .....			2,017,976.			
<b>12</b>	<b>Total revenue.</b> See instructions .....			20,877,377.	1,992,964.	0.	682,272.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	91,000.	91,000.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	2,237,653.	1,705,678.	243,375.	288,600.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	10,742,074.	8,958,758.	539,636.	1,243,680.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	161,198.	133,451.	11,882.	15,865.
<b>9</b> Other employee benefits .....	1,415,272.	1,151,061.	116,523.	147,688.
<b>10</b> Payroll taxes .....	922,248.	712,169.	85,835.	124,244.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	73,356.	41,597.	8,097.	23,662.
<b>c</b> Accounting .....	89,271.	13,428.	74,692.	1,151.
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17 .....	876,690.			876,690.
<b>f</b> Investment management fees .....	55,144.		55,144.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) .....	841,914.	588,128.	98,218.	155,568.
<b>12</b> Advertising and promotion .....	84,709.	84,709.		
<b>13</b> Office expenses .....	143,015.	100,994.	15,152.	26,869.
<b>14</b> Information technology .....	428,046.	347,532.	37,476.	43,038.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	615,677.	570,346.	27,829.	17,502.
<b>17</b> Travel .....	195,340.	152,743.	17,340.	25,257.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	106,173.	45,213.	46,885.	14,075.
<b>20</b> Interest .....	2,948.	2,725.	137.	86.
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	526,887.	486,960.	24,512.	15,415.
<b>23</b> Insurance .....	138,416.	119,194.	9,674.	9,548.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> OPERATING SUPPLIES .....	1,120,846.	1,120,382.	246.	218.
<b>b</b> FIRE RECOVERY COSTS .....	385,408.	364,534.	12,566.	8,308.
<b>c</b> OTHER MISC EXPENSE .....	247,778.	139,307.	17,449.	91,022.
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> Total functional expenses. Add lines 1 through 24e	21,501,063.	16,929,909.	1,442,668.	3,128,486.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	557,415.	<b>1</b>	2,031,415.
	<b>2</b> Savings and temporary cash investments .....	4,435,218.	<b>2</b>	3,454,819.
	<b>3</b> Pledges and grants receivable, net .....	9,399,622.	<b>3</b>	8,262,542.
	<b>4</b> Accounts receivable, net .....	70,425.	<b>4</b>	48,672.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	117,213.	<b>8</b>	77,919.
	<b>9</b> Prepaid expenses and deferred charges .....	179,558.	<b>9</b>	296,360.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 26,068,722.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 8,719,646.	18,153,684.	<b>10c</b> 17,349,076.
	<b>11</b> Investments - publicly traded securities .....	18,623,923.	<b>11</b>	20,367,658.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	3,016,144.	<b>12</b>	3,016,144.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	515,490.	<b>15</b>	1,190,473.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	55,068,692.	<b>16</b>	56,095,078.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,601,961.	<b>17</b>	2,203,518.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	91,401.	<b>19</b>	89,654.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	38,714.	<b>24</b>	30,979.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	75,215.	<b>25</b>	486,976.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	1,807,291.	<b>26</b>	2,811,127.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	36,614,025.	<b>27</b>	35,708,198.
	<b>28</b> Net assets with donor restrictions .....	16,647,376.	<b>28</b>	17,575,753.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	53,261,401.	<b>32</b>	53,283,951.
<b>33</b> Total liabilities and net assets/fund balances .....	55,068,692.	<b>33</b>	56,095,078.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	20,877,377.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	21,501,063.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-623,686.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	53,261,401.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	1,608,541.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	-962,305.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	53,283,951.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
<b>3a</b>	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?		X
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form **990** (2024)



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	18,489,738.	16,518,370.	13,691,495.	16,094,969.	18,202,141.	82,996,713.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	18,489,738.	16,518,370.	13,691,495.	16,094,969.	18,202,141.	82,996,713.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						13,026,268.
<b>6 Public support.</b> Subtract line 5 from line 4.						69,970,445.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4 .....	18,489,738.	16,518,370.	13,691,495.	16,094,969.	18,202,141.	82,996,713.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	567,244.	568,454.	687,069.	738,035.	520,449.	3,081,251.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....		6,136.				6,136.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	28,333.	18,163.	24,192.	25,314.	2,017,976.	2,113,978.
<b>11 Total support.</b> Add lines 7 through 10						88,198,078.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	10,958,413.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	79.33 %
<b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14 .....	<b>15</b>	74.51 %
<b>16a 33 1/3% support test - 2024.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2023.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2024.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

(Complete only if you checked a box 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**

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

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "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.</i>		
<b>2</b> 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? <i>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.</i>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>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).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> 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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</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? <i>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.</i>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

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

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( *explain in Part VI*). See instructions.  
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2024

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2024		
a	From 2019		
b	From 2020		
c	From 2021		
d	From 2022		
e	From 2023		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to under distributions of prior years		
h	Applied to 2024 distributable amount		
i	Carryover from 2019 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2024 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2024 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2020		
b	Excess from 2021		
c	Excess from 2022		
d	Excess from 2023		
e	Excess from 2024		

Schedule A (Form 990) 2024



**Schedule B  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

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

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization  HUMANE SOCIETY SILICON VALLEY	Employer identification number  94-1196215
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>2,752,498.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>1,400,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>884,056.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>525,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>499,060.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>400,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  HUMANE SOCIETY SILICON VALLEY	Employer identification number  94-1196215
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/> <hr/>	\$ <u>375,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  HUMANE SOCIETY SILICON VALLEY	Employer identification number  94-1196215
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization  HUMANE SOCIETY SILICON VALLEY	Employer identification number  94-1196215
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

**SCHEDULE D**

(Form 990)

(Rev. December 2024)

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

HUMANE SOCIETY SILICON VALLEY

Employer identification number

94-1196215

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education)     Preservation of a historically important land area

Protection of natural habitat     Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included on line 2a .....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2d

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

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

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

Yes     No

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

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

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

Yes     No

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

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

b Assets included in Form 990, Part X .....

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	6,976,441.	6,020,668.	4,319,682.	4,859,829.	3,979,409.
b Contributions	915,436.	380,892.	1,451,988.	238,588.	57,940.
c Net investment earnings, gains, and losses	824,532.	848,238.	496,267.	-542,308.	1,046,102.
d Grants or scholarships					
e Other expenditures for facilities and programs	315,223.	273,357.	247,269.	236,427.	223,622.
f Administrative expenses					
g End of year balance	8,401,186.	6,976,441.	6,020,668.	4,319,682.	4,859,829.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment .0000 %
  - b Permanent endowment 77.9996 %
  - c Term endowment 22.0004 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes | No |
|--|-----|----|
| (i) Unrelated organizations?   |     | X  |
| (ii) Related organizations?  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? |     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		5,146,351.		5,146,351.
b Buildings		15,142,747.	4,815,950.	10,326,797.
c Leasehold improvements				
d Equipment		1,671,461.	1,129,201.	542,260.
e Other		4,108,163.	2,774,495.	1,333,668.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				17,349,076.

**Part VII Investments - Other Securities**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A) PRIVATE COMPANY STOCK	3,016,144.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))	3,016,144.	

**Part VIII Investments - Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

**Part IX Other Assets**

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

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

**Part X Other Liabilities**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LEASE LIABILITY	486,976.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	486,976.

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	21,555,614.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	<b>a</b> Net unrealized gains (losses) on investments	<b>2a</b> 1,608,541.		
	<b>b</b> Donated services and use of facilities	<b>2b</b> 87,145.		
	<b>c</b> Recoveries of prior year grants	<b>2c</b>		
	<b>d</b> Other (Describe in Part XIII.)	<b>2d</b> -962,305.		
	<b>e</b> Add lines 2a through 2d		<b>2e</b>	733,381.
<b>3</b>	Subtract line 2e from line 1		<b>3</b>	20,822,233.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	<b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b> 55,144.		
	<b>b</b> Other (Describe in Part XIII.)	<b>4b</b>		
	<b>c</b> Add lines 4a and 4b		<b>4c</b>	55,144.
<b>5</b>	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		<b>5</b>	20,877,377.

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

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

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	21,533,064.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	<b>a</b> Donated services and use of facilities	<b>2a</b> 87,145.		
	<b>b</b> Prior year adjustments	<b>2b</b>		
	<b>c</b> Other losses	<b>2c</b>		
	<b>d</b> Other (Describe in Part XIII.)	<b>2d</b>		
	<b>e</b> Add lines 2a through 2d		<b>2e</b>	87,145.
<b>3</b>	Subtract line 2e from line 1		<b>3</b>	21,445,919.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	<b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b> 55,144.		
	<b>b</b> Other (Describe in Part XIII.)	<b>4b</b>		
	<b>c</b> Add lines 4a and 4b		<b>4c</b>	55,144.
<b>5</b>	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		<b>5</b>	21,501,063.

**Part XIII Supplemental Information**

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

PART V, LINE 4:

THE APPROPRIATED EXPENDITURES FROM THE EARNINGS ON THE ENDOWMENT FUNDS ARE INTENDED TO BE USED FOR ALL OF THE ORGANIZATION'S PROGRAMS WHICH FALL UNDER ITS EXEMPT PURPOSE.

PART X, LINE 2:

GENERALLY ACCEPTED ACCOUNTING PRINCIPLES PROVIDE ACCOUNTING AND DISCLOSURE GUIDANCE ABOUT POSITIONS TAKEN BY AN ORGANIZATION IN ITS TAX RETURNS THAT MIGHT BE UNCERTAIN. MANAGEMENT HAS CONSIDERED ITS TAX POSITIONS AND BELIEVES THAT ALL OF THE POSITIONS TAKEN BY THE ORGANIZATION IN ITS FEDERAL AND STATE EXEMPT ORGANIZATION TAX RETURNS ARE MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION.

THE ORGANIZATION FILES INFORMATION RETURNS IN THE U.S. FEDERAL JURISDICTION AND STATE OF CALIFORNIA. THE ORGANIZATION'S FEDERAL RETURNS FOR THE YEARS ENDED JUNE 30, 2022 AND BEYOND REMAIN SUBJECT TO POSSIBLE EXAMINATION BY THE INTERNAL REVENUE SERVICE. THE ORGANIZATION'S CALIFORNIA RETURNS OF THE TAX YEARS ENDED JUNE 30, 2021 AND BEYOND REMAIN SUBJECT TO POSSIBLE EXAMINATION BY THE FRANCHISE TAX BOARD.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

LOSS ON UNCOLLECTIBLE PLEDGES -962,305.



**SCHEDULE G  
(Form 990)**

(Rev. December 2024)  
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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

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

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of nongovernment grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
SANKY COMMUNICATIONS, INC. - 360 W 31ST STREET, FLOOR 6,	DIRECT MAIL		X	736,301.	481,930.	254,371.
CARS (CHARITABLE ADULT RIDES & SERVICES) - 4669 MURPHY	VEHICLES	X		141,881.	35,947.	105,934.
SANKY COMMUNICATIONS, INC. - 360 W 31ST STREET, FLOOR 6,	ONLINE		X	45,725.	202,552.	-156,827.
SANKY COMMUNICATIONS, INC. - 360 W 31ST STREET, FLOOR 6,	NEWSLETTERS		X	4,825.	68,532.	-63,707.
FIFTY ROCK CONSULTING (LANI) - 33 KIHALANI LOOP UNIT 407,	FUNDRAISING COUNSEL		X	0.	87,590.	-87,590.
<b>Total</b>				928,732.	876,551.	52,181.

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		THE FUR BALL (event type)	(event type)	NONE (total number)	
Revenue	1	2,172,214.			2,172,214.
	2	1,711,087.			1,711,087.
	3	461,127.			461,127.
Direct Expenses	4				
	5	226,787.			226,787.
	6	491,189.			491,189.
	7	266,840.			266,840.
	8	192,674.			192,674.
	9	206,771.			206,771.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-923,134.

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

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

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name \_\_\_\_\_

Address \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

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

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

Name \_\_\_\_\_

Address \_\_\_\_\_

- 16 Gaming manager information:

Name \_\_\_\_\_

Gaming manager compensation \$ \_\_\_\_\_

Description of services provided \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

- 17 Mandatory distributions:

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

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

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

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

- (I) NAME OF FUNDRAISER: SANKY COMMUNICATIONS, INC.
- (I) ADDRESS OF FUNDRAISER: 360 W 31ST STREET, FLOOR 6, NEW YORK, NY 10001
- (I) NAME OF FUNDRAISER: CARS (CHARITABLE ADULT RIDES & SERVICES)
- (I) ADDRESS OF FUNDRAISER: 4669 MURPHY CANYON RD #200, SAN DIEGO, CA 92123
- (I) NAME OF FUNDRAISER: SANKY COMMUNICATIONS, INC.
- (I) ADDRESS OF FUNDRAISER: 360 W 31ST STREET, FLOOR 6, NEW YORK, NY 10001
- (I) NAME OF FUNDRAISER: SANKY COMMUNICATIONS, INC.
- (I) ADDRESS OF FUNDRAISER: 360 W 31ST STREET, FLOOR 6, NEW YORK, NY 10001
- (I) NAME OF FUNDRAISER: FIFTY ROCK CONSULTING (LANI)
- (I) ADDRESS OF FUNDRAISER: 33 KIHALANI LOOP UNIT 407, KIHEI MAUI, HI 96753



**SCHEDULE I  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

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

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

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

OMB No. 1545-0047

Open to Public  
Inspection

Name of the organization

HUMANE SOCIETY SILICON VALLEY

Employer identification number  
94-1196215

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ANIMAL CARE CENTERS OF NYC 11 PARK PLACE, STE 1212 NEW YORK, NY 10007	13-3788936	501(C)(3)	15,000.	0.			MISSION ALIGNED WITH HSSV
LIFELINE ANIMAL PROJECT INC PO BOX 15466 ATLANTA, GA 30333	01-0599278	501(C)(3)	15,000.	0.			MISSION ALIGNED WITH HSSV
FRIENDS OF METRO ANIMAL SERVICES INC - 3528 NEWBURG RD - LOUISVILLE, KY 40218	38-3749218	501(C)(3)	15,000.	0.			MISSION ALIGNED WITH HSSV
SANTA BARBARA COUNTY ANIMAL CARE FOUNDATION INC - PO BOX 307 - SANTA MARIA, CA 93456	68-0498950	501(C)(3)	15,000.	0.			MISSION ALIGNED WITH HSSV
SHELTER ANIMALS COUNT 931 MONROE DR NE STE 109A ATLANTA, GA 30308	46-2215168	501(C)(3)	30,000.	0.			MISSION ALIGNED WITH HSSV

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 5.
- 3** Enter total number of other organizations listed in the line 1 table ..... 0.

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

Schedule I (Form 990) (Rev. 12-2024)

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

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

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

PART I, LINE 2:  
HSSV PROVIDES GRANTS OR SPONSORSHIP PAYMENTS ONLY TO CAREFULLY SELECTED  
RECIPIENT ORGANIZATIONS THAT ARE RECOGNIZED BY 501(C)(3) NONPROFITS AND  
WHOSE MISSIONS ALIGN WITH HSSV'S CHARITABLE PURPOSE. HOWEVER, HSSV  
DOES NOT CONDUCT POSTGRANT MONITORING, REPORTING, OR EVALUATION OF HOW THE  
RECIPIENT ORGANIZATION USES THE FUNDS AFTER THE DONATION IS MADE.

**SCHEDULE J  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

Open to Public  
Inspection

Name of the organization <b>HUMANE SOCIETY SILICON VALLEY</b>	Employer identification number <b>94-1196215</b>
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**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
<b>b</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 .....	<b>1b</b>	X
<b>2</b> 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? .....	<b>2</b>	X
<b>3</b> Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> 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:		
<b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>	X
<b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? .....	<b>4b</b>	X
<b>c</b> Participate in or receive payment from an equity-based compensation arrangement? .....	<b>4c</b>	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> 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:		
<b>a</b> The organization? .....	<b>5a</b>	X
<b>b</b> Any related organization? .....	<b>5b</b>	X
If "Yes" on line 5a or 5b, describe in Part III.		
<b>6</b> 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:		
<b>a</b> The organization? .....	<b>6a</b>	X
<b>b</b> Any related organization? .....	<b>6b</b>	X
If "Yes" on line 6a or 6b, describe in Part III.		
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....	<b>7</b>	X
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....	<b>8</b>	X
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>	

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

Schedule J (Form 990) (Rev. 12-2024)

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) KURT KRUKENBERG PRESIDENT	(i) 315,128. (ii) 0.	0.	104.	5,082.	750.	321,064.	0.
(2) JOANNE JACOBS CHIEF OF OPERATIONS (THRU 12/24)	(i) 284,458. (ii) 0.	0.	0.	3,937.	12,920.	301,315.	0.
(3) CRISTIE KAMIYA CHIEF OF SHELTER MEDICINE	(i) 250,151. (ii) 0.	0.	346.	4,575.	18,405.	273,477.	0.
(4) DAN COLEMAN CHIEF DEVELOPMENT OFFICER	(i) 245,702. (ii) 0.	0.	257.	4,318.	750.	251,027.	0.
(5) FARIDEH ESHAGH VICE PRESIDENT, FINANCE	(i) 242,807. (ii) 0.	0.	104.	4,264.	1,025.	248,200.	0.
(6) MARIA YVONNE SAUCEDO CHIEF OF PEOPLE	(i) 223,351. (ii) 0.	0.	491.	4,077.	15,496.	243,415.	0.
(7) NANCY WILLIS VICE PRESIDENT, STRATEGIC GROWTH	(i) 211,338. (ii) 0.	0.	596.	3,712.	12,372.	228,018.	0.
(8) JENNIFER DALMASSO LEAD VETERINARIAN	(i) 178,725. (ii) 0.	0.	110.	2,748.	23,186.	204,769.	0.
(9) ANDREA MOORE STAFF VETERINARIAN	(i) 194,830. (ii) 0.	0.	535.	2,996.	579.	198,940.	0.
(10) DAVID WHITMAN EXECUTIVE PRODUCER, MUTUAL RESCUE	(i) 181,589. (ii) 0.	0.	749.	3,257.	12,370.	197,965.	0.
(11) LISA FEDER SENIOR DIRECTOR, VETERINARY SERVICES	(i) 182,392. (ii) 0.	0.	102.	3,246.	9,878.	195,618.	0.
(12) MICHAEL SANDERS STAFF VETERINARIAN	(i) 171,115. (ii) 0.	0.	329.	2,995.	12,344.	186,783.	0.
(13) KRISTEN JAHNKE VICE PRESIDENT, OPERATIONS	(i) 162,712. (ii) 0.	0.	541.	2,100.	12,303.	177,656.	0.
(14) JAIME ALLEN VICE PRESIDENT, COMMUNITY PROGRAMS	(i) 149,701. (ii) 0.	0.	340.	2,767.	18,160.	170,968.	0.

Schedule J (Form 990) (Rev. 12-2024)

**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 \$35 PER  
MONTH FOR HEALTH CLUB/GYM/FITNESS PROGRAM PARTICIPATION. ELIGIBLE EMPLOYEES  
MAY ALSO RECEIVE A TAXABLE FRINGE BENEFIT OF UP TO \$35 ANNUALLY FOR HEALTH  
CLUB/GYM/FITNESS PROGRAM REGISTRATION/ENROLLMENT FEE.

VP FINANCE, CHIEF OF PEOPLE, AND PRESIDENT AGREED TO GROSS-UP PAYMENTS FOR  
ALL EMPLOYEES FOR SERVICE AWARDS, GIFT CARD PRIZES, HOLIDAY GIFTS, AND  
WELLNESS REIMBURSEMENTS.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2024**

Open to Public Inspection

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

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

Department of the Treasury  
Internal Revenue Service

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	102	151,566.	COMPARABLE SALES
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	38	258,790.	PUBLICLY TRADED EXCHANGE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( SPECIAL EVENT I )	X	116	223,120.	COMPARABLE SALES
26 Other ( ANIMAL & MEDICA )	X	169	35,987.	COMPARABLE SALES
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement ..... **29** 2

	Yes	No
30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2024

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

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS RATHER THAN THE NUMBER OF ITEMS CONTRIBUTED.

SCHEDULE M, PART I, LINE 32B:

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

	AMOUNT	% OF GROSS	% OF AVAILABLE
GROSS RECEIPTS (BID PRICE)	151,566		
COSTS OF REPAIR ETC.	-9,490	6%	
NET AVAILABLE	142,076		
FEE TO 3RD PARTIES	-36,086	24%	25%
NET TO HSSV	105,990	70%	75%
		100%	100%

IN ADDITION, BUYERS ALSO PAY FEES NOT LISTED ABOVE.

**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization HUMANE SOCIETY SILICON VALLEY	Employer identification number 94-1196215
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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 2010 MODEL SHELTER STANDARD OF CARE GUIDELINES PUT FORTH BY THE ASSOCIATION OF SHELTER VETERINARIANS. THE IMPACT ACHIEVED REFLECTS THE QUALITY OF THE ORGANIZATION AND ITS PEOPLE.

**IMPACT \***

HUMANE SOCIETY SILICON VALLEY DELIVERS ITS MISSION IMPACT THROUGH ACCOUNTABILITY, ENGAGEMENT, INNOVATION, AND TRANSPARENCY. THE ORGANIZATION INVESTS RESOURCES ACROSS THREE KEY AREAS: PROGRAMS TO SAVE THE LIVES OF ANIMALS, KEEPING FAMILIES TOGETHER, AND CHANGING THE GAME. 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, 2025, THE ORGANIZATION SAVED 95% OF ALL ANIMALS THAT CAME THROUGH ITS DOORS, INCLUDING MANY NEEDING REHABILITATION OR EXTENDED TREATMENT. SAVE RATE IS CALCULATED USING THE TOTAL NUMBER OF ANIMALS THAT ENTERED THE SHELTER, ADOPTIONS, ANIMALS RETURNED TO OWNERS, ANIMALS TRANSFERRED TO OTHER AGENCIES OR COLONIES, ANIMALS EUTHANIZED, AND ANIMALS THAT DIED IN CARE.

- TOOK IN 5,672 ANIMALS PER YEAR, INCLUDING 3,268 ANIMALS BROUGHT IN FROM SHELTERS THROUGH THE REGIONAL RESCUE PROGRAM, DURING THE YEAR ENDED JUNE 30, 2025.

- IN ADDITION TO FINDING HOMES FOR 5,173 ANIMALS ACROSS MULTIPLE ADOPTION LOCATIONS, 105 WERE REUNITED WITH THEIR FAMILIES, AND 359 WERE TRANSFERRED OUT TO RESCUE GROUPS AND MANAGED CAT COLONIES DURING THE YEAR ENDED JUNE 30, 2025.

- PERFORMED 7,958 SPAY/NEUTER SURGERIES DURING THE YEAR ENDED JUNE 30, 2025.

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 COLLABORATING WITH PARTNER SHELTERS THROUGHOUT CALIFORNIA, THE

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

Name of the organization HUMANE SOCIETY SILICON VALLEY	Employer identification number 94-1196215
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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, 2025, 2,984 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 1,257 ANIMALS FROM WITHIN SILICON VALLEY AND 2,011 ANIMALS FROM OUTSIDE OF SILICON VALLEY DURING THE YEAR ENDED JUNE 30, 2025.

-- LEADS AN INTER-AGENCY COALITION (WECARE) TO SAVE THE LIVES OF COMPANION ANIMALS IN SILICON VALLEY. THE ORGANIZATION FOUNDED THIS COALITION TO PROVIDE A PLATFORM FOR PUBLIC ANIMAL CARE AGENCIES TO WORK TOGETHER AS A COMMUNITY TO SAVE LIVES.

-- IS A CORE MEMBER OF THE CALIFORNIA HUMANE ANIMAL TRANSITION TEAM (CHATT) COALITION, 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. 18 SPAY/NEUTER SURGERIES WERE COMPLETED THROUGH THIS PROGRAM DURING THE YEAR ENDED JUNE 30, 2025.

-- HUMANE SOCIETY SILICON VALLEY PROVIDES MULTIPLE FREE TRAP, NEUTER, AND RELEASE (TNR) SERVICES. TO LOWER THE NUMBER OF HOMELESS CATS IN SANTA CLARA COUNTY, 2,388 SPAY/NEUTER SURGERIES WERE PROVIDED TO HOMELESS COMMUNITY CATS THROUGH THE TNR PROGRAM DURING THE YEAR ENDED JUNE 30, 2025.

KEEPING FAMILIES TOGETHER: 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 UNDERSERVED INDIVIDUALS WHO CONSIDER PETS PART OF THEIR FAMILY TO IMPROVE PEOPLE'S LIVES ANAND INCREASE MISSION RESULTS. PROGRAMS RANGE FROM EMERGENCY BOARDING TO WELLNESS CLINICS.

- KEEPS ANIMALS IN HOMES BY:

-- PROVIDING POST-ADOPTION SUPPORT, INCLUDING BEHAVIOR SUPPORT.

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-- PROVIDING FREE PET FOOD THROUGH THE PET PANTRY PROGRAM TO COMMUNITY MEMBERS WHO CANNOT AFFORD TO FEED THEIR PETS.

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

CHANGING THE GAME: 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.

- 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.

- 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 3, CHANGES IN PROGRAM SERVICES:  
IN DECEMBER 2024 WE EXPERIENCED A FIRE THAT IMPACTED ABOUT 50% OF OUR BUILDING. WITH THAT IN MIND, WE HAD TO ADJUST THE WAY WE OFFERED A VARIETY OF OUR PROGRAMS.

CITY OF SUNNYVALE CONTRACT: THE FIRE AT OUR FACILITY CAUSED SIGNIFICANT DAMAGE, AND WE NO LONGER HAD THE APPROPRIATE SPACE AVAILABLE TO HOUSE THE NUMBER AND TYPE OF ANIMALS REQUIRED TO FULFILL THE SUNNYVALE CONTRACT.

PROGRAM LOCATIONS: WITHOUT THE ORIGINAL SPACE, WE MOVED LOCATIONS OF A VARIETY OF OUR PROGRAMS TO KEEP THEM OPERATING. THESE INCLUDE:  
ONSITE VACCINE CLINICS: MOVED FROM THE MEDICAL CENTER TO ONSITE VACCINE CLINIC TRAILERS.

SPAY/NEUTER SURGERIES: MOVED FROM THE MEDICAL CENTER TO THE HSSV WELLNESS WAGGIN' AND A RECOVERY TRAILER.

END OF LIFE SERVICES: MOVED TO AN ONSITE TRAILER.

DOG ADOPTIONS FLOOR: CREATED A NEW DOG ADOPTIONS FLOOR WITHIN OUR "CLASSROOMS."

DOG TRAINING: OUR DOG TRAINING ROOM WAS NEEDED FOR ADDITIONAL ANIMAL HOUSING AND OPERATIONS, THEREFORE TRAINING WAS RELOCATED TO OUR ONSITE DOG PARKS.

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

-- MOMMY & ME PRICING WHEN ADOPTING A MOTHER CAT, ADOPTERS CAN ALSO TAKE HOME ONE OF HER KITTENS AT NO ADDITIONAL COST.

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

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AGE 60 AND OLDER AND ADOPT A SENIOR PET.

-- VETERANS DISCOUNT WAIVES THE ADOPTION FEE OF ONE FELINE AND/OR CANINE WITHIN A SIX-MONTH PERIOD FOR MILITARY PERSONNEL AND VETERANS.

-- FELV+ CATS (FELINE LEUKEMIA VIRUS) POSITIVE CATS HAVE AN ADOPTION FEE OF \$10.

- BEHAVIOR PERFORMS BEHAVIOR ASSESSMENTS ON SHELTER ANIMALS TO ASSIST WITH MATCHING INDIVIDUAL ANIMALS' NEEDS WITH NEW FAMILIES AND DETERMINING WHEN BEHAVIOR MODIFICATION 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, 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.

- 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. VOLUNTEERS ASSIST AS ANIMAL SOCIALIZERS, ADOPTION AIDES, MEDICAL CENTER ASSISTANTS, FOSTER PARENTS, BOARD MEMBERS, ANIMAL TRANSPORTERS, AND WITH SPECIAL EVENTS.

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

- LOST AND FOUND PROVIDES SERVICES FOR PEOPLE WHO HAVE EITHER LOST A BELOVED PET OR FOUND AN ANIMAL, INCLUDING LOST PET RECOVERY COUNSELING, LOST AND FOUND TOURS, AND OTHER RESOURCES.

- GRIEF COUNSELING OFFERS, 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.

PROGRAMS FOR SAVING LIVES: MEDICAL SERVICES:

- HOSPITAL AND TRIAGE PERFORMS INITIAL HEALTH EXAMS, VACCINATIONS, MICROCHIPPING, AND IF NEEDED, LONG-TERM MEDICAL CARE FOR ALL INCOMING ADOPTABLE SHELTER ANIMALS.

- MEDICAL CENTER CLINIC PROVIDES LOW-COST MEDICAL SERVICES TO THE PUBLIC, INCLUDING VACCINATIONS, DISEASE TESTING, DEWORMING, MICROCHIPPING AND OTHER MEDICAL PROCEDURES.

-FREE SPAY AND NEUTER SERVICES:

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-- PORTIA'S TARGETED SPAY/NEUTER PROGRAM PROVIDES FREE SPAY/NEUTER, VACCINATION, AND MICROCHIP SERVICES FOR TRAP/NEUTER & RETURN (TNR) OF COMMUNITY CATS AND SPAY/NEUTER FOR LARGE DOG OWNERS LIVING IN FIVE TARGETED ZIP CODES TO DECREASE THE NUMBER OF UNWANTED ANIMALS ENTERING SHELTERS IN SANTA CLARA COUNTY. TNR SERVICES FOR COMMUNITY CATS INCLUDE 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. THIS PROGRAM IS FULFILLED AT HUMANE SOCIETY SILICON VALLEY'S MEDICAL CENTER AND THROUGH MOBILE CLINICS.

-- THE PUP PROGRAM ALLOWS MEMBERS OF THE PUBLIC TO SURRENDER HEALTHY, UNINTENDED LITTERS OF PUPPIES AND KITTENS WITH NO SURRENDER FEE, AND THE ORGANIZATION ALSO SPAYS OR NEUTERS THE MOTHER AND FATHER AT NO CHARGE AND RETURNS THEM TO THE OWNERS. HUMANE SOCIETY SILICON VALLEY FINDS HOMES FOR THE SURRENDERED PUPPIES AND KITTENS AFTER PROVIDING VET CARE AND SPAY/NEUTER SURGERIES.

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

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

- TEMPORARY EMERGENCY PET BOARDING PROVIDES PET BOARDING FOR PEOPLE LOOKING TO REMOVE THEMSELVES FROM DOMESTIC VIOLENCE SITUATIONS OR PEOPLE WHO ARE HOSPITALIZED FOR MEDICAL TREATMENT OR REHABILITATION.

- WELLNESS AND SPAY/NEUTER CLINICS ARE HELD MULTIPLE TIMES PER WEEK TO PROVIDE LOW OR NO-COST SPAY/NEUTER AND OTHER WELLNESS SERVICES TO ANIMALS BELONGING TO PEOPLE EXPERIENCING HOMELESSNESS IN THE COMMUNITY.

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

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

IT ALSO DRIVES ENGAGEMENT WITH LOCAL SHELTERS THROUGHOUT THE COUNTRY BY PROMOTING PROGRAMS LIKE DOGGY DAY OUT (DDO) THAT BENEFIT BOTH ANIMALS AND HUMANS.

- CURRENTLY, THERE ARE 140 SHELTERS AND RESCUES NATIONALLY IN THE DDO DIRECTORY. THE MUTUAL RESCUE TEAM ALSO SPEAKS AT CONFERENCES AROUND THE COUNTRY ABOUT DDO INCLUDING FACILITATED WORKSHOPS TO TEACH SHELTERS ABOUT STARTING DDO PROGRAMS.

- DURING THE YEAR ENDED JUNE 30, 2025, THE ORGANIZATION CONTINUED ITS LEAP (LEARN, ENGAGE, AND PREPARE) INTERNSHIP PROGRAM WITH SILICON VALLEY CAREER AND TECHNICAL EDUCATION. THIS PROGRAM, FUNDED BY A FOUNDATION, IS A PAID 12-WEEK INTERNSHIP THAT PROVIDES RECENT HIGH SCHOOL GRADUATES INTERESTED IN VETERINARY MEDICINE AND ANIMAL WELFARE THE OPPORTUNITY TO WORK IN VARIOUS DEPARTMENTS AT THE ORGANIZATION TO LEARN ALL ASPECTS OF ANIMAL SHELTERING. TWO STUDENTS PARTICIPATED IN THE PROGRAM, DEMONSTRATING THE VALUE THIS PROGRAM CAN HAVE ON BUILDING A PIPELINE FOR SHELTER MEDICINE CAREERS AS WELL AS THE ROOTS IT CAN PLANT FOR A YOUNG STUDENT'S CAREER.

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- THE ORGANIZATION HAS MAINTAINED A FOUR YEAR PARTNERSHIP WITH CRISTO REY, A LOCAL HIGH SCHOOL, THROUGH A WORK-STUDY PROGRAM THAT ENABLES STUDENTS TO GAIN PRACTICAL, REAL-WORLD EXPERIENCE WHILE CONTINUING THEIR STUDIES. PARTICIPATING STUDENTS ARE PAIRED WITH A MENTOR IN A DEPARTMENT ALIGNED WITH THEIR INTERESTS, ALLOWING THEM TO EXPLORE ANIMAL WELFARE AS A VIABLE AND FULFILLING CAREER PATH FOR THE FUTURE.

- THE ORGANIZATION, THROUGH THE CHIEF OF MEDICINE AND STAFF, PROVIDED CONSULTATIONS FOR A RANGE OF ORGANIZATIONS, FROM NATIONAL EDUCATION PROGRAMS TO LOCAL SHELTERS ACROSS THE COUNTRY. TOPICS RANGED FROM MEDICAL PROTOCOLS AND PRACTICES TO SHELTER PROCESSES AND OPERATIONS AND EMERGENCY-RELATED ADAPTATIONS TO PROGRAMS AND PROCESSES.

FORM 990, PART VI, SECTION B, LINE 11B:  
THE ORGANIZATION'S FINANCIAL TEAM PERFORMS A DETAILED REVIEW OF THE 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. HUMAN RESOURCES POINTS THEM OUT AS KEY POLICIES 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 COMPENSATION OF OTHER SIMILAR ORGANIZATIONS MEETING THE FOLLOWING CRITERIA:

1. EACH OF THE ORGANIZATIONS LISTED IS IN THE ANIMAL WELFARE INDUSTRY AND OF SIMILAR SIZE AND RESPONSIBILITY FOR THE PRESIDENT AND CHIEF FINANCIAL EMPLOYEE OF THE ORGANIZATION;
2. EACH OF THE ORGANIZATIONS IS OF LONG STANDING WITHIN THEIR COMMUNITIES;
3. EACH IS IN CALIFORNIA IN LARGE METROPOLITAN COMMUNITIES WHERE THE COST OF LIVING IS SIMILAR TO HSSV'S COMMUNITY; AND
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:

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

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:  
LOSS ON UNCOLLECTIBLE PLEDGES -962,305.