

# **PUBLIC DISCLOSURE COPY**

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

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Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

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

**2017**  
Open to Public Inspection

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

**A** For the **2017** calendar year, or tax year beginning **JUL 1, 2017** and ending **JUN 30, 2018**

|  |   |   |  |
|--|---|---|--|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><b>HUMANE SOCIETY SILICON VALLEY</b>                                 |   | <b>D</b> Employer identification number<br><b>94-1196215</b> |
|  | Doing business as   |   | <b>E</b> Telephone number<br><b>408-262-2133</b>             |
|  | Number and street (or P.O. box if mail is not delivered to street address)                            | Room/suite  |  |
|  | <b>901 AMES AVENUE</b>  |   | <b>G</b> Gross receipts \$ <b>19,684,961.</b>                |
|  | City or town, state or province, country, and ZIP or foreign postal code<br><b>MILPITAS, CA 95035</b> |   |  |
| <b>F</b> Name and address of principal officer: <b>CAROL NOVELLO</b><br><b>SAME AS C ABOVE</b>   |   | <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions)<br><b>H(c)</b> Group exemption number ▶ |  |

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ **WWW.HSSV.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: **1929** **M** State of legal domicile: **CA**

**Part I Summary**

|   |   |                                  |                     |
|---|---|----------------------------------|---------------------|
| <b>Activities &amp; Governance</b>                                      | <b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE MISSION OF THE ORGANIZATION IS TO SAVE AND ENHANCE LIVES.</b> |                                  |                     |
|   | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.          |                                  |                     |
|   | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)  | <b>3</b>                         | <b>12</b>           |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)  | <b>4</b>                         | <b>12</b>           |
|   | <b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a)   | <b>5</b>                         | <b>137</b>          |
|   | <b>6</b> Total number of volunteers (estimate if necessary)   | <b>6</b>                         | <b>4370</b>         |
|   | <b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12   | <b>7a</b>                        | <b>0.</b>           |
| <b>b</b> Net unrelated business taxable income from Form 990-T, line 34 | <b>7b</b>   | <b>0.</b>                        |                     |
| <b>Revenue</b>  | <b>8</b> Contributions and grants (Part VIII, line 1h)  | <b>Prior Year</b>                | <b>Current Year</b> |
|   | <b>9</b> Program service revenue (Part VIII, line 2g)   | <b>9,896,595.</b>                | <b>9,892,908.</b>   |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | <b>2,213,334.</b>                | <b>2,252,897.</b>   |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | <b>1,192,757.</b>                | <b>426,644.</b>     |
|   | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | <b>189,853.</b>                  | <b>186,497.</b>     |
| <b>Expenses</b>   | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)  | <b>13,492,539.</b>               | <b>12,758,946.</b>  |
|   | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)   | <b>42,483.</b>                   | <b>0.</b>           |
|   | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   | <b>0.</b>                        | <b>0.</b>           |
|   | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)  | <b>7,554,332.</b>                | <b>8,042,602.</b>   |
|   | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>1,551,689.</b>  | <b>139,294.</b>                  | <b>113,015.</b>     |
|   | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  | <b>4,205,293.</b>                | <b>4,332,669.</b>   |
|   | <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   | <b>11,941,402.</b>               | <b>12,488,286.</b>  |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12          | <b>1,551,137.</b>   | <b>270,660.</b>                  |                     |
| <b>Net Assets or Fund Balances</b>                                      | <b>20</b> Total assets (Part X, line 16)  | <b>Beginning of Current Year</b> | <b>End of Year</b>  |
|   | <b>21</b> Total liabilities (Part X, line 26)   | <b>48,671,688.</b>               | <b>48,844,610.</b>  |
|   | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20  | <b>12,181,024.</b>               | <b>11,840,893.</b>  |
|   |   | <b>36,490,664.</b>               | <b>37,003,717.</b>  |

**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.

|   |   |                             |                                |   |                  |
|---|---|-----------------------------|--------------------------------|---|------------------|
| <b>Sign Here</b>  | Signature of officer  |                             | Date                           |   |                  |
|   | <b>CAROL NOVELLO, PRESIDENT</b><br>Type or print name and title |                             |                                |   |                  |
| <b>Paid Preparer Use Only</b>   | Print/Type preparer's name                                      | Preparer's signature        | Date                           | Check if self-employed <input type="checkbox"/> | PTIN             |
|   | <b>LAWRENCE S. KUECHLER</b>                                     | <b>LAWRENCE S. KUECHLER</b> | <b>03/18/19</b>                |   | <b>P00233621</b> |
| Firm's name ▶ <b>ARMANINO LLP</b>   |   |                             | Firm's EIN ▶ <b>94-6214841</b> |   |                  |
| Firm's address ▶ <b>50 W. SAN FERNANDO ST, STE 500</b><br><b>SAN JOSE, CA 95113</b> |   |                             | Phone no. <b>408-200-6400</b>  |   |                  |

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

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

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

(SEE SCHEDULE O FOR CONTINUATION)

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

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

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

4a (Code: ) (Expenses \$ 5,019,511. including grants of \$ ) (Revenue \$ 1,156,075.) PROGRAMS TO SAVE LIVES - ADOPTION AND ANIMAL CARE:

ADOPTION - FACILITATES ADOPTIONS BY MATCHING PROSPECTIVE PET OWNERS WITH THE RIGHT PET FOR THEIR FAMILY, SUPPLIES INFORMATION ON PET CARE TO ENSURE A SAFE AND SUCCESSFUL ADOPTION PLACEMENT, AND PROVIDES FOLLOW UP SUPPORT TO ADOPTERS FOR THE LIFE OF THEIR PET. SEVERAL YEARS AGO, THE ORGANIZATION OPENED A NEIGHBORHOOD ADOPTION CENTER AT A PETCO STORE IN THE PASEO DE SARATOGA SHOPPING CENTER AND DURING THE YEAR ENDED JUNE 30, 2011, THE ORGANIZATION OPENED A SECOND NEIGHBORHOOD ADOPTION CENTER IN A PETCO STORE IN A SUNNYVALE SHOPPING CENTER, TO ADOPT OUT MORE CATS, DOGS, AND RABBITS. (SEE SCHEDULE O FOR CONTINUATION)

4b (Code: ) (Expenses \$ 3,110,843. including grants of \$ ) (Revenue \$ 632,372.) PROGRAMS TO SAVE LIVES - MEDICAL SERVICES:

HOSPITAL AND TRIAGE - PERFORMS AN INITIAL HEALTH EXAM, VACCINATIONS, MICROCHIPPING, AND IF NEEDED, LONG TERM MEDICAL CARE FOR ALL INCOMING ADOPTABLE SHELTER ANIMALS. APPROXIMATELY 43,280 VACCINATION, DEWORMING AND PARASITE TREATMENTS AND TESTS WERE GIVEN TO SHELTER ANIMALS BY THE HOSPITAL AND TRIAGE STAFF IN THE YEAR ENDED JUNE 30, 2018.

MEDICAL CENTER CLINIC - PROVIDES AFFORDABLE MEDICAL SERVICES TO THE PUBLIC, WHICH INCLUDE: SPAY AND NEUTER SURGERIES, VACCINATIONS, DISEASE TESTING, HEARTWORM MEDICATION, DEWORMING, MICROCHIPPING AND OTHER MEDICAL PROCEDURES. (SEE SCHEDULE O FOR CONTINUATION)

4c (Code: ) (Expenses \$ 1,217,515. including grants of \$ ) (Revenue \$ 583,304.) COMMUNITY PROGRAMS FOR PEOPLE AND ANIMALS:

ANIMAL BEHAVIOR COUNSELING - COUNSELS POST-ADOPTION AND PRE-SURRENDER CUSTOMERS EXPERIENCING BEHAVIORAL CHALLENGES WITH THEIR COMPANIONS. SUPPORT IS PROVIDED VIA EMAIL, TELEPHONE, AND OCCASIONALLY IN PERSON. THE ORGANIZATION'S TEAM EDUCATES CUSTOMERS ON NORMAL AND ABNORMAL BEHAVIORS, AS WELL AS BEHAVIOR MANAGEMENT AND TRAINING OPTIONS. DURING THE YEAR ENDED JUNE 30, 2018, THE ORGANIZATION'S BEHAVIOR AND TRAINING TEAM RESPONDED TO 96 INQUIRIES VIA THIS SERVICE. ON AVERAGE, NEARLY 15 MINUTES OF INDIVIDUALIZED COUNSELING IS PROVIDED BY THE ORGANIZATION'S ASK THE BEHAVIOR AND TRAINING TEAM SERVICE. (SEE SCHEDULE O FOR CONTINUATION)

4d Other program services (Describe in Schedule O.) (Expenses \$ 514,073. including grants of \$ ) (Revenue \$ 62,830.)

4e Total program service expenses 9,861,942.

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

|  | Yes | No |
|--|-----|----|
| <b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....  |     | X  |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....  |     |    |
| <b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....   |     | X  |
| <b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....   |     | X  |
| <b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....  | X   |    |
| <b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....                           | X   |    |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....   |     | X  |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....  |     | X  |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....   |     | X  |
| <b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....   |     | X  |
| <b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....  |     | X  |
| <b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....                                 |     | X  |
| <b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> ..... |     | X  |
| <b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  |     |    |
| <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....  |     | X  |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....   |     | X  |
| <b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....   |     | X  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....  | X   |    |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....  |     | X  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations?<br><i>If "Yes," complete Schedule N, Part I</i> .....   |     | X  |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....  |     | X  |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....  |     | X  |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....  |     | X  |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....   |     | X  |
| <b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....  |     |    |
| <b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....  |     | X  |
| <b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....   |     | X  |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?<br><b>Note.</b> All Form 990 filers are required to complete Schedule O .....   | X   |    |

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

Main form table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical responses (e.g., 52, 0, 137, N/A).

**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 in Schedule O. See instructions.

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

**Section A. Governing Body and Management**

|           |  | Yes | No |
|-----------|--|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year<br>If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. |     |    |
|           | <b>1a</b> 12   |     |    |
| <b>b</b>  | Enter the number of voting members included in line 1a, above, who are independent   |     |    |
|           | <b>1b</b> 12   |     |    |
| <b>2</b>  | 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?  |     | X  |
| <b>3</b>  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?   |     | X  |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   |     | X  |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets?   |     | X  |
| <b>6</b>  | Did the organization have members or stockholders?   |     | X  |
| <b>7a</b> | 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?   |     | X  |
| <b>b</b>  | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  |     | X  |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |     |    |
| <b>a</b>  | The governing body?  | X   |    |
| <b>b</b>  | Each committee with authority to act on behalf of the governing body?  | X   |    |
| <b>9</b>  | 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 in Schedule O   |     | X  |

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

|            |  | Yes | No |
|------------|--|-----|----|
| <b>10a</b> | Did the organization have local chapters, branches, or affiliates?   |     | X  |
| <b>b</b>   | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?   |     |    |
| <b>10b</b> |  |     |    |
| <b>11a</b> | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | X   |    |
| <b>b</b>   | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |     |    |
| <b>12a</b> | Did the organization have a written conflict of interest policy? If "No," go to line 13  | X   |    |
| <b>b</b>   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | X   |    |
| <b>c</b>   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done   | X   |    |
| <b>12c</b> |  |     |    |
| <b>13</b>  | Did the organization have a written whistleblower policy?  | X   |    |
| <b>14</b>  | Did the organization have a written document retention and destruction policy?   | X   |    |
| <b>15</b>  | 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?   |     |    |
| <b>a</b>   | The organization's CEO, Executive Director, or top management official   | X   |    |
| <b>b</b>   | Other officers or key employees of the organization  | X   |    |
|            | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  |     |    |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  | X   |    |
| <b>b</b>   | 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? | X   |    |
| <b>16b</b> |  |     |    |

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 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.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in 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: **LAUREN GALLAGHER - (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 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

| (A)<br>Name and Title                               | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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<br>BOARD CHAIR                  | 6.00  | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (2) SALLY HAZARD BOURGOIN<br>VICE CHAIR             | 4.00  | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (3) CLINT SEVERSON<br>SECRETARY                     | 4.00  | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (4) TERRY LEE<br>TREASURER                          | 4.00  | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (5) ALISON BUCHANAN<br>BOARD MEMBER                 | 3.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (6) PETER DETKIN<br>BOARD MEMBER                    | 3.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (7) SUMITA DUTTA<br>BOARD MEMBER                    | 3.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (8) LARS RABBE<br>BOARD MEMBER                      | 3.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (9) DEBBIE VANDERZWAAG<br>BOARD MEMBER              | 3.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (10) BECKY RANNIGER OWEN (FR 10/17)<br>BOARD MEMBER | 3.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (11) BRENDA SWINEY (FR 01/18)<br>BOARD MEMBER       | 3.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (12) BLYTHE JACK (FR 11/17)<br>BOARD MEMBER         | 3.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (13) ALAN BEREZIN (TO 10/17)<br>BOARD MEMBER        | 3.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (14) ERIN TOENISKOETTER (TO 10/17)<br>BOARD MEMBER  | 3.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (15) CAROL NOVELLO<br>PRESIDENT                     | 40.00   |  |                       | X       |              |                              |        | 244,146.   | 0.  | 16,656.   |
| (16) CANDICE BALMACEDA<br>VP OF FINANCE             | 40.00   |  |                       | X       |              |                              |        | 158,974.   | 0.  | 29,512.   |
| (17) CRISTIE KAMIYA<br>CHIEF OF SHELTER MEDICINE    | 40.00   |  |                       |         | X            |                              |        | 184,157.   | 0.  | 20,775.   |



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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) DAVID WHITMAN<br>VP, CREATIVE DEV/MUTUAL RESCUE           | 40.00   |   |                       |         |              | X                            |        | 132,720.   | 0.  | 10,525.   |
| (19) JOANNE JACOBS<br>CHIEF OF OPERATIONS                      | 40.00   |   |                       |         |              | X                            |        | 171,180.   | 0.  | 11,924.   |
| (20) STEPHANIE LADEIRA<br>VICE PRESIDENT DEVELOPMENT           | 40.00   |   |                       |         |              | X                            |        | 183,157.   | 0.  | 20,592.   |
| (21) ANDREA MOORE<br>STAFF VETERINARIAN                        | 40.00   |   |                       |         |              | X                            |        | 145,089.   | 0.  | 2,706.  |
| (22) ANDREA BERGER<br>STAFF VETERINARIAN                       | 40.00   |   |                       |         |              | X                            |        | 126,935.   | 0.  | 15,526.   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
| <b>1b Sub-total</b>  |   |   |                       |         |              |                              |        | 1,346,358.   | 0.  | 128,216.  |
| <b>c Total from continuation sheets to Part VII, Section A</b> |   |   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| <b>d Total (add lines 1b and 1c)</b>                           |   |   |                       |         |              |                              |        | 1,346,358.   | 0.  | 128,216.  |

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 **11**

|   | Yes | No |
|---|-----|----|
| 3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>                                       |     | X  |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | X   |    |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>                       |     | X  |

**Section B. Independent Contractors**

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

| (A)<br>Name and business address   | (B)<br>Description of services    | (C)<br>Compensation |
|--|-----------------------------------|---------------------|
| ONE & ALL, INC. FKA GRIZZARD, 2 N. LAKE AVE, SUITE #600, PASADENA, CA 91101-1868 | DIRECT MAIL, CALENDAR AND NEWSLET | 425,573.            |
|  |                                   |                     |
|  |                                   |                     |
|  |                                   |                     |

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 **1**

**Part VIII Statement of Revenue**

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

|   |   |  | (A)<br>Total revenue           | (B)<br>Related or<br>exempt function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue excluded<br>from tax under<br>sections<br>512 - 514 |          |
|---|---|--|--------------------------------|---|---|--|----------|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b>             | <b>1 a</b> Federated campaigns .....  | <b>1a</b>  |                                |   |   |  |          |
|   | <b>b</b> Membership dues .....  | <b>1b</b>  |                                |   |   |  |          |
|   | <b>c</b> Fundraising events .....   | <b>1c</b>  | 697,528.                       |   |   |  |          |
|   | <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<br>similar amounts not included above .....  | <b>1f</b>  | 9,195,380.                     |   |   |  |          |
|   | <b>g</b> Noncash contributions included in lines 1a-1f: \$ .....  |  | 513,979.                       |   |   |  |          |
|   | <b>h Total.</b> Add lines 1a-1f .....   |  | 9,892,908.                     |   |   |  |          |
|   | <b>Program Service<br/>Revenue</b>  | <b>2 a</b> SAVE LIVES & PLACEMENT .....  | <b>Business Code</b><br>900099 | 798,566.  | 798,566.                                |  |          |
| <b>b</b> MEDICAL SERVICES .....   |   | 900099   | 606,072.                       | 606,072.  |   |  |          |
| <b>c</b> COMMUNITY PROGRAMS .....   |   | 900099   | 406,630.                       | 406,630.  |   |  |          |
| <b>d</b> CONTRACTS WITH GOVERNMENT AGENCIE .....                              |   | 900099   | 378,799.                       | 378,799.  |   |  |          |
| <b>e</b> MUTUAL RESCUE .....  |   | 900099   | 62,830.                        | 62,830.   |   |  |          |
| <b>f</b> All other program service revenue .....                              |   |  |                                |   |   |  |          |
| <b>g Total.</b> Add lines 2a-2f .....   |   |  | 2,252,897.                     |   |   |  |          |
| <b>Other Revenue</b>  |   | <b>3</b> Investment income (including dividends, interest, and<br>other similar amounts) ..... |                                | 566,091.  |   |  | 566,091. |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds .....   |  |                                |   |   |  |          |
|   | <b>5</b> Royalties .....  |  |                                |   |   |  |          |
|   | <b>6 a</b> Gross rents .....  | (i) Real   |                                |   |   |  |          |
|   |   | (ii) Personal  |                                |   |   |  |          |
|   |   | <b>b</b> Less: rental expenses .....   |                                |   |   |  |          |
|   |   | <b>c</b> Rental income or (loss) .....   |                                |   |   |  |          |
|   | <b>d</b> Net rental income or (loss) .....  |  |                                |   |   |  |          |
|   | <b>7 a</b> Gross amount from sales of<br>assets other than inventory .....  | (i) Securities   |                                | 5,808,586.                                      | 389.                                    |  |          |
|   |   | (ii) Other   |                                |   |   |  |          |
|   |   | <b>b</b> Less: cost or other basis<br>and sales expenses .....                                 |                                | 5,948,422.                                      | 0.                                      |  |          |
|   |   | <b>c</b> Gain or (loss) .....  |                                | -139,836.                                       | 389.                                    |  |          |
|   | <b>d</b> Net gain or (loss) .....   |  | -139,447.                      |   |   | -139,447.  |          |
|   | <b>8 a</b> Gross income from fundraising events (not<br>including \$ 697,528. of<br>contributions reported on line 1c). See<br>Part IV, line 18 ..... | <b>a</b>   | 722,117.                       |   |   |  |          |
|   |   | <b>b</b> Less: direct expenses .....   | <b>b</b>                       | 722,117.  |   |  |          |
| <b>c</b> Net income or (loss) from fundraising events .....                   |   |  | 0.                             |   |   |  |          |
| <b>9 a</b> Gross income from gaming activities. See<br>Part IV, line 19 ..... | <b>a</b>  | 4,813.   |                                |   |   |  |          |
|   | <b>b</b> Less: direct expenses .....  | <b>b</b>   | 0.                             |   |   |  |          |
|   | <b>c</b> Net income or (loss) from gaming activities .....  |  | 4,813.                         |   |   | 4,813.   |          |
| <b>10 a</b> Gross sales of inventory, less returns<br>and allowances .....    | <b>a</b>  | 437,160.   |                                |   |   |  |          |
|   | <b>b</b> Less: cost of goods sold .....   | <b>b</b>   | 255,476.                       |   |   |  |          |
|   | <b>c</b> Net income or (loss) from sales of inventory .....   |  | 181,684.                       | 181,684.  |   |  |          |
| <b>Miscellaneous Revenue</b>  |   | <b>Business Code</b>   |                                |   |   |  |          |
| <b>11 a</b> .....   |   |  |                                |   |   |  |          |
|   | <b>b</b> .....  |  |                                |   |   |  |          |
|   | <b>c</b> .....  |  |                                |   |   |  |          |
|   | <b>d</b> All other revenue .....  |  |                                |   |   |  |          |
|   | <b>e Total.</b> Add lines 11a-11d .....   |  |                                |   |   |  |          |
| <b>12 Total revenue.</b> See instructions. ....                               |   |  | 12,758,946.                    | 2,434,581.                                      | 0.                                      | 431,457.   |          |

**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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21  |                       |                                 |  |                             |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22   |                       |                                 |  |                             |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16  |                       |                                 |  |                             |
| 4 Benefits paid to or for members   |                       |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees  | 724,930.              | 377,898.                        | 261,384.                               | 85,648.                     |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   |                       |                                 |  |                             |
| 7 Other salaries and wages  | 5,998,593.            | 4,820,973.                      | 470,274.                               | 707,346.                    |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  | 93,780.               | 78,509.                         | 6,080.                                 | 9,191.                      |
| 9 Other employee benefits   | 694,926.              | 576,711.                        | 46,999.                                | 71,216.                     |
| 10 Payroll taxes  | 530,373.              | 420,707.                        | 53,467.                                | 56,199.                     |
| 11 Fees for services (non-employees):   |                       |                                 |  |                             |
| a Management  |                       |                                 |  |                             |
| b Legal   | 20,547.               |                                 | 20,547.                                |                             |
| c Accounting  | 49,500.               |                                 | 49,500.                                |                             |
| d Lobbying  |                       |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17   | 113,015.              |                                 |  | 113,015.                    |
| f Investment management fees  | 87,049.               | 63,482.                         | 21,258.                                | 2,309.                      |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)  | 905,075.              | 797,204.                        | 20,313.                                | 87,558.                     |
| 12 Advertising and promotion  | 231,722.              | 30,342.                         | 4,494.                                 | 196,886.                    |
| 13 Office expenses  | 291,655.              | 159,180.                        | 17,846.                                | 114,629.                    |
| 14 Information technology   | 231,692.              | 159,893.                        | 21,515.                                | 50,284.                     |
| 15 Royalties  |                       |                                 |  |                             |
| 16 Occupancy  | 431,466.              | 396,616.                        | 20,893.                                | 13,957.                     |
| 17 Travel   | 23,041.               | 19,180.                         | 1,663.                                 | 2,198.                      |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings   | 50,411.               | 44,422.                         | 2,441.                                 | 3,548.                      |
| 20 Interest   | 136,569.              | 125,201.                        | 6,815.                                 | 4,553.                      |
| 21 Payments to affiliates   |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization  | 581,395.              | 532,996.                        | 29,013.                                | 19,386.                     |
| 23 Insurance  | 85,117.               | 69,053.                         | 6,830.                                 | 9,234.                      |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) |                       |                                 |  |                             |
| a <b>OPERATING SUPPLIES</b>   | 791,159.              | 790,652.                        | 301.                                   | 206.                        |
| b <b>COMM. &amp; DIRECT MAIL</b>  | 286,526.              | 279,979.                        | 6,547.                                 | 0.                          |
| c <b>OTHER BOND COSTS</b>   | 129,745.              | 118,944.                        | 6,475.                                 | 4,326.                      |
| d _____   |                       |                                 |  |                             |
| e All other expenses _____  |                       |                                 |  |                             |
| <b>25 Total functional expenses.</b> Add lines 1 through 24e  | <b>12,488,286.</b>    | <b>9,861,942.</b>               | <b>1,074,655.</b>                      | <b>1,551,689.</b>           |
| <b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.                              |                       |                                 |  |                             |

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

**Part X Balance Sheet**

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

|   |  | (A)<br>Beginning of year |             | (B)<br>End of year     |
|---|--|--------------------------|-------------|------------------------|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing .....   | 2,967,220.               | <b>1</b>    | 3,503,637.             |
|   | <b>2</b> Savings and temporary cash investments .....  | 2,115,254.               | <b>2</b>    | 2,856,026.             |
|   | <b>3</b> Pledges and grants receivable, net .....  | 2,772,316.               | <b>3</b>    | 2,036,465.             |
|   | <b>4</b> Accounts receivable, net .....  | 86,731.                  | <b>4</b>    | 67,381.                |
|   | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....   |                          | <b>5</b>    |                        |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L ..... |                          | <b>6</b>    |                        |
|   | <b>7</b> Notes and loans receivable, net .....   |                          | <b>7</b>    |                        |
|   | <b>8</b> Inventories for sale or use .....   | 77,347.                  | <b>8</b>    | 77,925.                |
|   | <b>9</b> Prepaid expenses and deferred charges .....   | 159,284.                 | <b>9</b>    | 167,836.               |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b> 25,585,860.   |             |                        |
|   | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b> 5,944,600.    | 20,194,154. | <b>10c</b> 19,641,260. |
|   | <b>11</b> Investments - publicly traded securities .....   |                          | <b>11</b>   |                        |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 .....   | 20,115,193.              | <b>12</b>   | 20,115,321.            |
|   | <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 .....   | 184,189.                 | <b>15</b>   | 378,759.               |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) ..... | 48,671,688.  | <b>16</b>                | 48,844,610. |                        |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses .....  | 810,073.                 | <b>17</b>   | 893,471.               |
|   | <b>18</b> Grants payable .....   |                          | <b>18</b>   |                        |
|   | <b>19</b> Deferred revenue .....   | 33,485.                  | <b>19</b>   | 45,923.                |
|   | <b>20</b> Tax-exempt bond liabilities .....  | 11,337,466.              | <b>20</b>   | 10,901,499.            |
|   | <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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....   |                          | <b>22</b>   |                        |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   |                          | <b>23</b>   |                        |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   |                          | <b>24</b>   |                        |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....  |                          | <b>25</b>   |                        |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 .....   | 12,181,024.              | <b>26</b>   | 11,840,893.            |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>   |                          |             |                        |
|   | <b>27</b> Unrestricted net assets .....  | 30,174,015.              | <b>27</b>   | 31,408,208.            |
|   | <b>28</b> Temporarily restricted net assets .....  | 3,335,504.               | <b>28</b>   | 2,614,364.             |
|   | <b>29</b> Permanently restricted net assets .....  | 2,981,145.               | <b>29</b>   | 2,981,145.             |
|   | <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>  |                          |             |                        |
|   | <b>30</b> Capital stock or trust principal, or current funds .....   |                          | <b>30</b>   |                        |
|   | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                          | <b>31</b>   |                        |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds .....   |                          | <b>32</b>   |                        |
| <b>33</b> Total net assets or fund balances .....                         | 36,490,664.  | <b>33</b>                | 37,003,717. |                        |
| <b>34</b> Total liabilities and net assets/fund balances .....            | 48,671,688.  | <b>34</b>                | 48,844,610. |                        |

**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>  | 12,758,946. |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 12,488,286. |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | 270,660.    |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | <b>4</b>  | 36,490,664. |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | 242,393.    |
| <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 in Schedule O)   | <b>9</b>  | 0.          |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 37,003,717. |

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? \_\_\_\_\_  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? \_\_\_\_\_  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? \_\_\_\_\_  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? \_\_\_\_\_
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits \_\_\_\_\_

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

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2017**

Open to Public Inspection

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

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
- g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
|                                    |          |   | Yes   | No |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
| <b>Total</b>                       |          |   |   |    |   |   |

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2013  | (b) 2014  | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|--|-----------|-----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  | 11240889. | 10660153. | 9530904. | 9896595. | 9892908. | 51221449. |
| <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 .....  | 11240889. | 10660153. | 9530904. | 9896595. | 9892908. | 51221449. |
| <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) ..... |           |           |          |          |          | 4074844.  |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |           |           |          |          |          | 47146605. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2013  | (b) 2014  | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total                |
|--|-----------|-----------|----------|----------|----------|--------------------------|
| <b>7</b> Amounts from line 4 .....   | 11240889. | 10660153. | 9530904. | 9896595. | 9892908. | 51221449.                |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....   | 362,978.  | 497,826.  | 533,958. | 480,252. | 566,091. | 2441105.                 |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....  |           |           |          |          |          |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....  |           |           |          | 520,618. | 726,930. | 1247548.                 |
| <b>11 Total support.</b> Add lines 7 through 10  |           |           |          |          |          | 54910102.                |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....  |           |           |          |          | 12       | 13,980,714.              |
| <b>13 First five 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 2017 (line 6, column (f) divided by line 11, column (f)) .....  | <b>14</b> | 85.86 %                             |
| <b>15</b> Public support percentage from 2016 Schedule A, Part II, line 14 .....  | <b>15</b> | 86.43 %                             |
| <b>16a 33 1/3% support test - 2017.</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 - 2016.</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 - 2017.</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 - 2016.</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**

| Calendar year (or fiscal year beginning in) ►   | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose ..... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ..... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                           |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....   |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....      |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                  |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)   |          |          |          |          |          |           |

**14 First five 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**

|  |           |   |
|--|-----------|---|
| <b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15 .....                      | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|   |           |   |
|---|-----------|---|
| <b>17</b> Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2016 Schedule A, Part III, line 17 .....                        | <b>18</b> | % |

**19a 33 1/3% support tests - 2017.** 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 - 2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization  ►

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



**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 (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 or 990-EZ).</i>   |     |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</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 in 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 in 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 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 in (b) and (c) below, the governing body of a supported organization? |     |    |
| <b>b</b> A family member of a person described in (a) above?   |     |    |
| <b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>  |     |    |

**Section B. Type I Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 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>   |     |    |

**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> |     |    |

**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 in (2), 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>  |     |    |

**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 government entity (see instructions).   |  |  |
| <b>2</b> Activities Test. Answer (a) and (b) 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 in (a) 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 (a) and (b) 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>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>   |  |  |

**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 (explain in detail in <b>Part VI</b> ):                                   |                |                             |
| 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 1-1/2% 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 .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 |   | (A) Prior Year | Current Year |
|----------------------------------|---|----------------|--------------|
| 1                                | Adjusted net income for prior year (from Section A, line 8, Column A)   | 1              |              |
| 2                                | Enter 85% of line 1   | 2              |              |
| 3                                | Minimum asset amount for prior year (from Section B, line 8, Column A)  | 3              |              |
| 4                                | Enter greater of line 2 or line 3   | 4              |              |
| 5                                | Income tax imposed in prior year  | 5              |              |
| 6                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)  | 6              |              |
| 7                                | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |                |              |

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

| <b>Section D - Distributions</b>  | <b>Current Year</b> |
|---|---------------------|
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes  |                     |
| <b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity              |                     |
| <b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations  |                     |
| <b>4</b> Amounts paid to acquire exempt-use assets  |                     |
| <b>5</b> Qualified set-aside amounts (prior IRS approval required)  |                     |
| <b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.   |                     |
| <b>7 Total annual distributions.</b> Add lines 1 through 6.   |                     |
| <b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions. |                     |
| <b>9</b> Distributable amount for 2017 from Section C, line 6   |                     |
| <b>10</b> Line 8 amount divided by line 9 amount  |                     |

| <b>Section E - Distribution Allocations (see instructions)</b>   | <b>(i)<br/>Excess Distributions</b> | <b>(ii)<br/>Underdistributions<br/>Pre-2017</b> | <b>(iii)<br/>Distributable<br/>Amount for 2017</b> |
|--|-------------------------------------|---|--|
| <b>1</b> Distributable amount for 2017 from Section C, line 6  |                                     |   |  |
| <b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.  |                                     |   |  |
| <b>3</b> Excess distributions carryover, if any, to 2017   |                                     |   |  |
| <b>a</b>   |                                     |   |  |
| <b>b</b> From 2013   |                                     |   |  |
| <b>c</b> From 2014   |                                     |   |  |
| <b>d</b> From 2015   |                                     |   |  |
| <b>e</b> From 2016   |                                     |   |  |
| <b>f Total</b> of lines 3a through e   |                                     |   |  |
| <b>g</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>h</b> Applied to 2017 distributable amount  |                                     |   |  |
| <b>i</b> Carryover from 2012 not applied (see instructions)  |                                     |   |  |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |                                     |   |  |
| <b>4</b> Distributions for 2017 from Section D, line 7: \$   |                                     |   |  |
| <b>a</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>b</b> Applied to 2017 distributable amount  |                                     |   |  |
| <b>c</b> Remainder. Subtract lines 4a and 4b from 4.   |                                     |   |  |
| <b>5</b> Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions. |                                     |   |  |
| <b>6</b> Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.                        |                                     |   |  |
| <b>7 Excess distributions carryover to 2018.</b> Add lines 3j and 4c.  |                                     |   |  |
| <b>8</b> Breakdown of line 7:  |                                     |   |  |
| <b>a</b> Excess from 2013  |                                     |   |  |
| <b>b</b> Excess from 2014  |                                     |   |  |
| <b>c</b> Excess from 2015  |                                     |   |  |
| <b>d</b> Excess from 2016  |                                     |   |  |
| <b>e</b> Excess from 2017  |                                     |   |  |



**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2017**

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 or 990-EZ), 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, 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

|  |   |
|--|---|
| <b>Name of organization</b><br><br>HUMANE SOCIETY SILICON VALLEY | <b>Employer identification number</b><br><br>94-1196215 |
|--|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|-----------------------------------|----------------------------|--|
| 1          | <hr/><br><hr/><br><hr/>           | \$ 1,166,497.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 2          | <hr/><br><hr/><br><hr/>           | \$ 438,496.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 3          | <hr/><br><hr/><br><hr/>           | \$ 320,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 4          | <hr/><br><hr/><br><hr/>           | \$ 318,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 5          | <hr/><br><hr/><br><hr/>           | \$ 305,645.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 6          | <hr/><br><hr/><br><hr/>           | \$ 300,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

|  |   |
|--|---|
| <b>Name of organization</b><br><br>HUMANE SOCIETY SILICON VALLEY | <b>Employer identification number</b><br><br>94-1196215 |
|--|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 7          | <hr/> <hr/> <hr/>                 | \$ 200,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
|            | <hr/> <hr/> <hr/>                 | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            | <hr/> <hr/> <hr/>                 | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            | <hr/> <hr/> <hr/>                 | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            | <hr/> <hr/> <hr/>                 | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            | <hr/> <hr/> <hr/>                 | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            | <hr/> <hr/> <hr/>                 | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |



|  |   |
|--|---|
| Name of organization<br><br><b>HUMANE SOCIETY SILICON VALLEY</b> | Employer identification number<br><br><b>94-1196215</b> |
|--|---|

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                         | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|------------------------------|--|---|----------------------|
| 5                            | KITTEN SUPPLIES, CARDBOARD SCRATCHER BEDS AND CARDBOARD CAT LOUNGERS | \$ 270.   | 06/30/18             |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |

|  |   |
|--|---|
| Name of organization<br><br><b>HUMANE SOCIETY SILICON VALLEY</b> | Employer identification number<br><br><b>94-1196215</b> |
|--|---|

**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 |                                     |
|   |                     |  |                                     |
| (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 |                                     |
|   |                     |  |                                     |
| (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 |                                     |
|   |                     |  |                                     |
| (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 |                                     |
|   |                     |  |                                     |

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**  
▶ **Complete if the organization is described below.** ▶ **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.**

**If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

**HUMANE SOCIETY SILICON VALLEY**

Employer identification number

**94-1196215**

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities .....

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

| <b>Limits on Lobbying Expenditures</b><br>(The term "expenditures" means amounts paid or incurred.)  | (a) Filing organization's totals                   | (b) Affiliated group totals        |                    |                               |   |  |   |  |  |   |                   |              |  |  |
|--|--|------------------------------------|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| <b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>d</b> Other exempt purpose expenditures .....   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.  |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | If the amount on line 1e, column (a) or (b) is:    | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. |  |  |
| If the amount on line 1e, column (a) or (b) is:  | The lobbying nontaxable amount is:                 |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Not over \$500,000   | 20% of the amount on line 1e.                      |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$500,000 but not over \$1,000,000  | \$100,000 plus 15% of the excess over \$500,000.   |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$1,000,000 but not over \$1,500,000  | \$175,000 plus 10% of the excess over \$1,000,000. |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$1,500,000 but not over \$17,000,000   | \$225,000 plus 5% of the excess over \$1,500,000.  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$17,000,000  | \$1,000,000.                                       |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....   | <input type="checkbox"/> Yes                       | <input type="checkbox"/> No        |                    |                               |   |  |   |  |  |   |                   |              |  |  |

**4-Year Averaging Period Under section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

| <b>Lobbying Expenditures During 4-Year Averaging Period</b>         |          |          |          |          |           |
|---|----------|----------|----------|----------|-----------|
| Calendar year<br>(or fiscal year beginning in)                      | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) Total |
| <b>2a</b> Lobbying nontaxable amount                                |          |          |          |          |           |
| <b>b</b> Lobbying ceiling amount<br>(150% of line 2a, column(e))    |          |          |          |          |           |
| <b>c</b> Total lobbying expenditures                                |          |          |          |          |           |
| <b>d</b> Grassroots nontaxable amount                               |          |          |          |          |           |
| <b>e</b> Grassroots ceiling amount<br>(150% of line 2d, column (e)) |          |          |          |          |           |
| <b>f</b> Grassroots lobbying expenditures                           |          |          |          |          |           |

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

| For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.   | (a) |    | (b)    |
|--|-----|----|--------|
|  | Yes | No | Amount |
| <b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: |     |    |        |
| <b>a</b> Volunteers?   |     | X  |        |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  | X   |    |        |
| <b>c</b> Media advertisements?   |     | X  |        |
| <b>d</b> Mailings to members, legislators, or the public?  | X   |    |        |
| <b>e</b> Publications, or published or broadcast statements?   |     | X  |        |
| <b>f</b> Grants to other organizations for lobbying purposes?  |     | X  |        |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?   |     | X  |        |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?   |     | X  |        |
| <b>i</b> Other activities?   | X   |    | 550.   |
| <b>j</b> Total. Add lines 1c through 1i  |     |    | 550.   |
| <b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  |     | X  |        |
| <b>b</b> If "Yes," enter the amount of any tax incurred under section 4912   |     |    |        |
| <b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912  |     |    |        |
| <b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  |     |    |        |

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Were substantially all (90% or more) dues received nondeductible by members?  | 1   |    |
| <b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?                                   | 2   |    |
| <b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? | 3   |    |

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."**

|   |    |  |
|---|----|--|
| <b>1</b> Dues, assessments and similar amounts from members   | 1  |  |
| <b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).   |    |  |
| <b>a</b> Current year   | 2a |  |
| <b>b</b> Carryover from last year   | 2b |  |
| <b>c</b> Total  | 2c |  |
| <b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  | 3  |  |
| <b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4  |  |
| <b>5</b> Taxable amount of lobbying and political expenditures (see instructions)   | 5  |  |

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

**PART II-B, LINE 1, LOBBYING ACTIVITIES:**

WHEN DIRECTLY RELATED TO ITS MISSION, HUMANE SOCIETY SILICON VALLEY HAS

OCCASIONALLY PUBLICLY ENDORSED PROPOSED LOCAL , STATE AND FEDERAL

ANIMAL-RELATED LEGISLATION. DURING THE YEAR ENDED JUNE 30, 2018, THE

ORGANIZATION: PAID \$550 TO STATE HUMANE ASSOCIATION OF CALIFORNIA

INCLUDING 2018 MEMBERSHIP DUES WHICH SUPPORTS THE LOBBY OF HUMANE

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

ANIMAL LAWS IN CALIFORNIA; AND SENT LETTERS TO POLITICIANS URGING  
SUPPORT OF ANIMAL WELFARE RELATED ORDINANCES AND LAWS. THE TIME AND  
EFFORT SPENT ON THIS LOBBYING ACTIVITY WAS VERY LIMITED COMPARED TO  
OTHER PROGRAM SERVICE ACTIVITIES.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2017

Open to Public Inspection

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring expenses.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

**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 are a 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 programs
  - e  Other \_\_\_\_\_

- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:

|                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |

- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     | 3,416,913.       | 3,210,243.     | 3,277,959.         | 3,458,714.           | 3,223,096.          |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses     | 250,838.         | 415,350.       | -67,716.           | 23,170.              | 423,780.            |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs | 208,687.         | 208,680.       |                    | 203,925.             | 188,162.            |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            | 3,459,064.       | 3,416,913.     | 3,210,243.         | 3,277,959.           | 3,458,714.          |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  .00 %
- b Permanent endowment  86.18 %
- c Temporarily restricted endowment  13.82 %

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:

- (i) unrelated organizations
- (ii) related organizations

|        | Yes | No |
|--------|-----|----|
| 3a(i)  |     | X  |
| 3a(ii) |     | X  |
| 3b     |     |    |

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  |                                      | 16,381,031.                     | 3,000,024.                   | 13,381,007.    |
| c Leasehold improvements   |                                      |                                 |                              | 0.             |
| d Equipment  |                                      | 1,258,843.                      | 1,037,332.                   | 221,511.       |
| e Other  |                                      | 2,799,635.                      | 1,907,244.                   | 892,391.       |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 19,641,260.    |



**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) <b>FIXED INCOME SECURITIES</b>  | 8,389,983.     | END-OF-YEAR MARKET VALUE                                  |
| (B) <b>EQUITY MUTUAL FUNDS</b>  | 5,136,573.     | END-OF-YEAR MARKET VALUE                                  |
| (C) <b>ALTERNATIVE INVESTMENTS</b>  | 535,534.       | END-OF-YEAR MARKET VALUE                                  |
| (D) <b>CERTIFICATES OF DEPOSIT</b>  | 6,053,231.     | END-OF-YEAR MARKET VALUE                                  |
| (E)   |                |   |
| (F)   |                |   |
| (G)   |                |   |
| (H)   |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | 20,115,321.    |   |

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (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>  | 13,104,245. |
| <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> | 242,393.    |
| <b>b</b> | Donated services and use of facilities   | <b>2b</b> | 102,906.    |
| <b>c</b> | Recoveries of prior year grants  | <b>2c</b> |             |
| <b>d</b> | Other (Describe in Part XIII.)   | <b>2d</b> |             |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>  | <b>2e</b> | 345,299.    |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>   | <b>3</b>  | 12,758,946. |
| <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> |             |
| <b>b</b> | Other (Describe in Part XIII.)   | <b>4b</b> |             |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>  | <b>4c</b> | 0.          |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) | <b>5</b>  | 12,758,946. |

**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>  | 12,591,192. |
| <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> | 102,906.    |
| <b>b</b> | Prior year adjustments  | <b>2b</b> |             |
| <b>c</b> | Other losses  | <b>2c</b> |             |
| <b>d</b> | Other (Describe in Part XIII.)  | <b>2d</b> |             |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>   | <b>2e</b> | 102,906.    |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>  | <b>3</b>  | 12,488,286. |
| <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> |             |
| <b>b</b> | Other (Describe in Part XIII.)  | <b>4b</b> |             |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>   | <b>4c</b> | 0.          |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) | <b>5</b>  | 12,488,286. |

**Part XIII Supplemental Information.**

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

**PART V, LINE 4:**

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

**PART X, LINE 2:**

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

**Part XIII** Supplemental Information *(continued)*

THE ORGANIZATION FILES INFORMATION RETURNS IN THE U.S. FEDERAL JURISDICTION AND STATE OF CALIFORNIA. THE ORGANIZATION'S FEDERAL RETURNS FOR THE YEARS ENDED JUNE 30, 2015 AND BEYOND REMAIN SUBJECT TO POSSIBLE EXAMINATION BY THE INTERNAL REVENUE SERVICE. THE ORGANIZATION'S CALIFORNIA RETURNS OF THE TAX YEARS ENDED JUNE 30, 2014 AND BEYOND REMAIN SUBJECT TO POSSIBLE EXAMINATION BY THE FRANCHISE TAX BOARD.

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

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 the latest instructions.

OMB No. 1545-0047

**2017**

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 non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser)    | (ii) Activity                        | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|--|--------------------------------------|--|----|-----------------------------------|---|---|
|  |                                      | Yes  | No |                                   |   |   |
| ONE & ALL, INC. FKA GRIZZARD<br>- 2 N. LAKE AVE, SUITE #600, | DIRECT MAIL FUNDRAISING<br>CAMPAIGNS |  | X  | 838,560.                          | 61,655.   | 776,905.  |
| ONE & ALL, INC. FKA GRIZZARD<br>- 2 N. LAKE AVE, SUITE #600, | NEWSLETTER AND CALENDAR              |  | X  | 229,177.                          | 16,251.   | 212,926.  |
| HANSA TRADING INTERNATIONAL<br>INC. DBA AUCTION CITY - 3536  | VEHICLE DONATION SERVICES            | X  |    | 121,140.                          | 28,359.   | 92,782.   |
| CHARLES WILLIAM SIZEMORE -<br>2718 GASPAR CT., PALO ALTO,    | FUNDRAISING COUNSEL                  |  | X  | 0.                                | 6,750.  | 0.  |
|  |                                      |  |    |                                   |   |   |
|  |                                      |  |    |                                   |   |   |
|  |                                      |  |    |                                   |   |   |
|  |                                      |  |    |                                   |   |   |
|  |                                      |  |    |                                   |   |   |
|  |                                      |  |    |                                   |   |   |
| <b>Total</b>   |                                      |  |    | 1,188,877.                        | 113,015.  | 1,082,613.  |

- 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.

CA

**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<br>(add col. (a) through<br>col. (c)) |
|-----------------|--|---|-----------------------------------|------------------------|--|
|                 |  | FURBALL<br>(event type)                                     | TAILS 'N'<br>ALES<br>(event type) | NONE<br>(total number) |  |
| Revenue         | 1  | Gross receipts  | 1,285,958.                        | 133,687.               | 1,419,645.   |
|                 | 2  | Less: Contributions   | 644,878.                          | 52,650.                | 697,528.   |
|                 | 3  | Gross income (line 1 minus line 2)                          | 641,080.                          | 81,037.                | 722,117.   |
| Direct Expenses | 4  | Cash prizes   |                                   |                        |  |
|                 | 5  | Noncash prizes  |                                   |                        |  |
|                 | 6  | Rent/facility costs   |                                   |                        |  |
|                 | 7  | Food and beverages  |                                   |                        |  |
|                 | 8  | Entertainment   |                                   |                        |  |
|                 | 9  | Other direct expenses                                       | 580,987.                          | 76,131.                | 657,118.   |
|                 | 10   | Direct expense summary. Add lines 4 through 9 in column (d) |                                   |                        | 657,118.   |
| 11              | Net income summary. Subtract line 10 from line 3, column (d) |   |                                   | 64,999.                |  |

**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<br>bingo/progressive bingo                    | (c) Other gaming  | (d) Total gaming (add<br>col. (a) through col. (c))                 |
|-----------------|--|-----------------------|---|---|---|
|                 |  | 1                     | Gross revenue   |   |   |
| Direct Expenses | 2  | Cash prizes           |   |   |   |
|                 | 3  | Noncash prizes        |   |   |   |
|                 | 4  | Rent/facility costs   |   |   |   |
|                 | 5  | Other direct expenses |   |   |   |
|                 | 6  | Volunteer labor       | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><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 | <b>13a</b> | % |
| b An outside facility         | <b>13b</b> | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

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

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

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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

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

(I) NAME OF FUNDRAISER: ONE & ALL, INC. FKA GRIZZARD

(I) ADDRESS OF FUNDRAISER: 2 N. LAKE AVE, SUITE #600, PASADENA, CA 91101

(I) NAME OF FUNDRAISER: ONE & ALL, INC. FKA GRIZZARD

(I) ADDRESS OF FUNDRAISER: 2 N. LAKE AVE, SUITE #600, PASADENA, CA 91101

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

**Part IV** Supplemental Information (continued)

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

(I) NAME OF FUNDRAISER: CHARLES WILLIAM SIZEMORE

(I) ADDRESS OF FUNDRAISER: 2718 GASPAR CT., PALO ALTO, CA 94306

PART I, LINE 2B, COLUMN (V):

DURING THE YEAR, THE ORGANIZATION CONDUCTED FUNDRAISING CAMPAIGNS THAT INCLUDED REQUESTS FOR CONTRIBUTIONS AS WELL AS PROGRAM COMPONENTS. THE FEES REPORTED UNDER PART I LINE 2B COLUMN (V) FOR ONE & ALL, INC. FKA GRIZZARD COMMUNICATIONS GROUP, INC. REPRESENTED ONLY THE PORTION THAT IS ALLOCATED TO FUNDRAISING ACTIVITIES. FEES ALLOCATED TO PROGRAM SERVICES WERE NOT INCLUDED.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2017**

Open to Public Inspection

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**HUMANE SOCIETY SILICON VALLEY**

Employer identification number

**94-1196215**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use          |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence          |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef)       |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input type="checkbox"/> Compensation committee                     | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

|           | Yes | No |
|-----------|-----|----|
| <b>1b</b> | X   |    |
| <b>2</b>  | X   |    |
| <b>4a</b> |     | X  |
| <b>4b</b> |     | X  |
| <b>4c</b> |     | X  |
| <b>5a</b> |     | X  |
| <b>5b</b> |     | X  |
| <b>6a</b> |     | X  |
| <b>6b</b> |     | X  |
| <b>7</b>  |     | X  |
| <b>8</b>  |     | X  |
| <b>9</b>  |     |    |

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

Schedule J (Form 990) 2017



**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 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) CAROL NOVELLO<br>PRESIDENT                      | (i)  | 244,146.   | 0.                                  | 0.                                  | 4,347.   | 12,309.                 | 260,802.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (2) CANDICE BALMACEDA<br>VP OF FINANCE              | (i)  | 158,974.   | 0.                                  | 0.                                  | 3,097.   | 26,415.                 | 188,486.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (3) CRISTIE KAMIYA<br>CHIEF OF SHELTER MEDICINE     | (i)  | 184,157.   | 0.                                  | 0.                                  | 3,381.   | 17,394.                 | 204,932.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (4) JOANNE JACOBS<br>CHIEF OF OPERATIONS            | (i)  | 171,180.   | 0.                                  | 0.                                  | 3,009.   | 8,915.                  | 183,104.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (5) STEPHANIE LADEIRA<br>VICE PRESIDENT DEVELOPMENT | (i)  | 183,157.   | 0.                                  | 0.                                  | 2,448.   | 18,144.                 | 203,749.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |

**Part III** Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

THE ORGANIZATION OFFERS HEALTH CLUB/GYM/FITNESS PROGRAM REIMBURSEMENT AS A BENEFIT TO ALL ELIGIBLE EMPLOYEES.

ELIGIBLE EMPLOYEES MAY RECEIVE A TAXABLE FRINGE BENEFIT OF UP TO \$25 PER MONTH FOR HEALTH CLUB/GYM/FITNESS PROGRAM PARTICIPATION. ELIGIBLE EMPLOYEES MAY ALSO RECEIVE A TAXABLE FRINGE BENEFIT OF UP TO \$25 ANNUALLY FOR HEALTH CLUB/GYM/FITNESS PROGRAM REGISTRATION/ENROLLMENT FEE.

**Supplemental Information on Tax-Exempt Bonds**

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

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

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

| Part I | Bond Issues | SEE PART VI FOR COLUMN (F) CONTINUATIONS    |                |             |                 |                 |                               |              |    |                         |    |                      |    |
|--------|-------------|---|----------------|-------------|-----------------|-----------------|-------------------------------|--------------|----|-------------------------|----|----------------------|----|
|        |             | (a) Issuer name                             | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose    | (g) Defeased |    | (h) On behalf of issuer |    | (i) Pooled financing |    |
|        |             |   |                |             |                 |                 |                               | Yes          | No | Yes                     | No | Yes                  | No |
|        | <b>A</b>    | CALIFORNIA ENTERPRISE DEVELOPMENT AUTHORITY | 35-2273601     | 13067RAE3   | 04/30/08        | 16000000.       | FINANCE THE CONSTRUCTION, EQU |              | X  |                         | X  |                      | X  |
|        | <b>B</b>    |   |                |             |                 |                 |                               |              |    |                         |    |                      |    |
|        | <b>C</b>    |   |                |             |                 |                 |                               |              |    |                         |    |                      |    |
|        | <b>D</b>    |   |                |             |                 |                 |                               |              |    |                         |    |                      |    |

| Part II | Proceeds   |             |    |     |    |     |    |     |    |
|---------|--|-------------|----|-----|----|-----|----|-----|----|
|         | A  |             | B  |     | C  |     | D  |     |    |
| 1       | Amount of bonds retired  | 4,750,000.  |    |     |    |     |    |     |    |
| 2       | Amount of bonds legally defeased   |             |    |     |    |     |    |     |    |
| 3       | Total proceeds of issue  | 16,000,000. |    |     |    |     |    |     |    |
| 4       | Gross proceeds in reserve funds  |             |    |     |    |     |    |     |    |
| 5       | Capitalized interest from proceeds   |             |    |     |    |     |    |     |    |
| 6       | Proceeds in refunding escrows  |             |    |     |    |     |    |     |    |
| 7       | Issuance costs from proceeds   | 320,000.    |    |     |    |     |    |     |    |
| 8       | Credit enhancement from proceeds   | 239,151.    |    |     |    |     |    |     |    |
| 9       | Working capital expenditures from proceeds   |             |    |     |    |     |    |     |    |
| 10      | Capital expenditures from proceeds   | 15,440,849. |    |     |    |     |    |     |    |
| 11      | Other spent proceeds   |             |    |     |    |     |    |     |    |
| 12      | Other unspent proceeds   |             |    |     |    |     |    |     |    |
| 13      | Year of substantial completion   | 2010        |    |     |    |     |    |     |    |
|         |  | Yes         | No | Yes | No | Yes | No | Yes | No |
| 14      | Were the bonds issued as part of a current refunding issue?  |             | X  |     |    |     |    |     |    |
| 15      | Were the bonds issued as part of an advance refunding issue?   |             | X  |     |    |     |    |     |    |
| 16      | Has the final allocation of proceeds been made?  | X           |    |     |    |     |    |     |    |
| 17      | Does the organization maintain adequate books and records to support the final allocation of proceeds? | X           |    |     |    |     |    |     |    |

| Part III | Private Business Use   |    |     |    |     |    |     |    |
|----------|--|----|-----|----|-----|----|-----|----|
|          | A  |    | B   |    | C   |    | D   |    |
|          | Yes  | No | Yes | No | Yes | No | Yes | No |
| 1        | Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? |    | X   |    |     |    |     |    |
| 2        | Are there any lease arrangements that may result in private business use of bond-financed property?                        |    | X   |    |     |    |     |    |

**Part III Private Business Use** (Continued)

|   | A   |    | B   |    | C   |    | D   |    |
|---|-----|----|-----|----|-----|----|-----|----|
|   | Yes | No | Yes | No | Yes | No | Yes | No |
| <b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? .....  |     | X  |     |    |     |    |     |    |
| <b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?   |     |    |     |    |     |    |     |    |
| <b>c</b> Are there any research agreements that may result in private business use of bond-financed property?   |     | X  |     |    |     |    |     |    |
| <b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? .....   |     |    |     |    |     |    |     |    |
| <b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....  |     | %  |     | %  |     | %  |     | %  |
| <b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ..... |     | %  |     | %  |     | %  |     | %  |
| <b>6</b> Total of lines 4 and 5 .....   |     | %  |     | %  |     | %  |     | %  |
| <b>7</b> Does the bond issue meet the private security or payment test? .....   | X   |    |     |    |     |    |     |    |
| <b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?   |     | X  |     |    |     |    |     |    |
| <b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....  |     | %  |     | %  |     | %  |     | %  |
| <b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....  |     |    |     |    |     |    |     |    |
| <b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? .....                           | X   |    |     |    |     |    |     |    |

**Part IV Arbitrage**

|  | A   |    | B   |    | C   |    | D   |    |
|--|-----|----|-----|----|-----|----|-----|----|
|  | Yes | No | Yes | No | Yes | No | Yes | No |
| <b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? .....    |     | X  |     |    |     |    |     |    |
| <b>2</b> If "No" to line 1, did the following apply? .....   |     |    |     |    |     |    |     |    |
| <b>a</b> Rebate not due yet? .....   |     | X  |     |    |     |    |     |    |
| <b>b</b> Exception to rebate? .....  | X   |    |     |    |     |    |     |    |
| <b>c</b> No rebate due? .....  |     | X  |     |    |     |    |     |    |
| If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed .....                                    |     |    |     |    |     |    |     |    |
| <b>3</b> Is the bond issue a variable rate issue? .....  | X   |    |     |    |     |    |     |    |
| <b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? ..... |     | X  |     |    |     |    |     |    |
| <b>b</b> Name of provider .....  |     |    |     |    |     |    |     |    |
| <b>c</b> Term of hedge .....   |     |    |     |    |     |    |     |    |
| <b>d</b> Was the hedge superintegrated? .....  |     |    |     |    |     |    |     |    |
| <b>e</b> Was the hedge terminated? .....   |     |    |     |    |     |    |     |    |

**Part IV Arbitrage (Continued)**

|   | A   |    | B   |    | C   |    | D   |    |
|---|-----|----|-----|----|-----|----|-----|----|
|   | Yes | No | Yes | No | Yes | No | Yes | No |
| 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? .....                        |     | X  |     |    |     |    |     |    |
| b Name of provider .....  |     |    |     |    |     |    |     |    |
| c Term of GIC .....   |     |    |     |    |     |    |     |    |
| d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?           |     |    |     |    |     |    |     |    |
| 6 Were any gross proceeds invested beyond an available temporary period? .....                          |     | X  |     |    |     |    |     |    |
| 7 Has the organization established written procedures to monitor the requirements of section 148? ..... | X   |    |     |    |     |    |     |    |

**Part V Procedures To Undertake Corrective Action**

|   | A   |    | B   |    | C   |    | D   |    |
|---|-----|----|-----|----|-----|----|-----|----|
|   | Yes | No | Yes | No | Yes | No | Yes | No |
| Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? ..... |     |    |     |    |     |    |     |    |
|   | X   |    |     |    |     |    |     |    |

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K. See instructions

**SCHEDULE K, PART I, BOND ISSUES:**

(A) ISSUER NAME: CALIFORNIA ENTERPRISE DEVELOPMENT AUTHORITY

(F) DESCRIPTION OF PURPOSE:

FINANCE THE CONSTRUCTION, EQUIPPING AND FURNISHING OF THE ANIMAL COMM. CTR

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2017**

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

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

| Part I Types of Property                                     | (a)<br>Check if applicable | (b)<br>Number of contributions or items contributed | (c)<br>Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d)<br>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                          | 128   | 121,140.   | PROC. NET OF REPAIRS                                      |
| 7 Boats and planes   |                            |   |  |   |
| 8 Intellectual property                                      |                            |   |  |   |
| 9 Securities - Publicly traded                               | X                          | 32  | 257,011.   | AVG HI & LOW AT GIFT                                      |
| 10 Securities - Closely held stock                           |                            |   |  |   |
| 11 Securities - Partnership, LLC, or trust interests         |                            |   |  |   |
| 12 Securities - Miscellaneous                                |                            |   |  |   |
| 13 Qualified conservation contribution - Historic structures |                            |   |  |   |
| 14 Qualified conservation contribution - Other               |                            |   |  |   |
| 15 Real estate - Residential                                 |                            |   |  |   |
| 16 Real estate - Commercial                                  |                            |   |  |   |
| 17 Real estate - Other                                       |                            |   |  |   |
| 18 Collectibles  |                            |   |  |   |
| 19 Food inventory  |                            |   |  |   |
| 20 Drugs and medical supplies                                |                            |   |  |   |
| 21 Taxidermy   |                            |   |  |   |
| 22 Historical artifacts                                      |                            |   |  |   |
| 23 Scientific specimens                                      |                            |   |  |   |
| 24 Archeological artifacts                                   |                            |   |  |   |
| 25 Other ▶ ( ANIMAL & MEDI )                                 | X                          | 936   | 75,094.  | THRIFT STORE COST   |
| 26 Other ▶ ( AUCTION ITEMS )                                 | X                          | 140   | 60,734.  | LOWER OF FMV/AUCTION                                      |
| 27 Other ▶ ( )   |                            |   |  |   |
| 28 Other ▶ ( )   |                            |   |  |   |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 0

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

**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, LINE 32B:

THE ORGANIZATION USES A THIRD PARTY, HANSA TRADING INTERNATIONAL, INC. (DBA AUCTION CITY) TO PROCESS AND SELL ALL AUTO DONATIONS. THE ORGANIZATION RECEIVES A NET CHECK FROM THE THIRD PARTY.

|                            | AMOUNT  | % OF GROSS | % OF AVAILABLE |
|----------------------------|---------|------------|----------------|
| AUCTION CITY:              |         |            |                |
| GROSS RECEIPTS (BID PRICE) | 145,760 |            |                |
| COSTS OF REPAIR ETC.       | -24,620 | 17%        |                |
| NET AVAILABLE              | 121,140 |            |                |
| FEE TO AUCTION CITY        | -28,359 | 19%        | 23%            |
| NET TO HSSV                | 92,782  | 64%        | 77%            |
|                            |         | 100%       | 100%           |

IN ADDITION, BUYERS ALSO PAY FEES NOT LISTED ABOVE.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

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 990-EZ.

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

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization

HUMANE SOCIETY SILICON VALLEY

Employer identification number

94-1196215

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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. THE ORGANIZATION SERVES AS A SAFETY NET  
FOR COMPANION ANIMALS IN SILICON VALLEY, SETS A NATIONAL EXAMPLE FOR  
INNOVATION AND SEEKS TO TRANSFORM HUMAN LIVES THROUGH DEEPER  
CONNECTIONS TO ANIMALS. THE IMPACT ACHIEVED REFLECTS THE QUALITY OF THE  
ORGANIZATION AND ITS PEOPLE.

IMPACT:

THE ORGANIZATION IS DRIVING SIGNIFICANT, POSITIVE CHANGE FOR BOTH  
COMPANION ANIMALS AND THE PEOPLE WHO CARE FOR AND ABOUT THEM. THE  
SOLUTIONS ARE ACHIEVING GROUNDBREAKING RESULTS.

SPECIFICALLY, THE ORGANIZATION:

-SAVES 100% OF ALL HEALTHY ANIMALS IN THE ORGANIZATION'S CARE AND HAS  
DONE SO SINCE 2006. IN THE YEAR ENDED JUNE 30, 2018, THE ORGANIZATION  
SAVED 95% OF ALL ANIMALS THAT CAME THROUGH ITS DOORS, INCLUDING MANY  
NEEDING REHABILITATION OR EXTENDED TREATMENT. THIS COMPARES TO THE  
NATIONAL AVERAGE OF 77% (FOR 2012, AS REPORTED ON  
[HTTPS://WWW.ASPCA.ORG/ANIMAL-](https://www.aspc.org/animal-homelessness/shelter-intake-and-surrender/pet-statistics)  
HOMELESSNESS/SHELTER-INTAKE-AND-SURRENDER/PET-STATISTICS). EVEN MORE

IMPORTANTLY, THESE RESULTS ARE BEING ACHIEVED WHILE THE OVERALL

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

Schedule O (Form 990 or 990-EZ) (2017)



Name of the organization

HUMANE SOCIETY SILICON VALLEY

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COMMUNITY SAVE RATE CONTINUES TO IMPROVE.

-PROVIDES REHABILITATION AND MEDICAL OR BEHAVIORAL TREATMENT FOR NEARLY 4,100 (IN FISCAL YEAR 2018) ANIMALS EACH YEAR. THESE ANIMALS ARE JUST LIKE PETS MANY PEOPLE ALREADY HAVE IN THEIR HOMES TODAY BUT THEY DON'T YET HAVE THE LOVING GUARDIANS THEY NEED TO OVERCOME COMMON CHALLENGES. GIVEN TIME, SPACE, AND TAILORED MEDICAL AND BEHAVIORAL ATTENTION, THESE ANIMALS CAN LEAD HIGH-QUALITY LIVES FOR YEARS TO COME AND PROVIDE PROFOUND ENRICHMENT TO THEIR FUTURE TWO-LEGGED FAMILIES. CURRENTLY, APPROXIMATELY 69% OF THE ANIMALS SAVED REQUIRE THIS KIND OF CARE AND TREATMENT.

-FINDS AND HELPS KEEP LOVING HOMES FOR NEARLY 6,850 ANIMALS EACH YEAR. THIS INCLUDES PROVIDING COUNSELING AND NO COST PET FOOD TO KEEP OVER 160 PET ANIMALS IN THEIR HOMES (EXCLUDING MANAGED COLONY CATS), RETURNING NEARLY 185 LOST ANIMALS TO THEIR HOMES, TRANSFERRING 863 ANIMALS, INCLUDING WILD LIFE, TO RESCUE GROUPS AND MANAGED CAT COLONIES, AND FACILITATING ADOPTIONS FOR 5,638 ANIMALS. CURRENTLY, 61% OF THESE ADOPTED ANIMALS WILL RECEIVE FOSTER CARE OR KITTEN NURSERY CARE PRIOR TO BEING MATCHED WITH THEIR NEW FAMILIES.

-THE ORGANIZATION ALSO PROVIDES "SHOWCASE" FOSTER DAYS FOR AN ANIMAL RESCUE PARTNER. BY PROVIDING THE USE OF THE ORGANIZATION'S FACILITIES TO THE SAME RESCUE GROUP AT THE SAME TIME EACH WEEK, THIS GROUP IS ABLE TO MAINTAIN A PRESENCE WHERE POTENTIAL ADOPTERS CAN ROUTINELY FIND THEM. THIS ENABLES MORE ANIMALS TO ULTIMATELY FIND HOMES EACH YEAR.

-PERFORMS AND INFLUENCES OVER 8,900 SPAY/NEUTER SURGERIES EACH YEAR.

|   |  |
|---|--|
| Name of the organization<br>HUMANE SOCIETY SILICON VALLEY | Employer identification number<br>94-1196215 |
|---|--|

OVER 2,000 OF THESE ANNUAL SURGERIES ARE A RESULT OF THE ORGANIZATION'S EFFORTS TO SECURE FUNDS FOR THE BROADER COMMUNITY. PRIVATE FUNDERS AND GRANT AWARDS HAVE ALLOWED HUMANE SOCIETY SILICON VALLEY TO DEPLOY AND ADMINISTER A PROGRAM TO ADDRESS LARGE NUMBERS OF HOMELESS ANIMALS COMING FROM FIVE SPECIFIC ZIP CODES IN SANTA CLARA COUNTY. THESE FUNDS ENABLE THE ORGANIZATION TO WORK IN PARTNERSHIP WITH A LOCAL MUNICIPAL SHELTER TO OFFER FREE SPAY/NEUTER SURGERIES, MICROCHIPS, AND VACCINES TO ALL CATS, DOGS, AND RABBITS IN THE TARGETED ZIP CODES.

-PROVIDES EDUCATION FOR OVER 7,900 CHILDREN, FROM PRE-KINDERGARTEN THROUGH 12TH GRADE. THESE EDUCATION PROGRAMS ENABLE SOCIAL AND EMOTIONAL LEARNING THROUGH INTERACTIONS WITH ANIMALS. THIS INCLUDES ECONOMICALLY DISADVANTAGED CHILDREN AND AT-RISK YOUTH MANY WITH LITTLE PRIOR EXPOSURE TO ANIMALS. THE ORGANIZATION ALSO WORKS WITH LOCAL SCHOOLS TO PROVIDE CAREFULLY DESIGNED PROGRAMS TAILORED TO THEIR STUDENTS' UNIQUE NEEDS, ESPECIALLY THOSE WHO NEED SUPPORT IN BUILDING EMPATHY, RESPONSIBLE DECISION-MAKING AND RELATIONSHIP SKILLS.

THESE OUTCOMES DEMONSTRATE THAT HUMANE SOCIETY SILICON VALLEY IS DELIVERING ON AND ADVANCING ITS MISSION TO GROUNDBREAKING LEVELS.

INNOVATION:

HUMANE SOCIETY SILICON VALLEY IS SETTING A NATIONAL EXAMPLE FOR LEADERSHIP AND INNOVATION AT THE LOCAL LEVEL. THE ORGANIZATION HAS SHATTERED THE NOTION OF WHAT IS POSSIBLE FOR THE GUARDIANSHIP OF HOMELESS ANIMALS AND HAS ESTABLISHED NEW STANDARDS FOR WHAT CAN BE ACCOMPLISHED. SPECIFICALLY, THE ORGANIZATION:

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HUMANE SOCIETY SILICON VALLEY

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-BECAME THE FIRST MODEL SHELTER IN THE WORLD TO COMPLETE THE ASSOCIATION OF SHELTER VETERINARIANS GUIDELINES FOR STANDARDS OF CARE. CONFIRMED BY THE KORET SHELTER MEDICINE PROGRAM OF THE UNIVERSITY OF CALIFORNIA AT DAVIS, THE ORGANIZATION ACHIEVED MODEL SHELTER STATUS BY DEMONSTRATING AND DOCUMENTING THAT IT MEETS ALL 543 "MUST, SHOULD AND IDEAL" STANDARDS SET FORTH BY THE ASSOCIATION OF SHELTER VETERINARIANS (ASV). THE FIRST SHELTER EVER TO EARN THIS DISTINCTION, HUMANE SOCIETY SILICON VALLEY IS LEADING THE CHARGE FOR HUMANE TREATMENT OF ANIMALS. THE ORGANIZATION HAS CHAMPIONED THE ADOPTION OF SHELTER MEDICINE STANDARDS BY OTHER ORGANIZATIONS BY SPREADING BEST PRACTICES THROUGH KNOWLEDGE-SHARING AND RESEARCH.

-CREATED AND LEADS AN INTER-AGENCY COALITION 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. VISIONARY LEADERSHIP IS IGNITING THESE ORGANIZATIONS TO COLLABORATE IN ACHIEVING GOALS PREVIOUSLY THOUGHT UNATTAINABLE. IN 2004, THE COMMUNITY WIDE SAVE RATE WAS 30%; IN THE CALENDAR YEAR 2017 IT WAS APPROXIMATELY 93%.

-DEVELOPED, IN CONJUNCTION WITH PETCO AND PETSMART, A NEW OPERATING MODEL THAT DEMONSTRATES THE POWER OF NONPROFIT/FOR-PROFIT PARTNERSHIP. HUMANE SOCIETY SILICON VALLEY IS THE ONLY ORGANIZATION IN THE NATION WITH MULTIPLE ADOPTION CENTERS THAT ARE PERMANENTLY CO-LOCATED INSIDE PETCO AND PETSMART STORES. HUMANE SOCIETY SILICON VALLEY PROVIDES CONSISTENT, ONGOING STAFFING AND COMFORTABLE LIVING ENVIRONMENTS WHILE ANIMALS AWAIT ADOPTION. PETCO AND PETSMART PROVIDE USE OF THEIR RETAIL

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SPACE AND SUPPLY THE FOOD AND SUPPLIES NECESSARY TO CARE FOR THESE ANIMALS. THESE CENTERS MAKE ADOPTIONS MORE ACCESSIBLE BECAUSE THE ORGANIZATION BECOMES PART OF LOCAL NEIGHBORHOODS AND MAINTAINS HOURS CONVENIENT FOR POTENTIAL ADOPTERS. JUST OVER 1,720 OF THE ORGANIZATION'S ADOPTIONS HAPPEN THROUGH THESE PETCO AND PETSMAART NEIGHBORHOOD ADOPTION CENTERS. IN ADDITION, THESE PETCO AND PETSMAART STORES NO LONGER SELL RABBITS TO THEIR CUSTOMERS. THEY ARE ABLE TO RELY ON THE ORGANIZATION TO PROVIDE RESCUE RABBITS THAT THEY WOULD OTHERWISE PURCHASE THROUGH PET WHOLESALERS AND BREEDING MILLS. THE ORGANIZATION PREVIOUSLY HAD A NEIGHBORHOOD ADOPTION CENTER CO-LOCATED IN A PETSMAART STORE. DUE TO RESTRICTIONS ON SPACE AND VISIBILITY TO DRIVE ADOPTION VOLUME THE ORGANIZATION DECIDED TO CLOSE THE PETSMAART ADOPTION CENTER AS OF APRIL 9, 2018.

-CRAFTED AND SPEARHEADED A FIRST-OF-ITS KIND FREE SPAY/NEUTER PROGRAM, OPERATING ACROSS MULTIPLE LOCAL AGENCIES, THAT GEOGRAPHICALLY TARGETED REVERSING THE RUNAWAY TREND OF CHIHUAHUA OVERPOPULATION. THIS PROGRAM REDUCED THE NUMBER OF INCOMING CHIHUAHUAS IN THE COUNTY, AND HAS SINCE BEEN EXPANDED TO INCLUDE ALL CATS, DOGS, AND RABBITS COMING FROM THE SAME REGION. IT HAS ALSO INSPIRED ANOTHER COMMUNITY OUTSIDE THE BAY AREA TO BEGIN EFFORTS TO LAUNCH A SIMILAR VERSION OF THIS PROGRAM.

-DESIGNED ITS REGIONAL RESCUE PROGRAM IN THE SPIRIT OF COMMUNITY AND COLLABORATION. THE ORGANIZATION SERVES AS A SAFETY NET FOR ANIMALS THAT MOST NEED HELP IN THE COMMUNITY AND SAVES ANIMALS THAT WOULD OTHERWISE NOT HAVE RESCUE OPTIONS. THE ORGANIZATION ALSO RESCUES ANIMALS THAT HAVE BEEN MADE AVAILABLE FOR ADOPTION AT THEIR PARTNERING AGENCIES BUT ARE NOT THRIVING OR ARE BEING OVERLOOKED BY POTENTIAL ADOPTERS. IN

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ADDITION, THE ORGANIZATION COLLABORATES WITH LOCAL RESCUE ORGANIZATIONS TO SAVE LIVES WHEN THEY BECOME OVERBURDENED FROM SITUATIONS SUCH AS HOARDING CASES OR TAKING IN LARGE NUMBERS OF ANIMALS FROM RESEARCH FACILITIES.

-CREATED MADDIE'S KITTEN LIFESAVING APPRENTICESHIP TO HOST 12 PEOPLE A YEAR TO LEARN ABOUT SETTING UP AND MANAGING SEVERAL VITAL PROGRAMS TO MANAGE KITTENS INCLUDING:

-KITTEN NURSERY, USED TO HOUSE UNDER SOCIALIZED KITTENS AS WELL AS NURSING MOTHERS WITH THEIR LITTERS;

-FELINE FOSTER PROGRAM, WHICH FOSTERS OVER 2,100 KITTENS AND CATS ANNUALLY;

-RINGWORM AND UPPER RESPIRATORY INFECTION (URI) TREATMENT ROOMS, USED TO QUARANTINE AND TREAT KITTENS WITH URI AND OTHER TREATABLE BUT CONTAGIOUS DISEASES.

-THE ORGANIZATION BROUGHT IN ALMOST 3,800 KITTENS IN FISCAL YEAR ENDED JUNE 30, 2018 THANKS TO THESE STRATEGIES AND IT IS A GREAT OPPORTUNITY FOR OTHER SHELTERS TO LEARN HOW HUMANE SOCIETY SILICON VALLEY EXECUTES THIS ON A DAY-TO-DAY BASIS. THE EFFORTS AROUND SETTING UP AND MAINTAINING THESE PROGRAMS REQUIRE THOUGHTFUL COOPERATION AMONG BEHAVIOR, ANIMAL CARE STAFF, FOSTER COORDINATORS, AND KITTEN VOLUNTEERS. 80 NURSERY VOLUNTEERS ARE TRAINED TO WORK WITH THE ORGANIZATION'S STAFF TO ACTIVELY SOCIALIZE AND INTERACT WITH KITTENS, IMPROVING THEIR CONFIDENCE FASTER AND ALLOWING THEM TO BECOME ADOPTABLE IN A SHORTER PERIOD OF TIME. VOLUNTEERS ARE TRAINED TO ASSIST IN CARING FOR THE ANIMALS IN HUMANE SOCIETY SILICON VALLEY'S QUARANTINE ROOMS, PROVIDING VACCINATIONS TO KITTENS ON-SITE AND IN FOSTER CARE, AND

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CONDUCTING BEHAVIOR ASSESSMENTS. 30 VOLUNTEERS RUN THE ORGANIZATION'S KITTEN VACCINATION STATION CLINIC DURING "KITTEN SEASON," TO STREAMLINE BOOSTER VACCINES FOR THE ORGANIZATION'S HEALTHY FOSTER KITTEN POPULATION. OVER 600 VOLUNTEERS PARTICIPATE IN THE FOSTER PROGRAM ANNUALLY. THIS IS A WONDERFUL OPPORTUNITY FOR APPRENTICES TO LEARN HOW HUMANE SOCIETY SILICON VALLEY IS ABLE TO BEST PRIORITIZE CARE FOR KITTENS UTILIZING THOUGHTFUL SPACE AND VOLUNTEER POWER TO IMPROVE INTERNAL OPERATIONS WHEN INTAKE LEVELS ARE HIGH.

-BUILT THE STATE-OF-THE-ART, ENVIRONMENTALLY FRIENDLY ANIMAL COMMUNITY CENTER, WHICH IS ONE OF THE FIRST GOLD LEED CERTIFIED ANIMAL FACILITIES IN THE COUNTRY. THIS FACILITY SETS NEW STANDARDS FOR THE CARE OF HOMELESS ANIMALS AND THE WAY THAT PEOPLE LEARN ABOUT, ENGAGE WITH, AND CELEBRATE ANIMALS. THIS FACILITY BRINGS TOGETHER AND LEVERAGES THE POWER OF INDIVIDUALS AND GROUPS TO MAKE A DIFFERENCE IN THE LIVES OF BOTH COMPANION ANIMALS AND PEOPLE.

-COMMITTED TO FOCUSING ON COMBINING COMPASSION AND COMMITMENT TO HUMANE SOCIETY SILICON VALLEY'S MISSION (HEART) WITH PROFESSIONALISM AND COMPETENCE (HEAD). THE ORGANIZATION SEEKS TO ATTRACT AND RETAIN SUBJECT MATTER EXPERTS IN ANIMAL CARE AND EXPERIENCED LEADERS FROM THE FOR-PROFIT AND NONPROFIT WORLDS WHO ARE DRAWN TO THE ORGANIZATION'S APPROACH AND PHILOSOPHY.

-IMPLEMENTED TRANSPARENCY AND ACCOUNTABILITY IN OPERATIONS AND FINANCIALS. THE ORGANIZATION'S AUDIT REPORT, 990 AND ANNUAL REPORT ARE ALL POSTED ON THE ORGANIZATION'S WEBSITE.

Name of the organization

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-THE ORGANIZATION'S LEADERSHIP AND EXPERTISE ARE REVOLUTIONIZING COMPANION ANIMAL CARE IN SILICON VALLEY AND SETTING AN EXAMPLE FOR WHAT IS POSSIBLE ACROSS THE NATION. HUMANE SOCIETY SILICON VALLEY IS DEMONSTRATING ON A LOCAL LEVEL THAT INSPIRATION AND DETERMINATION CAN DRIVE COMMUNITY COLLABORATION THAT SAVES AND ENHANCES LIVES.

#### STRATEGIC DIRECTION

HUMANE SOCIETY SILICON VALLEY IS SAVING HOMELESS PETS AND TRANSFORMING HUMAN LIVES AT THE LOCAL, REGIONAL AND NATIONAL LEVELS. KEY PARTS OF THIS STRATEGIC FOCUS FOR THE ORGANIZATION ARE:

COMMITMENT TO MAINTAINING A ROBUST LIFE-SAVING ECO-SYSTEM IN SILICON VALLEY. ACHIEVE A COMMUNITY-WIDE SAVE RATE OF 95% OR GREATER. THIS INCLUDES CONTINUING TO SAVE 100% OF ALL HEALTHY ANIMALS AND MOVING TOWARDS THE GOAL OF SAVING 100% OF ANIMALS IN THE COUNTY THAT CAN BE HEALED THROUGH REHABILITATION AND MEDICAL OR BEHAVIORAL TREATMENT.

-EXPANDING COLLABORATIVE PARTNERSHIPS THROUGHOUT CALIFORNIA TO BROADEN MISSION IMPACT.

-DELIVERING MISSION IMPACT THROUGH ACCOUNTABILITY, ENGAGEMENT, INNOVATION, AND TRANSPARENCY.

- LEADING THE PRACTICE OF SHELTER MEDICINE TO ENSURE QUALITY OF CARE FOR SHELTER ANIMALS ACROSS THE SECTOR.

-EXPLORING AND PILOTING INTEGRATED SERVICES THAT IMPACT BOTH ANIMAL AND HUMAN LIVES TO PROVIDE VALUE TO THE COMMUNITY WELL INTO THE FUTURE.

#### CHARITY RATINGS

|   |  |
|---|--|
| Name of the organization<br>HUMANE SOCIETY SILICON VALLEY | Employer identification number<br>94-1196215 |
|---|--|

CHARITY NAVIGATOR AND GUIDESTAR ARE KEY ORGANIZATIONS THAT PROVIDE, ON THEIR WEBSITES, INFORMATION ON NONPROFIT ORGANIZATIONS. THE FOLLOWING INFORMATION PERTAINS TO RATINGS AND COMPARABILITY TO OTHER NONPROFITS.

THE ORGANIZATION'S FUNDRAISING EXPENSES, AS A PERCENTAGE OF TOTAL FUNCTIONAL EXPENSES, AND ITS FUNDRAISING EFFICIENCY (COST TO RAISE \$1) ARE HIGHER THAN SOME OTHER ANIMAL WELFARE ORGANIZATIONS DUE TO THE ADDITIONAL COSTS NECESSARY TO FUND THE COMPREHENSIVE CAMPAIGN. THE ORGANIZATION'S GOAL IS TO BECOME A NATIONAL MODEL FOR SAVING THE LIVES OF COMPANION ANIMALS THAT ARE CAPABLE OF HEALING. THE COMPREHENSIVE CAMPAIGN IS NEEDED TO SUSTAIN AND INCREASE THE ORGANIZATION'S MISSION IMPACT THROUGH PROGRESSIVE AND SCALABLE PROGRAMS. TO ACHIEVE THAT GOAL, AN INVESTMENT IN THE COMPREHENSIVE CAMPAIGN IS REQUIRED. IN ADDITION, DURING THE CAMPAIGN, ADMINISTRATIVE POSITIONS SPEND MORE TIME FUNDRAISING AND, THEREFORE, A GREATER PERCENTAGE OF THOSE SALARIES ARE ALLOCATED TOWARDS FUNDRAISING RATHER THAN ADMINISTRATIVE (MANAGEMENT AND GENERAL) EXPENSE. IF THOSE SALARIES WERE ALLOCATED TOWARDS ADMINISTRATIVE EXPENSE, THE ORGANIZATION'S FUNDRAISING EFFICIENCY RATING IN CHARITY NAVIGATOR WOULD INCREASE POSITIVELY. AT THE SAME TIME, THE ORGANIZATION'S ADMINISTRATIVE EXPENSE WOULD STILL MAINTAIN ITS EXCELLENT RATING DUE TO A VERY LOW PERCENTAGE OF TOTAL FUNCTIONAL EXPENSES SPENT ON MANAGEMENT AND GENERAL - EVEN WHEN THOSE ALLOCATED SALARIES ARE REABSORBED INTO THE ADMINISTRATIVE CATEGORY.

ADDITIONALLY, AS PART OF THE ORGANIZATION'S LONG TERM SUSTAINABILITY PLAN, THE ORGANIZATION CARRIES LOW INTEREST TAX-EXEMPT BOND DEBT WHICH WAS USED TO FINANCE THE CONSTRUCTION, EQUIPPING AND FURNISHING OF THE



|   |  |
|---|--|
| Name of the organization<br>HUMANE SOCIETY SILICON VALLEY | Employer identification number<br>94-1196215 |
|---|--|

ANIMAL COMMUNITY CENTER. TAX-EXEMPT BOND FINANCING IS COMMON FOR NOT-FORPROFIT ENTITIES. HOWEVER, UNDER CHARITY NAVIGATOR'S FINANCIAL RATING SYSTEM, CARRYING DEBT IS PENALIZED, EVEN FOR ORGANIZATIONS LIKE HUMANE SOCIETY SILICON VALLEY WITH A STRONG FINANCIAL POSITION. THE ORGANIZATION'S CURRENT RATIO WAS 5.9 TO 1 AND 5.6 TO 1 AT JUNE 30, 2018 AND 2017 RESPECTIVELY. THE ORGANIZATION HAS SUFFICIENT LIQUID ASSETS TO PAY OFF THE BOND PAYABLE DEBT. HOWEVER, THESE ASSETS HAVE BEEN INVESTED FOR LONG TERM GROWTH TO CREATE AN EVEN STRONGER FINANCIAL FOUNDATION FOR THE FUTURE. SEE NOTE 9 FOR MORE INFORMATION ON THE BONDS PAYABLE.

THE ABOVE FACTORS NEGATIVELY AFFECT THE FINANCIAL PORTION OF HUMANE SOCIETY SILICON VALLEY'S RATING ON CHARITY NAVIGATOR, A KEY NONPROFIT CHARITY RATING ORGANIZATION.

HOWEVER, THE ORGANIZATION'S STRENGTHS ARE ITS PROGRAM EFFICIENCY RATIO AND ITS ACCOUNTABILITY AND TRANSPARENCY RATINGS. THE ORGANIZATION'S PROGRAM EXPENSES ARE 78% OF TOTAL EXPENSES, WHICH IS CONSIDERED EXCELLENT BY CHARITY NAVIGATOR'S RATINGS METHODOLOGY. IN ADDITION, THE ORGANIZATION SCORED MAXIMUM POINTS ON THE ACCOUNTABILITY AND TRANSPARENCY FACTORS OF THE RATING.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

CREATED MADDIE'S KITTEN LIFESAVING APPRENTICESHIP TO HOST 12 PEOPLE A YEAR TO LEARN ABOUT SETTING UP AND MANAGING SEVERAL VITAL PROGRAMS TO MANAGE KITTENS INCLUDING:

-KITTEN NURSERY, USED TO HOUSE UNDER SOCIALIZED KITTENS AS WELL AS NURSING MOTHERS WITH THEIR LITTERS;

|   |  |
|---|--|
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|---|--|

-FELINE FOSTER PROGRAM, WHICH FOSTERS OVER 2,100 KITTENS AND CATS

ANNUALLY;

-RINGWORM AND URI TREATMENT ROOMS, USED TO QUARANTINE AND TREAT KITTENS

WITH URI AND OTHER TREATABLE BUT CONTAGIOUS DISEASES.

THE ORGANIZATION BROUGHT IN ALMOST 3,800 KITTENS IN FISCAL YEAR ENDED

JUNE 30, 2018 THANKS TO THESE STRATEGIES AND IT IS A GREAT OPPORTUNITY

FOR OTHER SHELTERS TO LEARN HOW WE EXECUTE THIS ON A DAY-TO-DAY BASIS.

THE EFFORTS AROUND SETTING UP AND MAINTAINING THESE PROGRAMS REQUIRE

THOUGHTFUL COOPERATION AMONG BEHAVIOR, ANIMAL CARE STAFF, FOSTER

COORDINATORS, AND KITTEN VOLUNTEERS. 80 NURSERY VOLUNTEERS ARE TRAINED

TO WORK WITH OUR STAFF TO ACTIVELY SOCIALIZE AND INTERACT WITH KITTENS,

IMPROVING THEIR CONFIDENCE FASTER AND ALLOWING THEM TO BECOME ADOPTABLE

IN A SHORTER PERIOD OF TIME. VOLUNTEERS ARE TRAINED TO ASSIST IN CARING

FOR THE ANIMALS IN OUR QUARANTINE ROOMS, PROVIDING VACCINATIONS TO

KITTENS ON-SITE AND IN FOSTER CARE, AND CONDUCTING BEHAVIOR

ASSESSMENTS. 30 VOLUNTEERS RUN OUR KITTEN VACCINATION STATION CLINIC

DURING "KITTEN SEASON," TO STREAMLINE BOOSTER VACCINES FOR OUR HEALTHY

FOSTER KITTEN POPULATION. OVER 600 VOLUNTEERS PARTICIPATE IN THE FOSTER

PROGRAM ANNUALLY. THIS IS A WONDERFUL OPPORTUNITY FOR APPRENTICES TO

LEARN HOW WE'RE ABLE TO BEST PRIORITIZE CARE FOR KITTENS UTILIZING

THOUGHTFUL SPACE AND VOLUNTEER POWER TO IMPROVE INTERNAL OPERATIONS

WHEN INTAKE LEVELS ARE HIGH.

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

IN SEPTEMBER, 2014 A THIRD NEIGHBORHOOD ADOPTION CENTER WAS OPENED AT

PETSMART IN MOUNTAIN VIEW. THE NEIGHBORHOOD LOCATIONS HELP THE

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ORGANIZATION MAINTAIN A VITAL PRESENCE WITH THE RESIDENTS OF WEST SAN

JOSE, SARATOGA, CAMPBELL, LOS GATOS, SUNNYVALE, AND MOUNTAIN VIEW.

APPROXIMATELY 5,640 ANIMALS WERE PLACED THROUGH ADOPTIONS AT THE

SHELTER OR AT THE NEIGHBORHOOD PETCO AND PETSMAST ADOPTION CENTERS

DURING THE YEAR ENDED JUNE 30, 2018. DUE TO RESTRICTIONS ON SPACE AND

VISIBILITY TO DRIVE ADOPTION VOLUME THE ORGANIZATION DECIDED TO CLOSE

THE PETSMAST ADOPTION CENTER AS OF APRIL 9, 2018.

SENIORS FOR SENIORS PROGRAM - OFFERS DISCOUNTED ADOPTION FEES TO

ADOPTERS WHO ARE AGE 60 AND OLDER, AND ADOPT A SENIOR PET.

ADOPTION SCHOLARSHIP PROGRAM - WAIVES THE ADOPTION FEE FOR CERTAIN

ANIMALS THAT HAVE BEEN AT THE SHELTER FOR A LONGER LENGTH OF STAY TO

ENCOURAGE ADOPTIONS OF THESE ANIMALS.

MILITARY PROGRAM - OFFERS ADOPTION FEES DISCOUNTED AT 50% FOR MILITARY

VETERANS.

RESCUE AND FOSTER CARE - WORKS TO REDUCE EUTHANASIA BY IDENTIFYING

ANIMALS AT THE SHELTER AND WITHIN OUR COMMUNITY THAT NEED MORE

ASSISTANCE THAN THEIR CURRENT ENVIRONMENT CAN PROVIDE. THE GOAL IS TO

MATCH EACH ANIMAL WITH THE ORGANIZATION WHERE HE OR SHE WILL BE THE

MOST COMFORTABLE AND HAVE THE GREATEST CHANCE OF ADOPTION. THE RESCUE

AND FOSTER CARE DEPARTMENT DOES THIS BY RUNNING FOUR PROGRAMS:

1) THE FOSTER CARE PROGRAM IS DESIGNED TO ASSIST ANIMALS THAT ARE

UNDERAGE OR IN NEED OF MINOR BEHAVIOR MODIFICATION, SOCIALIZATION, OR

MEDICAL CARE.

2) THE KITTEN NURSERY PROVIDES ONSITE CARE AND SOCIALIZATION TO

UNDERAGE KITTENS. DURING THE OFF SEASON IT IS ALSO USED TO HOUSE CATS

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THAT NEED EXTRA SOCIALIZATION AND SMALL ANIMALS THAT NEED A QUIET REFUGE.

3) THE RESCUE PARTNERSHIP PROGRAM CONSISTS OF A SCREENED NETWORK OF ANIMAL RESCUE ORGANIZATIONS, VETERINARIANS, AND PRIVATE SHELTERS THAT ARE UTILIZED TO FIND ALTERNATIVE PLACEMENTS FOR ANIMALS THAT NEED FURTHER ASSISTANCE OR EXPERTISE.

4) THE REGIONAL RESCUE PROGRAM IS DESIGNED TO TRANSFER ANIMALS FROM THE OVERCROWDED SHELTERS IN OUR COMMUNITY TO HUMANE SOCIETY SILICON VALLEY.

IN THE YEAR ENDED JUNE 30, 2018, NEARLY 3,460 ANIMALS WERE PLACED INTO FOSTER CARE AND/OR THE KITTEN NURSERY, NEARLY 865 ANIMALS WERE PLACED THROUGH THE ORGANIZATION'S RESCUE PARTNERS AND CAT COLONY VOLUNTEERS, AND OVER 2,840 ANIMALS WERE BROUGHT INTO HUMANE SOCIETY SILICON VALLEY FROM ITS REGIONAL RESCUE PROGRAM. WORKING TOGETHER, THE ORGANIZATION HOPES TO SECURE APPROPRIATE HOMES FOR ALL ADOPTABLE ANIMALS IN SILICON VALLEY REGARDLESS OF SPECIES, BREED, AGE, OR CONDITION.

BEHAVIOR - PERFORMS BEHAVIOR ASSESSMENTS ON ALL SHELTER GUESTS TO ASSIST WITH MATCHING INDIVIDUAL ANIMALS (THEIR NEEDS AND BEHAVIORS) WITH NEW HUMAN FAMILIES. BEHAVIOR ASSESSMENTS ARE ALSO USED TO DETERMINE WHEN BEHAVIOR MODIFICATION PROGRAMS ARE REQUIRED SO INDIVIDUALS WILL THRIVE IN THE ORGANIZATION'S CARE AND IMPROVE THEIR MANNERS IN PREPARATION FOR ADOPTION.

THE ORGANIZATION'S BEHAVIOR DEPARTMENT ALSO TRAINS AND SUPPORTS ALL OF ITS DOG, CAT AND RABBIT VOLUNTEER SOCIALIZERS. TRAINING INCLUDES OFFERING SEVERAL CLASSES FOR VOLUNTEERS TO LEARN HOW TO WORK WITH AND TRAIN THE ORGANIZATION'S SHELTER GUESTS. HUMANE SOCIETY SILICON

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VALLEY'S BEHAVIOR DEPARTMENT SUPPORTS ITS CUSTOMER CARE TEAM BY COUNSELING POTENTIAL ADOPTERS WHEN AN ANIMAL DISPLAYS MORE CHALLENGING BEHAVIORS; IT ALSO OFFERS POST-ADOPTION AND PRE-SURRENDER BEHAVIORAL COUNSELING THROUGH ITS "ASK THE BEHAVIOR AND TRAINING TEAM" SERVICE. THE ORGANIZATION'S BEHAVIOR DEPARTMENT PARTICIPATES IN BEHAVIORAL SCREENINGS FOR ITS MEMBERS ONLY DOG PARK.

ANIMAL CARE - FURNISHES FOOD, EXERCISE, TRAINING, CARE AND SUPPORT FOR ANIMALS AWAITING ADOPTION.

SHELTER SERVICES - PROVIDES AN OPEN DOOR SHELTER FOR INCOMING ANIMALS 24 HOURS PER DAY, 365 DAYS PER YEAR INCLUDING STRAY ANIMALS BROUGHT IN UNDER CONTRACT WITH THE CITY OF SUNNYVALE. OFFERS PET SURRENDER SERVICES TO THE PUBLIC BY APPOINTMENT AS WELL AS PET RETENTION AND RE-WILDLIFE - ACCOMMODATED INJURED WILDLIFE BROUGHT INTO THE SHELTER BEFORE THEY WERE TRANSFERRED TO THE WILDLIFE CENTER OF SILICON VALLEY FOR REHABILITATION AND EVENTUAL RELEASE. AS OF OCTOBER 8, 2018, THE ORGANIZATION NO LONGER ACCEPTS WILDLIFE.

END-OF-LIFE-SERVICES - PROVIDES END OF LIFE AND CARE OF BODY SERVICES FOR PETS OWNED BY MEMBERS OF THE PUBLIC.

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

OVER 6,980 PET OWNERS WERE SERVED IN THE PUBLIC MEDICAL CENTER CLINIC DURING THE YEAR ENDED JUNE 30, 2018. APPROXIMATELY 7,820 DOGS, CATS AND RABBITS WERE SPAYED OR NEUTERED ON SITE OR IN THE MOBILE CLINIC, INCLUDING FERAL CATS, AND SHELTER ANIMALS.

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APPROXIMATELY 2,775 MICROCHIPS WERE ADMINISTERED TO ADOPTED PUBLIC CLIENT ANIMALS, AND OVER 18,800 VACCINATIONS AND TESTS WERE ADMINISTERED TO PUBLIC CLIENT ANIMALS, INCLUDING HOMELESS CATS. THE MEDICAL CENTER CLINIC PARTICIPATES IN THE COUNTY AND DONOR FUNDED TNR (TRAP-NEUTER-RETURN) PROGRAM, WHICH OFFERS FREE SURGERIES, MICROCHIPS, AND VACCINES FOR HOMELESS CATS, AND OFFERS FREE OR MINIMAL COST PITBULL SPAY AND NEUTER SURGERIES FOR COUNTY RESIDENTS. THE MEDICAL CENTER CLINIC ALSO PARTICIPATES IN A TARGETED SPAY/NEUTER PROJECT, WHICH OFFERS FREE SURGERIES AND RABIES VACCINES TO RESIDENTS IN CERTAIN ZIP CODES. (SEE FREE SPAY AND NEUTER SURGERIES BELOW).

HOMELESS CATS - PROVIDES COMMUNITY AWARENESS ABOUT THE PLIGHT OF 125,000 HOMELESS CATS IN SANTA CLARA COUNTY. THE ORGANIZATION PARTNERED WITH COMMUNITY VOLUNTEER GROUPS AND OTHER SHELTERS TO ADDRESS THIS ISSUE. THE ORGANIZATION PROVIDES LOW COST TRAP NEUTER AND RELEASE (TNR) SERVICES FOR SANTA CLARA COUNTY RESIDENTS THROUGH THE MEDICAL CENTER CLINIC. THIS PROGRAM IS FUNDED BY DONOR GRANTS, THE COUNTY OF SANTA CLARA AND THE CITY OF SUNNYVALE. NEARLY 1,240 HOMELESS CATS WERE SPAYED OR NEUTERED AS PART OF THIS PROGRAM DURING THE YEAR ENDED JUNE 30, 2018. THE FERAL CATS WERE ALSO GIVEN FREE MICROCHIPS, PARASITE TREATMENTS AND VACCINES. THE ORGANIZATION HAS PRODUCED A DVD CALLED "CATS WITHOUT A HOME" WHICH HAS AIRED NUMEROUS TIMES ON LOCAL TELEVISION TO RAISE AWARENESS OF THE HOMELESS CAT ISSUE IN THE COMMUNITY. THE ORGANIZATION ALSO HOLDS TRAINING CLASSES TO EDUCATE COMMUNITY MEMBERS ON HOW TO PARTICIPATE IN THE TNR PROGRAM TO HELP HOMELESS CATS.

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FREE SPAY AND NEUTER SURGERIES - IN AN EFFORT TO DECREASE THE NUMBERS OF UNWANTED ANIMALS IN THE ORGANIZATION'S SHELTERS, MEMBERS OF THE PUBLIC THAT LIVE IN FIVE TARGETED ZIP CODES IN SANTA CLARA COUNTY CAN RECEIVE FREE SPAY AND NEUTER SURGERIES, FREE VACCINES, AND FREE MICROCHIPS. THESE SERVICES ARE SUBSIDIZED BY PRIVATE FUNDERS. THIS PROGRAM IS FULFILLED, AT HUMANE SOCIETY SILICON VALLEY'S LYN LASAR MEDICAL CENTER, SAN JOSE ANIMAL CARE AND SERVICES, AND THROUGH MOBILE CLINICS.

PREVENT UNWANTED PREGNANCIES "PUP" - IN AN EFFORT TO DECREASE THE NUMBERS OF UNWANTED DOGS AND CATS IN OUR COMMUNITY, MEMBERS OF THE PUBLIC CAN SURRENDER HEALTHY LITTERS OF PUPPIES AND KITTENS UP TO FOUR MONTHS OF AGE WITH NO SURRENDER FEE. THE ORGANIZATION WILL SPAY OR NEUTER THE MOTHER AND FATHER AT NO CHARGE FOR THE OWNERS. ALL OF THE SURRENDERED PUPPIES AND KITTENS RECEIVE NEEDED VETERINARY CARE AND ARE SPAYED OR NEUTERED PRIOR TO ADOPTION. ADDITIONALLY, IF THE SURRENDERING OWNER STATES THAT THEY HAVE ALREADY FOUND HOMES FOR SOME OF THE LITTER, HUMANE SOCIETY SILICON VALLEY WILL SPAY OR NEUTER THOSE INDIVIDUALS AT NO CHARGE AS WELL, PRIOR TO THEM GOING INTO THEIR NEW HOMES. AS PART OF THIS PROGRAM, THE ORGANIZATION SPAYED OR NEUTERED APPROXIMATELY 70 DOGS, CATS, PUPPIES AND KITTENS DURING THE YEAR ENDED JUNE 30, 2018.

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

THE ORGANIZATION IS NOW ALSO STARTING TO TRACK PRE-ADOPTION SUPPORT (I.E. SUPPORT THAT THE ORGANIZATION IS GIVING TO THE FOSTER HOMES). THE BEHAVIOR TEAM IS DOING MORE, TO TRY AND PROVIDE PRE-ADOPTION SUPPORT WHILE THE ANIMAL IS IN-CARE. THEY HAVE BEEN WORKING MORE WITH FOSTER

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FAMILIES AND EVEN PROVIDING TRAINING (BOTH ONE ON ONE, AND IN GROUP CLASSES) WHILE THE DOG IS IN FOSTER.

PET PANTRY - OFFERS DOG AND CAT FOOD AND OTHER SUPPLIES AT NO CHARGE TO COMMUNITY MEMBERS WHO CANNOT AFFORD TO FEED THEIR PETS OR HOMELESS CAT COLONIES. FREQUENTLY, THESE ANIMALS ARE GIVEN UP SIMPLY BECAUSE THE GUARDIAN HAS LOST HIS/HER JOB AND CAN NO LONGER PROVIDE THE FOOD THAT THE ANIMAL NEEDS. THE ORGANIZATION IS COMMITTED TO KEEPING ANIMALS IN THEIR HOMES. THROUGH THIS PROGRAM, THE ORGANIZATION HAS DISTRIBUTED APPROXIMATELY 6,700 POUNDS OF DRY DOG OR CAT FOOD AND 10,200 CANS OF WET DOG OR CAT FOOD TO A TOTAL OF 67 HOUSEHOLDS, 25 HOMELESS CAT COLONIES, AND 2 RESCUE GROUPS DURING THE YEAR ENDED JUNE 30, 2018.

LOST AND FOUND - FURNISHES PROACTIVE SERVICES FOR PEOPLE WHO HAVE EITHER LOST A BELOVED PET OR FOUND AN ANIMAL INCLUDING MAINTAINING A LOST/FOUND DATABASE, LOST PET RECOVERY COUNSELING AND A "CAR TAGGING" SERVICE FOR OWNERS TO HELP INCREASE VISIBILITY OF THEIR LOST PET.

VOLUNTEER PROGRAMS - ENGAGES COMMUNITY MEMBERS IN A PARTNERSHIP TO SAVE AND ENHANCE THE LIVES OF ANIMALS IN OUR AREA. THIS PARTNERSHIP IS ACHIEVED BY INCLUDING VOLUNTEERS IN EVERY ASPECT OF THE ORGANIZATION THROUGH A VARIETY OF VOLUNTEER POSITIONS, INCLUDING BUT NOT LIMITED TO: ANIMAL SOCIALIZERS; ADOPTION HOSTS AND COUNSELORS; CUSTOMER SERVICE ASSISTANTS; MEDICAL CENTER ASSISTANTS; SHELTER HOSPITAL ASSISTANTS; PET STORE CLERKS; FOSTER PARENTS; SPECIAL EVENTS COORDINATORS; DEVELOPMENT OFFICE ASSISTANTS; VOLUNTEER DEPARTMENT ASSISTANTS; ANIMAL TRANSPORTERS; COMMUNITY EVENT VOLUNTEERS; AND EDUCATION AMBASSADORS. IN ADDITION, HUMANE SOCIETY SILICON VALLEY'S CORPORATE VOLUNTEER PROGRAM



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PROVIDES SILICON VALLEY EMPLOYEES WITH A TEAM-BUILDING EXPERIENCE THAT  
MAKES A DIFFERENCE IN THE LIVES OF HOMELESS ANIMALS.

EDUCATION - OFFERS A VARIETY OF PROGRAMS FOR CHILDREN AND TEENS  
INCLUDING KIND KIDS FIELD TRIPS FOR ELEMENTARY SCHOOL STUDENTS IN TITLE  
I SCHOOLS; A COMPASSION IN ACTION AND ANIMAL STARZ VOLUNTEERING PROGRAM  
FOR PRE-TEENS AND TEENS; ANIMAL CARE WORKSHOPS, AN INTERACTIVE WORKSHOP  
FOR GRADES 1-10 EMPHASIZING COMMUNITY ACTIVISM; SHELTER TOURS, FOR  
CHILDREN AND FAMILIES; SUMMER CAMP CLASSES FOR CAMPERS GRADES 3-8; GIRL  
SCOUTS BRONZE AWARD AND SILVER AWARD WORKSHOPS; AND BIRTHDAY PARTIES, A  
FUN, EDUCATIONAL EXPERIENCE ANYONE AGED 7 AND UP. FOR THE YEAR ENDED  
JUNE 30, 2018, OVER 7,900 PRE-K THROUGH HIGH SCHOOL STUDENTS ATTENDED  
THESE EDUCATIONAL PROGRAMS, WITH AN AVERAGE OF 29 PROGRAMS SCHEDULED  
PER MONTH.

PET STORE - OFFERS PRODUCTS AND SERVICES DESIGNED TO SUPPORT THE HUMAN  
ANIMAL BOND. THIS INCLUDES OFFERING PRODUCTS AND EDUCATING PET  
GUARDIANS IN NUTRITION, BASIC BEHAVIOR AND TRAINING TOOLS,  
DEVELOPMENTAL TOYS, GROOMING, SUPPLEMENTS AND OTHER PRODUCTS THAT  
REINFORCE A HOLISTIC APPROACH TO HEALTH CARE. THE PET STORE ALSO OFFERS  
HIGH QUALITY SNACKS AND BOTTLED BEVERAGES, AS A CONVENIENCE TO ANIMAL  
COMMUNITY CENTER VISITORS.

MEMBERS ONLY DOG PARK - PROVIDES A FUN AND HEALTHY OFF-LEASH PLAY  
ENVIRONMENT FOR DOGS AND THEIR PEOPLE. SCREENING FOR FRIENDLY, SOCIAL  
BEHAVIOR TOWARD PEOPLE AND OTHER DOGS OCCURS. MEDICAL RECORDS ARE  
REVIEWED FOR CURRENT VACCINATIONS AND OTHER PREVENTATIVE HEALTH  
MEASURES. AT JUNE 30, 2018 THE ORGANIZATION'S MEMBERSHIP INCLUDED

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APPROXIMATELY 220 DOGGIE MEMBERS.

DOG TRAINING - PROVIDES OBEDIENCE TRAINING THAT FOCUSES ON DEVELOPING THE HUMAN-CANINE BOND WITH SPECIAL ATTENTION ON NEW ADOPTERS. PROMOTES A POSITIVE, FORCE-FREE PHILOSOPHY TO DOG TRAINING AND GUARDIANSHIP. THROUGH CLASSES, SEMINARS AND WORKSHOPS HUMANE SOCIETY SILICON VALLEY EDUCATES THE PUBLIC ON ANIMAL BEHAVIOR, HOW ANIMALS LEARN, AND WAYS TO MANAGE NORMAL BUT UNDESIRABLE BEHAVIORS. THE CLASSES, SEMINARS AND WORKSHOPS ARE OFFERED ONSITE AT THE ANIMAL COMMUNITY CENTER. DURING THE YEAR ENDED JUNE 30, 2018, THE ORGANIZATION'S TRAINING PROGRAMS EDUCATED 1,810 CANINES AND THEIR PEOPLE, INCLUDING 15 SHELTER DOGS ON SCHOLARSHIP.

GROOMING - SERVICES ARE AVAILABLE TO THE PUBLIC AND ALSO GIVE SHELTER ANIMALS, WHO MAY NOT OTHERWISE HAVE A CHANCE TO PUT THEIR BEST "PAW" FORWARD, AN OPPORTUNITY TO LOOK AND FEEL THEIR BEST, THUS ENABLING A QUICK PLACEMENT IN A FOREVER HOME. APPROXIMATELY 50 SHELTER DOGS WERE GROOMED IN THE YEAR ENDED JUNE 30, 2018.

GRIEF COUNSELING - OFFERS SUPPORT GROUP FACILITATED BY A LICENSED MARRIAGE AND FAMILY PRACTITIONER FOR PEOPLE WHO HAVE SUFFERED A LOSS OF A COMPANION ANIMAL.

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

PROGRAMS TO SAVE LIVES - MUTUAL RESCUE:

LAUNCHED MUTUAL RESCUE, A NATIONAL INITIATIVE CREATED BY HUMANE SOCIETY SILICON VALLEY TO CHANGE THE CONVERSATION AROUND ANIMAL WELFARE FROM

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

PEOPLE ALL ACROSS THE COUNTRY HAVE STORIES TO TELL ABOUT HOW SHELTER ANIMALS HAVE CHANGED THEIR LIVES FOR THE BETTER AND MUTUAL RESCUE IS BRINGING THESE STORIES TO THE WORLD STAGE. THE FIRST FILM, "ERIC & PEETY," WAS INSTANTLY A VIRAL INTERNET SENSATION AND HAS BEEN VIEWED MORE THAN 90 MILLION TIMES ACROSS THE GLOBE.

MUTUAL RESCUE BELIEVES THAT HELPING ANIMALS HELPS PEOPLE. AND YET, OF THE \$373 BILLION IN CHARITABLE DONATIONS MADE IN THE U.S. IN 2015, LESS THAN 1% WENT TO ANIMAL-RELATED CAUSES. THE INITIATIVE WANTS TO RAISE 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.

A RECENT SURVEY REVEALED THAT 71% OF AMERICANS BELIEVE THEIR LOCAL HUMANE SOCIETY IS A BRANCH OF THE HUMANE SOCIETY OF THE UNITED STATES. THIS IS NOT THE CASE, AND ONE OF THE GOALS OF MUTUAL RESCUE IS TO HELP PEOPLE UNDERSTAND THE IMPORTANCE OF GIVING DIRECTLY TO THEIR LOCAL SHELTERS TO CREATE THE BIGGEST IMPACT IN THEIR LOCAL COMMUNITIES.

MUTUAL RESCUE EMPHASIZES BRINGING LOCAL COMMUNITIES TOGETHER TO SUPPORT BOTH ANIMALS AND HUMANS. THIS ULTIMATELY MEANS CONNECTING MILLIONS OF ANIMALS WITH MILLIONS OF PEOPLE TO CREATE THE POSITIVE TRANSFORMATION OF COMMUNITIES ALL ACROSS THE COUNTRY.

IN THE YEARS ENDED JUNE 30, 2018 AND 2017, THE ORGANIZATION RECEIVED APPROXIMATELY \$330,000 AND \$577,000, RESPECTIVELY, IN CONTRIBUTIONS AND

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OTHER PROGRAM FEES RESTRICTED OR DESIGNATED TO THE MUTUAL RESCUE INITIATIVE.

EXPENSES \$ 514,073. INCLUDING GRANTS OF \$ 0. REVENUE \$ 62,830.

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 WAS PROVIDED TO THE BOARD MEMBERS FOR THEIR REVIEW PRIOR TO FILING.

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

ANNUALLY, THE BOARD MEMBERS, OFFICERS AND KEY EMPLOYEES ARE ASKED TO COMPLETE AND SIGN A "CONFLICT OF INTEREST POLICY & REASONABLE EFFORTS" QUESTIONNAIRE. THERE IS A CONFLICT OF INTEREST POLICY, WHISTLEBLOWER POLICY AND CODE OF ETHICS AND CONDUCT POLICY INCLUDED IN THE EMPLOYEE HANDBOOK. HUMAN RESOURCES POINTS THEM OUT AS KEY POLICIES IN THE EMPLOYEE HANDBOOK DURING ORIENTATION WITH ALL NEW EMPLOYEES. IN THE EVENT OF A CONFLICT, PROCEDURES FOR ADDRESSING THE CONFLICT OF INTEREST ARE SPECIFIED IN THE ORGANIZATION'S POLICY. THEY INCLUDE DISCUSSION AMONG THE EXECUTIVE TEAM AND IF NEEDED, PRESENTATION TO THE BOARD OF DIRECTORS, DISCUSSION BY THE BOARD, INVESTIGATION OF ALTERNATIVES, OTHER DUE DILIGENCE, AND SPECIFIC RULES FOR MAKING A DECISION ON A COURSE OF ACTION.

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

WHEN COMPENSATION IS MODIFIED, USUALLY ANNUALLY, THE BOARD OF DIRECTORS CONDUCTS A STUDY OF CHIEF EXECUTIVE/PRESIDENT AND CHIEF FINANCIAL EMPLOYEE COMPENSATION OF OTHER SIMILAR ORGANIZATIONS MEETING THE FOLLOWING CRITERIA:

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;

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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, SECTION C, LINE 19:  
AUDIT REPORTS, ANNUAL REPORTS, AND 990'S ARE POSTED DIRECTLY ON ITS WEBSITE. HSSV PROVIDES A CONTACT EMAIL ON ITS WEBSITE FOR ANYONE WHO WANTS TO REQUEST A COPY OF OTHER DOCUMENTS, SUCH AS THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY.

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| Asset No. | Description                                  | Date Acquired | Method | Life  | Conv | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | * Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|-----------|--|---------------|--------|-------|------|----------|--------------------------|------------|---------------------|----------------------|------------------------|------------------------------------|-------------------------|------------------------|---------------------------------|
|           | BUILDINGS                                    |               |        |       |      |          |                          |            |                     |                      |                        |                                    |                         |                        |                                 |
| 19        | BUILDING                                     | 04/30/09      |        | 50.00 |      | HY16     | 16381031.                |            |                     |                      | 16381031.              | 2,672,404.                         |                         | 327,620.               | 3,000,024.                      |
|           | * 990 PAGE 10 TOTAL BUILDINGS                |               |        |       |      |          | 16381031.                |            |                     |                      | 16381031.              | 2,672,404.                         |                         | 327,620.               | 3,000,024.                      |
|           | MACHINERY & EQUIPMENT                        |               |        |       |      |          |                          |            |                     |                      |                        |                                    |                         |                        |                                 |
| 13        | MACHINERY & EQUIPMENT                        | VARIOUS       |        | .000  |      | HY16     | 1,148,101.               |            |                     |                      | 1,148,101.             | 885,946.                           |                         | 49,876.                | 935,822.                        |
|           | * 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT    |               |        |       |      |          | 1,148,101.               |            |                     |                      | 1,148,101.             | 885,946.                           |                         | 49,876.                | 935,822.                        |
|           | TRANSPORTATION EQUIPMENT                     |               |        |       |      |          |                          |            |                     |                      |                        |                                    |                         |                        |                                 |
| 16        | AUTOMOBILES                                  | VARIOUS       |        | .000  |      | HY16     | 110,742.                 |            |                     |                      | 110,742.               | 97,936.                            |                         | 3,574.                 | 101,510.                        |
|           | * 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT |               |        |       |      |          | 110,742.                 |            |                     |                      | 110,742.               | 97,936.                            |                         | 3,574.                 | 101,510.                        |
|           | LAND   |               |        |       |      |          |                          |            |                     |                      |                        |                                    |                         |                        |                                 |
| 1         | LAND   | 04/30/09      |        | .000  |      | HY16     | 5,146,351.               |            |                     |                      | 5,146,351.             |                                    |                         | 0.                     |                                 |
|           | * 990 PAGE 10 TOTAL LAND                     |               |        |       |      |          | 5,146,351.               |            |                     |                      | 5,146,351.             | 0.                                 |                         | 0.                     | 0.                              |
|           | OTHER  |               |        |       |      |          |                          |            |                     |                      |                        |                                    |                         |                        |                                 |
| 15        | COMPUTERS & SOFTWARE                         | VARIOUS       |        | .000  |      | HY16     | 184,327.                 |            |                     |                      | 184,327.               | 149,902.                           |                         | 8,017.                 | 157,919.                        |
| 20        | LAND IMPROVEMENTS                            | VARIOUS       |        | .000  |      | HY16     | 2,615,308.               |            |                     |                      | 2,615,308.             | 1,557,017.                         |                         | 192,308.               | 1,749,325.                      |
|           | * 990 PAGE 10 TOTAL OTHER                    |               |        |       |      |          | 2,799,635.               |            |                     |                      | 2,799,635.             | 1,706,919.                         |                         | 200,325.               | 1,907,244.                      |
|           | * GRAND TOTAL 990 PAGE 10 DEPR               |               |        |       |      |          | 25585860.                |            |                     |                      | 25585860.              | 5,363,205.                         |                         | 581,395.               | 5,944,600.                      |

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868) .**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

|  | Enter filer's identifying number  |  |
|--|---|--|
| <b>Type or print</b>   | Name of exempt organization or other filer, see instructions.<br><b>HUMANE SOCIETY SILICON VALLEY</b>                 | Employer identification number (EIN) or<br><b>94-1196215</b> |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>901 AMES AVENUE</b>                      | Social security number (SSN)                                 |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>MILPITAS, CA 95035</b> |  |

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

| Application Is For                       | Return Code | Application Is For                | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                  | 01          | Form 990-T (corporation)          | 07          |
| Form 990-BL                              | 02          | Form 1041-A                       | 08          |
| Form 4720 (individual)                   | 03          | Form 4720 (other than individual) | 09          |
| Form 990-PF                              | 04          | Form 5227                         | 10          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 6069                         | 11          |
| Form 990-T (trust other than above)      | 06          | Form 8870                         | 12          |

**LAUREN GALLAGHER**

• The books are in the care of ▶ **901 AMES AVENUE - MILPITAS, CA 95035**  
Telephone No. ▶ **(408) 262-2133** Fax No. ▶ **(408) 262-2131**

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **MAY 15, 2019**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year \_\_\_\_\_ or
- ▶  tax year beginning **JUL 1, 2017**, and ending **JUN 30, 2018**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

|   |           |    |    |
|---|-----------|----|----|
| <b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                   | <b>3a</b> | \$ | 0. |
| <b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | <b>3b</b> | \$ | 0. |
| <b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.              | <b>3c</b> | \$ | 0. |

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**MAIL TO: DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE CENTER  
OGDEN, UT 84201-0045**