

# **PUBLIC DISCLOSURE COPY**

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**ARMANINO LLP**

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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2018

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning JUL 1, 2018 and ending JUN 30, 2019

Form 990 header section containing organization name (HUMANE SOCIETY SILICON VALLEY), address (901 AMES AVENUE, MILPITAS, CA 95035), EIN (94-1196215), and other identifying information.

Part I Summary

Summary table with columns for Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, governance metrics, and financial data for Prior Year and Current Year.

Part II Signature Block

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

Signature block section with fields for officer signature (KURT KRUKENBERG), preparer name (LAWRENCE S. KUECHLER), and firm information (ARMANINO LLP).

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: 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? [ ] Yes [X] 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 \$ 4,987,041. including grants of \$ ) (Revenue \$ 1,381,312. ) 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 SUCCESSFUL ADOPTION PLACEMENT, AND PROVIDES POST ADOPTION SUPPORT TO ADOPTERS. ADOPTIONS TAKE PLACE AT THREE LOCATIONS: THE ANIMAL COMMUNITY CENTER IN MILPITAS AND THE PETCO NEIGHBORHOOD ADOPTION CENTERS IN SUNNYVALE AND WEST SAN JOSE. THE ORGANIZATION PROVIDES SEVERAL ONGOING DISCOUNTS TO MAKE ADOPTION MORE AFFORDABLE TO MEMBERS OF THE PUBLIC, INCLUDING: (SEE SCHEDULE O FOR CONTINUATION)

4b (Code: ) (Expenses \$ 3,280,886. including grants of \$ ) (Revenue \$ 485,250. ) PROGRAMS TO SAVE LIVES - MEDICAL SERVICES:

-HOSPITAL AND TRIAGE - PERFORMS INITIAL HEALTH EXAMS, VACCINATIONS, MICROCHIPPING, AND IF NEEDED, LONG TERM MEDICAL CARE FOR ALL INCOMING ADOPTABLE SHELTER ANIMALS. APPROXIMATELY 3,400 ANIMALS REQUIRED MEDICAL TREATMENT AND REHABILITATION BY MEDICAL STAFF IN THE YEAR ENDING JUNE 30, 2019.

-MEDICAL CENTER CLINIC - PROVIDES LOW-COST, AFFORDABLE MEDICAL SERVICES TO THE PUBLIC, INCLUDING SPAY AND NEUTER SURGERIES, VACCINATIONS, DISEASE TESTING, DEWORMING, MICROCHIPPING AND OTHER MEDICAL PROCEDURES. (SEE SCHEDULE O FOR CONTINUATION)

4c (Code: ) (Expenses \$ 1,344,888. including grants of \$ ) (Revenue \$ 674,988. ) COMMUNITY PROGRAMS FOR PEOPLE AND ANIMALS:

-DOG CARE SERVICES - INCLUDES SERVICES FOR DOG OWNERS TO KEEP THEIR PETS HEALTHY AND HAPPY IN THEIR HOMES.

--MEMBERS ONLY DOG PARK PROVIDES A FUN AND HEALTHY OFF-LEASH PLAY ENVIRONMENT FOR DOGS AND THEIR PEOPLE.

--DOG TRAINING PROVIDES OBEDIENCE TRAINING FOCUSED ON DEVELOPING THE HUMAN-CANINE BOND WITH SPECIAL ATTENTION ON NEW ADOPTERS. PROGRAMS PROMOTE A POSITIVE, FORCE-FREE PHILOSOPHY TO DOG TRAINING. IN THE YEAR ENDING JUNE 30, 2019, OVER 1,000 PARTICIPANTS ATTENDED APPROXIMATELY 200 CLASSES. (SEE SCHEDULE O FOR CONTINUATION)

4d Other program services (Describe in Schedule O.) (Expenses \$ 552,911. including grants of \$ ) (Revenue \$ 93,305.)

4e Total program service expenses 10,165,726.

**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)? <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? <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? <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
<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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096 and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA, AK, AL, AR, FL, GA, HI, IL, KS, KY, MA, MD
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request [ ] Other (explain 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) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KURT KRUKENBERG BOARD CHAIR	6.00	X		X				0.	0.	0.
(2) SALLY HAZARD BOURGOIN VICE CHAIR	4.00	X		X				0.	0.	0.
(3) PETER DETKIN SECRETARY	4.00	X		X				0.	0.	0.
(4) CHRISTY RICHARDSON TREASURER	4.00	X		X				0.	0.	0.
(5) ALLISON BUCHANAN BOARD MEMBER	3.00	X						0.	0.	0.
(6) ANDREA BORCH BOARD MEMBER	3.00	X						0.	0.	0.
(7) BLYTHE JACK BOARD MEMBER	3.00	X						0.	0.	0.
(8) BRENDA SWINEY BOARD MEMBER	3.00	X						0.	0.	0.
(9) DEBBIE VANDERZWAAG BOARD MEMBER	3.00	X						0.	0.	0.
(10) SUE DIEKMAN BOARD MEMBER	3.00	X						0.	0.	0.
(11) LARS RABBE BOARD MEMBER	3.00	X						0.	0.	0.
(12) REBECCA RANNINGER OWEN BOARD MEMBER	3.00	X						0.	0.	0.
(13) CLINT SEVERSON (TO 2/19) SECRETARY	3.00	X		X				0.	0.	0.
(14) SUMITA DUTTA (TO 2/19) BOARD MEMBER	3.00	X						0.	0.	0.
(15) CAROL NOVELLO PRESIDENT	40.00			X				256,507.	0.	18,696.
(16) CANDICE BALMACEDA VP OF FINANCE	40.00			X				164,296.	0.	30,547.
(17) CRISTIE KAMIYA CHIEF OF SHELTER MEDICINE	40.00				X			190,264.	0.	22,446.



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JOANNE JACOBS CHIEF OF OPERATIONS	40.00					X		177,598.	0.	12,674.
(19) STEPHANIE LADEIRA VICE PRESIDENT DEVELOPMENT	40.00					X		188,820.	0.	23,891.
(20) ANDREA MOORE STAFF VETERINARIAN	40.00					X		150,164.	0.	2,852.
(21) MARIA YVONNE SAUCEDO VP HR VOLUNTEER PROGRAMS & HUMANE ED	40.00					X		137,858.	0.	25,730.
(22) SANDRA MALLALIEU SENIOR DIRECTOR, MARKETING	40.00					X		110,822.	0.	2,210.
<b>1b Sub-total</b> .....								1,376,329.	0.	139,046.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								1,376,329.	0.	139,046.

**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
<b>3</b> 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
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <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) Name and business address	(B) Description of services	(C) Compensation
ONE & ALL, INC. FKA GRIZZARD, 2 N. LAKE AVE, SUITE #600, PASADENA, CA 91101-1868	DIRECT MAIL, CALENDAR AND NEWSLETTER	582,645.
MENLO CIRCUS CLUB 190 PARK LANE, ATHERTON, CA 94027	RENT/FACILITY	134,390.
BLACKBAUD 2435 GOODWIN LANE, NEW BRAUNFELS, TX 78135	SOFTWARE SERVICES	123,142.

**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 **3**

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants 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>	596,035.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	8,900,834.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		415,773.				
	<b>h Total.</b> Add lines 1a-1f .....		9,496,869.				
	<b>Program Service Revenue</b>	<b>2 a</b> SAVE LIVES & PLACEMENT .....	<b>Business Code</b> 900099	989,611.	989,611.		
<b>b</b> COMMUNITY PROGRAMS .....		900099	467,516.	467,516.			
<b>c</b> MEDICAL SERVICES .....		900099	453,010.	453,010.			
<b>d</b> CONTRACTS WITH GOVERNMENT .....		900099	386,705.	386,705.			
<b>e</b> MUTUAL RESCUE .....		900099	93,305.	93,305.			
<b>f</b> All other program service revenue .....							
<b>g Total.</b> Add lines 2a-2f .....			2,390,147.				
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		847,105.			847,105.
	<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 assets other than inventory .....	(i) Securities					
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses .....					
		<b>c</b> Gain or (loss) .....					
	<b>d</b> Net gain or (loss) .....			733,478.			733,478.
	<b>8 a</b> Gross income from fundraising events (not including \$ 596,035. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>	669,840.				
		<b>b</b> Less: direct expenses .....	669,840.				
<b>c</b> Net income or (loss) from fundraising events .....				0.			
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>	3,975.					
	<b>b</b> Less: direct expenses .....	0.					
	<b>c</b> Net income or (loss) from gaming activities .....			3,975.		3,975.	
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>	559,262.					
	<b>b</b> Less: cost of goods sold .....	326,368.					
	<b>c</b> Net income or (loss) from sales of inventory .....			232,894.	232,894.		
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> MISCELLANEOUS .....	900099	11,814.	11,814.				
<b>b</b> .....							
<b>c</b> .....							
<b>d</b> All other revenue .....							
<b>e Total.</b> Add lines 11a-11d .....			11,814.				
<b>12 Total revenue.</b> See instructions .....			13,716,282.	2,634,855.	0.	1,584,558.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	698,333.	363,870.	215,790.	118,673.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	6,232,215.	4,948,275.	497,109.	786,831.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	92,683.	76,703.	7,621.	8,359.
<b>9</b> Other employee benefits .....	727,368.	595,512.	60,664.	71,192.
<b>10</b> Payroll taxes .....	537,884.	417,175.	51,301.	69,408.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	68,251.	32,173.	32,234.	3,844.
<b>c</b> Accounting .....	50,765.		50,765.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17 .....	177,287.			177,287.
<b>f</b> Investment management fees .....	85,312.	59,369.	23,557.	2,386.
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) .....	740,692.	561,009.	14,744.	164,939.
<b>12</b> Advertising and promotion .....	187,024.	113,856.	9,006.	64,162.
<b>13</b> Office expenses .....	310,048.	160,282.	29,606.	120,160.
<b>14</b> Information technology .....	311,458.	210,917.	31,428.	69,113.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	390,038.	357,836.	18,776.	13,426.
<b>17</b> Travel .....	43,482.	34,362.	8,096.	1,024.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	33,321.	27,385.	3,155.	2,781.
<b>20</b> Interest .....	179,843.	164,035.	9,217.	6,591.
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	598,938.	546,290.	30,697.	21,951.
<b>23</b> Insurance .....	77,505.	61,516.	8,078.	7,911.
<b>24</b> 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.)				
<b>a</b> OPERATING SUPPLIES .....	940,207.	938,264.	825.	1,118.
<b>b</b> COMM. & DIRECT MAIL .....	388,206.	381,033.	7,173.	
<b>c</b> OTHER BOND COSTS .....	127,031.	115,864.	6,511.	4,656.
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> Total functional expenses. Add lines 1 through 24e	12,997,891.	10,165,726.	1,116,353.	1,715,812.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	3,503,637.	<b>1</b>	2,553,754.
	<b>2</b> Savings and temporary cash investments .....	2,856,026.	<b>2</b>	746,035.
	<b>3</b> Pledges and grants receivable, net .....	2,036,465.	<b>3</b>	929,191.
	<b>4</b> Accounts receivable, net .....	67,381.	<b>4</b>	106,284.
	<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 .....	77,925.	<b>8</b>	66,639.
	<b>9</b> Prepaid expenses and deferred charges .....	167,836.	<b>9</b>	301,825.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 26,128,552.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 6,543,535.	19,641,260.	<b>10c</b> 19,585,017.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	20,115,321.	<b>12</b>	24,474,001.
	<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 .....	378,759.	<b>15</b>	366,376.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	48,844,610.	<b>16</b>	49,129,122.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	893,471.	<b>17</b>	1,028,741.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	45,923.	<b>19</b>	96,703.
	<b>20</b> Tax-exempt bond liabilities .....	10,901,499.	<b>20</b>	10,465,533.
	<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 .....	11,840,893.	<b>26</b>	11,590,977.
<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 .....	31,408,208.	<b>27</b>	32,238,285.
	<b>28</b> Temporarily restricted net assets .....	2,614,364.	<b>28</b>	2,018,715.
	<b>29</b> Permanently restricted net assets .....	2,981,145.	<b>29</b>	3,281,145.
	<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 .....	37,003,717.	<b>33</b>	37,538,145.
<b>34</b> Total liabilities and net assets/fund balances .....	48,844,610.	<b>34</b>	49,129,122.	

**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>	13,716,282.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	12,997,891.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	718,391.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	37,003,717.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-183,963.
<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>	37,538,145.

**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>		

Form **990** (2018)



**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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	10,660,153.	9,530,904.	9,896,595.	9,892,908.	9,496,869.	49,477,429.
<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 .....	10,660,153.	9,530,904.	9,896,595.	9,892,908.	9,496,869.	49,477,429.
<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) .....						3,157,553.
<b>6 Public support.</b> Subtract line 5 from line 4.						46,319,876.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4 .....	10,660,153.	9,530,904.	9,896,595.	9,892,908.	9,496,869.	49,477,429.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	497,826.	533,958.	480,252.	566,091.	847,105.	2,925,232.
<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.	685,629.	1,933,177.
<b>11 Total support.</b> Add lines 7 through 10						54,335,838.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	14,100,179.
<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 2018 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	85.25 %
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 .....	<b>15</b>	85.86 %
<b>16a 33 1/3% support test - 2018.</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 - 2017.</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 - 2018.</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 - 2017.</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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2018.** 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 - 2017.** 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 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.

<b>Section A - Adjusted Net Income</b>		(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	

<b>Section B - Minimum Asset Amount</b>		(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	

<b>Section C - Distributable Amount</b>			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).		

Schedule A (Form 990 or 990-EZ) 2018

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

Section D - Distributions	Current Year
<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 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013			
<b>b</b> From 2014			
<b>c</b> From 2015			
<b>d</b> From 2016			
<b>e</b> From 2017			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2018 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2018, 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 2018. 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 2019.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2014			
<b>b</b> Excess from 2015			
<b>c</b> Excess from 2016			
<b>d</b> Excess from 2017			
<b>e</b> Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018



# 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

# 2018

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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 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).

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ 1,192,683.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 1,002,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 556,946.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 336,477.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ 253,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ 242,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____



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

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

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2018**

**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 <p style="text-align: center;">HUMANE SOCIETY SILICON VALLEY</p>	Employer identification number <p style="text-align: center;">94-1196215</p>
--	---

**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-.

**For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.** **Schedule C (Form 990 or 990-EZ) 2018**

**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> (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%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">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? .....														

Yes  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 (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (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		950.
<b>j</b> Total. Add lines 1c through 1i .....			950.
<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, 2019, THE

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

\$400 TO CALIFORNIA ANIMAL WELFARE ASSOCIATION, INCLUDING MEMBERSHIP

**Part IV** Supplemental Information (continued)

DUES WHICH SUPPORT THE LOBBY OF HUMANE ANIMAL LAWS IN CALIFORNIA; WROTE

LETTERS AND MET WITH THE STAFF OF STATE POLITICIANS URGING SUPPORT OF

ANIMAL WELFARE RELATED ORDINANCES AND LAWS.

SPECIFICALLY DURING THE YEAR ENDED JUNE 30, 2019, THE ORGANIZATION'S

PRESIDENT WROTE A LETTER TO A TOWN MAYOR REGARDING THE FERAL CAT COLONY

MANAGEMENT AND THE TNR PROGRAM. THE ORGANIZATION'S STAFF ALSO ATTENDED

A TOWN COUNCIL MEETING WHERE RELATED LEGISLATION WAS DISCUSSED. THE

ORGANIZATION ALSO WROTE LETTER TO GOVERNOR JERRY BROWN URGING HIM TO

VETO AN ANIMAL TRANSPORTATION RELATED BILL.

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

2018 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 yes/no 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.

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for tracking easements (2a-2d), and yes/no questions about monitoring and reporting.

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.

Form with questions (1a, 1b, 2) regarding reporting of art and historical treasures, including fields for revenue and assets.

**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	3,459,064.	3,416,913.	3,210,243.	3,277,959.	3,458,714.
b Contributions	300,000.				
c Net investment earnings, gains, and losses	214,651.	250,838.	415,350.	-67,716.	23,170.
d Grants or scholarships					
e Other expenditures for facilities and programs	208,680.	208,687.	208,680.		203,925.
f Administrative expenses					
g End of year balance	3,765,035.	3,459,064.	3,416,913.	3,210,243.	3,277,959.

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  87.15 %
- c Temporarily restricted endowment  12.85 %

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		16,443,089.	3,327,645.	13,115,444.
c Leasehold improvements				0.
d Equipment		1,335,157.	1,102,972.	232,185.
e Other		3,203,955.	2,112,918.	1,091,037.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				19,585,017.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A) FIXED INCOME SECURITIES	11,396,602.	END-OF-YEAR MARKET VALUE
(B) EQUITY MUTUAL FUNDS	7,024,556.	END-OF-YEAR MARKET VALUE
(C) CERTIFICATES OF DEPOSIT	6,052,843.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	24,474,001.	

**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>	13,550,618.
<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>	-183,963.	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	103,611.	
<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>	-80,352.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	13,630,970.
<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>	85,312.	
<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>	85,312.
<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>	13,716,282.

**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>	13,016,190.
<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>	103,611.	
<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>	103,611.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	12,912,579.
<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>	85,312.	
<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>	85,312.
<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>	12,997,891.

**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, 2016 AND BEYOND REMAIN SUBJECT TO POSSIBLE  
 EXAMINATION BY THE INTERNAL REVENUE SERVICE. THE ORGANIZATION'S CALIFORNIA  
 RETURNS OF THE TAX YEARS ENDED JUNE 30, 2015 AND BEYOND REMAIN SUBJECT TO  
 POSSIBLE EXAMINATION BY THE FRANCHISE TAX BOARD.



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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		FURBALL (event type)	TAILS 'N' ALES (event type)	NONE (total number)	
Revenue	1	Gross receipts	1,104,344.	161,531.	1,265,875.
	2	Less: Contributions	510,530.	85,505.	596,035.
	3	Gross income (line 1 minus line 2)	593,814.	76,026.	669,840.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	593,814.	76,026.	669,840.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			669,840.
11	Net income summary. Subtract line 10 from line 3, column (d)			0.	

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

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

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_

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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

**2018**

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) 2018

**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 PRESIDENT	(i)	256,507.	0.	0.	4,583.	14,113.	275,203.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CANDICE BALMACEDA VP OF FINANCE	(i)	164,296.	0.	0.	3,197.	27,350.	194,843.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CRISTIE KAMIYA CHIEF OF SHELTER MEDICINE	(i)	190,264.	0.	0.	3,508.	18,938.	212,710.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JOANNE JACOBS CHIEF OF OPERATIONS	(i)	177,598.	0.	0.	3,122.	9,552.	190,272.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) STEPHANIE LADEIRA VICE PRESIDENT DEVELOPMENT	(i)	188,820.	0.	0.	3,508.	20,383.	212,711.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ANDREA MOORE STAFF VETERINARIAN	(i)	150,164.	0.	0.	2,527.	325.	153,016.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MARIA YVONNE SAUCEDO VP HR VOLUNTEER PROGRAMS & HUMANE ED	(i)	137,858.	0.	0.	2,662.	23,068.	163,588.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**Part III** Supplemental Information

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

PART I, LINE 1A:

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

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**

<b>Part I Bond Issues</b>		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	16,000,000.	FINANCE THE CONSTRUCTION, EQUIPPING AND FURNISHING		X		X		X
<b>B</b>												
<b>C</b>												
<b>D</b>												

<b>Part II Proceeds</b>		<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
<b>1</b>	Amount of bonds retired .....	5,200,000.							
<b>2</b>	Amount of bonds legally defeased .....								
<b>3</b>	Total proceeds of issue .....	16,000,000.							
<b>4</b>	Gross proceeds in reserve funds .....								
<b>5</b>	Capitalized interest from proceeds .....								
<b>6</b>	Proceeds in refunding escrows .....								
<b>7</b>	Issuance costs from proceeds .....	320,000.							
<b>8</b>	Credit enhancement from proceeds .....	239,151.							
<b>9</b>	Working capital expenditures from proceeds .....								
<b>10</b>	Capital expenditures from proceeds .....	15,440,849.							
<b>11</b>	Other spent proceeds .....								
<b>12</b>	Other unspent proceeds .....								
<b>13</b>	Year of substantial completion .....	2010							
		<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>14</b>	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? .....		X						
<b>15</b>	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? .....		X						
<b>16</b>	Has the final allocation of proceeds been made? .....	X							
<b>17</b>	Does the organization maintain adequate books and records to support the final allocation of proceeds? .....	X							

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

**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						
3a Are there any management or service contracts that may result in private business use of bond-financed property? .....		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property? .....		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? .....								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government .....		%		%		%		%
6 Total of lines 4 and 5 .....		%		%		%		%
7 Does the bond issue meet the private security or payment test? .....	X							
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? .....	X							

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? .....		X						
2 If "No" to line 1, did the following apply? .....								
a Rebate not due yet? .....		X						
b Exception to rebate? .....	X							
c No rebate due? .....		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed .....								
3 Is the bond issue a variable rate issue? .....	X							

**Part IV Arbitrage** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<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? .....								
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)? .....		X						
<b>b</b> Name of provider .....								
<b>c</b> Term of GIC .....								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? .....								
<b>6</b> Were any gross proceeds invested beyond an available temporary period? .....		X						
<b>7</b> 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

**2018**

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 instructions and the latest information.

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	132	123,888.	PROC. NET OF REPAIRS
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	19	107,329.	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 ( AUCTION ITEMS )	X	189	101,375.	LOWER OF FMV/AUCTION
26 Other ( ANIMAL & MEDI )	X	828	63,181.	THRIFT STORE COST
27 Other ( PROPERTY AND )	X	1	20,000.	FMV
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**

	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)	147,038		
----------------------------	---------	--	--

COSTS OF REPAIR ETC.	-23,150	16%	
----------------------	---------	-----	--

NET AVAILABLE	123,888		
---------------	---------	--	--

FEE TO AUCTION CITY	-27,558	19%	22%
---------------------	---------	-----	-----

NET TO HSSV	96,330	66%	78%
-------------	--------	-----	-----

		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

**2018**

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 AND BEYOND, 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

HUMANE SOCIETY SILICON VALLEY IS SAVING HOMELESS PETS AND TRANSFORMING

HUMAN LIVES AT THE LOCAL, REGIONAL AND NATIONAL LEVELS. THE

ORGANIZATION DELIVERS ITS MISSION IMPACT THROUGH ACCOUNTABILITY,

ENGAGEMENT, INNOVATION AND TRANSPARENCY. SPECIFICALLY, THE

ORGANIZATION:

-SAVES 100% OF ALL HEALTHY ANIMALS IN THE ORGANIZATION'S CARE AND HAS

DONE SO SINCE 2006. IN THE YEAR ENDING JUNE 30, 2019, THE ORGANIZATION

SAVED 95% OF ALL ANIMALS THAT CAME THROUGH ITS DOORS, INCLUDING MANY

NEEDING REHABILITATION OR EXTENDED TREATMENT. SAVE RATE IS CALCULATED

USING THE TOTAL NUMBER OF ANIMALS THAT ENTERED THE SHELTER, ADOPTIONS,

ANIMALS RETURNED TO OWNERS, ANIMALS TRANSFERRED TO OTHER AGENCIES OR

COLONIES, ANIMALS EUTHANIZED, AND ANIMALS THAT DIED IN CARE. THIS SAVE

RATE COMPARES TO THE NATIONAL AVERAGE OF 77% (AS REPORTED ON

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

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Name of the organization HUMANE SOCIETY SILICON VALLEY	Employer identification number 94-1196215
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HTTPS://WWW.ASPCA.ORG/ANIMAL-HOMELESSNESS/SHELTER-INTAKE-AND-SURRENDER/P  
ET-STATISTICS).

-TAKES IN MORE THAN 7,100 ANIMALS PER YEAR. OF THOSE ANIMALS, OVER  
6,100 ARE ADOPTED THROUGH OUR ADOPTION PROGRAMS, APPROXIMATELY 150 ARE  
REUNITED WITH THEIR FAMILIES, AND 570 ARE TRANSFERRED OUT TO RESCUE  
GROUPS AND MANAGED CAT COLONIES.

-PERFORMS MORE THAN 8,500 SPAY/NEUTER SURGERIES PER YEAR.

-PROVIDES EDUCATION FOR OVER 7,600 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.

-MAINTAINS A NET PROMOTER SCORE OF MORE THAN 85 OUT OF 100 FOR THOSE  
VISITORS IN OUR ADOPTION AND MEDICAL CENTER. NET PROMOTER MEASURES THE  
WILLINGNESS OF CUSTOMERS TO RECOMMEND HSSV'S SERVICES AND THEIR LOYALTY  
TO THE BRAND.

-IS SUPPORTED BY MORE THAN 5,900 UNIQUE VOLUNTEERS WHO PROVIDED NEARLY  
250,000 HOURS IN A VARIETY OF VOLUNTEER ROLES IN EVERY ASPECT OF THE  
ORGANIZATION.



Name of the organization HUMANE SOCIETY SILICON VALLEY	Employer identification number 94-1196215
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-IS FUNDED THROUGH THE GENEROSITY OF MORE THAN 17,000 INDIVIDUAL SUPPORTERS AND HOUSEHOLDS WHO PROVIDE DONATIONS TO FURTHER THE ORGANIZATION'S MISSION TO SAVE AND ENHANCE LIVES.

THE ORGANIZATION IS COMMITTED TO MAINTAINING A ROBUST LIFE-SAVING ECOSYSTEM IN SILICON VALLEY. SPECIFICALLY, THE ORGANIZATION:

-CREATED AND LEADS AN INTER-AGENCY COALITION (WECARE) TO SAVE THE LIVES OF COMPANION ANIMALS IN SILICON VALLEY. THE ORGANIZATION FOUNDED THIS COALITION TO PROVIDE A PLATFORM FOR PUBLIC ANIMAL CARE AGENCIES TO WORK TOGETHER AS A COMMUNITY TO SAVE LIVES. VISIONARY LEADERSHIP IS IGNITING THESE ORGANIZATIONS TO COLLABORATE IN ACHIEVING GOALS PREVIOUSLY THOUGHT UNATTAINABLE. IN 2004, THE COMMUNITY-WIDE SAVE RATE WAS 30%; AS OF THE END OF CALENDAR YEAR 2018, THE SAVE RATE WAS 92%.

-PREVENTS UNINTENDED BIRTHS THROUGH TARGETED SPAY/NEUTER PROGRAMS.

--HUMANE SOCIETY ADMINISTERS A TARGETED SPAY/NEUTER PROGRAM TO ADDRESS LARGE NUMBERS OF HOMELESS ANIMALS COMING FROM FIVE SPECIFIC ZIP CODES IN SANTA CLARA COUNTY. THESE FUNDS ENABLE THE ORGANIZATION TO OFFER FREE SPAY/NEUTER SURGERIES, MICROCHIPS, AND VACCINES TO ALL DOGS IN THE ZIP CODES. THIS PROGRAM IS FULFILLED AT HUMANE SOCIETY SILICON VALLEY'S MEDICAL CENTER, SAN JOSE ANIMAL CARE AND SERVICES, AND THROUGH MOBILE CLINICS. OVER 1,300 OF THE ORGANIZATION'S TOTAL SURGERIES IN THE YEAR ENDING JUNE 30, 2019 WERE COMPLETED AS PART OF THIS TARGETED PROGRAM.

--HUMANE SOCIETY SILICON VALLEY'S PUP PROGRAM ALLOWS MEMBERS OF THE PUBLIC TO SURRENDER HEALTHY, UNINTENDED LITTERS OF PUPPIES AND KITTENS

Name of the organization HUMANE SOCIETY SILICON VALLEY	Employer identification number 94-1196215
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WITH NO SURRENDER FEE, AND THE ORGANIZATION ALSO SPAYS OR NEUTERS THE MOTHER AND FATHER AT NO CHARGE AND RETURNS THEM TO THE OWNERS. HSSV FINDS HOMES FOR THE SURRENDERED PUPPIES AND KITTENS AFTER PROVIDING VET CARE AND SPAY/NEUTER SURGERIES. MORE THAN 19 SPAY/NEUTER SURGERIES HAVE BEEN COMPLETED THROUGH THIS PROGRAM IN THE YEAR ENDING JUNE 30, 2019.

--HUMANE SOCIETY SILICON VALLEY PROVIDES FREE TRAP NEUTER AND RELEASE (TNR) SERVICES FOR SANTA CLARA COUNTY RESIDENTS TO LOWER THE NUMBER OF HOMELESS CATS IN THE COUNTY. MORE THAN 1,700 SPAY/NEUTER SURGERIES WERE PROVIDED TO HOMELESS COMMUNITY CATS THROUGH THIS PROGRAM IN THE YEAR ENDING JUNE 30, 2019.

-FINDS HOMES FOR OVER 6,100 ANIMALS ACROSS THREE ADOPTION LOCATIONS: THE ANIMAL COMMUNITY CENTER IN MILPITAS, AND THE PETCO NEIGHBORHOOD ADOPTION CENTERS IN SUNNYVALE AND WEST SAN JOSE.

-KEEPS ANIMALS IN HOMES BY:

--PROVIDING POST ADOPTION SUPPORT, INCLUDING PROVIDING 136 ANIMALS WITH BEHAVIOR SUPPORT, 28 ANIMALS WITH SCHOLARSHIPS FOR PRIVATE DOG TRAINING WITH A CONSULTANT, AND 9 SCHOLARSHIPS FOR DOG TRAINING AT HUMANE SOCIETY SILICON VALLEY.

--PROVIDING FREE PET FOOD TO COMMUNITY MEMBERS WHO CANNOT AFFORD TO FEED THEIR PETS THROUGH THE PET PANTRY. THE ORGANIZATION GAVE NEARLY 7,000 POUNDS OF DRY FOOD, 10,500 CANS OF WET FOOD, AND CLOSE TO 350 POUNDS OF LITTER TO COMMUNITY MEMBERS THROUGH THIS PROGRAM IN THE YEAR ENDING JUNE 30, 2019.

Name of the organization HUMANE SOCIETY SILICON VALLEY	Employer identification number 94-1196215
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--REUNITING MORE THAN 150 PETS WITH THEIR FAMILIES.

--PROVIDING MORE THAN 17,700 LOW-COST VACCINATIONS AND MORE THAN 2,900 MICROCHIPS TO THE PETS OF COMMUNITY MEMBERS IN THE YEAR ENDING JUNE 30, 2019.

-EDUCATES MORE THAN 7,600 STUDENTS IN OVER 400 EDUCATION PROGRAMS THAT TEACH ANIMAL CARE, HUMANE ADVOCACY, AND COMPASSION FOR ALL LIVING BEINGS.

-MAINTAINS A DOGGY DAY OUT PROGRAM TO PROVIDE EXERCISE AND LOWER THE STRESS LEVELS FOR LARGE, HIGH ENERGY DOGS. 300 DOGGY DAY OUT VOLUNTEERS GAVE 3,390 HOURS TO TAKE DOGS ON WALKS, HIKES AND FIELD TRIPS AWAY FROM THE SHELTER.

-SERVES THE NEEDS OF THE COMMUNITY AT ITS ANIMAL COMMUNITY CENTER THROUGH PET CARE SERVICES. IN THE YEAR ENDING JUNE 30, 2019, OVER 1,900 SHELTER AND PRIVATELY-OWNED ANIMALS WERE GROOMED THROUGH THE GROOMING CENTER, OVER 200 TRAINING CLASSES SERVED MORE THAN 1,000 DOGS AND PUPPIES, AND 54 NEW DOGS JOINED THE MEMBERS ONLY DOG PARK.

-TRANSFERS OUT MORE THAN 570 ANIMALS TO RESCUE GROUPS AND MANAGED CAT COLONIES TO INCREASE LIFESAVING CAPACITY.

THE ORGANIZATION IS EXPANDING COLLABORATIVE PARTNERSHIPS THROUGHOUT CALIFORNIA TO BROADEN ITS MISSION IMPACT. SPECIFICALLY, THE

ORGANIZATION:

Name of the organization HUMANE SOCIETY SILICON VALLEY	Employer identification number 94-1196215
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-IS EXPANDING ITS REGIONAL RESCUE PROGRAM. THIS PROGRAM IS AIMED AT REDUCING EUTHANASIA BY IDENTIFYING ANIMALS AT SHELTERS WITHIN OUR COMMUNITY AND BEYOND THAT NEED MORE CARE OR THAT ARE HOUSED IN OVERCROWDED SHELTERS. BY WORKING WITH PARTNER SHELTERS THROUGHOUT CALIFORNIA, THE ORGANIZATION IS WORKING TO SAVE VULNERABLE ANIMALS AND INCREASE CALIFORNIA'S SAVE RATE. THE ORGANIZATION'S FOSTER PROGRAM SUPPORTS RESCUE EFFORTS BY INCREASING THE SPACE AND CAPACITY AVAILABLE TO TAKE IN AND CARE FOR ANIMALS IN NEED. IN THE YEAR ENDING JUNE 30, 2019, MORE THAN 3,800 ANIMALS WERE PLACED IN FOSTER CARE. AS SILICON VALLEY HAS BECOME MORE SELF-SUSTAINING, THE ORGANIZATION HAS EXPANDED ITS GEOGRAPHIC REACH TO HELP ANIMALS THROUGHOUT CALIFORNIA. THROUGH THE REGIONAL RESCUE PROGRAM, THE ORGANIZATION BROUGHT IN MORE THAN 570 ANIMALS FROM WITHIN SILICON VALLEY AND OVER 3,300 ANIMALS FROM OUTSIDE OF SILICON VALLEY IN THE YEAR ENDING JUNE 30, 2019. THE LATTER IS A SIGNIFICANT INCREASE FROM THE PRIOR YEAR, IN WHICH THE ORGANIZATION BROUGHT IN OVER 2,100 ANIMALS FROM OUTSIDE OF SILICON VALLEY.

-IS A CORE MEMBER OF A SIX ORGANIZATION COALITION CALLED THE CALIFORNIA HUMANE ANIMAL TRANSITION TEAM (CHATT), WHICH CONSISTS OF ANIMAL CONTROL AGENCIES, AND RESCUE GROUPS WHOSE GOAL IS TO INCREASE LIFESAVING AND IMPROVE ANIMAL WELFARE IN CALIFORNIA'S CENTRAL VALLEY. CHATT IS COMMITTED TO IMPROVING THE FLOW OF ANIMALS FROM CENTRAL VALLEY SHELTERS LIKE KINGS COUNTY ANIMAL SERVICES, TULARE COUNTY ANIMAL CARE & ADOPTIONS AND FRESNO HUMANE ANIMAL SERVICES, TO DESTINATION SHELTERS INCLUDING HUMANE SOCIETY SILICON VALLEY, SAN FRANCISCO SPCA AND MARIN HUMANE, USING STANDARDIZED PROCESSES, BUILDING SUSTAINABLE IMPROVEMENT IN THE CENTRAL VALLEY THROUGH RESOURCE SHARING, AND WIDENING LIFESAVING

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CAPACITY THROUGH DATA COLLECTION, INFORMATION SHARING, PROTOCOL  
DEVELOPMENT, AND SAFETY NETS.

-PROVIDES CONSULTATIONS TO UNDER-RESOURCED SHELTERS TO SHARE BEST  
PRACTICES AND IMPROVE THEIR STANDARDS OF CARE AND CAPACITY TO SAVE  
LIVES. 44 OFFSITE AND ONSITE SHELTER CONSULTATIONS HAVE BEEN COMPLETED  
AS OF JUNE 30, 2019.

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

-PROVIDES EDUCATION TO FUTURE AND CURRENT SHELTER VETERINARIANS,  
VETERINARY TECHNICIANS, AND ANIMAL SHELTER EMPLOYEES. EDUCATED 24  
VETERINARY AND VETERINARY TECHNICIAN STUDENT INTERNS AND EXTERNS AND  
MENTORED 2 PRE-VETERINARY SUMMER INTERNS. HOSTED 12 SHELTER/RESCUE  
STAFF FROM ACROSS THE COUNTRY THROUGH MADDIE'S APPRENTICESHIPS TO TEACH  
THEM ABOUT SETTING UP AND MANAGING VITAL PROGRAMS TO SAVE THE LIVES OF  
MORE ANIMALS. HOSTED 2 MADDIE'S EXECUTIVE FELLOWS FOR A YEAR-LONG  
FELLOWSHIP AIMED AT TEACHING LEADERSHIP SKILLS IN THE ANIMAL WELFARE  
SECTOR.

-THE ORGANIZATION'S CHIEF OF SHELTER MEDICINE MADE 14 PRESENTATION ON  
SHELTER MEDICINE AND MANAGING PROGRAMS AT NATIONAL AND REGIONAL  
CONFERENCES AND WEBINARS.

THE ORGANIZATION PROVIDES INTEGRATED SERVICES THAT IMPACT BOTH HUMAN  
AND ANIMAL LIVES TO PROVIDE VALUE TO OUR COMMUNITY WELL INTO THE  
FUTURE.

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--BY ADDRESSING THE KEY ISSUES FACING UNDER-SERVED INDIVIDUALS WHO CONSIDER PETS PART OF THEIR FAMILY AND BY ENHANCING THE TRANSITIONAL GROWTH AND DEVELOPMENT OF MARGINALIZED GROUPS, HSSV AIMS TO IMPROVE PEOPLES' LIVES AND INCREASE ITS MISSION RESULTS.

--WORKED WITH HARVARD BUSINESS SCHOOL COMMUNITY PARTNERS TO IDENTIFY POTENTIAL FUTURE STRATEGIC PARTNERS AND UNCOVER UNMET NEEDS WITHIN OUR COMMUNITY FOR PEOPLE EXPERIENCING HOMELESSNESS, ELDERS, YOUTH AT RISK, AND OTHER COMMUNITY SEGMENTS IN NEED.

--HOLDS MONTHLY WELLNESS CLINICS TO PROVIDE SPAY/NEUTER AND OTHER WELLNESS SERVICES TO ANIMALS BELONGING TO PEOPLE EXPERIENCING HOMELESSNESS IN THE COMMUNITY.

--COLLABORATES WITH DOWNTOWN STREETS TEAM, AN ORGANIZATION AIMED AT PROVIDING PEOPLE EXPERIENCING HOMELESSNESS WITH EMPLOYMENT SKILLS-BUILDING AND OPPORTUNITIES. THROUGH THIS NEW PILOT COLLABORATION, THE ORGANIZATION HAS HIRED 2 DOWNTOWN STREETS TEAM MEMBERS TO WORK IN ITS ANIMAL CARE DEPARTMENT.

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

-ELEVATES THE CAUSE OF ANIMAL WELFARE THROUGH MUTUAL RESCUE, A NATIONAL INITIATIVE CREATED TO BRING THE CAUSES OF PEOPLE AND ANIMALS TOGETHER THROUGH AUTHENTIC STORYTELLING, DRIVE ENGAGEMENT WITH LOCAL SHELTERS

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NATIONALLY THROUGH PROGRAMS LIKE DOGGY DAY OUT, AND DRIVE MORE FUNDS INTO THE ANIMAL WELFARE SECTOR THROUGH CORPORATE SPONSORSHIPS.

--TO DATE, THE DOGGY DAY OUT MANUAL, CREATED TO HELP SHELTERS START AND MANAGE THEIR OWN DOGGY DAY OUT PROGRAMS, HAS BEEN DOWNLOADED OVER 400 TIMES.

--THE BOOK "MUTUAL RESCUE: HOW ADOPTING A HOMELESS ANIMAL CAN SAVE YOU, TOO" WAS WRITTEN BY HUMANE SOCIETY SILICON VALLEY PRESIDENT AND MUTUAL RESCUE FOUNDER CAROL NOVELLO. THE BOOK, PUBLISHED IN 2019, PROFILES THE TRANSFORMATIONAL IMPACT THAT SHELTER PETS HAVE ON HUMANS, EXPLORING THE EMOTIONAL, PHYSICAL, AND SPIRITUAL GIFTS THAT RESCUED ANIMALS PROVIDE.

--MUTUAL RESCUE FILMS, WHICH ARE AIMED AT DEMONSTRATING THE INCREDIBLE IMPACT THAT AN ANIMAL AND A PERSON HAVE ON EACH OTHER, HAVE OVER 150 MILLION VIEWS.

\* STATISTICS UNAUDITED

CHARITY RATINGS  
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.

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 ANIMAL COMMUNITY CENTER. TAX EXEMPT BOND FINANCING IS COMMON FOR NOT FOR

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PROFIT 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 3.0 TO 1 AND 5.9 TO 1 AT JUNE 30, 2019 AND 2018 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 FACTOR NEGATIVELY AFFECTS 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. FUTHERMORE, THE ORGANIZATION SCORED MAXIMUM POINTS ON THE ACCOUNTABILITY AND TRANSPARENCY FACTORS OF THE RATING.

ADDITIONALLY, FROM THE OTHER THIRD-PARTY WATCHDOG, GUIDESTAR, THE ORGANIZATION HAS EARNED THE HIGHEST RATING OF A PLATINUM SEAL OF TRANSPARENCY FOR VOLUNTARILY AND PUBLICLY SHARING INFORMATION ABOUT ITS MISSION IMPACT.

IN THE FUTURE, CHARITY NAVIGATOR IS PLANNING TO INCORPORATE MISSION IMPACT IN ITS RATING SYSTEMS, MOST LIKELY BASED ON GUIDESTAR'S RATING



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SYSTEMS, SINCE IT ALREADY PUBLISHES MISSION IMPACT INFORMATION FROM  
GUIDESTAR. SINCE THE ORGANIZATION HAS THE HIGHEST RATING OF PLATINUM ON  
GUIDESTAR, MOST LIKELY THE ORGANIZATION WILL RECEIVE FULL POINTS FOR  
THE NEW MISSION IMPACT SECTION. THIS WOULD LIKELY DRIVE UP THE  
OVERALL CHARITY NAVIGATOR RATING TO 4 STARS.

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

--SENIORS FOR SENIORS PROGRAM OFFERS DISCOUNTED ADOPTION FEES TO  
ADOPTERS WHO ARE AGE 60 AND OLDER AND ADOPT A SENIOR PET.

--MILITARY PROGRAM OFFERS 50% DISCOUNT OFF ADOPTION FEES FOR MILITARY  
PERSONNEL AND VETERANS.

--ADOPTION SCHOLARSHIP PROGRAM WAIVES THE ADOPTION FEE FOR CERTAIN  
ANIMALS THAT HAVE BEEN AT THE SHELTER FOR A LONGER LENGTH OF STAY TO  
ENCOURAGE THEIR ADOPTION.

-BEHAVIOR - PERFORMS BEHAVIOR ASSESSMENTS ON ALL SHELTER GUESTS TO  
ASSIST WITH MATCHING INDIVIDUAL ANIMALS' NEEDS WITH NEW FAMILIES AND  
DETERMINING WHEN BEHAVIOR MODIFICATIONS CAN HELP AN ANIMAL'S BEHAVIOR  
IMPROVE IN PREPARATION FOR ADOPTION. ASSISTS THE ADOPTIONS PROCESS BY  
PROVIDING PRE ADOPTION COUNSELING TO ADOPTERS CONSIDERING ADOPTING AN  
ANIMAL WITH CHALLENGING BEHAVIORS. THE BEHAVIOR DEPARTMENT ALSO  
OVERSEES THE ORGANIZATION'S KITTEN NURSERY, WHICH HOUSED AND SOCIALIZED  
NEARLY 400 UNDER SOCIALIZED KITTENS TO INCREASE THEIR ADOPTABILITY IN  
THE YEAR ENDING JUNE 30, 2019.

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

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-SHELTER SERVICES - PROVIDES SHELTER FOR ANIMALS, INCLUDING INCOMING STRAY ANIMALS BROUGHT IN UNDER CONTRACT WITH THE CITY OF SUNNYVALE. ASSISTS IN PROVIDING SHELTER SERVICES TO OTHER ORGANIZATIONS IMPACTED BY LOCAL DISASTERS. OFFERS PET SURRENDER SERVICES TO THE PUBLIC BY APPOINTMENT AS WELL AS PET RETENTION AND REHOMING COUNSELING. PROVIDES END OF LIFE SERVICES FOR PETS OWNED BY MEMBERS OF THE PUBLIC.

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

APPROXIMATELY 20,700 MICROCHIP AND VACCINATION SERVICES WERE ADMINISTERED TO PUBLIC CLIENT ANIMALS.

-FREE SPAY AND NEUTER SERVICES - PROVIDES FREE SPAY/NEUTER, VACCINATION AND MICROCHIP SERVICES TO PETS OF OWNERS LIVING IN FIVE TARGETED ZIP CODES IN ORDER TO DECREASE THE NUMBERS OF UNWANTED ANIMALS ENTERING SHELTERS IN SANTA CLARA COUNTY.

-PREVENT UNWANTED PREGNANCIES (PUP) PROGRAM - PROVIDED FREE SPAY AND NEUTER AND SURRENDER OPTION TO PET OWNERS WITH UNINTENDED LITTERS OF PUPPIES AND KITTENS.

-HOMELESS CLIENT SERVICES - PROVIDED MORE THAN 260 SPAY/NEUTER AND WELLNESS SERVICES TO THE PETS OF PEOPLE EXPERIENCING HOMELESSNESS IN THE COMMUNITY IN THE YEAR ENDING JUNE 30, 2019.

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

--GROOMING PROVIDES GROOMING SERVICES AVAILABLE TO THE PUBLIC AS WELL AS NEARLY 50 SHELTER ANIMALS IN THE YEAR ENDING JUNE 30, 2019 TO HELP

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THEM PUT THEIR BEST PAW FORWARD WHILE LOOKING FOR A NEW HOME.

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

-ANIMAL BEHAVIOR COUNSELING - COUNSELED 136 POST ADOPTION AND PRE SURRENDER PET OWNERS EXPERIENCING BEHAVIORAL CHALLENGES WITH THEIR PETS IN THE YEAR ENDING JUNE 30, 2019. SUPPORT IS PROVIDED VIA EMAIL, TELEPHONE AND IN PERSON. THE ORGANIZATION'S TEAM EDUCATES PET OWNERS ON BEHAVIOR MANAGEMENT AND TRAINING OPTIONS.

-PET PANTRY - PROVIDED DOG FOOD, CAT FOOD AND OTHER SUPPLIES AT NO CHARGE TO COMMUNITY MEMBERS WHO CANNOT AFFORD TO FEED THEIR PETS OR HOMELESS CAT COLONIES. 53 HOUSEHOLDS, RESCUE GROUPS AND CAT COLONIES PARTICIPATED IN THIS PROGRAM IN THE YEAR ENDING JUNE 30, 2019.

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

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

-VOLUNTEER PROGRAMS - ENGAGES COMMUNITY MEMBERS IN A PARTNERSHIP TO SAVE AND ENHANCE THE LIVES OF ANIMALS. THIS PARTNERSHIP IS ACHIEVED BY INCLUDING VOLUNTEERS IN NEARLY EVERY ASPECT OF THE ORGANIZATION THROUGH

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A VARIETY OF VOLUNTEER POSITIONS. VOLUNTEER BOARD MEMBERS SERVE AS LEADERS IN THE ORGANIZATION, AND VOLUNTEERS ALSO ASSIST AS ANIMAL SOCIALIZERS, ADOPTION ASSISTANTS, MEDICAL CENTER ASSISTANTS, PET STORE CLERKS, FOSTER PARENTS, ANIMAL TRANSPORTERS, AND SPECIAL EVENT COORDINATORS. HUMANE SOCIETY SILICON VALLEY'S CORPORATE VOLUNTEER EXPERIENCE PROVIDES SILICON VALLEY EMPLOYEES WITH TEAM-BUILDING VOLUNTEER EXPERIENCES IN WHICH THEY LEARN ABOUT THE ORGANIZATION'S MISSION AND HELP SAVE LIVES THROUGH HANDS-ON ANIMAL EXPERIENCES.

-EDUCATION - OFFERS A VARIETY OF PROGRAMS FOR CHILDREN AND TEENS. THEY INCLUDE KIND KIDS FIELD TRIPS FOR ELEMENTARY SCHOOL STUDENTS IN TITLE I SCHOOLS, AND A COMPASSION IN ACTION AND ANIMAL STARZ PROGRAMS FOR PRE-TEENS AND TEENS, ANIMAL CARE WORKSHOPS EMPHASIZING COMMUNITY ACTIVISM, SHELTER TOURS FOR CHILDREN AND FAMILIES, SUMMER CAMP, GIRL SCOUTS WORKSHOPS, AND BIRTHDAY PARTIES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:  
PROGRAMS TO SAVE LIVES - MUTUAL RESCUE:

-MUTUAL RESCUE IS A NATIONAL INITIATIVE CREATED BY HUMANE SOCIETY SILICON VALLEY TO CHANGE THE CONVERSATION AROUND ANIMAL WELFARE FROM "PEOPLE OR ANIMALS" TO "PEOPLE AND ANIMALS."

-MUTUAL RESCUE BRINGS STORIES ABOUT HOW SHELTER ANIMALS HAVE CHANGED THE LIVES OF PEOPLE FOR THE BETTER TO THE WORLD STAGE. THE INITIATIVE RAISES AWARENESS THAT WHEN PEOPLE DONATE TO A LOCAL ANIMAL SHELTER, THEY ARE HELPING TO TRANSFORM THE LIVES OF PEOPLE IN THEIR COMMUNITY FOR THE BETTER THROUGH LIFE-CHANGING, HUMAN-ANIMAL RELATIONSHIPS.

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-MUTUAL RESCUE DRIVES ENGAGEMENT WITH LOCAL SHELTERS THROUGHOUT THE COUNTRY BY PROMOTING PROGRAMS LIKE DOGGY DAY OUT THAT BENEFIT BOTH ANIMALS AND HUMANS.

-IN THE YEAR ENDED JUNE 30, 2019, \$227,750 OF CONTRIBUTIONS AND PROGRAM FEES WERE RESTRICTED OR DESIGNATED TO THE MUTUAL RESCUE INITIATIVE EXPENSES \$ 464,373. INCLUDING GRANTS OF \$ 0. REVENUE \$ 93,305.

PROGRAMS TO SAVE LIVES: APPRENTICESHIPS FOR KNOWLEDGE TRANSFER:

-HUMANE SOCIETY SILICON VALLEY IS HOSTING TWO MADDIE'S EXECUTIVE LEADERSHIP FELLOWS FOR A YEAR-LONG INTENSIVE PROFESSIONAL OPPORTUNITY FOR INDIVIDUALS COMMITTED TO DEVELOPING AND STRENGTHENING THEIR KNOWLEDGE AND SKILL SETS IN NO-KILL ANIMAL SHELTERING MANAGEMENT AND LEADERSHIP. THIS PROGRAM IS PART OF THE ORGANIZATION'S MISSION TO EDUCATE AND INSPIRE FUTURE LEADERS IN ANIMAL WELFARE TO IMPROVE STANDARDS OF CARE FOR ANIMALS IN SHELTERS ACROSS THE COUNTRY.

-THE ORGANIZATION HOSTS 12 PEOPLE PER YEAR AS PART OF MADDIE'S KITTEN LIFESAVING APPRENTICESHIP PROGRAM. APPRENTICES LEARN ABOUT SETTING UP AND MANAGING VITAL PROGRAMS TO MANAGE KITTENS, INCLUDING A KITTEN NURSERY, FELINE FOSTER PROGRAM, AND TREATMENTS FOR KITTENS WITH DISEASES.

-THE ORGANIZATION PROVIDES EDUCATION AND MENTORSHIP TO VETERINARY INTERNS SEEKING TO INCREASE THEIR KNOWLEDGE IN SHELTER MEDICINE.

EXPENSES \$ 88,538. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

THE ORGANIZATION'S FINANCIAL TEAM PERFORMS A DETAIL REVIEW OF FORM 990 AND THEN A COPY IS PROVIDED TO BOARD MEMBERS FOR THEIR REVIEW PRIOR TO FILING.

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

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

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

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

1. EACH OF THE ORGANIZATIONS LISTED IS IN THE ANIMAL WELFARE INDUSTRY AND OF SIMILAR SIZE AND RESPONSIBILITY FOR THE PRESIDENT AND CHIEF FINANCIAL EMPLOYEE OF THE ORGANIZATION;

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

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3. EACH IS IN CALIFORNIA IN LARGE METROPOLITAN COMMUNITIES WHERE THE COST OF LIVING IS SIMILAR TO HSSV'S COMMUNITY; AND

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

TO HELP ASSURE QUALITY AND INDEPENDENCE, THE STUDY IS PREPARED BY STAFF AND REVIEWED AND APPROVED BY THE TREASURER AND BOARD CHAIR, PRIOR TO PRESENTATION TO THE ENTIRE BOARD OF DIRECTORS.

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

CA, AK, AL, AR, FL, GA, HI, IL, KS, KY, MA, MD, MI, MN, MS, NH, NJ, NM, NY, NC, OK, OR, PA, RI, SC  
TN, UT, VA, WI, WV

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.

2018 DEPRECIATION AND AMORTIZATION REPORT

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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	HY	16	16,443,089.				16,443,089.	3,000,021.		327,624.8	3,327,645.
	* 990 PAGE 10 TOTAL BUILDINGS						16,443,089.				16,443,089.	3,000,021.		327,624.8	3,327,645.
	MACHINERY & EQUIPMENT														
13	MACHINERY & EQUIPMENT	VARIOUS		.000	HY	16	1,197,596.				1,197,596.	935,822.		58,233.	994,055.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						1,197,596.				1,197,596.	935,822.		58,233.	994,055.
	TRANSPORTATION EQUIPMENT														
16	AUTOMOBILES	VARIOUS		.000	HY	16	137,561.				137,561.	101,510.		7,407.	108,917.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT						137,561.				137,561.	101,510.		7,407.	108,917.
	LAND														
1	LAND	04/30/09		.000	HY	16	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	HY	16	588,647.				588,647.	157,919.		22,342.	180,261.
20	LAND IMPROVEMENTS	VARIOUS		.000	HY	16	2,615,308.				2,615,308.	1,749,322.		183,332.1	1,932,654.
	* 990 PAGE 10 TOTAL OTHER						3,203,955.				3,203,955.	1,907,241.		205,674.2	1,112,915.
	* GRAND TOTAL 990 PAGE 10 DEPR						26,128,552.				26,128,552.	5,944,594.		598,938.6	5,543,532.