## Form 990-EZ

## **Short Form** Return of Organization Exempt From Income Tax

2020

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form, as it may be made public.

Go to www.irs.gov/Form990EZ for instructions and the latest information.

Inspection For the 2020 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change Community Land Trust in the Southern Berkshires, Inc. Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite Initial return 04-2709835 P.O. Box 276 E Telephone number Final return/terminated City or town State ZIP code Amended return Great Barrington MA 01230 413-528-4472 Application pending Foreign country name Foreign province/state/county F Group Exemption Foreign postal code Number ▶ Accounting Method: Cash X Accrual Other (specify) H Check ► X if the organization is Website: ▶ www.berkshirecommunitylandtrust.org not required to attach Schedule B Tax-exempt status (check only one) — 501(c)(3) X 501(c) ( (Form 990, 990-EZ, or 990-PF). ) (insert no.) 4947(a)(1) or K Form of organization: X Corporation Trust Association Other Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) 61.597 Part I Check if the organization used Schedule O to respond to any question in this Part I X 1 2 Program service revenue including government fees and contracts . . . . . . . 2 61,597 3 3 4 4 Gross amount from sale of assets other than inventory . . . . . . 5a 5b Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . . . . . 0 6 Gaming and fundraising events: Gross income from gaming (attach Schedule G if greater than Revenue Gross income from fundraising events (not including of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . 6b Less: direct expenses from gaming and fundraising events. . . . Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 0 Gross sales of inventory, less returns and allowances . . . . . . . . 7b Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) . . . . . . . . . . . . . . . . 7c 8 8 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8..... 9 61,597 10 10 23,000 11 11 12 Expenses 12 936 13 Professional fees and other payments to independent contractors . . . . . 13 1,875 14 14 15 15 16 16 33,334 17 Total expenses. Add lines 10 through 16 . . . 17 59,145 18 Net Assets 18 2,452 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 19 241,675 20 20 2,991 Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . . . 247,118

For	m 990-EZ (2020) Community Land Trust in th	a Southarn Parkahiran In	_			
Pa	rt II Balance Sheets (see the instructions fo	r Part II)	C.	04-270	9835	Page <b>2</b>
	Check if the organization used Schedule O to	respond to only acception :	. a			
-	Check if the organization used Schedule O to	respond to any question i	n this Part II			
22				(A) Beginning of year		(B) End of year
22	The state of the s			66.675	22	26,118
	Land and buildings	2 12 21 10 1010 10 W 17 14 1411		175,000		221,000
24	other assets (describe in schedule O)	V 42 20 07 10 10 10 10 10 10 10			24	221,000
25	Total assets			241,675		247,118
26	lotal liabilities (describe in Schedule O)			211,070	26	247,110
27	Net assets or fund balances (line 27 of column (	B) must agree with line 2	1)	241,675		047.440
P	art III Statement of Program Service Accomplis	shments (see the instruct	ions for Part III)	241,073	21	247,118
	Check if the organization used Schedule O	to respond to any question	in this Part III			
Wh					/D-	Expenses
Des	scribe the organization's program conting accomplish	Support Affiliated 501 (c)	(3) See schedule O			quired for section (c)(3) and 501(c)(4)
ası	scribe the organization's program service accomplish	ments for each of its three	e largest program ser	vices,	orga	anizations; optional
ner	measured by expenses. In a clear and concise mann	er, describe the services p	provided, the number	of	for c	others.)
28	sons benefited, and other relevant information for ea	ch program title.	The state of the s			
20	The Community Land Trust holds community-owne	d land for homes, farms, a	and			
	businesses to ensure permanent access, control, a stewardship.	ffordability, and				
	(Grants \$ ) If this amoun	nt includes foreign grants,	check here	▶ 🗍	28a	
29					200	
	(Grants \$ ) If this amoun	nt includes foreign grants,	chook boro			
30	, in the difficult	it molades foreign grants,	Check here		29a	
A. 501-0-504						
			.===========			
	(Grants \$ ) If this amoun					
24	/ Il tillo alliour	t includes foreign grants,	check here	▶	30a	1
31	Other program services (describe in Schedule O) .			er /6 /6 ec ec ec		
	(Grants \$ ) If this amoun	t includes foreign grants.	check here		31a	
32	Iotal program service expenses, (add lines 28a th	rough 31a)				
Pa	List of Officers, Directors, Trustees, and K	ev Employees (list each o	ne even if not compens	ated see the instru		0 for Dort 1) ()
	Check if the organization used Schedule O to	respond to any question	in this Part IV	acca—see the mstru	CHOTE	s for Part IV)
		T quodion	(c) Reportable	<del>, , , , , , , , , , , , , , , , , , , </del>		
	A ADMINISTRATION OF CONTRACT	(b) Average	compensation	(d) Health benefits, contributions to		(e) Estimated amount of
	(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MISC)	employee benefit plans		other compensation
lobo	Fulop	and the position	(if not paid, enter -0-)	and deferred compensat	ion	Hardware Co. And Andrews .
						-
	ident	Hr/WK	1			
	am Allen					
rea	surer	Hr/WK				
Sam	Van Sant			<u> </u>	-	
/ice	President	Hr/WK				
ete	Stanton	THIVVE			_	XX XX
Clerk						
		Hr/WK				
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2011		Hr/WK				
					$\top$	
		HrAME	8			

Pa	The initiation (Note the Schedule A and personal benefit contract statement	04-2709		Page
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in	in the	ort \/	Г
		uns P		_
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a	Ph - 111-0	Yes	No
34	asiansa assorbtion of each activity in schedule O.	33		X
54	vote any significant changes made to the organizing or governing documents? If "Voc." attach assets			<del>  ^</del>
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
35a	change on Schedule O. See instructions.  Did the organization have unrelated business gross income of \$1,000 or more during the year from business	34		Х
	activities (such as those reported on lines 2, 6a, and 7a, among others)?			
b	" 199 to line odd, has the organization lifet a Form 990-1 for the Vear's it "No " provide an explanation in Calculate	35a		X
C	vade the diganization a section of 100 (C)(4), 501(C)(5), or 501(C)(6) organization subject to a set in social	35b		-
	reporting, and proxy tax requirements duffing the year? If "Yes " complete Schedule C. Dort III	35c		Х
36	and the organization undergo a inquidation, dissolution, termination, or significant disposition of not assets	330		_^
37a	during the year? If res, complete applicable parts of Schedule N	36		X
b	Enter amount of political expenditures, direct or indirect, as described in the instructions.			
38a	Did the organization file Form 1120-POL for this year?  Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were	37b		X
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?			
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38a		X
39	Section 50 I(c)(7) organizations. Enter:	-		
a	1 303			
b	Gross receipts, included on line 9, for public use of club facilities	1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ section 4912 ▶ section 4915 ▶			
b				
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	401		
C	Section 50 1(c)(3), 50 1(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	40b		
	on organization managers or disqualified persons during the year under sections 4912			
al	4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T.	40-		
41	List the states with which a copy of this return is filed.	40e		X_
42a	The organization's books are in care of   ► Community Land Trust in the Southern Berks   Telephone no.   ►	413-52	8-4473	2
	Located at ► 140 Jug End Rd. City Great Barrington ST MA ZIP + 4 ► 0123		0-4412	Ē
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a irrancial account in a foreign country (such as a bank account, securities account or other financial account)?	42b	165	No X
	in res," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States?			
	If "Yes," enter the name of the foreign country	42c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			_
	and enter the amount of tax-exempt interest received or accrued during the tax year			
	43		Yes	No
14a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		103	140
•	completed instead of Form 990-EZ	44a		Χ
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
С	completed instead of Form 990-EZ.	44b		Χ
d	Did the organization receive any payments for indoor tanning services during the year?  If "Yes" to line 44c, has the organization filed a Form 720 to report these payments 2 (5 libbs lines).	44c		Χ
~	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	44-		
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	45a		X
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990 E7 See instructions	45b		asiali (ili)

Did the organization engage, directly of indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Peri" complete Schedule C, Part I.    Peri VIV   Section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.   Check if the organization used Schedule O to respond to any question in this Part VI	Form 990-E2	Z (2020) Community Land Trust	in the Southern Berks	shires	Inc			04.0700		
Section 50 (to()3) Organizations must answer questions 47–49b and 52, and complete the tables for lines  All section 50 (to()3) organizations must answer questions 47–49b and 52, and complete the tables for lines  Check if the organization used Schedule O to respond to any question in this Part VI  47 Did the organization angage in lobbying activities or have a section 501(h) election in effect during the tax  48 year? If "Yes," complete Schedule C, Part II.  49 Did the organization as described in section 170(b)(1)(A)(ii)" if "Yes," complete Schedule E.  40 Did the organization as described in section 170(b)(1)(A)(ii)" if "Yes," complete Schedule E.  41 Age   44	46 Did							_04-2709	A CHARLES THE REAL PROPERTY.	Page
Section 50 (to()3) Organizations must answer questions 47–49b and 52, and complete the tables for lines  All section 50 (to()3) organizations must answer questions 47–49b and 52, and complete the tables for lines  Check if the organization used Schedule O to respond to any question in this Part VI  47 Did the organization angage in lobbying activities or have a section 501(h) election in effect during the tax  48 year? If "Yes," complete Schedule C, Part II.  49 Did the organization as described in section 170(b)(1)(A)(ii)" if "Yes," complete Schedule E.  40 Did the organization as described in section 170(b)(1)(A)(ii)" if "Yes," complete Schedule E.  41 Age   44	40 Did	the organization engage, directly or indirect	ctly, in political campa	ign ac	tivities on behalf	of or in or	position			
All section 501(o)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI  47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II. Is the organization as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 48 49 49a bit the organization as effective in section 527 organization? Complete Schedule E. 48 49 49b bit the organization make any transfers to an exempt non-charitable related organization? If "Yes," was the related organization on Schodule E. 48 49 49a bit the organization on Schodule on Schodule on Schodule E. 48 49 49b bit the organization of the organization on Schodule on Schodu		- Public Office in Tes. Comple	HE SCHEUIIE (, Dat	l., <u>,</u>				46		101000488
Check if the organization used Schedule O to respond to any question in this Part VI  75 bid the organization angage in lobbying activities or have a section 501(n) election in effect during the tax year? (""res" complete Schedule C, Part II.  76 bid the organization as school as described in section 170(b)(1)(A)(iii)? If "res," complete Schedule E. 48 lab of the organization as exhol as described in section 170(b)(1)(A)(iii)? If "res," complete Schedule E. 48 lab of the organization as exhol as described in section 170(b)(1)(A)(iii)? If "res," complete Schedule E. 48 lab of the organization as exhol as described in section 170(b)(1)(A)(iii)? If "res," complete Schedule E. 48 lab of the organization as exhol as described in section 170(b)(1)(A)(iii)? If "res," complete Schedule E. 48 lab of the organization as exhol as a section 170(b)(1)(A)(iii)? If "res," complete Schedule E. 48 lab of the organization as the section 170(b)(1)(A)(iii)? If "res," complete Schedule E. 48 lab of the organization as the section 170(b)(1)(A)(iii)? If "res," complete Schedule E. 48 lab of the organization is the highest compensated employees (other than officers, directors, trustees, and key employees who each received more than \$100 complete this table for death employee in the section 170(b) (1)(A)(iii)? If "res," complete Schedule E. 48 lab of the organization is the highest compensated more than \$100 complete this table for the organization is the highest compensated independent contractors who each received more than \$100 complete Schedule A? Note: All section 501(c)(3) organizations must attach a complete Schedule A? Note: All section 501(c)(3) organizations must attach a complete Schedule A? Note: All section 501(c)(3) organizations must attach a complete Schedule A? Note: All section 501(c)(3) organizations must attach a complete Schedule A? Note: All section 501(c)(3) organizations must attach a complete Schedule A? Note: All section 501(c)(3) organizations must attach a complete Schedule A? Note: All section 501(c)(3) or	The Color of the C	All section 501(c)(3) organizations	Only							
Check if the organization used Schedule O to respond to any question in this Part VI  75 bid the organization angage in lobbying activities or have a section 501(n) election in effect during the tax year? (""res" complete Schedule C, Part II.  76 bid the organization as school as described in section 170(b)(1)(A)(iii)? If "res," complete Schedule E. 48 lab of the organization as exhol as described in section 170(b)(1)(A)(iii)? If "res," complete Schedule E. 48 lab of the organization as exhol as described in section 170(b)(1)(A)(iii)? If "res," complete Schedule E. 48 lab of the organization as exhol as described in section 170(b)(1)(A)(iii)? If "res," complete Schedule E. 48 lab of the organization as exhol as described in section 170(b)(1)(A)(iii)? If "res," complete Schedule E. 48 lab of the organization as exhol as a section 170(b)(1)(A)(iii)? If "res," complete Schedule E. 48 lab of the organization as the section 170(b)(1)(A)(iii)? If "res," complete Schedule E. 48 lab of the organization as the section 170(b)(1)(A)(iii)? If "res," complete Schedule E. 48 lab of the organization is the highest compensated employees (other than officers, directors, trustees, and key employees who each received more than \$100 complete this table for death employee in the section 170(b) (1)(A)(iii)? If "res," complete Schedule E. 48 lab of the organization is the highest compensated more than \$100 complete this table for the organization is the highest compensated independent contractors who each received more than \$100 complete Schedule A? Note: All section 501(c)(3) organizations must attach a complete Schedule A? Note: All section 501(c)(3) organizations must attach a complete Schedule A? Note: All section 501(c)(3) organizations must attach a complete Schedule A? Note: All section 501(c)(3) organizations must attach a complete Schedule A? Note: All section 501(c)(3) organizations must attach a complete Schedule A? Note: All section 501(c)(3) organizations must attach a complete Schedule A? Note: All section 501(c)(3) or		50 and 51	must answer quest	tions	47–49b and 52	, and co	mplete the table	es for line	es	
1		Check if the organization used Sch	edule O to respond	1 +0 0	ny avastis i i	u ·				
year? If "Yes," complete Schedule C, Part II. 170(b)(1)(A)(ii)" if "Yes," complete Schedule E		0	edule o to respond	ioa	riy question in	this Part	<u>VI</u>	1		. [
Is the organization as obsorbed as described in section 170(b)(1)(A)(iii) if "Yes," complete Schedule E. 47  July 100 the organization asked any transfers to an exempt non-charitable related organization?  July 11 Yes, "was the related organization asked any transfers to an exempt non-charitable related organization?  Complete this table for the organizations five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$10.0 000 of compensation from the organization. If there is no none, enter "None."  (e) Name and site of each employee  (f) Name and site of each employee  (g) Estimated amount of employees and over \$100.000.  Name	<b>47</b> Did									Ne
the forganization a school as described in section 170(b)(1)(A)(ii) if "Yes," complete Schedule E	vea	If "Yes " complete Schedule C. Bort II	es or nave a section	501(h	) election in effec	t during th	ie tax			
b If "Yes," was the related organization is executing non-Chantable related organization?.    49a	48 Is th	Te organization a school as described in an						. 47		
Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and site of each employee  (b) Name and blue of each employee  (b) Name and blue of each employee  (b) Name and blue of each employee  (c) Name and blue of each employee  (d) Name and blue of each employee  (e) Estimated smooth, other compensation from the organization for the employee paid over \$100,000  (e) Estimated smooth, other compensation from the organization for the employees paid over \$100,000  (e) Estimated smooth, other employees paid over \$100,000  (f) Total number of other employees paid over \$100,000  (g) Name and business address of each independent contractors who each received more than \$100,000 of compensation from the organization is five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization for the employees paid over \$100,000  (g) Name and business address of each independent contractor (b) Type of service  (g) Name and business address of each independent contractor (b) Type of service  (g) Compensation from the organization for the organization for the employees paid over \$100,000  (g) ST 2IP  Name Femaless of perior, I dealers that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is experienced to the employee of the from officers in the employee of the employee of the employee of the employee	49a Did	the organization make any transfers to an	Clion 170(b)(1)(A)(ii)?	If "Ye	s," complete Sch	edule E .		. 48		
employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and title of each employee  (b) Awarage  (c) Appendation  (d) Name and title of each employee  (e) Estimated amount, other compensation from the organization. If there is none, enter "None."  (b) Awarage  (c) Appendation  (d) Name and title of each employee  (e) Estimated amount, other compensation. If there is none, enter "None."  (e) Estimated amount, other compensation. If there is none, enter "None."  (f) Estimated amount, other compensation. If there is none, enter "None."  (g) Estimated amount, other compensation. If there is none, enter "None."  (g) Complete this table for the organization if there is none, enter "None."  (g) October this table for the organization if there is none, enter "None."  (g) Name and business address of each independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (g) Name and business address of each independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (g) ST 2IP  Name.  St	b If "Y	'es." Was the related organization a section	exempt non-charitable	e relat	ed organization?			. 49a		
Name INDICE  (a) Name and stire of each employee	50 Con	nplete this table for the organization's five h	527 organization?	100 10 1				. 49b		
Name INDICE  (a) Name and stire of each employee	emp	plovees) who each received more than \$400	ignest compensated	emplo	yees (other than	officers, c	lirectors, trustees	, and key		
Notes and use of each employee devoted to position (Forms W-21096-MISC)  Name Note		and the second s	0,000 of compensatio	n from	the organization	. If there	s none, enter "No	one."		
All number of other employees paid over \$100,000 .		(a) Name and title of each employee	hours per week		1		(d) Health benefits,		200 200	-
Name Title HrWK 00 HrWK 00 Name Title HrWK 00 Name Name Name Name Name Name Name Name		., and of oddit employee				la a	ntributions to employee nefit plans, and deferred			
Name Title  HrWK 00  Name Title  HrWK 00  Name Title  HrWK 00  HrWK 00  Name Title  HrWK 00  Name Title  HrWK 00  HrWK 00  HrWK 00  Name Title  HrWK 00  HrWK 00  Name Title  HrWK 00  Name Title  HrWK 00  HrWK 00  Name Title  HrWK 00  HrWK 00  HrWK 00  Name Title  HrWK 00  HrWK 00  HrWK 00  Name Title  HrWK 00  HrWK 00  HrWK 00  HrWK 00  Name Title  HrWK 00  HrWK 00  HrWK 00  Name Name Name Note Complete this table for the organization if the helpest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  Name None Str City StT 2;P  Name Str City Str 2;P  Name S	Name None	e			(. omio vv 2/1000-iv	1100)	compensation		- Inponoc	10011
Name			-							
Title	Namo		Hr/WK	.00				_		
Name   Name   Name   Name   None   Name   Name   None   Name   None   Name			-						***	
Name   Hr/MK   00	Nama		Hr/WK	.00				. 14		
Name			and the second s	192720		1				
Name   HirWK   00   Name   HirWK   00   Name   HirWK   00   Name   Na	Nama		Hr/WK	.00						
Name   Name   Str   City   ST   ZiP   Str   City   City										mar.
Title Hir/WK 0.0  f Total number of other employees paid over \$100,000. ▶  Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor (b) Type of service (c) Compensation  Name None  Str 2iP  Name Str 2iP  Name Str 2iP  Name Str 2iP  Name Str 2iP  Otty ST 2iP  Name Str 2iP  Otty ST	Namo		Hr/WK	.00						
Total number of other employees paid over \$100,000										
Somplete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  Name None  Str  City  ST ZIP  Name Str  City  ST ZIP  Name Str  City  ST ZIP  Name City  ST ZIP  Name City  ST ZIP  Name Oity  ST ZIP  Otal number of other independent contractors each receiving over \$100,000  Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A.  norder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is use, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  PrintType preparer's name Edward R Szwyd  Firm's Eink ▶ 04-2943259 Firm's Bank ▶ Edward R. Szwyd CPA Firm's admess ▶ 1 Maple St. Stockbridge, MA 01262  Balt the IRS discuss this return with the preparer because the received more contractors who each received more incontractors who each received more incontractors.  (c) Compensation  (b) Type of service  (c) Compensation  (b) Type of service  (c) Compensation  (c) Compensation  (c) Compensation  (c) Compensation  (c) Compensation  (c) Compensation  (d) Type of service  (e) Compensation  (e) Compensation  (e) Compensation  (f) Type of service  (b) Type of service  (e) Compensation  (c) Compensation  (e) Compensation  (f) Type of service  (e) Compensation  (f) Type of service  (g) Compensation  (e) Compensation  (f) Type of service  (g) Compensation  (h) Type of service  (h) Type of service  (e) Compensation  (f) Compensation  (h) Type of service  (h) Type of service  (c) Compensation  (h) Type of service  (h) Typ		number of other omployees poid ever \$400	Hr/WK	.00						
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Name Str ZIP  Name Str ZIP  Name Str ZIP  Name Str ZIP  Oity ST ZIP  Name Str ZIP  Oity ST ZIP  Oither organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A.  Onder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is use, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Oreparer  Oity ST ZIP  Of Total number of other independent contractors each receiving over \$100,000.  Inder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is use, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Oity Structure of officer  Type or print name and title  Preparer's signature  Date  Check X if PTIN PO1454668  Prim's name Edward R. Szwyd CPA  Firm's name Edward R. Szwyd CPA  Firm's address 1 Maple St., Stockbridge, MA 01262  Date  Oreparer  Selevant R. Szwyd Phone no. 413-298-1040			ZIP							
Name Str City ST ZIP Name Str City ST ZIP  Name Str City ST ZIP  Ad Total number of other independent contractors each receiving over \$100,000 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A.  Note: Perparer section of preparer (other than officer) is based on all information of which preparer has any knowledge.  Signature of officer Type or print name and title  Print/Type preparer's name Signature  Edward R Szwyd  Firm's name Signature  Edward R Szwyd  Firm's address Signature Objects this return, with the preparer shown objects of signature of the self-employed Signature Objects Signature  Proparer Signature Signature  Preparer's signature Date  Firm's address Signature Objects Stockbridge, MA 01262  Phone no. 413-298-1040		Str								
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Name Str City ST ZIP  d Total number of other independent contractors each receiving over \$100,000.  Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A.  Index penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is use, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign   Signature of officer   Date									10,400	And the same
Tity ST ZIP  d Total number of other independent contractors each receiving over \$100,000 . ▶  Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A	NATION CONTROL OF THE PARTY OF		ZIP						BACKET NO.	
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Type or print name and title  Print/Type preparer's name  Edward R Szwyd  Firm's name  Edward R Szwyd  Firm's name  Edward R Szwyd  Firm's address  1 Maple St. , Stockbridge, MA 01262  Bay the JRS discuss this return with the preparer shown above? See instructions  Preparer shown above? See instructions  Preparer shown above? See instructions	u Total	number of other independent contractors ea	ach receiving over \$1	00,00	0	. ▶		Table of the second		
Inder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is use, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.    Signature of officer	COMP	ie organization complete Schedule A? <b>Note</b> leted Schedule A	:: All section 501(c)(3	) orga	nizations must at	tach a			Destruction of the last of the	
Sign lere  Sign   Signature of officer   Date    Type or print name and title   Print/Type preparer's name   Edward R. Szwyd   Edward R. Szwyd   Edward R. Szwyd   Signature   Date   Check   X   if   PTIN   PO1454668   Prim's name   Edward R. Szwyd   Edward R. Szwyd   PO1454668   Prim's address   Maple St.   Stockbridge, MA 01262   Phone no.   413-298-1040   Phone no.						20 E S 6	· · · · · · Þ	Yes Yes	X	No
Signature of officer  Type or print name and title  Print/Type preparer's name Edward R Szwyd  Firm's name Edward R. Szwyd CPA  Firm's address  1 Maple St., Stockbridge, MA 01262  Pay the IRS discuss this peturn with the preparer shown above? See instructions	inder penalties ue, correct, an	of perjury, I declare that I have examined this return, ind	cluding accompanying sche	dules a	nd statements, and to	the best of n	ny knowledge and beli	ef, it is		
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reparer   Salar   Sal	Paid	10 8 8	Preparer's signature	е		Date	Check X if	PTIN		
Firm's name   Edward R. Szwyd CPA   Firm's EIN   ▶ 04-2943259	reparer					8/8/202			668	
Firm's address   1 Maple St. , Stockbridge, MA 01262   Phone no.   413-298-1040	10.50						2943259			
ray trie ik5 discuss this return with the preparer shown above? See instructions ▶ ☐ Yes ☐ No		Firm's address   1 Maple St., Stockbride	ge, MA 01262				Phone no. 413	-298-1040	)	
	iay the IRS	alscuss this return with the preparer showr	above? See instruct	ions .		. 2 22 2		Yes		No

Form 990-EZ (2020)

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

## Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Inspection

2020 Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number Community Land Trust in the Southern Berkshires, Inc. 04-2709835 Form 990-EZ, Part I, Line 10, Grants Paid: Activity: Supporting 501(c)(3), Grantee: Berkshire Community Land Trust Inc. P.O. Box 276 Great Barrington MA 01230, Cash Grant: 23,000, Relationship: Form 990-EZ, Part I, Line 16, Other Expenses: Supplies: 3,642 Form 990-EZ, Part I, Line 16, Other Expenses: Telephone: 947 Form 990-EZ, Part I, Line 16, Other Expenses: Real Estate Taxes: 18,144 Form 990-EZ, Part I, Line 16, Other Expenses: Bank Fees: 276 Form 990-EZ, Part I, Line 16, Other Expenses: Insurance: 3,905 Form 990-EZ, Part I, Line 16, Other Expenses: Miscellaneous: 283 Form 990-EZ, Part I, Line 16, Other Expenses: Bookkeeping: 4,093 Form 990-EZ, Part I, Line 16, Other Expenses: Repairs and Maintenence: 1,270 Form 990-EZ, Part I, Line 16, Other Expenses: Postage: 299 Form 990-EZ, Part I, Line 16, Other Expenses: State excise tax: 475 Form 990-EZ, Part I, Line 20, Net Assets: Increase in Current Liablities: 2,991

Name of the organization	Page
	Employer identification number
Community Land Trust in the Southern Berkshires, Inc.	04-2709835

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Organization	Information								
Organization name							Employer identification no.		
Community Land Trust Street address	in the Southern B	erkshires, Inc.					04-2709835		
P.O. Box 276									
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City			3000	State	ZIP	code	Daytime phone		
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lohn Fulop					President		Date return signed 08/08/2023		
Officer Email address				Officer Phone			Authorize third party		
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RO's name	1-1101 00	te mare a repai	er manager)				IFRON CON - DTIN		
dward R Szwyd						Check if self- employed X	ERO's SSN or PTIN P01454668		
irm's name				Email addr	ess		ERO's EIN		
dward R. Szwyd CPA				edszwyd@	msn.co	om	04-2943259		
ddress							Phone		
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