Return of Organization Exempt From Income Tax

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

B Check if applicable

1. Name of organization
   HUMANE SOCIETY SILICON VALLEY

2. Doing business as
   901 AMVES AVENUE

3. Number and street (or P.O. box if mail is not delivered to street address)

4. City or town, state or province, country, and ZIP or foreign postal code
   MILPITAS, CA 95035

Check if applicable

D Employer identification number
   94-1196215

E Telephone number
   408-262-2133

G Gross receipts
   18,512,066

H(a) Is this a group return for subordinates?
   Yes

H(b) Are all subordinates included?
   Yes

J Website
   www.hssv.org

K Form of organization:
   Corporation

L Year of formation
   1929

M State of legal domicile
   CA

Part I Summary

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

2. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3. Number of voting members of the governing body (Part VI, line 1a)
   3

4. Number of independent voting members of the governing body (Part VI, line 1b)
   4

5. Total number of individuals employed in calendar year 2014 (Part V, line 2a)
   5

6. Total number of volunteers (estimate if necessary)
   6

7. Total unrelated business revenue from Form 990-T, column (C), line 12
   0

8. Contributions and grants (Part VIII, line 1h)
   11,240,889

9. Program service revenue (Part VIII, line 2g)
   1,912,947

10. Investment income (Part VIII, column (A), lines 3, 4, and 7d)
    377,063

11. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9a, 9b, and 11b)
    186,557

12. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)
    13,717,456

13. Grants and similar amounts paid (Part IX, column (A), lines 1-3)
    0

14. Benefits paid to or for members (Part IX, column (A), line 4)
    0

15. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)
    6,414,347

16. Professional fundraising fees (Part IX, column (A), line 11e)
    160,263

17. Total fundraising expenses (Part IX, column (D), line 25)
    1,433,068

18. Other expenses (Part IX, column (A), lines 11a-11d, 11b, 11c, 11d)
    3,384,802

19. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)
    3,758,044

20. Revenue less expenses. Subtract line 18 from line 12
    3,353,405

21. Total assets (Part X, line 16)
    42,513,408

22. Total liabilities (Part X, line 26)
    14,138,739

23. Net assets or fund balances. Subtract line 21 from line 20
    28,374,669

Part II Signature Block

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

SIGNATURE BLOCK

Signature of officer
CAROL NOVELLO, PRESIDENT

Date
3/28/16

Print/Type preparer's name
LAWRENCE S. KUECHLER

Preparer's signature
LAWRENCE S. KUECHLER

Date
03/16/16

Check if self-employed

PTIN
P00233621

Preparer's EIN
94-6214841

Use Only

Firm's name
ARMANINO LLP

Firm's address
50 WEST SAN FERNANDO STREET, STE 500
SAN JOSE, CA 95113

Phone number
408-200-6400

May the IRS discuss this return with the preparer shown above? (see instructions)

X Yes

Form 990 (2014)

432001 11-07-14 LHA For Paperwork Reduction Act Notice, see the separate instructions.