TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING

JUNE 30, 2019

Prepared for	
	BERKSHIRE HUMANE SOCIETY INC 214 BARKER RD PITTSFIELD, MA 01201
Prepared by	ADELSON & COMPANY PC 100 NORTH STREET PITTSFIELD, MA 01201
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE PURPOSES. ANY CONFIDENTIAL INFORMATION REGARDING LARGE DONORS HAS BEEN REMOVED.

			** PUBLIC DISCLOSURE COPY *	*	_
	Ω	00	Return of Organization Exempt From	Income Tax	OMB No. 1545-0047
Forr	n J	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (e	except private foundations	2018
		of the Treasury enue Service	 Do not enter social security numbers on this form as it ma Go to www.irs.gov/Form990 for instructions and the late 		Open to Public Inspection
			ar year, or tax year beginning JAN 1, 2019 and ending	JUN 30, 2019	mopeotion
	heck if		i organization	D Employer identificat	tion number
	Addre		SHIRE HUMANE SOCIETY INC		
	Name Chang		usiness as	04-314	48018
	Initial return	Number	and street (or P.O. box if mail is not delivered to street address) Room/sui		
	Final returr termii	0-	BARKER RD		447-7878
	ated Amer		own, state or province, country, and ZIP or foreign postal code SFIELD, MA 01201	G Gross receipts \$	701,115.
	_returr]Appli _tion		nd address of principal officer:JOHN PERREAULT	H(a) Is this a group retu for subordinates?	
L	pendi		AS C ABOVE	H(b) Are all subordinates inclu	
<u> </u>	· 2 × 0 ×	empt status:		27 If "No," attach a lis	
<u>+</u>	Vohei		SHIREHUMANE.ORG	H(c) Group exemption r	
				ar of formation: 1992 M S	
	rt I	Summary			
	1		e the organization's mission or most significant activities: SEE SCHED	UILE O	
Ice	•	Brieffy describ			
nar	2	Check this bo	x if the organization discontinued its operations or disposed of mo	are than 25% of its not asso	te
Governance	2			1 1	13
ß	4		ing members of the governing body (Part VI, line 1a)		12
Activities &	4 5		of individuals employed in calendar year 2018 (Part V, line 2a)		34
itie					220
tivi	6		of volunteers (estimate if necessary)		0.
Ac			d business revenue from Part VIII, column (C), line 12		0.
	a	Net unrelated	business taxable income from Form 990-T, line 38	Prior Year	Current Year
	•	Contributions	and grants (Dart)/III line 1b)	700,405.	376,956.
Revenue	8		and grants (Part VIII, line 1h)	323,853.	232,774.
ver	9	•	ce revenue (Part VIII, line 2g)	3,610.	722.
Re	10		come (Part VIII, column (A), lines 3, 4, and 7d)	145,982.	37,580.
			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,173,850.	648,032.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	040,052.
			nilar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
			to or for members (Part IX, column (A), line 4)	-	
ses	15	Salaries, other	compensation, employee benefits (Part IX, column (A), lines 5-10)	793,958.	429,348.
ens	16a	Professional f	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) ► 58,513.	0.	0.
Expenses					250 400
-	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	666,691.	359,409.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,460,649.	788,757.
	19	Revenue less	expenses. Subtract line 18 from line 12	-286,799.	-140,725.
s or			F	Beginning of Current Year	End of Year
sset 3ala	20	Total assets (F		3,587,578.	3,414,760.
Net Assets or Fund Balances	21		(Part X, line 26)	977,174.	945,081.
	22		fund balances. Subtract line 21 from line 20	2,610,404.	2,469,679.
	rt II	U			
			I declare that I have examined this return, including accompanying schedules and state		nowledge and belief, it is
true,	corre	ct, and complete	Declaration of preparer (other than officer) is based on all information of which prepare	rer has any knowledge.	
		IN			

Sign	Signature of officer Date
Here	JOHN PERREAULT, EXECUTIVE DIRECTOR
	Type or print name and title
	Print/Type preparer's name Preparer's signature Date Check PTIN
Paid	AROL J LEIBINGER-HEALEY and difference 106/29/20 self-employed P00849882
Preparer	Firm's name ADELSON & COMPANY PC
Use Only	irm's address 100 NORTH STREET
	PITTSFIELD, MA 01201 Phone no.413-443-6408
May the IF	S discuss this return with the preparer shown above? (see instructions)

832001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions.

BERKSHIRE HUMANE SOCIETY (BHS) IS A PRIVATE, NON-PROFIT SOCIALLY CONSCIOUS ORGANIZATION NOT AFFILIATED WITH ANY OTHER ANIMAL WELFARE GROUP. BHS RECEIVES NO PUBLIC FUNDS FROM LOCAL, STATE, OR FEDERAL SOURCES - THE ANIMAL SHELTER DEPENDS ENTIRELY ON THE COMPASSION AND GENEROSITY OF ITS COMMUNITY. EACH MONTH, THE SHELTER SPENDS \$125,000 HELPING ANIMALS AND PEOPLE. BERKSHIRE HUMANE SOCIETY OFFERS A VARIETY OF PROGRAMS AND SERVICES. I ADDITION TO ADOPTING OUT COMPANION ANIMALS, BHS OFFERS FAMILY DOG SCHOOL, WHICH WAS CREATED TO ADDRESS THE PRIMARY REASON DOGS AND PUPPIES ARE SURRENDERED: "BAD BEHAVIOR." FAMILY DOG SCHOOL OFFERS FRE CONSULTATION AND AFFORDABLE TRAINING, PROVIDING SESSIONS IN MANNERS, AGILITY, TRICKS, AND NOSE WORK. ANNUALLY, FAMILY DOG SCHOOL ASSISTS (code:)(Expenses	orm	990 (2018) BERKSHIRE HUMANE SOCIETY INC	04-3148018	Page
BerksHird How of the organization's mission: BERKSHIRE HUMANE SOCIETY, INC. IS A 501(C)(3) NONPROFIT, SOCIALLY CONSCIOUS OPEN-ADMISSION ANIMAL SUPPORT ORGANIZATION WITH A TWOFOLD WISSION: (1) TO ENSURE THE COMPASIONATE CARE, TREATMENT, AND WHENEVE POSSIBLE, PLACEMENT OF HOMELESS ANIMALS THROUGH THE SHELTER OPERATION Did the organization underake any significant program services during the year which were not listed on the proform 500 or 506/27 I'ves [X] 1' ves, 'describe these new services on Schedule 0. Ives [X] I'ves [X] Describe the organization's program service complishments for each of its three largest program services, as measured by expenses. Section 5010(2) and 5010(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if my, for each program service accomplishments for each of its three largest program services? 121, 25 (come:)(Generos: 1'1,724. Interry the SIN PROVE PROFIT SOCIALLY CONSCIOUS ORGANIZATION NOT AFFILIATED WITH ANY OTHER ANIMAL WELFARE SOURCES - THE ANIMAL SHELTER DEPENDS ENTIRELY ON THE COMPASSION AND GENEROSITY OF ITS COMMUNITY. EACH MONTH, THE SHELTER SPENDS \$125,000 HELPING ANIMALS AND PROPINE. OUT COMPANION ANIMALS, SHS OPPERS PAMILY DOG SCHOOL, WHICH WAS CREATED TO ADDEPST SHE PATIMARY REASON DOGS AND POPIES ARE SURRENDERED: "BAD BEHAVIOR." FAMILY DOG SCHOOL OFFERS FRE CONSULTATION AND AFFORDABLE TRAINING. FROVIDING SESSIONS IN MANDESS, SUNCE TTS INCEPTION IN 1992. HIGH AS SHELTERED MORE THAN 1,200 MINIALS AND PROFINE. MAD REASONS-FINANCIAL HARDSHIP, DEATH OF OWNER, CHAN SURRENDERED FOR MANY REASONS-FINANCIAL HARDSHIP, DEATH OF OWNER, CHAN SURRENDERED FOR MANY REASONS-FINANCIAL H	Par	t III Statement of Program Service Accomplishments		
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Part IV Checklist of Required Schedules

BERKSHIRE HUMANE SOCIETY INC

1 In the organization described in section 511(s)(b) or 4947(a)(1) (pither than a private fundation)? 1 X 2 Is the organization engage in direct or index to bill (b) (b) or 4947(a)(1) (pither than a private fundation? 1 X 2 Is the organization engage in direct or index to bill (b) (pither than a private fundation on the organ bill (b) (pither than a private fundation of or in opposition to candidates for public (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c				Yes	No
2 Is the organization engage in decise or index policieal campaign activities on behalf of on in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 3 X 4 Section 501(C)(3) organizations. Bid the organization engage in lobbying activities, or have a section 501(f) election in effect during the superul Processor policies Schedule C, Part II 4 X 5 Is the organization as colon 501(C)(3), or 501(C)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 801/11 "Ves," complete Schedule C, Part II 6 X 6 Did the organization markain any doora advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such Indio a accounts for Wes," complete Schedule D, Part II 6 X 7 Did the organization markain collections of vorks of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization directly of the Schedule D, Part II 7 X 9 Did the organization asset is the site of the Schedule D, Part II 10 X 10 Did the organization directly of the site o	1			v	
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public office// 1/*es,** complete Schedule C, Part / 3 X 4 Section 50((c)) cognizations. Dit the organization engage in tobbying activities, or have a section 501(h) election in effect 4 X 5 Is the organization a section 501(A).501(C) (c) or 501(C) 80 organization that receives membership dues, assessments, or similar amounts as defined in Prevenue Procedure 99-197 // *Yes,* complete Schedule C, Part // 5 X 6 Det the organization maintain any donor advised funds or any similar hunds or accounts for which donors have the right to provide advice on the distribution or investment attructure? // *Yes,* complete Schedule D, Part // 6 X 7 Det the organization receive or hold a conservation assements to preserve open space, the environment, historical mases, or historical treasures, or other asimilar assets? // *Yes,* complete Schedule D, Part // 7 X 8 Det the organization report an amount for Part X, line 21, for secrev or custodial account liability, serve as a custodian for amounts not liabid in Part X, line 21, for secrev or custodial account liability, serve as a custodian for amounts not provide additic complete Schedule D, Part V 10 X 9 Did the organization divership Part V 2 X 10 Did the organization server on y or the following questions is "Yes," then promparity restricted endowments, or quasi endowments // Yes, 'complete Schedule D, Part V 11			2	~	
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during the tax year? If Yes," complete Schedule Q, Part II. 4 X 5 Is the organization a section Storley, 50 (10)(4), 50 (10)(4			3		<u> </u>
5 Is the organization a section 501(6(4), 501(6)(6) or 901(6)(6) or 901(6)(6) or 901(6) Status Statu	4				v
similar amounts as defined in Revenue Procedure 98-197 // Yes," complete Schedule C, Part II 5 X 6 Did the organization maintain any donor advised funds or any sources for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes," complete Schedule D, Part II 6 X 7 Did the organization maintain collections of works of art, historical reserves, or other similar assets? If 'Yes," complete Schedule D, Part II 7 X 8 Did the organization maintain collections of works of art, historical reserves, or other similar asset? If 'Yes," complete Schedule D, Part II 7 X 9 Did the organization maintain collections of works of art, historical reserves, or other similar asset? If 'Yes," complete Schedule D, Part II 8 X 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, and year, asset probability, serve as a curcollant for any asset probability, serve as a curcollant for asset probability, serve as a curcollant probability, serve as a curcollant probability, serve as a curcollant probability, serve asset probability, serve asset probability, servere asset probability, serve asset ano	_		4		
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provide advice on the distribution or investment of amounts in such funds or accounts // Yes," complete Schedule D, Part // 6 X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures // Yes," complete Schedule D, Part // 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? // Yes," complete Schedule D, Part // 8 X 9 Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts no listed in Part X, or provide credit conseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, personal assets reported in Part X, line 10? If Yes," complete Schedule D, Part V 10 X 11 He organization report an amount for levestments - organization report an amount for levestments - organization report an amount for levestments- science relate in Part X, line 12? that is 5% or more of its total assets reported in Part X, line 16? If Yes," complete Schedule D, Part VI 11a X 11 Did the organization report an amount for levestments- science relate in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If Yes," complete Schedule D, Part XI 11a X 11 Did the orga	~		5		
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domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			200		<u> </u>
			21		x
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Form	990	(2018)
	330	

Part IV Checklist of Required Schedules (continued)

			Yes	N
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			x
	Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		x
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			┢
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		x
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>	25b		x
	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	26		x
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			<u> </u>
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28c	x	
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete Schedule N, Part II</i>	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		x
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		x
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		x
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance	38	x	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
		1		
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable1aEnter the number of Forms W-2G included in line 1a. Enter -0- if not applicable1b	Ľ		
b		x		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1c	x	

Form 990 (2	/	BERKSHIRE Begarding Other			ompliance (continued)
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			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 34	:		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country:			
F .	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	50 50		- 72
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50		
Ua	any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	00		
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.	0-		
	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
	Section 501(c)(7) organizations. Enter:	90		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
	Section 501(c)(12) organizations. Enter:	-		
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
-	organization is licensed to issue qualified health plans 13b	-		
	Enter the amount of reserves on hand	14-		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		- 23
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
10	excess parachute payment(s) during the year?	15		х
	If "Yes," see instructions and file Form 4720, Schedule N.			
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2018)

832005 12-31-18

Form	990	(2018)	1
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BERKSHIRE HUMANE SOCIETY INC

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			<u></u>			_
sect	tion A. Governing Body and Management						Т
		1	1	13		Yes	
	Enter the number of voting members of the governing body at the end of the tax year	. <u>1a</u>		<u> </u>			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			1 2			
	Enter the number of voting members included in line 1a, above, who are independent	-		12			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship						
	officer, director, trustee, or key employee?				2		
3	Did the organization delegate control over management duties customarily performed by or under	the dire	ect supervision				
	of officers, directors, or trustees, or key employees to a management company or other person? \dots			L	3		
4	Did the organization make any significant changes to its governing documents since the prior Form	n 990 w	as filed?	[4		
5	Did the organization become aware during the year of a significant diversion of the organization's a	assets?		L	5		
6	Did the organization have members or stockholders?			L	6		
	Did the organization have members, stockholders, or other persons who had the power to elect or						
	more members of the governing body?				7a		
	Are any governance decisions of the organization reserved to (or subject to approval by) members.			····· -			1
	persons other than the governing body?				7b		
	Did the organization contemporaneously document the meetings held or written actions undertaken during the y				1.0		
					8a	Х	1
а ь	The governing body?			····· -			-
				····· -	8b		-
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		-
eci	tion B. Policies (This Section B requests information about policies not required by the Internal	Revenu	le Code.)			V	-
-				Г		Yes	-
	Did the organization have local chapters, branches, or affiliates?			····· -	10a		_
	If "Yes," did the organization have written policies and procedures governing the activities of such						
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		_
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	ody bef	ore filing the for	m?	11a	Х	_
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
l2a	Did the organization have a written conflict of interest policy? If "No," go to line 13			L	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ri	se to co	nflicts?		12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes," c	describe				
	in Schedule O how this was done				12c	Х	
	Did the organization have a written whistleblower policy?				13	Х	
	Did the organization have a written document retention and destruction policy?				14	Х	1
	Did the process for determining compensation of the following persons include a review and appro						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision						
	The organization's CEO, Executive Director, or top management official				15a	Х	1
							-
	Other officers or key employees of the organization				15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang						1
	taxable entity during the year?			L	16a		
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	ganizati	on's				
	exempt status with respect to such arrangements?				16b		
	tion C. Disclosure						
7	List the states with which a copy of this Form 990 is required to be filed MA						
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990,	and 99	0-T (Section 50 ⁻	1(c)(3)s	only)	avail	la
	for public inspection. Indicate how you made these available. Check all that apply. X Own website X Upon request Other (explain the content of the content	in in Sc	shedule ()				
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, or			hac v	finan	rial	
		Johniot		y, and	mail	Jial	
	statements available to the public during the tax year.	nocl-	nd rocard -				
20	State the name, address, and telephone number of the person who possesses the organization's to ORGANIZATION - (413)447-7878	JOOKS 8	ind records P				_
	214 BARKER RD, PITTSFIELD, MA 01201					990	_

Part VII	Compensation of Officers,	Directors, T	Frustees, Ke	ey Employees,	Highest	Compensated
	Employees, and Independe	nt Contract	tors			

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

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 is 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.

Name and Title Average hours per bioles and structuring week Description mode and structuring bioles and structure bioles and structuring bioles and	(A)	(B)		(C)		(D)	(E)	(F)			
hours per vex. box. ones perce is done and intervalued in an out of a	Name and Title	Average	(do	Position		Reportable	Reportable	Estimated			
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Form 990 (2018)

	990 (2018) BERKSHIRE									04-33	148	018	Pa	age 8
Par			ploy	ees			ghe	st C					<u>(</u>)	
	(A) Name and title	(B) Average hours per week	box offic	not c , unle	ss pe	ition more rson i	than o is botl pr/trus	n an	(D) Reportable compensation from	(E) Reportable compensatic from related	n I	an	(F) stimate nount other	of
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MI				ition e ion ed ons
	Out- Astal								124,006.		0.	1	8,7	63
с	Sub-total Total from continuation sheets to Part VI	I, Section A							0. 124,006.		0.		8,7	0.
2	Total (add lines 1b and 1c) Total number of individuals (including but no							no re	-	,000 of reportab	• •		<u>, , , , , , , , , , , , , , , , , , , </u>	0
	compensation from the organization												Yes	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for se</i>								highest compensated e			3		x
4	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any perception of the target of the second),000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	for such individual		r	4		x
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>comp</i>					-			-			5		х
Sec 1	tion B. Independent Contractors Complete this table for your five highest con	mpensated inc	depe	ende	ent c	ontr	racto	ors t	that received more than	\$100.000 of con	npens	ation 1	from	
	the organization. Report compensation for t								n the organization's tax		-			
	(A) Name and business	address	NC	ONI	3			_	(B) Description of s	ervices	С	ompe)	nsatio	n
								_						
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot li	mite	d to		se lis)	stec	d above) who received n	nore than				
												Form	990 (2	2018)

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		Check if Schedule O cont	ains a response	or note to any lin	e 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
nts nts	1 a	Federated campaigns	1a					
ourar		Membership dues		81,241.				
Ğå		Fundraising events						
ar /			1d					
a, s		Government grants (contribut						
io Si		All other contributions, gifts, gran	· ·					
but	-	similar amounts not included abor		295,715.				
<u>Ö</u>	a	Noncash contributions included in lines	·····	15,434.				
Contributions, Gifts, Grants and Other Similar Amounts	-	Total. Add lines 1a-1f			376,956.			
				Business Code				
8	2 a	ANIMAL SHELTER		900099	111,524.	111,524. 90,357.		
e ri	b	CATWALK		900099	90,357.	90,357.		
Se la	с	PUBLIC AWARENES	S	900099	30,893.	30,893.		
Program Service Revenue	d							
В°	е							
۲ ۲	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f		►	232,774.			
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		►	372.			372.
	4	Income from investment of tax	x-exempt bond p	oroceeds 🕨 🕨				
	5	Royalties		►				
			(i) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)		🕨				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	41,262.					
	b	Less: cost or other basis	40,912.					
	_	and sales expenses						
		Gain or (loss)			350.			350.
		Net gain or (loss)		▶	550.			550.
anu	8 a	Gross income from fundraising including \$						
ver								
Other Rever		contributions reported on line Part IV, line 18		49 751				
her	Ь	Less: direct expenses	a b	12,171.				
đ		Net income or (loss) from func			37,580.			37,580.
		Gross income from gaming ac			.,			0,,000.
	5 d	Part IV, line 19						
	h	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less						
		and allowances						
	b	Less: cost of goods sold						
		Net income or (loss) from sale						
İ		Miscellaneous Revenu		Business Code				
ļ	11 a							
	b							
	с							
	d	All other revenue						
	е	Total. Add lines 11a-11d						
	12	Total revenue. See instructions			648,032.	232,774.	0.	,
83200	9 12-3	1-18						Form 990 (2018)

BERKSHIRE HUMANE SOCIETY INC

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Form 990 (2018)

Part VIII Statement of Revenue

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15530629 759092 5019320000 2018.06000 BERKSHIRE HUMANE SOCIETY IN 50193202

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Part IX Statement of Functional Expenses

BERKSHIRE HUMANE SOCIETY INC

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

D-	Check if Schedule O contains a response	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	رط) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
Ū	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	53,119.	13,280.	13,280.	26,559
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	293,889.	251,276.	33,391.	9,222
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	46,364.	38,585.	6,366.	1,413 2,918
10	Payroll taxes	35,976.	28,721.	4,337.	2,918
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	•	10,550.		10,550.	
d	Lobbying				
е					
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	23,955. 10,320.	23,955. 7,927.		
12	Advertising and promotion	10,320.	7,927.		2,393
13	Office expenses	14,362.	8,675.	5,468.	219
14	Information technology				
15	Royalties				
16	Occupancy	103,852.	99,443.	1,366.	3,043
17	Travel	528.	528.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	1 100	1 1 0 0		
19	Conferences, conventions, and meetings	1,180.	1,180.		1.64
20	Interest	21,474.	20,843.	470.	161
21	Payments to affiliates	<u> </u>		1 201	F10
22	Depreciation, depletion, and amortization	68,099.	66,216.	1,371.	512
23	Insurance	9,952.	7,663.	2,289.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	MAINTENANCE AND REPAIRS	30,098.	30,098.		
b	EDUCATION	9,899.	9,899.		
с	DEVELOPMENT EXPENSE	9,112.			9,112
d	FUNDRAISING	2,961.			2,961
е	All other expenses	43,067.	43,015.	52.	
25	Total functional expenses. Add lines 1 through 24e	788,757.	651,304.	78,940.	58,513
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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15530629 759092 5019320000

10 2018.06000 BERKSHIRE HUMANE SOCIETY IN 50193202

Form 990 (2018)

2,149,001. 3,191,577. b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 35,757. Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 14 Intangible assets Other assets. See Part IV, line 11 15 3,587,578. Total assets. Add lines 1 through 15 (must equal line 34) 16 122,361. 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 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 22 854,813. Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 25 Schedule D 977,174. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here 🕨 🔟 and complete lines 27 through 29, and lines 33 and 34. 2,577,349. 27 Unrestricted net assets 33,055. Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund

5,274,914.

BERKSHIRE HUMANE SOCIETY INC Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X

Cash - non-interest-bearing

Savings and temporary cash investments

Pledges and grants receivable, net

Accounts receivable, net

Part II of Schedule L

Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing

Notes and loans receivable, net

Inventories for sale or use

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete

employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L

Prepaid expenses and deferred charges

basis. Complete Part VI of Schedule D _____ 10a

10a Land, buildings, and equipment: cost or other

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(B)

End of year

105,863.

149,850.

3,455.

10,402.

19,277.

0.

3,125,913.

3,414,760.

98,635.

5,620.

840,826.

945,081.

20,657.

2,449,022.

2,469,679.

3,414,760.

Form **990** (2018)

(A)

Beginning of year

159,693.

158,923.

11,730.

11,169.

18,729.

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2,610,404.

3,587,578.

Form 990 (2018)

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_iabilities

Vet Assets or Fund Balances

Assets

Form	1 990 (2018) BERKSHIRE HUMANE SOCIETY INC	04-31	48018	Pag	ge 12
Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			32.
2	Total expenses (must equal Part IX, column (A), line 25)	2	788		
3	Revenue less expenses. Subtract line 2 from line 1	3	-14(
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,610),4	04.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	2,469	9,6	<u>79.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			·····	
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d 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?		2 b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			37
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				

Form **990** (2018)

832012 12-31-18

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2018
Open to Public Inspection

Name of the o	organization
---------------	--------------

Nar	ne	of t	he organizatio								dentification number				
						NE SOCIETY I					4-3148018				
Pa	art	I	Reason fo	or Public	Charity Status	All organizations must co	omplete th	is part.) Se	ee instruction	s.					
The	org	gani	ization is not a j	orivate found	lation because it is:	(For lines 1 through 12, c	check only	one box.)							
1			A church, conv	vention of ch	urches, or associati	on of churches described	d in sectio	n 170(b)(*	1)(A)(i).						
2						(Attach Schedule E (Forn									
3						anization described in s e			ii)						
1	F	=	•	•		onjunction with a hospital				Viii) Entor	the hospital's name				
4	L				ation operated in co	njunction with a nospital	i describer	a in Sectio			the hospital s hame,				
_			city, and state	-							l !				
5			-	-		ollege or university owned	d or opera	ted by a g	overnmental	unit descrit	bed in				
	_	_	section 170(b)(1)(A)(iv). (Complete Part II.)												
6			A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).												
7	Σ	<u> </u>	An organizatio	n that norma	Ily receives a subst	antial part of its support f	from a gov	ernmental	unit or from	the general	public described in				
	_	_	section 170(b))(1)(A)(vi). (C	omplete Part II.)										
8			A community t	rust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)								
9			An agricultural	research org	ganization described	d in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college				
			or university or	a non-land-o	grant college of agri	culture (see instructions).	. Enter the	name, citv	y, and state o	f the collec	le or				
			university:			. , ,									
10				n that norma	Ilv receives: (1) mor	e than 33 1/3% of its sup	port from	contributi	ons member	shin fees	and gross receipts from				
						ect to certain exceptions,									
											-				
						e (less section 511 tax) fr		sses acqu	lifed by the O	ganization					
			See section 5				fate Cas		O(-)(A)						
11		4	0	0		sively to test for public sa	•								
12			-	-	-	sively for the benefit of, to	-			-					
					-	ed in section 509(a)(1) o					Check the box in				
			7	-	• •	of supporting organizatio		-		-					
а			J Type I. A sup	oporting orga	anization operated,	supervised, or controlled	by its sup	ported org	ganization(s),	typically by	/ giving				
			the supporte	ed organizatio	on(s) the power to re	egularly appoint or elect a	a majority	of the dire	ctors or trust	ees of the s	supporting				
			organization	. You must o	complete Part IV, S	ections A and B.									
b			J Type II. A su	pporting org	anization supervise	d or controlled in connec	tion with it	s support	ed organizatio	on(s), by ha	aving				
			control or ma	anagement o	of the supporting or	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	oported				
			organization	(s). You mus	t complete Part IV	Sections A and C.									
с	;		Type III fund	tionally inte	grated. A supportir	ng organization operated	in connec	tion with, a	and functiona	Illy integrat	ed with,				
						s). You must complete I									
d			۰. ۲	-		porting organization oper				rted organi	ization(s)				
-						zation generally must sat									
				-		mplete Part IV, Sections	-		-	a an actorn					
е						written determination fro									
	-								а турет, туре	л, туре ш					
			r the number o			onally integrated support	ing organi	zation.							
					0										
g	, F		Name of suppor	-	n about the support (ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount o	fmonetary	(vi) Amount of other				
		(.	organization		(,	(described on lines 1-10	in your governi Yes	ng document? No	support (see ii	-	support (see instructions)				
			5			above (see instructions))	Tes	NO		,	, , , , , , , , , , , , , , , , , , , ,				
Tota	al														
											-				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018 13

2018.06000 BERKSHIRE HUMANE SOCIETY IN 50193202

Schedule A (Form 990 or 990-EZ) 2018 BERKSHIRE HUMANE SOCIETY INC

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

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	794,812.	717,552.	622,293.	700,405.	376,956.	3212018.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
4	Total. Add lines 1 through 3	794,812.	717,552.	622,293.	700,405.	376,956.	3212018.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						808,648.
	Public support. Subtract line 5 from line 4.						2403370.
	ction B. Total Support				1		
	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016 622, 293.	(d) 2017	(e) 2018	(f) Total 3212018.
7	Amounts from line 4	794,812.	717,552.	622,293.	700,405.	376,956.	3212018.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	2 4 2 0	2 41 7	2 445	2 610	270	14 074
	and income from similar sources \dots	3,430.	3,417.	3,445.	3,610.	372.	14,274.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	4 000	C C 7 0	F 071			17 540
	assets (Explain in Part VI.)	4,899.	6,678.	5,971.			17,548. 3243840.
	Total support. Add lines 7 through 10		<u>`````````````````````````````````````</u>				812,874.
12	,		,				012,0/4.
13	First five years. If the Form 990 is for		s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
Sec	organization, check this box and stor ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2018 (column (f))		14	74.09 %
	Public support percentage from 2017					15	72.95 %
	33 1/3% support test - 2018. If the c						, -
	stop here. The organization qualifies	-					
b	33 1/3% support test - 2017. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			-	-	-	
b	10% -facts-and-circumstances tes	-					
	more, and if the organization meets th						
	organization meets the "facts-and-circ				•		>
<u>18</u>	Private foundation. If the organization						s ►
						dule A (Form 990	

15530629 759092 5019320000

Schedule A (Form 990 or 990-EZ) 2018 BERKSHIRE HUMANE SOCIETY INC 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.)

1 Gifts, grants, contributions, and membership fees received. (Do not	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
membership fees received. (Do not							
include any "unusual grants.")							
2 Gross receipts from admissions,							
merchandise sold or services per-							
formed, or facilities furnished in any activity that is related to the							
organization's tax-exempt purpose							
3 Gross receipts from activities that							
are not an unrelated trade or bus-							
iness under section 513							
4 Tax revenues levied for the organ-							
ization's benefit and either paid to							
or expended on its behalf							
5 The value of services or facilities							
furnished by a governmental unit to							
the organization without charge							
6 Total. Add lines 1 through 5		<u> </u>					
7a Amounts included on lines 1, 2, and							
3 received from disgualified persons							
b Amounts included on lines 2 and 3 received		<u> </u>			-		
from other than disqualified persons that							
exceed the greater of \$5,000 or 1% of the							
amount on line 13 for the year							
c Add lines 7a and 7b							
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support							
Calendar year (or fiscal year beginning in)	(-) 0014	(1) 0015	(=) 0010	(4) 0017		-) 0010	
	(a) 2014	(b) 2015	(c) 2016	(d) 2017	, (e) 2018	(f) Total
9 Amounts from line 6		<u> </u>					
dividends, payments received on							
securities loans, rents, royalties,							
and income from similar sources							
b Unrelated business taxable income							
(less section 511 taxes) from businesses							
acquired after June 30, 1975							
c Add lines 10a and 10b							
1 Net income from unrelated business							
activities not included in line 10b, whether or not the business is							
regularly carried on							
2 Other income. Do not include gain							
or loss from the sale of capital assets (Explain in Part VI.)							
3 Total support. (Add lines 9, 10c, 11, and 12.)							
4 First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth ta	ax year as a sectio	n 501	(c)(3) organiz	ation,
	C C		·····	2		• • • •	
Section C. Computation of Publi	ic Support Pe	rcentage					
15 Public support percentage for 2018 (li			column (f))		15		9
· · · · · · · · · · · · · · · · · · ·					16		9
16 Public support percentage from 2017	,	1					,
					17		9
Section D. Computation of Inves					18		9
Section D. Computation of Inves 17 Investment income percentage for 20		Dart III line 17					
Section D. Computation of Inves 17 Investment income percentage for 20 18 Investment income percentage from 2	2017 Schedule A,				33 1/30	% and line 1	7 is not
Section D. Computation of Invest 17 Investment income percentage for 20 18 Investment income percentage from 2 19a 33 1/3% support tests - 2018. If the	2017 Schedule A, organization did r	not check the box	on line 14, and line	e 15 is more than 3		%, and line 1	7 is not
 Section D. Computation of Investigation of Investment income percentage for 20 Investment income percentage from 2 Investment income percentage from 2 I9a 33 1/3% support tests - 2018. If the more than 33 1/3%, check this box ar 	2017 Schedule A, organization did r nd stop here. The	not check the box organization quali	on line 14, and line fies as a publicly s	e 15 is more than 3 upported organiza	ation		
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 Section D. Computation of Investment income percentage for 20 Investment income percentage from 2 Investment income percentage from 3 Investment income percentage from 3 Investment income percentage from 3 Investment income percentage fr	2017 Schedule A, organization did r nd stop here. The organization did r ck this box and st	not check the box organization quali not check a box or t op here. The orga	on line 14, and line fies as a publicly s n line 14 or line 19a nization qualifies a	15 is more than 3 upported organiza a, and line 16 is more as a publicly support his box and see instantion	ation ore tha orted c struction	n 33 1/3%, a organization ons	and ►□
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Schedule A (Form 990 or 990-EZ) 2018 BERKSHIRE HUMANE SOCIETY INC

04-3148018 Page 4

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

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

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

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Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990 EZ) 2018 BERKSHIRE HUMANE SOCIETY INC Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		<u> </u>
b	A family member of a person described in (a) above?	11b		L
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	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? 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described 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? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
83202	5 10-11-18 Schedule A (Form 9	90 or 99	ЭО-EZ)	2018
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^{2018.06000} BERKSHIRE HUMANE SOCIETY IN 50193202

Schedule A (Form 990 or 990-EZ) 2018 BERKSHIRE HUMANE SOCIETY INC

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.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 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	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	v integrate	d Type III supporting or	anization (see

7 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

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Schedule A (Form 990 or 990 EZ) 2018 BERKSHIRE HUMANE SOCIETY INC

Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)					
Sect	ion D - Distributions			Current Year				
1	Amounts paid to supported organizations to accomplish exe	mpt purposes						
2	Amounts paid to perform activity that directly furthers exemp	Amounts paid to perform activity that directly furthers exempt purposes of supported						
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS					
4	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in Part VI). See instructions.							
7	Total annual distributions. Add lines 1 through 6.							
8	Distributions to attentive supported organizations to which the	he organization is responsive	e					
	(provide details in Part VI). See instructions.							
9	Distributable amount for 2018 from Section C, line 6							
10	Line 8 amount divided by line 9 amount	r						
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018				
1	Distributable amount for 2018 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2018 (reason-							
	able cause required- explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2018							
a	From 2013							
b	From 2014							
c	From 2015							
d	From 2016							
e	From 2017							
f	Total of lines 3a through e							
g	Applied to underdistributions of prior years							
h	Applied to 2018 distributable amount							
i	Carryover from 2013 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2018 from Section D,							
	line 7: \$							
-	Applied to underdistributions of prior years							
-	Applied to 2018 distributable amount							
-	Remainder. Subtract lines 4a and 4b from 4.							
5	Remaining underdistributions for years prior to 2018, if							
	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2018. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2019. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
	Excess from 2014							
-	Excess from 2015							
-	Excess from 2016							
-	Excess from 2017							
e	Excess from 2018			(Form 000 or 000 EZ) 2019				

Schedule A (Form 990 or 990-EZ) 2018

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Part VI	(Form 990 or 990 EZ) 2018 BERKSI		required by Deat U. "		04-3148018 Pa
	Supplemental Information. Pr Part IV, Section A, lines 1, 2, 3b, 3c, 4 line 1; Part IV, Section D, lines 2 and 3	b, 4c, 5a, 6, 9a, 9b, 9c, ; Part IV, Section E, line	11a, 11b, and 11c; Pa s 1c, 2a, 2b, 3a, and 3	art IV, Section B, lines 1 3b; Part V, line 1; Part V	and 2; Part IV, Section C, Section B, line 1e; Part \
	Section D, lines 5, 6, and 8; and Part \ (See instructions.)	', Section E, lines 2, 5, a	and 6. Also complete t	his part for any additior	al information.
32028 10-11-1	8		20	Schedule	A (Form 990 or 990-EZ)

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one)

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

OMB No. 1545-0047

2018

Employer identification number

04-3148018

BERKSHIRE	HUMANE	SOCIETY	INC	

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

X 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.

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

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

Name of organization

Employer identification number

BERKSHIRE HUMANE SOCIETY INC

04 - 3148018Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 129,012. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 X Person Payroll 20,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 X Person Payroll 17,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 Х Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 5 X Person Payroll 10,000. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Pavroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

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Name of organization

Employer identification number

04 - 3148018

BERKSHIRE HUMANE SOCIETY INC

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

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2018.06000 BERKSHIRE HUMANE SOCIETY IN 50193202

Name of or	ganization		Employer identification number				
BERKSH	HIRE HUMANE SOCIETY INC		04-3148018				
Part III		tions to organizations described in s) through (e) and the following line ent charitable, etc., contributions of \$1,000 or	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
F		e) Transfer of gift					
ŀ	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
F		e) Transfer of gift					
F	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
F	(e) Transfer of gift						
F	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
F	(e) Transfer of gift						
ŀ	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
823454 11-08-	-18	24	Schedule B (Form 990, 990-EZ, or 990-PF) (2018)				

15530629 759092 5019320000 2018.06000 BERKSHIRE HUMANE SOCIETY IN 50193202

SCHEDULE D

(Form 990)

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.



Department of the Treasury Internal Revenue Service Name of the organization

BERKSHIRE HUMANE SOCIETY INC

Employer identification number 04 - 3148018

Par	t I Organizations Maintaining Donor Advise	d Funds or O	ther Similar Fund	ds or A	Accounts.Cor	nplete if the	
	organization answered "Yes" on Form 990, Part IV, lin				1.) par		
		(a) Donor	advised funds	(b) Funds and of	ther accounts	
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in v	-					
	are the organization's property, subject to the organization's	exclusive legal co	ontrol?		L	Yes III	No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing	that grant funds can b	e used o	only		
	for charitable purposes and not for the benefit of the donor of	r donor advisor, o	or for any other purpos	e confer	rring		
	impermissible private benefit?					Yes	No
Par	t II Conservation Easements. Complete if the org	anization answei	ed "Yes" on Form 990	, Part IV	, line 7.		
1	Purpose(s) of conservation easements held by the organizati	on (check all that	apply).				
	Preservation of land for public use (e.g., recreation or e	ducation)	Preservation of a hi	storically	important land	area	
	Protection of natural habitat		Preservation of a ce	ertified hi	istoric structure		
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation	contribution in the for	n of a co	onservation ease	ement on the last	
	day of the tax year.				Held at th	ne End of the Tax Y	ear
а	Total number of conservation easements				2a		
b	Total acreage restricted by conservation easements				2b		
с	Number of conservation easements on a certified historic stru-	ucture included in	n (a)		2c		
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and	I not on a historic strue	cture			
	listed in the National Register				2d		
3	Number of conservation easements modified, transferred, rel	eased, extinguisl	ned, or terminated by t	he orgar	nization during t	he tax	
	year ►						
4	Number of states where property subject to conservation east	sement is located	▶	_			
5	Does the organization have a written policy regarding the per	riodic monitoring,	inspection, handling o	f			
	violations, and enforcement of the conservation easements it	t holds?			L	Yes I	No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violat	ions, and enforcing co	nservati	on easements d	luring the year	
	▶						
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations,	and enforcing conser	vation ea	asements during) the year	
	► \$						
8	Does each conservation easement reported on line 2(d) above	e satisfy the requ	irements of section 17	70(h)(4)(E	3)(i)		
	and section 170(h)(4)(B)(ii)?				L	Yes I	No
9	In Part XIII, describe how the organization reports conservation	on easements in	its revenue and expen	se stater	ment, and balan	ce sheet, and	
	include, if applicable, the text of the footnote to the organizat	tion's financial sta	tements that describe	s the or	ganization's acc	ounting for	
	conservation easements.						
Par	t III Organizations Maintaining Collections of	f Art, Historic	al Treasures, or	Other	Similar Asse	ets.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line	8.				
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to re	port in its revenue stat	ement a	nd balance shee	et works of art,	
	historical treasures, or other similar assets held for public extra	nibition, education	n, or research in furthe	rance of	public service,	provide, in Part X	III,
	the text of the footnote to its financial statements that descri	bes these items.					
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report	in its revenue stateme	nt and b	alance sheet w	orks of art, histori	cal
	treasures, or other similar assets held for public exhibition, ec	ducation, or resea	rch in furtherance of p	oublic se	rvice, provide th	e following amou	ints
	relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1				. 🕨 \$		
	(ii) Assets included in Form 990, Part X				▶ \$		
2	If the organization received or held works of art, historical treat	asures, or other s	imilar assets for financ	ial gain,	provide		
	the following amounts required to be reported under SFAS 1	16 (ASC 958) rela	ting to these items:				
а	Revenue included on Form 990, Part VIII, line 1				. ► \$		
	Assets included in Form 990, Part X						
	For Paperwork Reduction Act Notice, see the Instructions					e D (Form 990) 2	018
	10-29-18						
		25					

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2018.06000 BERKSHIRE HUMANE SOCIETY IN 50193202

Sche		RE HUMANE						04-31			age 2
Par	t III Organizations Maintaining C	Collections of A	rt, Histo	rical Tr	easures,	or Othe	er Simila	ar Asse	ts (contir	nued)	
3	Using the organization's acquisition, access	ion, and other record	ls, check a	any of the	following that	at are a si	ignificant ι	use of its	collectio	n item	s
	(check all that apply):										
а	Public exhibition	d			hange progr						
b	Scholarly research	е	e 🗌 Ot	her							
с	Preservation for future generations										
4	Provide a description of the organization's c							se in Par	t XIII.		
5	During the year, did the organization solicit of								-		7
Des	to be sold to raise funds rather than to be m								Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa	-	ete if the o	rganizatio	n answered	"Yes" on	Form 990	, Part IV,	line 9, or		
10			diam (for or	ntribution	o or other of	aata nat	included				
Ia	Is the organization an agent, trustee, custod								Yes		No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII							L		L	
b		and complete the lo	nowing tai	JIE.					Amoun	+	
c	Beginning balance						1c		Amoun		
	Additions during the year										
	Distributions during the year										
	Ending balance										
	Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII]
Par	t V Endowment Funds. Complete	if the organization ar	swered "ו	∕es" on Fo	orm 990, Par	t IV, line ⁻	10.				
		(a) Current year	(b) Pric	or year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
-	End of year balance				<u> </u>						
2	Provide the estimated percentage of the cur			column (a	a)) held as:						
	Board designated or quasi-endowment		_%								
	Permanent endowment	%									
С	Temporarily restricted endowment ► The percentages on lines 2a, 2b, and 2c sho	%									
30	Are there endowment funds not in the posse		ation that	aro hold a	nd administ	arad for t	ho organiz	ation			
Ja	by:	ession of the organiz	alion linal	are neiu a			ne organiz	ation	Ī	Yes	No
	(i) unrelated organizations								3a(i)	100	
	(ii) related organizations										
b	If "Yes" on line 3a(ii), are the related organization										
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipn										
	Complete if the organization answere	ed "Yes" on Form 990	D, Part IV,	line 11a. S	See Form 990	0, Part X,	line 10.				
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) A	ccumulate	d	(d) Boo	k value	Э
		basis (investr	ment)		(other)	dep	preciation				
1a	Land				0,206.					0,2	
	Buildings			4,87	3,113.	1,9	930,00	J7.	2,94	3,1	06.
	Leasehold improvements				<u> </u>	ļ		~_			<u> </u>
	Equipment				6,995.		L82,20			$\frac{4}{7}, 7$	
	Other				4,600.		36,78			7,8	
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column	(B), line 1	UC.)				3,12	5 ,9	<u>13</u> .

Schedule D (Form 990) 2018

832052 10-29-18

Part VII	Investments - 0	Other Securities.			
Schedule D	(Form 990) 2018	BERKSHIRE	HUMANE	SOCIETY	INC

Complete if the organization answered "Yes" o	n Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		

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

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

Part IX Other Assets.

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

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

Other Liabilities. Part X

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)		
Total.	(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 🚺

Schedule D	(Form 990)	2018

832053 10-29-18

2018.06000 BERKSHIRE HUMANE SOCIETY IN 50193202

Schedule D (Form 990) 2018 BERKSHIRE HUMANE SOCIETY	INC		04-31	148018 Page 4
Part XI Reconciliation of Revenue per Audited Financial State	ments With	Revenue per F		ŭ
Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
1 Total revenue, gains, and other support per audited financial statements			1	657,212.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a Net unrealized gains (losses) on investments	2a			
b Donated services and use of facilities		9,180.		
c Recoveries of prior year grants				
d Other (Describe in Part XIII.)				
e Add lines 2a through 2d			2e	9,180.
3 Subtract line 2e from line 1			3	648,032.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)	4b			
c Add lines 4a and 4b			4c	0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	648,032.
Part XII Reconciliation of Expenses per Audited Financial State		Expenses per	Return	1.
Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
1 Total expenses and losses per audited financial statements			1	797,937.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a Donated services and use of facilities	2 a	9,180.		
h Dviewycew adiustwaata				
b Prior year adjustments	2b			
c Other losses				
	2c			
c Other losses	2c 2d		2e	9,180.
c Other losses d Other (Describe in Part XIII.)	2c 2d		2e 3	<u>9,180.</u> 788,757.
 c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 	2c 2d			9,180. 788,757.
 c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 	2c 2d			9,180. 788,757.
 c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 	2c 2d 2d			788,757.
 c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 	2c 2d 4a 4b			788,757.
 c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) 	2c 2d 4a 4b	·····	3	788,757.

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 X, LINE 2:

MANAGEMENT	HAS	EVALUATED	SIGNIFICANT	TAX	POSITIONS	AGAINST	THE	CRITERIA
------------	-----	-----------	-------------	-----	-----------	---------	-----	----------

ESTABLISHED BY PROFESSIONAL STANDARDS AND BELIEVES THERE ARE NO SUCH TAX

POSITIONS REQUIRING ACCOUNTING RECOGNITION. THE ORGANIZATION'S TAX

RETURNS ARE SUBJECT TO EXAMINATION BY TAXING AUTHORITIES FOR ALL YEARS

ENDING ON OR AFTER JUNE 30, 2016.

832054 10-29-18

SCHEDULE G	Suppleme	ntal Informati	on Regarding	Fun	drais	ing or Gaming	Acti	vities	OMB No. 1545-0047
(Form 990 or 990-EZ)		uplete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.						, or if the	2018
	C	-	tach to Form 990			-			Open to Public
Department of the Treasury Internal Revenue Service	► Go	•				the latest informat	ion.		Inspection
Name of the organization		RE HUMANE	SOCIETY	INC				Employer ide	entification number
Part I Fundrais						n Form 990, Part IV,	line 1		
required to 1 Indicate whether th	complete this par		any of the followi	a acti	vitios	Chock all that apply			
a Mail solicitat	-	sea ranas anough		-		overnment grants	•		
	email solicitations	6				nment grants			
c Phone solici			g 🛄 Special	fundra	aising	events			
2 a Did the organization		or oral agreement v	vith any individual	(inclu	ding o	fficers, directors, tru	stees	s, or	
, , ,		· ·				undraising services?		Yes	
b If "Yes," list the 10 compensated at le	•		fundraisers) pursu	uant to	agree	ements under which	the fu	undraiser is to	be
		organization.					()	A	
(i) Name and addres or entity (fund		(ii) Ac	otivity	(iii) fundr have c or cor contrib	trol of	(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
				Yes	No				
						1			
Total									
3 List all states in wh		n is registered or l			oution	s or has been notified	d it is	exempt from I	registration
or licensing.									
LHA For Paperwork R	eduction Act Not	ice, see the Instru	uctions for Form	990 or	990-	EZ.	Sche	dule G (Form 9	990 or 990-EZ) 2018

Schedule G (Form 990 or 990 EZ) 2018 BERKSHIRE HUMANE SOCIETY INC

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.

		or fullaraising event contributions and gr			events with gross receip	7.3 greater than \$0,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
						(add col. (a) through
				HUMANE RACE	2	col. (c))
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	19,993.	9,115.	20,643.	49,751.
	~	Lass Contributions				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	19,993.	9,115.	20,643.	49,751.
	-		,		•	·
	4	Cash prizes				
	5	Noncash prizes				
ses						
Direct Expenses	6	Rent/facility costs				· · · · · · · · · · · · · · · · · · ·
Ê	_					
lirec	7	Food and beverages				
Ц	8	Entertainment				
	9	Other direct expenses		1,908.	5,515.	12,171.
	10	Direct expense summary. Add lines 4 through		······		12,171.
	11	Net income summary. Subtract line 10 from I				37,580.
Pa	rt I	II Gaming. Complete if the organization				
		\$15,000 on Form 990-EZ, line 6a.				
e			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add
Revenue				Diligo/progressive Diligo		col. (a) through col. (c))
Re						
	1	Gross revenue				<u> </u>
	2	Cash prizes				
ses	-					
kper	3	Noncash prizes				
Direct Expenses						
lirec	4	Rent/facility costs				
	5	Other direct expenses			<u> </u>	
	_		Yes%	└── Yes %	└── Yes %	
	6	Volunteer labor	No No	└── No	No No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		•	
	-		(0)		····· ·	
	8	Net gaming income summary. Subtract line 7	r from line 1, column (d)			
		er the state(s) in which the organization condu				
		he organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No
b	lf "	No," explain:				
10-2		re any of the organization's gaming licenses re	aveked suspended or t	orminated during the tax	voar?	Yes No
		Yes," explain:				
D.						
		2.00.10			Sobodulo O /E-	rm 000 or 000 EZ) 0010
83208	52 10)-03-18			Schedule G (FO	rm 990 or 990-EZ) 2018
				20		

2018.06000 BERKSHIRE HUMANE SOCIETY IN 50193202

Sch	edule G (Form 990 or 990-EZ) 2018 BERKSHIRE HUMANE SOCIETY INC	04-3148018 Page 3
	Does the organization conduct gaming activities with nonmembers?	
	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?	
13	Indicate the percentage of gaming activity conducted in:	
а	The organization's facility	13 a %
b	An outside facility	13b %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	ls:
	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 amou	nt
	of gaming revenue retained by the third party \$	
С	If "Yes," enter name and address of the third party:	
	Name	
	Address ►	
16	Gaming manager information:	
	Name	
	Gaming manager compensation	
	Description of services provided	
	· · · · · · · · · · · · · · · · · · ·	
	Director/officer	
	Mandatory distributions:	
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	n the
~	organization's own exempt activities during the tax year \triangleright \$	
Pa	rt 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.	
8320		a (Form 990 or 990-EZ) 2018
; 2 (31 0629 759092 5019320000 2018.06000 BERKSHIRE HUMANE SOCIE	WW TN 50102202
121	1029 139092 JUI9320000 ZUI0.00000 BERKSHIKE HUMANE SUCIE	TT TN JOTAJZOZ

15530629 759092 5019320000

Schedule G	(Form 990 or 990-EZ)	BERKSHIRE	HUMANE	SOCIETY	INC
Part IV	Supplemental I	nformation (continued))		

822084 04-01-18		Schedule G (Form 990 or 990-
832084 04-01-18	32	
530629 759092 5019320000	2018.06000 BERKSHIRE HUMANE	SOCIETY IN 5019320

SCHEDULE L	Tra	insactior	ıs V	Vith	Interest	ted	Persons			0	ИВ No.	1545-0	047
(Form 990 or 990-EZ)	Complete if the o						t IV, line 25a, 25b, 2	26, 27	28a,		20	18	}
					EZ, Part V, lin 990 or Form 9						pen T		-
Department of the Treasury Internal Revenue Service	Go to v	•					latest information.				pen i spect		DIIC
Name of the organization	-	-						Em	oloyer	ident	ificati	on nı	ımber
	BERKSHIRE									480	18		
Part I Excess Bene	efit Transacti	ons (section 50	01(c)(3	8), sect	ion 501(c)(4), a	and 50	1(c)(29) organizatior	ns only	/).				
Complete if the o						or 25b	o, or Form 990-EZ, P	art V,	line 40)b.			
1 (a) Name of disqualified p	person (b) F	elationship bety person and or			lified	(c) Description of tran	sactic	n			-	ected?
		person and of	ganza								¥.	es	No
											+		
											_		
							·						
2 Enter the amount of tax section 4958	-	•	-						▶ ¢				
3 Enter the amount of tax,	if any, on line 2,	above. reimburs	sed by	the or	anization				► \$				
					J								
Part II Loans to and	d/or From Int	erested Per	sons	.									
-	-				, Part V, line 38	Ba or F	Form 990, Part IV, lin	ie 26;	or if th	ne orga	anizati	on	
reported an amo	ount on Form 990 (b) Relationship	, Part X, line 5, 6 (c) Purpose		2. Dan to or				(~	10	(h) Ap	proved		/ritten
(a) Name of interested person	with organization	ation of loop	from the		(e) Origina principal amo	principal amount	(f) Balance due	default?		bý bo	by board or U		ement?
			To From	-			Yes				Yes	No	
Total Part III Grants or As	ssistance Ber	pofiting Inter	rosto	d Do		▶ \$							
	organization answ	-											
(a) Name of interested		(b) Relationship			(c) Amou	nt of	(d) Type	of		(e) Purp	ose c	f
(,		interested pers	son an		assistance		assistance			(e) Purpose of assistance			
		the organiza	ation										
				<u> </u>	000 000								

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

Schedule L (Form 990 or 990-EZ) 2018

Schedule L (Form 990 or 990-EZ) 2018 BERKSHIRE HUMANE SOCIETY INC

Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c

oumplete in the organization answered	163 011101111330, 1 att 10, iiile 20a, 2	00, 01 200.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
REYNOLDS	BOARD MEMBER	20,619.	JOHN REYNOL	J	X
	(a) Name of interested person	(a) Name of interested person(b) Relationship between interested person and the organization	person and the organization transaction	(a) Name of interested person(b) Relationship between interested person and the organization(c) Amount of transaction(d) Description of transaction	(a) Name of interested person(b) Relationship between interested person and the organization(c) Amount of transaction(d) Description of transaction(e) Sha organiz rever Yes

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: JOHN REYNOLDS

(D) DESCRIPTION OF TRANSACTION: JOHN REYNOLDS IS THE OWNER OF A

VETERINARY HOSPITAL THAT PROVIDES SERVICES TO THE ORGANIZATION

Schedule L (Form 990 or 990-EZ) 2018

832132 10-25-18

SCHEDULE O

(Form 990 or 990-EZ)

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Department of the Treasury Internal Revenue Service

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

Form 990 or 990-EZ or to provide any additional information.



BERKSHIRE HUMANE SOCIETY INC

04-3148018

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

BERKSHIRE HUMANE SOCIETY, INC. IS A 501(C)(3) NONPROFIT, SOCIALLY

CONSCIOUS, OPEN-ADMISSION ANIMAL SUPPORT ORGANIZATION WITH A TWOFOLD

MISSION: (1) TO ENSURE THE COMPASSIONATE CARE, TREATMENT, AND WHENEVER

POSSIBLE, PLACEMENT OF HOMELESS ANIMALS THROUGH THE SHELTER OPERATION,

AND (2) TO PROMOTE AND IMPROVE THE WELFARE OF ALL ANIMALS THROUGH

COMMUNITY EDUCATION AND OUTREACH.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: AND (2) TO PROMOTE AND IMPROVE THE WELFARE OF ALL ANIMALS THROUGH COMMUNITY EDUCATION AND OUTREACH.

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

MORE THAN 180 PEOPLE, HELPING TO KEEP DOGS IN THEIR HOMES.

BHS FOSTERS A DEEP CONNECTION TO ITS COMMUNITY, OFFERING LOW-COST

SPAY/NEUTER PROGRAMS AND CLINICS FOR VACCINATIONS AND MICROCHIPPING TO

UNDER-SERVED POPULATIONS. THE SHELTER PARTNERS WITH CITY OFFICIALS TO

TARGET NEIGHBORHOODS MOST IN NEED. FREE MEDICAL EXAMS ARE OFFERED AT

THESE CLINICS, ALONG WITH TRAP-NEUTER-RETURN RESOURCES, WHICH ARE A

DIRECT RESULT OF BHS'S COLLABORATION WITH ANIMAL DREAMS, A VOLUNTEER

ORGANIZATION DEDICATED TO PROMOTING THE HUMANE TREATMENT AND CARE OF

STRAY OR FERAL CATS IN BERKSHIRE COUNTY AND SURROUNDING TOWNS.

ANOTHER VALUABLE PROGRAM SERVING BOTH PEOPLE AND ANIMALS IS BHS'S

SAFEPET PROGRAM, WHICH IS DESIGNED TO ASSIST VICTIMS OF DOMESTIC

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990 or 990-EZ) (2018)83221110-10-18

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Name of the organization BERKSHIRE HUMANE SOCIETY INC	Employer identification num 04-3148018
VIOLENCE AND PEOPLE EXPERIENCING EXTREME HARDSHIP OR CRIS	IS. BHS WORKS
IN TANDEM WITH THE ELIZABETH FREEMAN CENTER, A PITTSFIELD	-BASED
RESOURCE FOR WOMEN, AS WELL AS THE RED CROSS, THE BRIEN C	ENTER, ELDER
SERVICES OF BERKSHIRE COUNTY AND ELDER PROTECTIVE SERVICE	S IN BERKSHIRE
COUNTY, AND BERKSHIRE MEDICAL CENTER. PETS ENTERED INTO T	HIS FREE,
30-DAY PROGRAM ARE FOSTERED BY BHS VOLUNTEERS WHO CARE FO	R THE ANIMALS
UNTIL THEY CAN BE REUNITED WITH THEIR FAMILY. THE ARRANGE	MENT IS
ENTIRELY CONFIDENTIAL. THE SAFEPET PROGRAM SERVES APPROXI	MATELY 50
CLIENTS PER YEAR, WHICH EQUALS OVER 2,000 DAYS OF ANIMAL	CARE. MORE
THAN 3,000 VOLUNTEER HOURS HAVE BEEN DEVOTED TO FOSTERING	ANIMALS IN
THE SAFEPET PROGRAM.	
TO SUPPORT ANIMALS WHOSE OWNERS ARE EXPERIENCING FINANCIA	L DIFFICULTY,
BHS OFFERS A FREE PET FOOD BANK THAT IS WELL-STOCKED FROM	COMMUNITY
DONATIONS. THIS SERVICE ALSO HELPS KEEP PETS IN THEIR HOM	E. EACH YEAR,
THE SHELTER RECEIVES APPROXIMATELY 1,000 REQUESTS FOR PET	FOOD. WHEN
POSSIBLE, BHS SUPPLIES PET FOOD TO VARIOUS FOOD BANKS THR	OUGHOUT
BERKSHIRE COUNTY.	
BECAUSE BHS BELIEVES IN FOSTERING COMPASSION IN HUMANS, T	HE SHELTER
OFFERS MANY HUMANE EDUCATION PROGRAMS. CAMP HUMANE IS BHS	'S SIGNATURE
EDUCATION PROGRAM, OFFERING 5 ONE-WEEK SESSIONS OF SUMMER	CAMP FOR KIDS
IN 3RD THROUGH 6TH GRADES. KIDS LEARN ABOUT RESPONSIBLE P	ET OWNERSHIP,
LOCAL ECOLOGY, AND COMMUNITY ENGAGEMENT. IN 2019, BHS'S H	UMANE HERO
PROGRAM SERVED 210 KIDS WHO LOVE ANIMALS. THESE YOUNG VOL	UNTEERS
LEARNED ABOUT FACTORY FARMING, DOG TRAINING, LOCAL ECOLOG	
ENRICHMENT. THEY ALSO ASSISTED WITH CHORES AROUND THE SHE	LTER SUCH AS
FOLDING LAUNDRY, SWEEPING FLOORS, CLEANING WINDOWS, AND B	AGGING DOG
FOOD FOR THE PET FOOD BANK. THE DEFENDERS IS BHS'S TEEN V	OLUNTEER
PROGRAM WHERE KIDS VISIT THE SHELTER EACH WEEK TO HELP WI	TH CHORES AND Jule O (Form 990 or 990-EZ) (20

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization BERKSHIRE HUMANE SOCIETY INC	Employer identification number 04-3148018
CAT CARE. THEY ALSO ENGAGE IN MORE THAN 250 HOURS OF COMMU	JNITY SERVICE.
THE KEY PROGRAM IS A LONG-TERM FOSTER CARE PROGRAM FOR CHI	ILDREN IN
MASSACHUSETTS. THIS PROGRAM PARTNERS WITH BHS, SENDING 3 H	FOSTER KIDS TO
THE SHELTER EACH WEEK TO HELP CLEAN, FEED, AND SOCIALIZE (CATS.
BERKSHIRE HUMANE SOCIETY'S HUMANE EDUCATION PROGRAMS TOUCH	H MORE THAN
2,100 CHILDREN AND ADULTS OVER THE COURSE OF EACH YEAR THE	ROUGH
IN-SHELTER PROGRAMS, SCHOOL TOURS, AND SCHOOL VISITS. BY H	EDUCATING
FUTURE GENERATIONS, BHS FOSTERS COMPASSION AND INSPIRES AI	DVOCACY.
CATWALK BOUTIQUES ARE IMPORTANT REVENUE SOURCES FOR BERKS	HIRE HUMANE
SOCIETY. THE SUCCESSFUL RESALE SHOPS IN GREAT BARRINGTON A	AND LENOX,
WHICH SPECIALIZE IN WOMEN'S CLOTHING AND ACCESSORIES, OPEN	NED IN 2014
AND 2019, RESPECTIVELY. THE SHOPS, WHICH RUN ALMOST EXCLUS	SIVELY BY
VOLUNTEERS AND SUBSIST ENTIRELY ON DONATED ITEMS, NETTED S	\$18,350 IN
2019.	
FOR MORE INFORMATION, PLEASE VISIT BERKSHIREHUMANE.ORG.	
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMEN	NTS:
CHARGE FOR SURRENDERING AN ANIMAL.	
FROM DOGS AND CATS TO BIRDS AND ALL TYPES OF SMALL MAMMALS	S, BHS IS THE
PLACE TO FIND A NEW PET. TRAINED ADOPTION COUNSELORS WORK	WITH
POTENTIAL ADOPTERS TO FIND THE BEST FIT FOR THEIR FAMILIES	S AND
LIFESTYLES. THE CANINE STAFF USE THE ASPCA'S "MEET YOUR MA	ATCH", A
SCIENCE-BASED APPROACH TO EVALUATING DOGS' PERSONALITIES A	AND BEHAVIOR

TO DETERMINE A "CANINALITY," WHICH IS THEN USED TO PAIR HUMAN

LIFESTYLES AND EXPECTATIONS.

ADOPTION FEES INCLUDE SPAYING/NEUTERING, VACCINATIONS, MICROCHIPPING,

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 Schedule O (Form 990 or 990-EZ) (2018)
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 BERKSHIRE HUMANE SOCIETY IN 50193202

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization BERKSHIRE HUMANE SOCIETY INC	Employer identification number $04 - 3148018$
WORMING, AND A FREE LIFETIME OF ADVICE. BHS LOSES MONEY O	N EVERY SINGLE
ADOPTION. THE SHELTER DOES NOT PLACE LIMITS ON THE AMOUNT	OF TIME THAT
AN ADOPTABLE ANIMAL STAYS AT THE SHELTER. IN 2019, 800 AN	IMALS WERE
ADOPTED.	
ON AVERAGE, DOGS WAIT 10.8 DAYS TO BE ADOPTED. SMALL ANIM	ALS WAIT 20
DAYS AND CATS WAIT 20.8 DAYS. IN 2019, THE COST OF CARE D	URING AN
AVERAGE STAY WAS MORE THAN \$750 PER ANIMAL.	
FOR MORE INFORMATION, PLEASE VISIT BERKSHIREHUMANE.ORG.	
FORM 990, PART VI, SECTION A, LINE 8B:	
ORGANIZATION ONLY MAINTAINS COPIES OF MINUTES FOR THE BOA	RD OF DIRECTORS.
FORM 990, PART VI, SECTION B, LINE 11B:	
A COPY OF THE 990 WILL BE DISTRIBUTED TO ALL BOARD MEMBER	S FOR APPROVAL
PRIOR TO FILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
BOARD MEMBERS COMPLETE A CONFLICT OF INTEREST STATEMENT A	T EACH ANNUAL
MEETING.	
FORM 990, PART VI, SECTION B, LINE 15A:	
BOARD APPROVES SALARY OF EXECUTIVE DIRECTOR.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT	
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC	UPON REQUEST.

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

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(Rev. January 2019)

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

Enter filer's identifying number

Department of the Treasury Internal Revenue Service

>	File a	congrato	application	for each	roturn
	Flie a	Separate	application	IUI Eacli	return.

Go to www.irs.gov/Form8868 for the latest information.

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

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

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

					o lacitatyii	ig namo.			
Type or print	Name of exempt organization or other filer, see instru	ictions.		Employe	r identificatior	n number	(EIN) or		
•	BERKSHIRE HUMANE SOCIETY INC					04-3148018			
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, see instructions. S 214 BARKER RD S			Social security number (SSN)					
return. See instructions	See								
Enter the	Return Code for the return that this application is for (fil	e a separa	ate application for each return)				0 1		
Applicat	ion	Return	Application			F	Return		
Is For		Code	Is For				Code		
Form 990	0 or Form 990-EZ	01	Form 990-T (corporation)				07		
Form 990	D-BL	02	Form 1041-A				08		
Form 472	20 (individual)	03	Form 4720 (other than individual)				09		
Form 990)-PF	04	Form 5227				10		
Form 990	D-T (sec. 401(a) or 408(a) trust)	05	Form 6069				11		
Form 990	D-T (trust other than above)	06	Form 8870				12		
Telep ● If the ● If this box ▶ 1 I re the ▶ 2 If t	ORGANIZATION ooks are in the care of ▶ 214 BARKER RD hone No. ▶ (413)447-7878 organization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ▶ equest an automatic 6-month extension of time until e organization named above. The extension is for the org cr cr cr tax year beginning JAN 1, 2019 he tax year entered in line 1 is for less than 12 months, cr Change in accounting period	s in the Ur Group Exe and atta MA anization's	Fax No. ►	f this is fo f all memb e the exem	r the whole givers the exten	sion is fo	r.		
	his application is for Forms 990-BL, 990-PF, 990-T, 4720, y nonrefundable credits. See instructions.	, or 6069,	enter the tentative tax, less	3a	\$		0.		
	his application is for Forms 990-PF, 990-T, 4720, or 6069	enter an	v refundable credits and	3d	Ψ				
	timated tax payments made. Include any prior year overp		•	3b	\$		0.		
	lance due. Subtract line 3b from line 3a. Include your pa				Ψ				
	ing EFTPS (Electronic Federal Tax Payment System). See			3c	\$		0.		
Caution: instruction	If you are going to make an electronic funds withdrawal	(direct de	bit) with this Form 8868, see Form 8)-EO for p 368 (Rev.			
I	or i may not and i aportion noudolion Act Notice,	000 1100					. 2010)		

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