

Short Form Return of Organization Exempt From Income Tax

2022

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.

Department of the Treasury
Internal Revenue Service

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning , and ending	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization PASCOMMUCK CONSERVATION TRUST, INC Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. Box 806 City or town State ZIP code EASTHAMPTON MA 01027 Foreign country name Foreign province/state/county Foreign postal code
D Employer identification number 04-2777082	
E Telephone number (413) 210-1541	
F Group Exemption Number	
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) _____	
I Website: <u>www.pctland.org</u>	
J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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 \$ 47,309	

H Check if the organization is not required to attach Schedule B (Form 990).

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		Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	29,174
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	13,379
	4 Investment income	4	112
	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	4,644
c Less: direct expenses from gaming and fundraising events	6c	1,188	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	3,456	
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 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	46,121	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	3,065
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	2,691
	16 Other expenses (describe in Schedule O)	16	31,803
	17 Total expenses. Add lines 10 through 16	17	37,559
18 Excess or (deficit) for the year (subtract line 17 from line 9)	18	8,562	
Net Assets	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	366,572
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	-4,695
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	370,439

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	155,912	159,779
23 Land and buildings	210,660	210,660
24 Other assets (describe in Schedule O)		
25 Total assets	366,572	370,439
26 Total liabilities (describe in Schedule O)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	366,572	370,439

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? THE CONSERVATION OF OPEN SPACE

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

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

28 LAND MAINTENANCE TO FOSTER PRESERVATION OF OPEN SPACE		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	37,559
29		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses. (add lines 28a through 31a)	32	37,559

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
DIANNE MCLANE PRESIDENT	Hr/WK 4.00	0		
JOHN BATOR VICE PRESIDENT	Hr/WK 4.00	0		
RACHEL TELUSHKIN TREASURER	Hr/WK 4.00	0		
DAWN ACKLEY CLERK	Hr/WK 4.00	0		
FRED ANDRESEN DIRECTOR	Hr/WK 4.00	0		
BILL BURGART DIRECTOR	Hr/WK 4.00	0		
KALA MARIE CHAMPAGNE DIRECTOR	Hr/WK 4.00	0		
MICHAEL CARON DIRECTOR	Hr/WK 4.00	0		
MARYLOU DODGE DIRECTOR	Hr/WK 4.00	0		
MOLLY GOODWIN DIRECTOR	Hr/WK 4.00	0		
MARTY KLEIN DIRECTOR	Hr/WK 4.00	0		