# **TAX RETURN FILING INSTRUCTIONS**

\*\* FORM 990 PUBLIC DISCLOSURE COPY \*\*

## FOR THE YEAR ENDING

JUNE 30, 2022

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 \*\*

# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public.

Inspection

Dep	artment	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the lates	•	Open to Public Inspection
				JUN 30, 2022	moposion
_	Check if		f organization	D Employer identific	ation number
_	applicab	ole:	Torganization	Employer Identilia	
Г	Addre	ess BERK	SHIRE HUMANE SOCIETY INC		
F	Name chan	9	usiness as	04-314801	L8
F	Initial		r and street (or P.O. box if mail is not delivered to street address)  Room/suite	+	
F	Final	21/	BARKER RD	(413)447-	-7878
	termi ated	<u>"</u>	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	2,685,814.
	Amer	nded DIMI	SFIELD, MA 01201	H(a) Is this a group re	
	Appli		nd address of principal officer:JOHN PERREAULT	for subordinates	
	pend		AS C ABOVE	H(b) Are all subordinates in	—
$\overline{T}$	Tax-ex	empt status:	X 501(c)(3)		ist. See instructions
			SHIREHUMANE.ORG	H(c) Group exemption	
					State of legal domicile: MA
	art I				Ů .
_	1	Briefly describ	be the organization's mission or most significant activities: $$ SEE $$ SCHED $$	ULE O	
Governance		,			
rna	2	Check this bo	ox   if the organization discontinued its operations or disposed of mo	re than 25% of its net as:	sets.
Š	3		ting members of the governing body (Part VI, line 1a)	1 - 1	12
Ğ	4		dependent voting members of the governing body (Part VI, line 1b)		11
Š	5		of individuals employed in calendar year 2021 (Part V, line 2a)		34
Ę	6		of volunteers (estimate if necessary)		200
Activities &	7 a		d business revenue from Part VIII, column (C), line 12		0.
٩			business taxable income from Form 990-T, Part I, line 11		0.
				Prior Year	Current Year
O)	8	Contributions	and grants (Part VIII, line 1h)	2,045,964.	1,724,309.
Revenue	9		ice revenue (Part VIII, line 2g)	496,228.	650,348.
ě	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)	6,472.	5,609.
Œ	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	36,784.	35,559.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,585,448.	2,415,825.
	13	Grants and si	milar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14		to or for members (Part IX, column (A), line 4)	0.	0.
S	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)	933,861.	992,585.
Expenses	16a	Professional f	r compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
ğ	.   ь	Total fundrais	ing expenses (Part IX, column (D), line 25)   143,300.		
Ш	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	733,346.	879,967.
	18	Total expense	es. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,667,207.	1,872,552.
	19	Revenue less	expenses. Subtract line 18 from line 12	918,241.	543,273.
Net Assets or	3		<u>B</u>	eginning of Current Year	End of Year
Set	20	Total assets (	Part X, line 16)	4,482,278.	4,905,939.
t As	21	Total liabilities	s (Part X, line 26)	896,038.	863,503.
2	22		fund balances. Subtract line 21 from line 20	3,586,240.	4,042,436.
	art II				
			I declare that I have examined this return, including accompanying schedules and stater		knowledge and belief, it is
true	e, corre	ct, and complete	. Declaration of preparer (other than officer) is based on all information of which prepare	er has any knowledge.	
		0:		D-t-	
Sig	yn 💮	, ,	e of officer	Date	
He	re		PERREAULT, EXECUTIVE DIRECTOR		
		,	print name and title	Data I	II DTIN
_		Print/Type pre		Date Check	PTIN
Pai				08/14/23 if self-employed	P00849882
	parer	Firm's name	ADELSON & COMPANY PC	Firm's EIN	20-5711238
US	e Only	Firm's address			
_			PITTSFIELD, MA 01201	Phone no. 41	3-443-6408
Ma	v the I	RS discuss th	s return with the preparer shown above? See instructions		X Ves No

Part III | Statement of Program Service Accomplishments

		Form <b>990</b> (2021)
4e	Total program service expenses ► 1,483,606.	
4 -	(Expenses \$ including grants of \$ ) (Revenue \$	<u> </u>
4d		1
<u> </u>	Other pregram comitees (Describe on Schedule O.)	
-	/ / / / / / / / / / / / / / / / / / /	,
4c	(Code:) (Expenses \$	1
	SEE SCHEDULE O	
4b	(Code:) (Expenses \$ 1,087,735. including grants of \$ ) (Revenue \$	332,592.)
	SEE SCHEDULE O	
4a	(Code:) (Expenses \$ 395,871 • including grants of \$) (Revenue \$	317,756.
	revenue, if any, for each program service reported.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	by expenses.
-	If "Yes," describe these changes on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these new services on Schedule O.	163 . 110
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes X No
	Did the appropriation and adults are significant as a sig	
	SEÉ SCHEDULE O	
1	Briefly describe the organization's mission:	_
	Check if Schedule O contains a response or note to any line in this Part III	

SEE SCHEDULE O FOR CONTINUATION(S) 3

# Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	э		122
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	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? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u>'</u>		
Ŭ	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	_		
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			3,7
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446	Х	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Λ	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	100	Х	
h	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	21	
ь	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			\ <sub>3,7</sub>
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			x
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		

	990 (2021) BERKSHIRE HUMANE SOCIETY INC 04-314	8018	Р	age 4
Ра	rt IV Checklist of Required Schedules (continued)		I.,	
00	Did the constraint was at several beautiful constraint or at an experience to autiful describe in dividuals an		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		Х
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	22		
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23		х
24 a	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	25		
	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		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) 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 the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a	Х	
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If		٠,,	
	"Yes," complete Schedule L, Part IV	28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			- V
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			X
22	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
34	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	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	<u> </u>	Х
37	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? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	20	<sub>v</sub>	
	Note: All Form UVII tilore are required to complete Schodule ()	1 20		

#### Statements Regarding Other IRS Filings and Tax Compliance Part V

	Check if Schedule O contains a response or note to any line in this Part V			 	
			_	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	5		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	porta	ble gaming		

132004 12-09-21

(gambling) winnings to prize winners?

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

			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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2</b> b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	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		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			٠,,
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		37	
а	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	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			Х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11		
0	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	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			
13	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			
	Enter the amount of reserves on hand			7,
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			v
	excess parachute payment(s) during the year?	15		X
46	If "Yes," see the instructions and file Form 4720, Schedule N.	46		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
47	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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Form **990** (2021)

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

	Creck if Scriedule O contains a response or note to any line in this Part VI			77
Sec	tion A. Governing Body and Management			
	1.0		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 1			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a				
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
Ū	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	tion Divided (This section B requests information about politics not required by the internal revenue code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b		114		
12a		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
		120		
·	on Schedule O how this was done	12c	Х	
13		13	X	
14	Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_	The organization's CEO, Executive Director, or top management official	15a	Х	
a h	Other officers or key employees of the organization	15b		X
D	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	100		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
IUa	taxable entity during the year?	16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	IUa		
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
		16b		
Sec	exempt status with respect to such arrangements?	100		
17	List the states with which a copy of this Form 990 is required to be filed ►MA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only	) avails	able
	for public inspection. Indicate how you made these available. Check all that apply.	iny	, availe	
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finar	ncial	
13	statements available to the public during the tax year.	u midi	ioiai	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
_0	ORGANIZATION - (413)447-7878			
	214 BARKER RD, PITTSFIELD, MA 01201			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

See the instructions for the order in which to list the persons above.

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unle cer an	ss pe	more rson	than is bot	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) JOHN PERREAULT	40.00									
EXECUTIVE DIRECTOR				Х				90,753.	0.	20,756.
(2) JOHN REYNOLDS	2.00								_	
VICE PRESIDENT		Х		Х				42,325.	0.	0.
(3) LESLIE WEIL	4.00							_	_	_
PRESIDENT		Х		Х				0.	0.	0.
(4) LAURA BYKOWSKI	2.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(5) NELSON FURLANO	2.00									
TREASURER		Х		Х				0.	0.	0.
(6) COLLEEN MCGRATH	6.00									
SECRETARY		Х		Х				0.	0.	0.
(7) CYNTHIA BARTLETT	1.00									
DIRECTOR		Х						0.	0.	0.
(8) OSKAR HALIS	2.00									
DIRECTOR		Х						0.	0.	0.
(9) SUSANNNA LAURO, ESQ.	1.00									
DIRECTOR		X						0.	0.	0.
(10) MICHELLE LOONEY, DVM	2.00									
DIRECTOR		X						0.	0.	0.
(11) ASHLEY MCLEOD	1.00									
DIRECTOR		X						0.	0.	0.
(12) CHRIS NERRIE	2.00									
DIRECTOR		X						0.	0.	0.
(13) JAYSON TANZMAN	2.00									
DIRECTOR		X						0.	0.	0.
		L	L	$\mathbb{L}_{-}$	L_	L	L_			
		L	L	L	L		L			
		L	L	L	L		L			

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Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	<b>(A)</b> Name and title	(B) Average hours per week (list any	box offi	not c	Pos heck ss pe	more rson	than is bot or/trus	th an	( <b>D</b> )  Reportable compensation from the	(E) Reportable compensation from relate organization	on d	ar	(F) stimate nount other pensa	of
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MI 1099-NEC	SC/	fı org an	rom the ganizati d relate anizatio	e ion ed
		,	드	트	Ó	¥.	H	7						
С	Subtotal  Total from continuation sheets to Part VI  Total (add lines 1b and 1c)	II, Section A							133,078. 0. 133,078.		0.		0,7	0.
2	Total number of individuals (including but n compensation from the organization								<u> </u>	),000 of reportab				(
3	Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for s	•		•		•		_	ghest compensated emp	•		3	Yes	No X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	0,000? <i>If</i> "Yes,	" co	mple	ete S	Sche	edul	e J i	for such individual			4		Х
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," combine B. Independent Contractors	•				•			ted organization or indiv			5		Х
1	Complete this table for your five highest co the organization. Report compensation for	= -	-								npens	ation ·	from	
	<b>(A)</b> Name and business	address	N	INC	3				(B) Description of s	services	С		C) nsatio	n
2	Total number of independent contractors (i \$100,000 of compensation from the organi		ot li	mite	d to		se li 0	stec	d above) who received n	nore than				

Form **990** (2021)

BERKSHIRE HUMANE SOCIETY INC 04-3148018 Page 9 Form 990 (2021) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 131,178. **b** Membership dues 1b 7,297. c Fundraising events ..... d Related organizations ..... 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 1,585,834 similar amounts not included above 1f 9,604. g Noncash contributions included in lines 1a-1f ,724,309 h Total. Add lines 1a-1f **Business Code** 900099 332,592. 332,592. 2 a ANIMAL SHELTER Program Service Revenue b CATWALK 304,135. 900099 304,135 PUBLIC AWARENESS 900099 13,621. 13,621. All other program service revenue 650,348. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 9,174 9,174 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b **c** Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of <sub>7a</sub> 231,145 assets other than inventory b Less: cost or other basis <sub>7b</sub> 234,710 Other Revenue and sales expenses -3,565. c Gain or (loss) -3,565. -3,565. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$7,297. ofcontributions reported on line 1c). See 70,838 Part IV, line 18 **b** Less: direct expenses \_\_\_\_\_ 35,559. 35,559. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10b **b** Less: cost of goods sold ..... c Net income or (loss) from sales of inventory **Business Code** 11 a d All other revenue

12 To

2,415,825.

e Total. Add lines 11a-11d .....

Total revenue. See instructions

650,348.

## Part IX | Statement of Functional Expenses

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

Da	not include amounts reported on lines 6b,	(A)	this Part IX(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	112 705	20 106	20 106	F6 202
_	trustees, and key employees	112,785.	28,196.	28,196.	56,393
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	710 252	620 010	02 649	2 606
7	Other salaries and wages	718,252.	620,918.	93,648.	3,686
8	Pension plan accruals and contributions (include	1/ [17	11 651	2 761	100
_	section 401(k) and 403(b) employer contributions)	14,517. 76,725.	11,654. 62,781.	2,761.	102 341
9	Other employee benefits	70,306.	56,441.	9,792.	4,073
10	Payroll taxes	70,300.	30,441.	9,194.	4,073
11	Fees for services (nonemployees):				
а	Management				
b	Legal	14,275.		14,275.	
С	Accounting	14,2/3.		14,4/3.	
	Lobbying				
e	Professional fundraising services. See Part IV, line 17	2,562.		2,562.	
f	Investment management fees	2,302.		2,302.	
g	Other. (If line 11g amount exceeds 10% of line 25,	140,227.	86,463.	5,764.	48,000
40	column (A), amount, list line 11g expenses on Sch 0.)	8,230.	7,566.	3,704.	664
12	Advertising and promotion	34,903.	23,140.	11,078.	685
13	Office expenses	34,503.	25,140.	11,070.	003
14 45	Information technology				
15 16	Royalties	229,945.	219,848.	4,182.	5,915
16 17	Occupancy	2,134.	2,134.	4,102	3,513
17 40	Travel	2,134.	2,134.		
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	3,384.	3,384.		
19 20	Conferences, conventions, and meetings	34,850.	33,826.	763.	261
20 21	Payments to affiliates	31,030.	33,020.	700.	201
2 I 22	Depreciation, depletion, and amortization	144,455.	140,224.	3,037.	1,194
22 23		21,260.	16,370.	4,890.	-,-,-
23 24	Other expenses. Itemize expenses not covered	==,===	= 0,0.00	2,000	
_7	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	DEVELOPMENT EXPENSE	53,487.	31,846.		21,641
a b	BAD DEBT EXPENSE	50,000.	02,010.	50,000.	
C	MAINTENANCE AND REPAIRS	47,912.	47,912.	20,000	
d	FUNDRAISING	345.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		345
	All other expenses	91,998.	90,903.	1,095.	
25	Total functional expenses. Add lines 1 through 24e	1,872,552.	1,483,606.	245,646.	143,300
<u> 26</u>	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)				

Form **990** (2021)

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to any	line in this Part X			X
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			179,991.	1	263,792.
	2	Savings and temporary cash investments			891,183.	2	641,655.
	3	Pledges and grants receivable, net			420,061.	3	426,525.
	4	Accounts receivable, net			988.	4	534.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
		controlled entity or family member of any of thes		5			
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons described	d in sect	tion 4958(c)(3)(B)		6	
şţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			7,591.	8	9,034.
⋖	9	Prepaid expenses and deferred charges		21,521.	9	48,480.	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	5,442,477.			
	b	Less: accumulated depreciation	10b	2,547,407.	2,960,943.	10c	2,895,070.
	11	Investments - publicly traded securities				11	620,849.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	4 400 000	15	4 005 000		
	16	Total assets. Add lines 1 through 15 (must equa		1	4,482,278.	16	4,905,939.
	17	Accounts payable and accrued expenses			87,990.	17	80,502.
	18	Grants payable			11 701	18	12 000
	19	Deferred revenue			11,791.	19	13,890.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
Liabilities	22	Loans and other payables to any current or form					
ij		trustee, key employee, creator or founder, subst					
<u>E</u>		controlled entity or family member of any of thes			796,257.	22	760 111
_	23	Secured mortgages and notes payable to unrela			190,231.	23	769,111.
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines				05	
	00	of Schedule D			896,038.	25 26	863,503.
	26	Total liabilities. Add lines 17 through 25  Organizations that follow FASB ASC 958, che	ak basa	X	090,030.	26	003,303.
es		and complete lines 27, 28, 32, and 33.	ck nere				
Juc	27	• • • • • • •			3,201,138.	27	3,546,403.
3ali	28	Net assets without donor restrictions  Net assets with donor restrictions			385,102.	28	496,033.
ρ	20	Organizations that do not follow FASB ASC 9			30371021	20	13070331
Ξ		and complete lines 29 through 33.	Jo, Cile	CK Here			
ģ	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or eq				30	
Ass	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			3,586,240.	32	4,042,436.
Z	33				4,482,278.	33	4,905,939.
	00	Total nabilities and het assets/fully balafices			_,,	00	Form <b>990</b> (2021)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1 2	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25)		2, <b>4</b> 15		
3	Revenue less expenses. Subtract line 2 from line 1	3		3,2	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,586		
5	Net unrealized gains (losses) on investments	5		7,0	
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	4,042	2,4	36.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	- O.		Yes	No
2a			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed 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?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis	e basis,			
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,					
	review, or compilation of its financial statements and selection of an independent accountant?				
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	-			
	Act and OMB Circular A-133?		3a	ļ	_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form 9	<b>990</b> (	2021)

# **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization BERKSHIRE HUMANE SOCIETY INC 04 - 3148018Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

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

Sec	ction A. Public Support	71		,			
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	, ,	` '	, ,	, ,	` ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")	700,405.	376,956.	1266805.	2045964.	1724309.	6114439.
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						
4	Total. Add lines 1 through 3	700,405.	376,956.	1266805.	2045964.	1724309.	6114439.
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)						796,151.
	Public support. Subtract line 5 from line 4.						5318288.
	ction B. Total Support				1		
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019 1266805.	(d) 2020	(e) 2021	(f) Total 6114439 •
7	Amounts from line 4	700,405.	376,956.	1266805.	2045964.	1724309.	6114439.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	2 64 0	250	004		2 445	10 616
	and income from similar sources	3,610.	372.	894.	2,293.	3,447.	10,616.
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						
	assets (Explain in Part VI.)						C105055
	<b>Total support.</b> Add lines 7 through 10						6125055.
	Gross receipts from related activities,						,729,593.
13	First 5 years. If the Form 990 is for the	· ·	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
500	organization, check this box and stor		roontogo				<b>P</b>
	Public support percentage for 2021 (			aclumn (f\)		14	86.83 %
	Public support percentage for 2021 (I					14	0.4 = 0
	Public support percentage from 2020 33 1/3% support test - 2021. If the o					15	
Ioa							
h	<ul><li>stop here. The organization qualifies</li><li>33 1/3% support test - 2020. If the organization</li></ul>						
		-					
172	and stop here. The organization qualifies as a publicly supported organization						
., a		-					
	and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
h	10% -facts-and-circumstances tes	-	· · · · · · · · · · · · · · · · · · ·	* *	-	17a. and line 15 is	
	more, and if the organization meets the	-					1070 01
	organization meets the facts-and-circle				-		
18	<b>Private foundation.</b> If the organization		-				s
<u></u>	ato roundation in the organizatio	did not oncor a	20/ 011 1110 10, 100	a, .00, 17a, 01 171	o, or look and box e	500 113114011011	·

Schedule A (Form 990) 2021

## 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.)

Sec	ction A. Public Support	now, please com	ipietė Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	(4) 2011	(2) 2010	(3) 2013	(4) 2020	(0) 2021	(i) iotal
•	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						
2	organization's tax-exempt purpose Gross receipts from activities that						
3	•						
	are not an unrelated trade or bus-						
	iness under section 513						<del> </del>
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						
	Total. Add lines 1 through 5		-				1
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	: Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support					_	
	ndar year (or fiscal year beginning in) ▶	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	_					
10a	Gross income from interest,						
	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						
	Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	e organization's f	I first second third	fourth or fifth tax	vear as a section	. 501(c)(3) organizat	 tion
•		· ·		,	•	( )( )	
Sec	etion C. Computation of Public						
	Public support percentage for 2021 (lin			column (f))		15	%
	Public support percentage from 2020					16	%
	ction D. Computation of Inves					1101	
	Investment income percentage for 202		<u>~</u> _			17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2021. If the						
136	more than 33 1/3%, check this box an	-					<b>▶</b>
	33 1/3% support tests - 2020. If the						and
٨.	line 18 is not more than 33 1/3%, chec	· ·			•		
20	<b>Private foundation.</b> If the organization						
	ato roundation in the Organization	. 414 1101 011001 0	. ~ o	, a, or 100, 011501 l			

# Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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 line 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.)

		Yes	No
	1		
	2		
	За		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	10a		
	401-		
dula	10b	n 990	2021

Par	t 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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in <b>Part VI.</b>	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	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		
Seci	ion C. Type II Supporting Organizations			
			Yes	No
	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 <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
	ion D. All Type III Supporting Organizations			
	Divin Type in Supporting Significations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
	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		
	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 on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion 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 instruction	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instructio	ns).	
	Activities Test. Answer lines 2a and 2b below.		Yes	No
	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		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	Oh		
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	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? If "Yes" or "No" provide details in Part VI.	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orga	anizations		
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	st comple	te 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			
c	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 <b>Part VI</b> ):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
_3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	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 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2021

instructions).

		ANE SOCIETY IN			4-3148018 Page 7
Pai	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations <sub>(contint</sub>	ued)	
Sect	ion D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	าร	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is responsive	е		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ns	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4s				

Schedule A (Form 990) 2021

8 Breakdown of line 7: a Excess from 2017 **b** Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;			
1 dit VI	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,			
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)			

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

**Schedule of Contributors** 

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization Employer identification number

BERKSHIRE HUMANE SOCIETY INC 04-3148018

Organization type (check one):

Organization typ	e (Check One).					
Filers of:	Section:					
Form 990 or 990-	EZ $X = 501(c)(3)$ (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> 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					
	anization is covered by the <b>General Rule</b> or a <b>Special Rule.</b> ion 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Rule						
	rganization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or ) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
sections contribu	rganization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one tor, 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; rm 990-EZ, line 1. Complete Parts I and II.					
contribu literary, o	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.					
year, col is check purpose	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \rightarrow \frac{1}{2} \frac{1}					
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).						

 $\ \, \text{LHA} \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

## BERKSHIRE HUMANE SOCIETY INC

04-3148018

Part 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		\$80,000.	Person X Payroll		
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
2		\$ 155,981.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3		\$84,289.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4		\$80,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5		\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Oncash Occupiete Part II for noncash contributions.)		

Name of organization Employer identification number

## BERKSHIRE HUMANE SOCIETY INC

04 - 3148018

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		
2	35S OF APPLE	-			
		\$\$51,747.	10/22/21		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
2	70S OF AUTOMATIC DATA PROCESSING & 195S OF S&P GLOBAL INC	-			
		\$ 99,234.	01/19/21		
(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		
		-			
		- -   \$			

Name of organization **Employer identification number** 04 - 3148018BERKSHIRE HUMANE SOCIETY INC Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

BERKSHIRE HUMANE SOCIETY INC

**Employer identification number** 04 - 3148018

Pa	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		or Accounts. Complete if the			
	organization answered Tes on Tollin 556, Fartiv, iii	(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year	,	.,			
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds			
	are the organization's property, subject to the organization's	_				
6	Did the organization inform all grantees, donors, and donor a					
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose co	nferring			
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Par	t IV, line 7.			
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).				
	Preservation of land for public use (for example, recrea	· —	nistorically important land area			
	Protection of natural habitat	Preservation of a c	certified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of				
	day of the tax year.		Held at the End of the Tax Year			
	Total number of conservation easements					
	,					
	Number of conservation easements on a certified historic str					
a	Number of conservation easements included in (c) acquired		I I			
2	listed in the National Register  Number of conservation easements modified, transferred, re					
3	year	eleased, extinguished, or terminated by the o	rganization during the tax			
4	Number of states where property subject to conservation ea	sement is located				
5	Does the organization have a written policy regarding the pe					
3	violations, and enforcement of the conservation easements i		Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting,					
_			Tanon sassinonio daning and year			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservatio	n easements during the year			
	<b>▶</b> \$		,			
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)	(4)(B)(i)			
	and section 170(h)(4)(B)(ii)?		Yes No			
9	In Part XIII, describe how the organization reports conservation	ion easements in its revenue and expense st	atement and			
	balance sheet, and include, if applicable, the text of the footi	note to the organization's financial statemen	ts that describes the			
	organization's accounting for conservation easements.					
Pa	t III Organizations Maintaining Collections o	-	er Similar Assets.			
	Complete if the organization answered "Yes" on Form					
1a	If the organization elected, as permitted under FASB ASC 95					
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public					
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.					
b	If the organization elected, as permitted under FASB ASC 95					
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in further	ance of public service,			
	provide the following amounts relating to these items:		<b>.</b> .			
	(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 tre	-	ain, provide			
_	the following amounts required to be reported under FASB A		<b>•</b> •			
	Revenue included on Form 990, Part VIII, line 1		·			
	Assets included in Form 990, Part X  For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2021			

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_	Schedule D (Form 990) 2021 BERKSHIRE HUMANE SOCIETY INC 04-3148018 Page 2								
	Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued)								
3	Using the organization's acquisition, accession	n, and other record	s, check any	of the	following tha	ıt make sigr	nificant use c	of its	
	collection items (check all that apply):								
а									
b									
С									
4	Provide a description of the organization's co							Part XIII.	
5	During the year, did the organization solicit or		•		•				
D	to be sold to raise funds rather than to be ma							Yes	No
Pai	t IV Escrow and Custodial Arrang	•	ete if the orga	anizatio	n answered	"Yes" on Fo	orm 990, Par	t IV, line 9, o	or
	reported an amount on Form 990, Part								
1a	Is the organization an agent, trustee, custodia		•						□
	on Form 990, Part X?							Yes	L∐ No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing table	:				A	-1
								Amoui	11
	Beginning balance						1c		
d	Additions during the year						1d		
e	Distributions during the year						1e		
f	Ending balance								
	Did the organization include an amount on Fo							Yes	No
	If "Yes," explain the arrangement in Part XIII.								<u>.                                      </u>
Pai	rt V   Endowment Funds. Complete if							ook (a) For	ır vooro book
		(a) Current year	(b) Prior		+	S Dack (a)	Three years b	ack (e) Ful	JI YEATS DACK
	Beginning of year balance	300,000.	200	0.					
b	Contributions	35,000.	300	,000.					
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance	335,000.		,000.	•				
2	Provide the estimated percentage of the curre		, ,	lumn (a	a)) held as:				
а	Board designated or quasi-endowment	100	_%						
b	Permanent endowment	%							
С	Term endowment	-							
	The percentages on lines 2a, 2b, and 2c shou	•							
За	Are there endowment funds not in the posses	ssion of the organiza	ation that are	held a	and administe	ered for the	organization		N N
	by:								Yes No
	(i) Unrelated organizations							3a(i)	X
	(ii) Related organizations								X
b	If "Yes" on line 3a(ii), are the related organizat							3b	
4	Describe in Part XIII the intended uses of the		wment fund	S					
Pai	t VI Land, Buildings, and Equipm								
	Complete if the organization answered								
	Description of property	(a) Cost or o		-	or other		umulated	(d) Boo	ok value
		basis (investn	nent)		(other)	depre	ciation	4 -	
	Land				0,206.	0 00	1 2 6 2		0,206.
	Buildings			±,90	3,814.	2,30	4,260.	2,59	9,554.
С	Leasehold improvements						- 445	_	
d	Equipment				5,567.		5,113.		0,454.
<u>e</u>	Other			13	2,890.	3	88,034.	9	4,856.

Schedule D (Form 990) 2021

2,895,070.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2021 BERKSHIRE HU	UMANE SOCIET	Y INC	04-3148018 Page
Part VII Investments - Other Securities.			, , , , , , , , , , , , , , , , , , ,
Complete if the organization answered "Yes" of	on Form 990, Part IV, lin	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	n: 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" of	on Form 990, Part IV, lin		
(a) Description of investment	(b) Book value	(c) Method of valuation	n: 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" of	on Form 990, Part IV, lin	e 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.)		<b>&gt;</b>
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, lin	e 11e or 11f. See Form 990, F	Part X, line 25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(Z)			

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2021

(8)

2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.			
2 a b	T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
a b	Total revenue, gains, and other support per audited financial statements			1	2,334,572
b	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
	Net unrealized gains (losses) on investments		-87,077. 5,824.		
_	Donated services and use of facilities		5,824.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	-81,253
3	Subtract line 2e from line 1			3	2,415,825.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			•
	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	2,415,825
Par	t XII Reconciliation of Expenses per Audited Financial St		h Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin				
1	Total expenses and losses per audited financial statements			1	1,878,376.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
	Donated services and use of facilities		5,824.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	5,824.
3	Subtract line <b>2e</b> from line <b>1</b>			3	1,872,552.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	0.
_	Tatal assessed Add lines 2 and 4. (This result agest Form 000 Port I line 10			-	4 050 550
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18			5	1,872,552.
Par	t XIII Supplemental Information.	3.)		5	
<b>Par</b> Provid	t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) 4; Part IV, lines 1b	and 2b; Part V, line	5	
<b>Par</b> Provid	t XIII Supplemental Information.	3.) 4; Part IV, lines 1b	and 2b; Part V, line	5	
<b>Par</b> Provid	t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) 4; Part IV, lines 1b	and 2b; Part V, line	5	
Par Provid lines 2	t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ar	3.) 4; Part IV, lines 1b	and 2b; Part V, line	5	
Par Provid lines 2	t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) 4; Part IV, lines 1b	and 2b; Part V, line	5	
Par Providines 2	t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2  2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide and 4b; Also LINE 2:	3.)	and 2b; Part V, line mation.	<b>5</b> 4; Part	X, line 2; Part XI,
Par Providines 2	t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ar	3.)	and 2b; Part V, line mation.	<b>5</b> 4; Part	X, line 2; Part XI,
Par Providines 2 PAR	t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an  RT X, LINE 2:  NAGEMENT HAS EVALUATED SIGNIFICANT TAX	3.) 4; Part IV, lines 1b ny additional infor	and 2b; Part V, line mation.	4; Part	X, line 2; Part XI,  CRITERIA
Par Providines 2 PAR	t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2  2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide and 4b; Also LINE 2:	3.) 4; Part IV, lines 1b ny additional infor	and 2b; Part V, line mation.	4; Part	X, line 2; Part XI,  CRITERIA
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Par Providines 2 PAR MAN EST	t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ar  RT X, LINE 2:  NAGEMENT HAS EVALUATED SIGNIFICANT TAX  CABLISHED BY PROFESSIONAL STANDARDS AND	3.) 4; Part IV, lines 1b ny additional infor  POSITIONS  BELIEVES	and 2b; Part V, line mation.	4; Part	X, line 2; Part XI,  CRITERIA
Par Providines 2 PAR MAN EST	t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ar  RT X, LINE 2:  NAGEMENT HAS EVALUATED SIGNIFICANT TAX  CABLISHED BY PROFESSIONAL STANDARDS AND	3.) 4; Part IV, lines 1b ny additional infor  POSITIONS  BELIEVES	and 2b; Part V, line mation.	4; Part	X, line 2; Part XI,  CRITERIA
Par Providines 2 PAR MAN EST	t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ar  RT X, LINE 2:  NAGEMENT HAS EVALUATED SIGNIFICANT TAX  CABLISHED BY PROFESSIONAL STANDARDS AND	3.) 4; Part IV, lines 1b ny additional infor  POSITIONS  BELIEVES	and 2b; Part V, line mation.	4; Part	X, line 2; Part XI,  CRITERIA
Par Providines 2 PAR MAN EST	t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ar  RT X, LINE 2:  NAGEMENT HAS EVALUATED SIGNIFICANT TAX  CABLISHED BY PROFESSIONAL STANDARDS AND	3.) 4; Part IV, lines 1b ny additional infor  POSITIONS  BELIEVES	and 2b; Part V, line mation.	4; Part	X, line 2; Part XI,  CRITERIA
Par Providines 2 PAR MAN EST	t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ar  RT X, LINE 2:  NAGEMENT HAS EVALUATED SIGNIFICANT TAX  CABLISHED BY PROFESSIONAL STANDARDS AND	3.) 4; Part IV, lines 1b ny additional infor  POSITIONS  BELIEVES	and 2b; Part V, line mation.	4; Part	X, line 2; Part XI,  CRITERIA
Par Providines 2 PAR MAN EST	t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ar  RT X, LINE 2:  NAGEMENT HAS EVALUATED SIGNIFICANT TAX  CABLISHED BY PROFESSIONAL STANDARDS AND	3.) 4; Part IV, lines 1b ny additional infor  POSITIONS  BELIEVES	and 2b; Part V, line mation.	4; Part	X, line 2; Part XI,  CRITERIA

#### **SCHEDULE G** (Form 990)

Department of the Treasury

Internal Revenue Service

#### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

BERKSHIRE HUMANE SOCIETY INC

Employer identification number

04-3148018 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations e X Solicitation of non-government grants f X Solicitation of government grants X Internet and email solicitations g X Special fundraising events Phone solicitations X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) THE KILLOE GROUP - 708 ADAMS Yes No COURT, GUILDERLAND, NY 12084 Х Λ FUNDRAISING COUNSEL 0 48,000. 48 000 Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

132081 10-21-21

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

Schedule G (Form 990) 2021

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

		of fundraising event contributions and gr	oss income on Form 990	FEZ, lines I and 60. List	events with gross receip	ots greater than \$5,000.
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			RAFFLE			1
ne			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts	78,135.			78,135.
	2	Less: Contributions	7,297.			7,297.
	3	Gross income (line 1 minus line 2)	70,838.			70,838.
	4	Cash prizes				
S	5	Noncash prizes	28,800.			28,800.
xpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	6 460			6,469.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		<b>&gt;</b>	35,269.
_		Net income summary. Subtract line 10 from li				35,569.
Ра	rt I		answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
eve						
ш	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %  No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		<b>&gt;</b>	
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)		•	
		The garming income daminary. Cubiract line 7	TOTT IIITO 1, COIGITIIT (a)			
9	Ent	er the state(s) in which the organization condu	ucts gaming activities:			
а	ls t	he organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No
b	If "	No," explain:				
	_					
10a	We	re any of the organization's gaming licenses re	evoked suspended orto	erminated during the tax	vear?	Yes No
		Yes," explain:			, our :	
_						

Schedule G (Form 990) 2021

132082 10-21-21

#### **SCHEDULE L**

Department of the Treasury

Internal Revenue Service

(Form 990)

# **Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open To Public** Inspection

Name of the or	ganization	Employer identification number
	BERKSHIRE HUMANE SOCIETY INC	04-3148018
Part I E	xcess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) or	ganizations only).

					tion 501(c)(4), and se												
1	(b) [	wered "Yes" on Relationship bet			art IV, line 25a or 25b	o, or F	orm 990-EZ, P	art V,	line 40	Jb.	(4)	Corre	ctad2				
(a) Name of disqualified person		person and o	(c	) Des	cription of tran	sactio	n		(d) Corrected?								
											-						
<ul><li>2 Enter the amount of tax section 4958</li><li>3 Enter the amount of tax,</li></ul>					· · · · · · · · · · · · · · · · · · ·				▶ \$ ▶ \$								
	d/or From Int				gamzation												
Complete if the		wered "Yes" on	Form 9	990-EZ	Z, Part V, line 38a or F	Form 9	990, Part IV, lir	ne 26;	or if th	·							
(a) Name of interested person	<b>(b)</b> Relationship with organization		fror	oan to or n the ization?	(e) Original principal amount	(f) [	<b>(f)</b> Balance due		(f) Balance due		) Balance due (g) In default?			(h) Approve by board o committee?		oved d or ee? (i) Wri agreem	
			То	From					Yes No		No	Yes	No				
				-													
				-													
Total			<u> </u>		<b>&gt;</b> \$												
Part III   Grants or As	sistance Be	nefiting Inte	reste	d Pe													
Complete if the	organization ans	wered "Yes" on	Form 9	990, P	art IV, line 27.												
(a) Name of interested	person	(b) Relationship interested pers the organiza	son an		(c) Amount of assistance	ount of (d) Type of		•	(e) Purpose of assistance		i						
									_								
									$-\!\!\!\!+$								
									_								
									-+								
									-+								

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

Schedule L (Form 990) 2021

(a) Name of interested person	red "Yes" on Form 990, Part IV, line 28a, 2  (b) Relationship between interested	(c) Amount of	(d) Description of	(e) Sharing of organization's		
	person and the organization	transaction	transaction	revenues?		
JOHN REYNOLDS	BOARD MEMBER	42,325.	JOHN REYNOL	Yes	No X	
		•				
Provide additional information for re	esponses to questions on Schedule L (see	instructions).				
SCH L, PART IV, BUSINESS			PERSONS.			
ben 1, 1mm 1v, bobinibb	IMMONOTIONS INVOLVE	NO INTEREST	LLD I LINDOND.			
(A) NAME OF PERSON: JOHN	REYNOLDS					
(D) DESCRIPTION OF TRANS	ACTION: JOHN REYNOLDS	WAS THE OW	NER OF A			
	DD0111D1G G1D111G1G H0					
VETERINARY HOSPITAL THAT	PROVIDES SERVICES TO	THE ORGANI	ZATION			
_						

# SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Name of the organization

BERKSHIRE HUMANE SOCIETY INC

 $\begin{array}{c} \textbf{Employer identification number} \\ 0.4-3.1480.18 \end{array}$ 

Pai	rt i Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		_	s
1	Art - Works of art			, ,				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	4	204,227.				
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts			0.604				
25	Other (MATERIALS)	Х	50	9,604.	FMV			
26	Other ()							
27	Other ()							
28	Other ( )							
29	Number of Forms 8283 received by the organiz		,					
	for which the organization completed Form 828	83, Part V, L	Jonee Acknowledg	gement <b>29</b>			V	NI -
20-	During the year did the expenientian receive by	v contributi	on any proporty	ported in Dort I lines 1 three.	ah 20 that it		Yes	No
30a	During the year, did the organization receive by							
	must hold for at least three years from the date		,	•		30a		Х
<b>L</b>	exempt purposes for the entire holding period?							
	b If "Yes," describe the arrangement in Part II.  1 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?							
31							Х	<del>                                     </del>
SZa	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?							х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of propert	y for which column (a) is che	cked,			
	describe in Part II.							
ΙΗΔ	For Panerwork Reduction Act Notice see	the Instruc	tions for Earm 00	n	Schodula M	(Earn	~ 00A)	2021

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

Schedule M (Form 990) 202

# SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

Name of the organization

BERKSHIRE HUMANE SOCIETY INC

Employer identification number 04-3148018

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: BERKSHIRE HUMANE SOCIETY IS A 501(C)(3) NONPROFIT, OPEN-ADMISSION ANIMAL SUPPORT ORGANIZATION. OUR MISSION IS TO ENSURE THE COMPASSIONATE CARE, TREATMENT AND PLACEMENT OF COMPANION ANIMALS, WHILE PROMOTING AND IMPROVING THE WELFARE OF ALL ANIMALS THROUGH EDUCATION AND OUTREACH. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: BERKSHIRE HUMANE SOCIETY, INC. IS A 501(C)(3) NONPROFIT, OPEN-ADMISSION ANIMAL SUPPORT ORGANIZATION. OUR MISSION IS TO ENSURE THE COMPASSIONATE TREATMENT AND PLACEMENT OF COMPANION ANIMALS, WHILE PROMOTING AND IMROVING THE WELFARE OF ALL ANIMALS THROUGH EDUCATION AND OUTREACH. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: 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 \$127,565 HELPING ANIMALS AND PEOPLE.

BERKSHIRE HUMANE SOCIETY OFFERS A VARIETY OF PROGRAMS AND SERVICES. IN
ADDITION TO ADOPTING OUT COMPANION ANIMALS, BHS OFFERS FAMILY DOG

SCHOOL, WHICH WAS CREATED TO ADDRESS THE PRIMARY REASON DOGS AND

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page 2

Name of the organization **Employer identification number** BERKSHIRE HUMANE SOCIETY INC 04 - 3148018

PUPPIES ARE SURRENDERED: "BAD BEHAVIOR." FAMILY DOG SCHOOL OFFERS FREE CONSULTATION AND AFFORDABLE TRAINING, PROVIDING SESSIONS IN MANNERS AGILITY, TRICKS, AND NOSE WORK. ANNUALLY, FAMILY DOG SCHOOL ASSISTS 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 VIOLENCE AND PEOPLE EXPERIENCING EXTREME HARDSHIP OR CRISIS. BHS WORKS IN TANDEM WITH THE ELIZABETH FREEMAN CENTER, A PITTSFIELD-BASED RESOURCE FOR WOMEN, AS WELL AS THE RED CROSS, THE BRIEN CENTER, ELDER SERVICES OF BERKSHIRE COUNTY AND ELDER PROTECTIVE SERVICES IN BERKSHIRE COUNTY, AND BERKSHIRE MEDICAL CENTER. PETS ENTERED INTO THIS FREE, 30-DAY PROGRAM ARE FOSTERED BY BHS VOLUNTEERS WHO CARE FOR THE ANIMALS UNTIL THEY CAN BE REUNITED WITH THEIR FAMILY. THE ARRANGEMENT IS ENTIRELY CONFIDENTIAL. THE SAFEPET PROGRAM SERVES APPROXIMATELY 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.

Schedule O (Form 990) 2021 Page 2

Name of the organization

BERKSHIRE HUMANE SOCIETY INC

Employer identification number
04-3148018

DIFFICULTY, BHS OFFERS A FREE PET FOOD BANK THAT IS WELL-STOCKED FROM

COMMUNITY DONATIONS. THIS SERVICE ALSO HELPS KEEP PETS IN THEIR HOME.

EACH YEAR, THE SHELTER RECEIVES APPROXIMATELY 3,000 REQUESTS FOR PET

FOOD. WHEN POSSIBLE, BHS SUPPLIES PET FOOD TO VARIOUS FOOD BANKS

THROUGHOUT BERKSHIRE COUNTY.

BECAUSE BHS BELIEVES IN FOSTERING COMPASSION IN HUMANS, THE 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 PET OWNERSHIP, LOCAL ECOLOGY, AND COMMUNITY ENGAGEMENT. IN 2021, BHS'S HUMANE HERO PROGRAM SERVED 48 KIDS WHO LOVE ANIMALS. THESE YOUNG VOLUNTEERS LEARNED ABOUT FACTORY FARMING, DOG TRAINING, LOCAL ECOLOGY, AND ENRICHMENT. THEY ALSO ASSISTED WITH CHORES AROUND THE SHELTER SUCH AS FOLDING LAUNDRY, SWEEPING FLOORS, CLEANING WINDOWS, AND BAGGING DOG FOOD FOR THE PET FOOD BANK. THE DEFENDERS IS BHS'S TEEN VOLUNTEER PROGRAM WHERE KIDS VISIT THE SHELTER EACH WEEK TO HELP WITH CHORES AND CAT CARE. THEY ALSO ENGAGE IN MORE THAN 250 HOURS OF COMMUNITY SERVICE. THE KEY PROGRAM IS A LONG-TERM FOSTER CARE PROGRAM FOR CHILDREN IN MASSACHUSETTS. THIS PROGRAM PARTNERS WITH BHS, SENDING 3 FOSTER KIDS TO THE SHELTER EACH WEEK TO HELP CLEAN, FEED, AND SOCIALIZE CATS.BERKSHIRE HUMANE SOCIETY'S HUMANE EDUCATION PROGRAMS TOUCH MORE THAN 2,100 CHILDREN AND ADULTS OVER THE COURSE OF EACH YEAR THROUGH IN-SHELTER PROGRAMS, SCHOOL TOURS, AND SCHOOL VISITS. BY EDUCATING FUTURE GENERATIONS, BHS FOSTERS COMPASSION AND INSPIRES ADVOCACY. OUR EDUCATION PROGRAMS WERE PAUSED BECAUSE OF COVID. CATWALK BOUTIQUES ARE IMPORTANT REVENUE SOURCES FOR BERKSHIRE HUMANE

SOCIETY. THE SUCCESSFUL RESALE SHOPS IN GREAT BARRINGTON AND LENOX,

Schedule O (Form 990) 2021 Page **2** 

Name of the organization

BERKSHIRE HUMANE SOCIETY INC

WHICH SPECIALIZE IN WOMEN'S CLOTHING AND ACCESSORIES, OPENED IN 2014

AND 2019, RESPECTIVELY.

FOR MORE INFORMATION, PLEASE VISIT BERKSHIREHUMANE.ORG

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

SINCE ITS INCEPTION IN 1992, BHS HAS SHELTERED MORE THAN 56,000 HOMELESS ANIMALS. EACH YEAR, THE SHELTER ACCEPTS MORE THAN 1,200 ANIMALS THAT ARE CARED FOR AND MADE AVAILABLE FOR ADOPTION. ANIMALS ARE SURRENDERED FOR MANY REASONS-FINANCIAL HARDSHIP, DEATH OF OWNER, CHANGE IN LIVING CIRCUMSTANCES. SHELTER STAFF PRIORITIZE PROBLEM-SOLVING TO HELP KEEP ANIMALS IN THEIR HOME WHENEVER POSSIBLE, CARING FOR, REHABILITATING, AND PLACING SURRENDERED ANIMALS INTO RESPONSIBLE HOMES IS THE CRUX OF BHS'S MISSION. BHS IS THE ONLY OPEN-ADMISSION AND SOCIALLY CONSCIOUS ANIMAL SHELTER IN BERKSHIRE COUNTY AND SURROUNDING AREAS, WHICH MEANS THAT ANIMALS ARE ACCEPTED WITHOUT DISCRIMINATION AGAINST AGE, BREED, OR TEMPERAMENT. MANY ANIMALS THAT COME TO BHS HAVE NOWHERE ELSE TO GO. THERE IS NO CHARGE FOR SURRENDERING AN ANIMAL. FROM DOGS AND CATS TO BIRDS AND ALL TYPES OF SMALL MAMMALS, BHS IS THE PLACE TO FIND A NEW PET. TRAINED ADOPTION COUNSELORS WORK WITH POTENTIAL ADOPTERS TO FIND THE BEST FIT FOR THEIR FAMILIES AND LIFESTYLES. THE CANINE STAFF USE THE ASPCA'S "MEET YOUR MATCH", A SCIENCE-BASED APPROACH TO EVALUATING DOGS' PERSONALITIES AND BEHAVIOR TO DETERMINE A "CANINALITY," WHICH IS THEN USED TO PAIR HUMAN LIFESTYLES AND EXPECTATIONS. ADOPTION FEES INCLUDE SPAYING/NEUTERING, VACCINATIONS, MICROCHIPPING, WORMING, AND A FREE LIFETIME OF ADVICE. BHS LOSES MONEY ON EVERY SINGLE ADOPTION. THE SHELTER DOES NOT PLACE LIMITS ON THE

Schedule O (Form 990) 2021 Page 2

Name of the organization

BERKSHIRE HUMANE SOCIETY INC

Employer identification number 04-3148018

AMOUNT OF TIME THAT AN ADOPTABLE ANIMAL STAYS AT THE SHELTER. IN 2021,

804 ANIMALS WERE ADOPTED. ON AVERAGE, DOGS WAIT 10.7 DAYS TO BE

ADOPTED. SMALL ANIMALS WAIT 33.3 DAYS AND CATS WAIT 33.8 DAYS. IN 2021,

THE COST OF CARE DURING 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 BOARD OF DIRECTORS.

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

A COPY OF THE 990 WILL BE DISTRIBUTED TO ALL BOARD MEMBERS FOR APPROVAL PRIOR TO FILING.

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

BOARD MEMBERS COMPLETE A CONFLICT OF INTEREST STATEMENT AT EACH ANNUAL MEETING.

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

THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE SALARY OF EXECUTIVE DIRECTOR.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART X, LINES 27 AND 28

UNSPENT CAPITAL CAMPAIGN CONTRIBUTIONS SUBJECT TO PURPOSE AND TIME

Schedule O (Form 990) 2021	Page 2
Name of the organization BERKSHIRE HUMANE SOCIETY INC	Employer identification number 04-3148018
RESTRICTIONS WERE INCORRECTLY CLASSIFIED AS NET ASSETS WI	THOUT DONOR
RESTRICTIONS. CAPITAL CAMPAIGN CONTRIBUTIONS IN THE AMOUN	T OF \$370,061
CLASSIFIED AS NET ASSETS WITHOUT DONOR RESTRICTIONS WERE	RECLASSIFIED
TO NET ASSETS WITH DONOR RESTRICTIONS. THERE WAS NO CUMUL	ATIVE EFFECT
ON NET ASSETS DUE TO THIS ADJUSTMENT.	