EXTENDED TO MAY 15, 2025

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Return of Organization Exempt From Income Tax

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.

OMB No. 1545-0047

Open to Public Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Inspection JUL 1. 2023 and ending JUN 30, A For the 2023 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change THE NORTHAMPTON ACADEMY OF MUSIC, INC. Name change 04-2266004 Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ 274 MAIN STREET 413-584-9032 termin-ated 1,067,813. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended NORTHAMPTON, MA 01060 H(a) Is this a group return Applica-F Name and address of principal officer: DEBRA J'ANTHONY Yes X No for subordinates? pending SAME AS C ABOVE **H(b)** Are all subordinates included? ∐Yes No Tax-exempt status: X = 501(c)(3) = 501(c)(4947(a)(1) or (insert no.) If "No," attach a list. See instructions WWW.AOMTHEATRE.COM H(c) Group exemption number **K** Form of organization: X Corporation Association Other L Year of formation: 2000 M State of legal domicile: MA Part I Summary Briefly describe the organization's mission or most significant activities: THE ACADEMY PROVIDES A Activities & Governance DISTINGUISHED VENUE FOR FILM, MUSIC, DANCE, LECTURES, OPERA AND oxdot if the organization discontinued its operations or disposed of more than 25% of its net assets. 10 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 10 4 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 0 6 Total number of volunteers (estimate if necessary) 5,013. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. **Prior Year** Current Year 197,632. 153,467. Contributions and grants (Part VIII, line 1h) Revenue 673,425. 887,386. Program service revenue (Part VIII, line 2g) 21,603. 2,526. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 6.778. 5,357. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 880,361. 1.067.813. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Ō. 0. Benefits paid to or for members (Part IX, column (A), line 4) 332,217. 468,373. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 501,971. 655,884. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 834,188. 1,124,257. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 46,173. -56,444. Revenue less expenses. Subtract line 18 from line 12 Assets or Balances **Beginning of Current Year End of Year** 1,827,150. 1,605,351. 20 Total assets (Part X, line 16) 613,791. 779,146. 21 Total liabilities (Part X, line 26) 048,004. 991,560. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block 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. Debra Date Signature of office Sign DEBRA J ANTHONY, EXECUTIVE DIRECTOR Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature if self-employed Paid JOSEPH P. WOLKOWICZ, CPA JOSEPH P. WOLKOWICZ,01/29/25 P00734754 BOISSELLE, MORTON & WOLKOWICZ, LLP Firm's EIN 13-4260189 Preparer Firm's name Firm's address 48 BAY ROAD, PO BOX 374 Use Only

HADLEY, MA 01035

X Yes

Phone no. 413-587-0099

Page 2

Pai	till Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE MISSION OF THE ACADEMY OF MUSIC THEATRE IS TO ENRICH GREATER
	NORTHAMPTON'S QUALITY OF LIFE BY OFFERING FIRST CLASS PERFORMING ARTS
	AND FILM PRESENTATIONS IN AN HISTORIC THEATER OF NATIONAL
	SIGNIFICANCE. THE ACADEMY OF MUSIC THEATRE SEEKS THE USE OF THE VENUE
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	070 415
4a	(Code:) (Expenses \$ 870,415 including grants of \$) (Revenue \$ 887,386 THE ACADEMY PROVIDES A DISTINGUISHED VENUE FOR FILM, MUSIC, DANCE,
	LECTURES, OPERA AND THEATRE PRESENTATIONS THAT ENHANCES THE QUALITY OF
	LIFE IN NORTHAMPTON.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
TD	(Code) (Expenses \$
_	
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 870,415.

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	х	
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 public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. 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	4		х
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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
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 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		х
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		х
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		Х
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 Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446		x
12a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	40,		Х
40	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 Did the organization maintain an office, employees, or agents outside of the United States?	13		X
	Did the organization maintain an office, employees, or agents outside of the Onited States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
D	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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-		x
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			7.7
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Part IV Checklist of Required Schedules (continued)

			Yes	No	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current				
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete				
	Schedule J	23	X		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete				
	Schedule K. If "No," go to line 25a	24a		Х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b			
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease				
	any tax-exempt bonds?	24c			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d			
25 a	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		X	
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		Х	
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		Х	
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	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х	
С	c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If				
	"Yes," complete Schedule L, Part IV	28c		Х	
29	Did the organization receive more than \$25,000 in noncash 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				
	contributions? If "Yes," complete Schedule M	30		Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete				
	Schedule N, Part II	32		Х	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and				
	Part V, line 1	34		X	
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		X	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			Х	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI				
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?				
_	Note: All Form 990 filers are required to complete Schedule O	38	X		
Pai					
	Check if Schedule O contains a response or note to any line in this Part V			<u>Ш</u>	
	-		Yes	No	
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 9				
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming				
	(gambling) winnings to prize winners?	1c			

THE NORTHAMPTON ACADEMY OF MUSIC, INC. Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				Yes	NO
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	0.4			
	filed for the calendar year ending with or within the year covered by this return	2a 24	1	77	
_	If at least one is reported on line 2a, did the organization file all required federal employment tax returns the control of t	ns?	2b	X	
3a		••••••	3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		١.		х
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		
р	If "Yes," enter the name of the foreign country				
5 0	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A		E		Х
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a 5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		- 22
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		30		
ua			6a		х
h	any contributions that were not tax deductible as charitable contributions?		- Oa		
b	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w				
Ĭ	to file Form 8282?	•	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	.	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
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	10a			
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:	l I			
а	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
		12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		13a		
а	Is the organization licensed to issue qualified health plans in more than one state?		isa		
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				
	excess parachute payment(s) during the year?		15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		Х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

THE NORTHAMPTON ACADEMY OF MUSIC, INC. Form 990 (2023) 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. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 10 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. 10 **b** Enter the number of voting members included on line 1a, above, who are independent _____ 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes X 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х on Schedule O how this was done X 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? X 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х a The organization's CEO, Executive Director, or top management official 15a X **b** Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed MA 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) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Own website Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial

statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records DEBRA J'ANTHONY - 413-584-9032

274 MAIN STREET, NORTHAMPTON, MA 01060

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, box 6 of 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. See the instructions for the order in which to list the persons above.

Check this box if neither the organization n	or any related	orga	aniza	ation	cor	npei	nsat	ted any current officer, o	director, or trustee.		
(A)	(B)			(0	C)			(D)	(E)	(F)	
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box	, unle	ss pe	erson is both an		h an	compensation	compensation	amount of	
	week	_	officer and a direct		recto	rector/trustee)		from	from related	other	
	(list any	recto						the	organizations	compensation	
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the	
	related	ustee	trust		9 6	nbens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related	
	organizations below	ual tr	ional		yoldı	t con	_	1099-NEC)		organizations	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations	
(1) DEBRA J'ANTHONY	40.00	=	=	0	~	工 60	Œ				
EXECUTIVE DIRECTOR		1		Х				150,139.	0.	0.	
(2) ANNIE LESKO	2.00										
DIRECTOR		Х						0.	0.	0.	
(3) ISABELINA RODRIGUEZ	2.00										
DIRECTOR		Х						0.	0.	0.	
(4) EMILY WOJCIK	2.00								_	_	
DIRECTOR		Х						0.	0.	0.	
(5) GINA-LOUISE SCIARRA	2.00										
EX-OFFICIO		Х						0.	0.	0.	
(6) ANDREW CRYSTAL	5.00								_	_	
PRESIDENT		Х		Х				0.	0.	0.	
(7) MINH LY	5.00							_	_	_	
VICE PRESIDENT		Х		Х				0.	0.	0.	
(8) SARA SMIAROWSKI	5.00							_	_	_	
TREASURER		Х		Х				0.	0.	0.	
(9) LINDA MCINERNEY	5.00								_	_	
CO-CLERK		Х		Х				0.	0.	0.	
(10) DAVID MINTZ	5.00	١		l							
CO-CLERK		Х		Х				0.	0.	0.	
		1									
		1									
		-									
		1									
		1									
		-									

332007 12-21-23 Form **990** (2023)

Page 8

Par	T VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)			•	C)			(D)	(E)			(F)	
	Name and title	Average	(do		Pos		than	one	Reportable	Reportable		Es	timate	ed
		hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensatio		an	nount	of
		week	\vdash	Cer ai	iu a u	lecic	Ji/ii us	lee)	from	from related			other	
		(list any hours for	irecto						the	organization			pensa	
		related	or d	8			sated		organization	(W-2/1099-MIS	iC/		om the	
		organizations	rustee	trust		e e	ubeu		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)			anizat d relat	
		below	dualt	tiona	١	nploy	st cor	<u></u>	1033 (420)				anizati	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	- OIII				3-		
			_	 		Ť	-	_						
			1											
			1											
			1											
			-											
		<u> </u>							150,139.		0.			0.
16	Subtotal								150,139.		0.			0.
	Total from continuation sheets to Part V								150,139.		0.			0.
2 2	Total (add lines 1b and 1c) Total number of individuals (including but n								•	000 of reported				<u> </u>
2	compensation from the organization	iot iiiriited to ti	1056	11516	eu ai	DOVE	e) wi	10 1	eceived more than \$100	,000 or reportab	Æ			1
	compensation from the organization												Yes	No
3	Did the organization list any former officer,	director trust	ee l	kev e	-mn	love	ല	r hic	nhest compensated emr	olovee on	Ī			
Ū	line 1a? If "Yes," complete Schedule J for s	•		•	•	•		_		•		3		Х
4	For any individual listed on line 1a, is the su													
•	and related organizations greater than \$15	•		-					·	o.g		4	Х	
5	Did any person listed on line 1a receive or									idual for services	,			
	rendered to the organization? If "Yes," com	Iplete Schedul	e J t	for si	uch	pers	son .					5		Х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of com	npens	ation 1	from	
	the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithir	n the organization's tax	year.				
	(A)								(B)			(0		
	Name and business	address	N	INC	3			_	Description of s	ervices	C	ompe	nsatio	n
								_						
								\dashv						
2	Total number of independent contractors (i	including but n	not li	mite	d to	tho	se li	ster	d above) who received m	nore than				
-	\$100,000 of compensation from the organi		11		٠.0		0		MIIO 1000IVOU II	.5.5 6.7611				

04-2266004 THE NORTHAMPTON ACADEMY OF MUSIC, INC. Page 9 Form 990 (2023) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) 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 **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 153,467. similar amounts not included above 1f g Noncash contributions included in lines 1a-1f 1g |\$ 153,467. h Total. Add lines 1a-1f **Business Code** 326,554. 326,554. 711130 2 a THEATER RENTALS Program Service Revenue b BOX OFFICE AND FEES 711130 320,808. 320,808. c ACADEMY PRODUCTIONS 711130 147,469. 147,469. d CONCESSION SALES 711130 92,555. 92,555. f All other program service revenue 887,386. g Total. Add lines 2a-2f. Investment income (including dividends, interest, and 21,603. 21,603. 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 assets other than inventory 7a **b** Less: cost or other basis Other Revenue 7b and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses 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 **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a PROGRAM ADVERTISMENTS 711130 5,013. 5,013. b OTHER INCOME 711130 344. 344. С d All other revenue

5,357.

887,386.

1,067,813.

5,013.

e Total. Add lines 11a-11d

Total revenue. See instructions

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).

	Check if Schedule O contains a respons	se or note to anv line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		1	, i	'
	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,				
	trustees, and key employees	162,219.	48,665.	48,666.	64,888.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	256,995.	211,376.	45,619.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	7,179.	4,453. 3,576.	1,615.	1,111. 892.
9	Other employee benefits	5,764.	3,576.	1,296.	892.
10	Payroll taxes	36,216.	21,069.	8,145.	7,002.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	14,746.		14,746.	
d					
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	28,160.	525.	27,635.	
12	Advertising and promotion	22,851.	22,758.		93.
13	Office expenses	32,762.	19,345.	8,555.	4,862.
14	Information technology				
15	Royalties				
16	Occupancy	104,002.	91,644.	7,436.	4,922.
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				4 1=1
22	Depreciation, depletion, and amortization	7,296.	4,504.	1,641.	1,151.
23	Insurance	14,866.	13,321.	1,545.	
24	Other expenses. Itemize expenses not covered 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	STAGE AND WORKSHOP EXPS	240,344.	240,344.		
b	BOX OFFICE EXPENSE	157,540.	157,540.		
С	CONCESSION EXPENSES	31,295.	31,295.		
d	FUNDRAISING AND DEVELOP	2,022.			2,022.
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,124,257.	870,415.	166,899.	86,943.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
22001	n 12-21-23				Form 990 (2023)

Form 990 (2023) Part X Balance Sheet

Ра	rt X	Balance Sneet					
		Check if Schedule O contains a response or	note to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			903,555.	1	849,969.
	2	Savings and temporary cash investments			771,339.	2	690,926
	3	Pledges and grants receivable, net	51,600.	3	0 .		
	4	Accounts receivable, net	9,649.	4	5,866		
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t		5			
Assets	6	Loans and other receivables from other disquared					
		under section 4958(f)(1)), and persons descr	ibed in sed	ction 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			54,114.	9	28,993
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	177,712.			
	b	Less: accumulated depreciation	10b	148,115.	36,893.	10c	29,597
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, lin			12		
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must e	equal line 3	33)	1,827,150.	16	1,605,351
	17	Accounts payable and accrued expenses			682,149.	17	462,676
	18	Grants payable			18	4-4-4-	
	19	Deferred revenue	96,997.	19	151,115		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	te Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or f	ormer offic	cer, director,			
Liabilities		trustee, key employee, creator or founder, su	ıbstantial (contributor, or 35%			
jab		controlled entity or family member of any of t		_		22	
_	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrel				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	nes 17-24). Complete Part X			
	l	of Schedule D			770 146	25	612 701
	26	Total liabilities. Add lines 17 through 25			779,146.	26	613,791
S		Organizations that follow FASB ASC 958,	check her	e X			
ũ		and complete lines 27, 28, 32, and 33.			005 613		001 560
ala	27	Net assets without donor restrictions			995,613. 52,391.	27	991,560
<u> </u>	28	Net assets with donor restrictions			34,391.	28	<u> </u>
Fun		Organizations that do not follow FASB AS	C 958, ch	eck here			
ō		and complete lines 29 through 33.					
ets	29	Capital stock or trust principal, or current fur				29	
\SS	30	Paid-in or capital surplus, or land, building, o				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			1,048,004.	31	001 560
ž	32	Total net assets or fund balances				32	991,560
	33	Total liabilities and net assets/fund balances			1,827,150.	33	1,605,351.

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 3	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1		1,06 1,12		57.	
4 5 6	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities 6					
7 8 9 10	Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	7 8 9			0.	
	column (B)) rt XIII Financial Statements and Reporting	10	99	1,5	60. X	
	Check if Schedule O contains a response or note to any line in this Part XII			Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
2a	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a					
b	separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:					
С	X Separate basis Consolidated basis Both consolidated and separate 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 Schedule O.					
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	irod oudit	3a		х	
ט	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b			

Form **990** (2023)

SCHEDULE A

(Form 990)

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.

Open to Public

OMB No. 1545-0047

Name of the organization

Employer identification number

THE NORTHAMPTON ACADEMY OF MUSIC, 04-2266004 Part 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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 X 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. 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 g 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 your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions)) Total

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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						_
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
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)						
6	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						_
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
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.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stor	here					
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2023 (ine 6, column (f), c	divided by line 11,	column (f))		14	%
	Public support percentage from 2022					15	%
16a	33 1/3% support test - 2023. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2022. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	t - 2023. If the org	anization did not	check a box on lin	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstand	es test, check thi	s box and stop he	ere. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances to	~		• • •			
b	10% -facts-and-circumstances tes	t - 2022. If the org	anization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circur	nstances test, che	eck this box and s	top here. Explain i	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	he organization qu	alifies as a public	ly supported organ	ization	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	sL

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.)

Se	ction A. Public Support							
Cale	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	221,775.	339,331.	409,000.	197,632.	153,467.	1,321,205.	
2	Gross receipts from admissions,							
	merchandise sold or services per-							
	formed, or facilities furnished in any activity that is related to the							
	organization's tax-exempt purpose	366,207.	40,602.	596,631.	673,425.	887,386.	2,564,251.	
3	Gross receipts from activities that						_	
	are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
6	Total. Add lines 1 through 5	587,982.	379,933.	1,005,631.	871,057.	1,040,853.	3,885,456.	
78	Amounts included on lines 1, 2, and							
	3 received from disqualified persons						0.	
k	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						0.	
C	Add lines 7a and 7b						0.	
	Public support. (Subtract line 7c from line 6.)						3,885,456.	
Se	ction B. Total Support							
Cale	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
	Amounts from line 6	587,982.	379,933.	1,005,631.	871,057.	1,040,853.	3,885,456.	
10a	Gross income from interest, dividends, payments received on							
	securities loans, rents, royalties,	2.7.0	2.52	0.50	0 506	04 600	05 404	
	and income from similar sources	370.	363.	269.	2,526.	21,603.	25,131.	
k	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975	250	262	0.50	0 506	04 600	05 101	
	Add lines 10a and 10b	370.	363.	269.	2,526.	21,603.	25,131.	
11	Net income from unrelated business activities not included on line 10b,							
	whether or not the business is	E 610	202	6 015	6 540	F 013	06 450	
	regularly carried on	7,619.	383.	6,915.	6,543.	5,013.	26,473.	
12	Other income. Do not include gain or loss from the sale of capital	15 205	0 202	0 245	025	244	00 686	
	assets (Explain in Part VI.)	17,387.	9,393.	2,317.	235.	344.	29,676.	
	Total support. (Add lines 9, 10c, 11, and 12.)	613,358.	390,072.	1,015,132.	880,361.	1,067,813.	3,966,736.	
14	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organizati	ion,	
<u></u>	check this box and stop here	is Compart Da					<u></u>	
	ction C. Computation of Publ			. (0)		45	97.95 %	
	Public support percentage for 2023 (I		•			15		
	16 Public support percentage from 2022 Schedule A, Part III, line 15							
	-			as 10 askuma (f)		17	.63 %	
	Investment income percentage for 20					- 1		
	Investment income percentage from 2			on line 14, and line		18 3 1/3% and line 1	,,,	
198	9a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							
Į.	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							
Ľ	• • • • • • • • • • • • • • • • • • • •	•			•	•	апи	
20	line 18 is not more than 33 1/3%, che Private foundation. If the organizatio							
20	riivate iounuation, ii the organizatio	n did not check a	DUX UH IIHE 14, 19	a, ULLIBU, CHECK II	iis dux aitu see ins	มเน น เเบเซ		

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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.)

1		Yes	No
	1		
	2		
	_		
	2-		
	3a		
	3b		
	3с		
	4a		
	4-		
	4b		
	4c		
	5a		
	5b		
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	0-		
	9a		
	9b		
	9с		
	10a		
	iva		
	10b		
dule	A (Forr	n 990)	2023

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 Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one of	r		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officer	à,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	۳		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supporte organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	J		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
	tion D. All Type III Supporting Organizations			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	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		
	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	tion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instruction	ons).		
а	The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instructio	ns).	
2	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			
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	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.	За		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	- Ju		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

04-2266004 Page 6 THE NORTHAMPTON ACADEMY OF MUSIC, INC. Schedule A (Form 990) 2023 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain Recoveries of prior-year distributions 2 2 Other gross income (see instructions) 3 4 Add lines 1 through 3. Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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): a 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 e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. 6 6 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8

Sec	tion 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		
7	Check here if the current year is the organization's first as a non-functional	y integr	ated Type III supporting orga	anization (see

Schedule A (Form 990) 2023

instructions).

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continu	ued)	
Sect	tion D - Distributions	Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported		
	organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	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 the organization is responsive		
	(provide details in Part VI). See instructions.	8	
9	Distributable amount for 2023 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) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2023			
a	From 2018			
b	From 2019			
c	From 2020			
d	From 2021			
е	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
<u>i</u> _	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2019			
b	Excess from 2020			
С	Excess from 2021			
d	Excess from 2022			
е	Excess from 2023			

Schedule A (Form 990) 2023

Schedule B

Department of the Treasury

Internal Revenue Service

(Form 990)

Schedule of Contributors

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

INC.

THE NORTHAMPTON ACADEMY OF MUSIC,

OMB No. 1545-0047

2023

Name of the organization

Employer identification number

04-2266004

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

religious, charitable, etc., contributions totaling \$5,000 or more during the year ______\$ _

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 **General Rule** applies to this organization because it received nonexclusively

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

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

Schedule B (Form 990) (2023)

Name of organization Employer identification number

THE NORTHAMPTON ACADEMY OF MUSIC, INC.

04 - 2266004

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CITY OF NORTHAMPTON 210 MAIN STREET NORTHAMPTON, MA 01060	\$ 53,000.	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	MASS CULTURAL COUNCIL 10 ST. JAMES AVENUE #302 BOSTON, MA 02116	\$\$14,700.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	THE RICHARD AND BARBARA WHITCOMB FOUNDATION 44 LINDBERGH AVENUE HOLYOKE, MA 01040	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person 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 Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

THE NORTHAMPTON ACADEMY OF MUSIC, INC.

04 - 2266004

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990) (2023) Name of organization Employer identification number 04 - 2266004THE NORTHAMPTON ACADEMY OF MUSIC, 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. from 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 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

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

Open to Public Inspection

Name of the organization

THE NORTHAMPTON ACADEMY OF MUSIC, INC.

Employer identification number 04 - 2266004

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		ımaı ı unus Ul <i>F</i>	Accounts. Complete if the
		(a) Donor advised f	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 v			
	are the organization's property, subject to the organization's	exclusive legal control? \dots		Yes No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that gran	t funds can be used	only
	for charitable purposes and not for the benefit of the donor of	•		
	impermissible private benefit?			
Pa			on Form 990, Part IV	/, line 7.
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreat			orically important land area
	Protection of natural habitat	∟ F	Preservation of a cert	tified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contributi	ion in the form of a c	
	day of the tax year.			Held at the End of the Tax Yea
а				2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included on line 2c acqui	•		
_	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or ter	minated by the orga	nization during the tax
	year			
4	Number of states where property subject to conservation eas		 _	
5	Does the organization have a written policy regarding the per			
_	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and	enforcing conservat	ion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enfo	rcina conservation e	asements during the year
•	, thouse of expenses mounted in monitoring, mopeeting, name	ing or violations, and onto	roing conservation c	ascinionts daring the year
8	Does each conservation easement reported on line 2d above	satisfy the requirements of	of section 170(h)(4)(B	e)(i)
	and section 170(h)(4)(B)(ii)?	•		Yes No
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's fi	nancial statements t	hat describes the
	organization's accounting for conservation easements.			
Pai	t III Organizations Maintaining Collections of	Art, Historical Trea	sures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 956	8, not to report in its reven	ue statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, o	r research in further	ance of public
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that descr	ibes these items.	
b	If the organization elected, as permitted under FASB ASC 956	8, to report in its revenue s	statement and baland	ce sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or re	esearch in furtherand	ce of public service,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
2	If the organization received or held works of art, historical trea			
	the following amounts required to be reported under FASB AS			
а	Revenue included on Form 990, Part VIII, line 1	-		\$
h	Assets included in Form 990. Part X			\$

		THAMPTON A						2266004	
Par	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures, o	or Other	Similar As	sets(contin	ued)
3	Using the organization's acquisition, accession	on, and other recor	ds, chec	k any of the	following tha	at make sign	ificant use o	f its	
	collection items (check all that apply).								
а	Public exhibition	•	a 🖳	Loan or exc	hange progra	am			
b	Scholarly research	•	e 🔲	Other					
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and expla	in how th	ney further t	he organizati	on's exemp	t purpose in	Part XIII.	
5	During the year, did the organization solicit o	r receive donations	of art, hi	storical trea	sures, or oth	er similar as	sets		
	to be sold to raise funds rather than to be ma	aintained as part of	the orga	nization's co	ollection?			Yes	No_
Par	t IV Escrow and Custodial Arran	gements Comple	ete if the	organizatior	n answered "	Yes" on For	m 990, Part	IV, line 9, or	
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodi	an, or other interme	ediary for	contribution	ns or other a	ssets not inc	cluded		
	on Form 990, Part X?							Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table:					
								Amount	
С	Beginning balance						1c		
	Additions during the year						1d		
е	Distributions during the year						1e		
f	Ending balance						1f		
2a	Did the organization include an amount on Fo)	Yes	No No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the e	xplanatio	n has been	provided in	Part XIII			
Par	t V Endowment Funds Complete if	the organization an	swered '	'Yes" on Fo					
		(a) Current year	(b) P	rior year	(c) Two year	rs back (d)	Three years ba	ack (e) Four	years back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curr	ent year end balan	ce (line 1	g, column (a	a)) held as:	•		•	
а	Board designated or quasi-endowment	•	%						
b	Permanent endowment	%							
С	Term endowment	 %							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
За	Are there endowment funds not in the posse	ssion of the organiz	zation tha	at are held a	ınd administe	ered for the			
	organization by:	_						[Yes No
	(i) Unrelated organizations?							3a(i)	
	400 D							a (11)	
b	If "Yes" on line 3a(ii), are the related organiza								
4	Describe in Part XIII the intended uses of the								
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answered	d "Yes" on Form 99	0, Part I\	/, line 11a. S	See Form 990), Part X, line	e 10.		
	Description of property	(a) Cost or o			or other	(c) Accu	1	(d) Book	value
	1 17	basis (invest			(other)	depred		, , = = 0	•
1a	Land		-						
	Buildings								
	Leasehold improvements								
	Equipment			17	7,712.	14	8,115.	29	7,597.
4				·		<u>_</u>	• =		·

Schedule D (Form 990) 2023

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

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(a) Decerin	tion of security or category (including name of security)	(b) Book value	11b. See Form 990, Part X, line 12.(c) Method of valuation: Cost or end-of-year market va
		(b) Book value	(c) Method of Valuation. Cost of end-of-year market va
	al derivatives		
	held equity interests		
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	o) must equal Form 990, Part X, line 12, col. (B))		
	Investments - Program Related.		
art viii	Complete if the organization answered "Yes"	on Form 990 Part IV line	11c See Form 990 Part X line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market va
(4)	(a) Becompaint of investment	(b) Book value	(o) Mouriou of Valuation. Good of ond of your market va
(1)			
(2)			
(3)			
(4)			
(5) (6)			
(7)			
(8)			
(0)			
(9)	a) must equal Form 990. Part X. line 13. col. (R.)		
(9) otal. (Col. (t	o) must equal Form 990, Part X, line 13, col. (B)) Other Assets		
(9) otal. (Col. (t	Other Assets	on Form 990. Part IV. line	11d. See Form 990. Part X, line 15.
(9) otal. (Col. (t	Other Assets Complete if the organization answered "Yes"		
(9) otal. (Col. (to Part IX	Other Assets Complete if the organization answered "Yes"	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15. (b) Book valu
(9) otal. (Col. (to Part IX)	Other Assets Complete if the organization answered "Yes"		
(9) otal. (Col. (to Part IX) (1) (2)	Other Assets Complete if the organization answered "Yes"		
(9) Dtal. (Col. (to Part IX) (1) (2) (3)	Other Assets Complete if the organization answered "Yes"		
(9) otal. (Col. (to part IX) (1) (2) (3) (4)	Other Assets Complete if the organization answered "Yes"		
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(9) otal. (Col. (to part IX) (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets Complete if the organization answered "Yes"		
(9) otal. (Col. (to part IX) (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets Complete if the organization answered "Yes" (a)	Description	
(9) otal. (Col. (to product of the color of	Other Assets Complete if the organization answered "Yes" (a) mn (b) must equal Form 990, Part X, line 15, co	Description	
(9) otal. (Col. (to part IX) (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets Complete if the organization answered "Yes" (a) mn (b) must equal Form 990, Part X, line 15, co Other Liabilities	Description ol. (B))	(b) Book valu
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SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

Open to Public

OMB No. 1545-0047

Inspection

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

Name of the organization

Department of the Treasury

Internal Revenue Service

THE NORTHAMPTON ACADEMY OF MUSIC, INC.

Employer identification number

04-2266004

Questions Regarding Compensation Part I No Yes 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Health or social club dues or initiation fees Tax indemnification and gross-up payments Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain _____ 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Compensation survey or study Independent compensation consultant X Approval by the board or compensation committee □ Form 990 of other organizations During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: X a Receive a severance payment or change-of-control payment? X b Participate in or receive payment from a supplemental nonqualified retirement plan? 4b X c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990. Part VII. Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: Х a The organization? 5a $\overline{\mathbf{x}}$ **b** Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: Х a The organization? 6a X **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III Х If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2023

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W	J-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DEBRA J'ANTHONY	(i)	150,139.	0.	0.	0.	0.		0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
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Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 3:
CHAIR OF PERSONNEL COMMITTEE PERIODICALLY REVIEWS COMPARABLE DATA AND MAKES
A RECOMMENDATION TO THE CHAIR OF THE BOARD. THE BOARD THEN APPROVES THE
COMPENSATION.

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.

OMB No. 1545-0047
2023
Open to Public Inspection

Name of the organization

THE NORTHAMPTON ACADEMY OF MUSIC, INC.

Employer identification number 04-2266004

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

THEATRE PRESENTATIONS THAT ENHANCES THE QUALITY OF LIFE IN NORTHAMPTON.

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

FOR SOCIAL, EDUCATIONAL, AND PROFESSIONAL EFFORTS, AS WELL AS A BROAD

AND DIVERSE AUDIENCE THROUGH ITS PROGRAMMING AND OUTREACH EFFORTS.

FORM 990, PART VI, SECTION A, LINE 7A:

THE MAYOR OF NORTHAMPTON, MASSACHUSETTS AND THE PRESIDENT OF SMITH COLLEGE

EACH HAVE, UNDER THE DEED OF GIFT OF THE FACILITY TO THE CITY OF

NORTHAMPTON, THE RIGHT TO APPOINT A REPRESENTATIVE TO THE BOARD.

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

THE FINANCE COMMITTEE OF THE BOARD REVIEWS AND APPROVES THE FORM 990 BEFORE

IT IS FILED. A COPY OF THE FORM 990 IS ALSO GIVEN TO THE FULL BOARD OF

TRUSTEES BEFORE IT IS FILED.

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

THE CONFLICT OF INTEREST POLICY IS SIGNED OFF ON ANNUALLY BY BOARD MEMBERS
AND MONITORED BY THE EXECUTIVE DIRECTOR.

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

CHAIR OF PERSONNEL COMMITTEE PERIODICALLY REVIEWS COMPARABLE DATA AND MAKES

A RECOMMENDATION TO THE CHAIR OF THE BOARD. THE BOARD THEN APPROVES THE

COMPENSATION.

Schedule O (Form 990) 2023 Page 2 Name of the organization **Employer identification number** THE NORTHAMPTON ACADEMY OF MUSIC, INC. 04 - 2266004FORM 990, PART VI, SECTION C, LINE 19: ALL DOCUMENTS ARE AVAILABLE UPON REQUEST. FORM 990, PART XII, LINE 2C THE ORGANIZATION DID NOT CHANGE ITS OVERSIGHT PROCESS OR SELECTION OF AN INDEPENDENT ACCOUNTANT PROCESS DURING THE TAX YEAR.