

# Short Form Return of Organization Exempt From Income Tax

2020

Open to Public  
Inspection

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](http://www.irs.gov/Form990EZ) for instructions and the latest information.

**A For the 2020 calendar year, or tax year beginning** \_\_\_\_\_, **and ending** \_\_\_\_\_

|  |  |                                |   |
|--|--|--------------------------------|---|
| <b>B</b> Check if applicable:                    | <b>C</b> Name of organization  |                                | <b>D</b> Employer identification number |
| <input type="checkbox"/> Address change          | Community Land Trust in the Southern Berkshires, Inc.                      |                                | 04-2709835                              |
| <input type="checkbox"/> Name change             | Number and street (or P.O. box if mail is not delivered to street address) |                                | <b>E</b> Telephone number               |
| <input type="checkbox"/> Initial return          | P.O. Box 276   | Room/suite                     | 413-528-4472                            |
| <input type="checkbox"/> Final return/terminated | City or town   | State                          | <b>F</b> Group Exemption Number ▶       |
| <input type="checkbox"/> Amended return          | Great Barrington   | MA                             |   |
| <input type="checkbox"/> Application pending     | Foreign country name   | Foreign province/state/country |   |
|  |  | ZIP code                       |   |
|  |  | Foreign postal code            |   |

**G** Accounting Method:  Cash  Accrual Other (specify) \_\_\_\_\_

**I Website:** ▶ [www.berkshirecommunitylandtrust.org](http://www.berkshirecommunitylandtrust.org)

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**J Tax-exempt status** (check only one) —  501(c)(3)  501(c) ( 2 ) ◀ (insert no.)  4947(a)(1) or  527

**K Form of organization:**  Corporation  Trust  Association  Other \_\_\_\_\_

**L** 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. ▶ \$ 61,597

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

|  | Description  | Code   | Amount  |
|--|--|--------|---------|
| Revenue  | 1 Contributions, gifts, grants, and similar amounts received   | 1      |         |
|  | 2 Program service revenue including government fees and contracts  | 2      | 61,597  |
|  | 3 Membership dues and assessments  | 3      |         |
|  | 4 Investment income  | 4      |         |
|  | 5a Gross amount from sale of assets other than inventory   | 5a     |         |
|  | b Less: cost or other basis and sales expenses   | 5b     |         |
|  | c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)  | 5c     | 0       |
|  | 6 Gaming and fundraising events:   |        |         |
|  | a Gross income from gaming (attach Schedule G if greater than \$15,000)  | 6a     |         |
|  | b 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     |         |
| c Less: direct expenses from gaming and fundraising events   | 6c   |        |         |
| d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | 6d   | 0      |         |
| 7a Gross sales of inventory, less returns and allowances   | 7a   |        |         |
| b Less: cost of goods sold   | 7b   |        |         |
| c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)                     | 7c   | 0      |         |
| 8 Other revenue (describe in Schedule O)   | 8  |        |         |
| 9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8                                      | 9  | 61,597 |         |
| Expenses   | 10 Grants and similar amounts paid (list in Schedule O)  | 10     | 23,000  |
|  | 11 Benefits paid to or for members   | 11     |         |
|  | 12 Salaries, other compensation, and employee benefits   | 12     | 936     |
|  | 13 Professional fees and other payments to independent contractors   | 13     | 1,875   |
|  | 14 Occupancy, rent, utilities, and maintenance   | 14     |         |
|  | 15 Printing, publications, postage, and shipping   | 15     |         |
|  | 16 Other expenses (describe in Schedule O)   | 16     | 33,334  |
|  | 17 <b>Total expenses.</b> Add lines 10 through 16  | 17     | 59,145  |
| Net Assets   | 18 Excess or (deficit) for the year (subtract line 17 from line 9)   | 18     | 2,452   |
|  | 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  | 19     | 241,675 |
|  | 20 Other changes in net assets or fund balances (explain in Schedule O)  | 20     | 2,991   |
|  | 21 <b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20  | 21     | 247,118 |

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

Table with 3 columns: Description, (A) Beginning of year, (B) End of year. Rows include Cash, savings, and investments; Land and buildings; Other assets; Total assets; Total liabilities; Net assets or fund balances.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? Support Affiliated 501 (c) (3) See schedule O
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

Table with 3 columns: Description, Amount, Line Number. Rows include 28 The Community Land Trust holds community-owned land...; 29; 30; 31 Other program services; 32 Total program service expenses.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

Table with 5 columns: (a) Name and title, (b) Average hours per week devoted to position, (c) Reportable compensation, (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation.

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V.

|     |  | Yes | No |
|-----|--|-----|----|
| 33  | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.   |     | X  |
| 34  | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions.   |     | X  |
| 35a | Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?   |     | X  |
| b   | If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O.   |     | X  |
| 35b |  |     |    |
| c   | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.  |     | X  |
| 35c |  |     |    |
| 36  | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.   |     | X  |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a  |     |    |
| b   | Did the organization file Form 1120-POL for this year?   |     | X  |
| 37b |  |     |    |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  |     | X  |
| 38a |  |     |    |
| b   | If "Yes," complete Schedule L, Part II and enter the total amount involved.  |     |    |
| 38b |  |     |    |
| 39  | Section 501(c)(7) organizations. Enter:  |     |    |
| a   | Initiation fees and capital contributions included on line 9.  |     |    |
| 39a |  |     |    |
| b   | Gross receipts, included on line 9, for public use of club facilities.   |     |    |
| 39b |  |     |    |
| 40a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____   |     |    |
| 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.   |     |    |
| 40b |  |     |    |
| c   | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.  |     |    |
| d   | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.  |     |    |
| e   | 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.  |     | X  |
| 40e |  |     |    |
| 41  | List the states with which a copy of this return is filed. ▶ MA  |     |    |
| 42a | The organization's books are in care of ▶ Community Land Trust in the Southern Berks Telephone no. ▶ 413-528-4472<br>Located at ▶ 140 Jug End Rd. City Great Barrington ST MA ZIP + 4 ▶ 01230  |     |    |
| b   | 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)? If "Yes," enter the name of the foreign country ▶ _____<br>See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | Yes | No |
| 42b |  |     | X  |
| c   | 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 ▶ _____   |     | X  |
| 42c |  |     |    |
| 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  |     |    |
| 44a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.  |     | X  |
| 44a |  |     |    |
| b   | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.   |     | X  |
| 44b |  |     |    |
| c   | Did the organization receive any payments for indoor tanning services during the year?   |     | X  |
| 44c |  |     |    |
| d   | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.   |     | X  |
| 44d |  |     |    |
| 45a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  |     | X  |
| 45a |  |     |    |
| b   | 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions.   |     |    |
| 45b |  |     |    |

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.

Part VI Section 501(c)(3) Organizations Only

All 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

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.
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.
49a Did the organization make any transfers to an exempt non-charitable related organization?
b If "Yes," was the related organization a section 527 organization?
50 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."

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation.

f Total number of other employees paid over \$100,000

51 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."

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation.

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer Date Type or print name and title

Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Check [X] if self-employed PTIN Firm's name Firm's EIN Firm's address Phone no.

May the IRS discuss this return with the preparer shown above? See instructions

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Employer identification number

04-2709835

Community Land Trust in the Southern Berkshires, Inc.

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 Maintenance: 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 Liabilities: 2,991

Name of the organization

Employer identification number

Community Land Trust in the Southern Berkshires, Inc.

04-2709835

# Electronic Filing Information (990/PF/EZ/T/1120-POL)

## Signature Method

Option (1) - Using Practitioner PIN. Use Section (A) below.

Option (2) - Scanned 8453-EO.

Date return prepared

8/8/2023

**PIN Information** Enter information below

| (A) Practitioner PIN: |                |                          |                                     |
|-----------------------|----------------|--------------------------|-------------------------------------|
|                       | PIN (5 Digits) | TP entered               | ERO entered                         |
| Taxpayer PIN:         | 55555          | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ERO PIN:              | 88792          |                          |                                     |

If the ERO entered taxpayer PIN, you must fill out the 8879-EO (IRS e-file Signature Authorization Form).

## EFIN

Enter your 6-digit EFIN number. You can enter EFINs in the Preparer Table.

EFIN: 049710

## Submission ID

The Submission ID for this e-File will be computed automatically when an EFIN is entered above. It will only be regenerated if a 'Rejected by EFC' or 'Rejected by Agency' acknowledgement is received and the e-File is recreated.

Submission ID: 0497102022066ka7snqo

## Name Control

[Click here to see Knowledge Base Document 14500, for more information on Name Controls](#)

COMM

## Organization Information

|  |  |   |  |
|--|--|---|--|
| Organization name<br>Community Land Trust in the Southern Berkshires, Inc. |  | Employer identification no.<br>04-2709835 |  |
| Street address<br>P.O. Box 276   |  |   |  |
| Address continuation   |  | In care of name                           |  |
| City<br>Great Barrington   |  | State<br>MA                               | Daytime phone<br>413-528-4472                                    |
| Foreign country  |  | ZIP code<br>01230                         | Foreign phone number   |
| Foreign province/county  |  | Foreign postal code                       |  |
| Email address  |  |   |  |
| Officer name<br>John Fulop   |  | Officer Title<br>President                | Date return signed<br>08/08/2023                                 |
| Officer Email address  |  | Officer Phone                             | Authorize third party check ("X") here: <input type="checkbox"/> |

## ERO

(Enter data in the Preparer Manager)

|                                    |  |  |                                |
|------------------------------------|--|--|--------------------------------|
| ERO's name<br>Edward R Szwyd       |  | Check if self-employed <input checked="" type="checkbox"/> | ERO's SSN or PTIN<br>P01454668 |
| Firm's name<br>Edward R. Szwyd CPA |  | Email address<br>edszwyd@msn.com                           | ERO's EIN<br>04-2943259        |
| Address<br>1 Maple St.             |  |  |                                |
| City<br>Stockbridge                |  | State<br>MA  | Phone<br>413-298-1040          |
| ZIP code<br>01262                  |  | Foreign country  | Foreign phone number           |

## Preparer

(Enter data in the Preparer Manager)

|                                    |  |                                  |  |                                     |
|------------------------------------|--|----------------------------------|--|-------------------------------------|
| Preparer's name<br>Edward R Szwyd  |  | Non-paid prep type               | Check if self-employed <input checked="" type="checkbox"/> | Preparer's SSN or PTIN<br>P01454668 |
| Firm's name<br>Edward R. Szwyd CPA |  | Email address<br>edszwyd@msn.com | EIN<br>04-2943259  |                                     |
| Address<br>1 Maple St.             |  |                                  |  |                                     |
| City<br>Stockbridge                |  | State<br>MA                      | Phone<br>413-298-1040                                      | Foreign phone number                |
| ZIP code<br>01262                  |  | Foreign country                  |  |                                     |