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Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

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

X

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	101,633	88,377
23 Land and buildings	22	
24 Other assets (describe in Schedule O) SEE SCHEDULE O	1,378	2,702
25 Total assets	103,011	91,079
26 Total liabilities (describe in Schedule O)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	103,011	91,079

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

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

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose? **SEE SCHEDULE Q**

What is the organization's primary exempt purpose [SEE SCHEDULE C](#)
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28	<u>PROVIDES ART EVENTS/PERFORMANCES FOR THE COMMUNITY</u>		
	(Grants \$ _____) If this amount includes foreign grants, check here	<input type="checkbox"/>	28a 74,164.
29	<u>PROVIDES GRANTS TO ARTISTS TO PURSUE ARTISTIC ENDEAVORS</u>		
	(Grants \$ _____) If this amount includes foreign grants, check here	<input type="checkbox"/>	29a 17,597.
30	<u>PROVIDES ARTS ENRICHMENT FOR SCHOOLS</u>		
	(Grants \$ _____) If this amount includes foreign grants, check here	<input type="checkbox"/>	30a 7,500.
31	Other program services (describe in Schedule O)		
	(Grants \$ _____) If this amount includes foreign grants, check here	<input type="checkbox"/>	31a
32	<u>Total program service expenses</u> (add lines 28a through 31a)		32 99,261.

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

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
SEE SCHEDULE Q		0.	0.	0.

Part V Other Information (Note the statement requirements in the instructions for Part V.) SEE SCHEDULE O
Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule Q

	Yes	No
33	X	
34	X	

34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T

35a	X
35b	

36	X
37b	X

a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?

37a	0.
37b	X

38a	X
38b	N/A

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N

38b	N/A
39a	N/A

39b	N/A
39c	N/A

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a** 0.

37b	X
38a	X

38b	N/A
39a	N/A

39 Section 501(c)(7) organizations Enter

39b	N/A
39c	N/A

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► 0., section 4912 ► 0., section 4955 ► 0.

40b	X
40c	

40d	
40e	X

40f	
40g	

b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I

40h	
40i	

40j	
40k	

40l	
40m	

41 List the states with which a copy of this return is filed ► **MA**

42a The organization's

books are in care of ► **SONDRA PERON** Telephone no ► **413-587-1269**
Located at ► **240 MAIN STREET NORTHAMPTON MA** ZIP + 4 ► **01060**

42b	X
42c	

42d	
42e	

42f	
42g	

42h	
42i	

42j	
42k	

42l	
42m	

42n	
42o	

42p	
42q	

42r	
42s	

42t	
42u	

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► **43** N/A N/A

44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

44a	X
44b	

44c	X
44d	

44e	
44f	

44g	
44h	

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?

	Yes	No
45	X	
45a	X	
46	X	

a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see inst.)

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

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

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

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

	Yes	No
47	X	
48	X	
49a	X	

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If 'Yes,' was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				

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

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

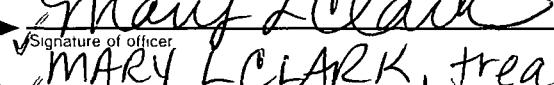
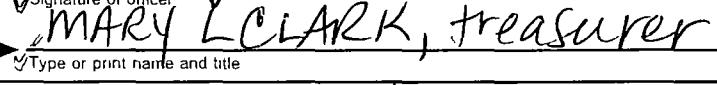
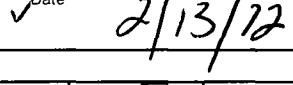
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

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

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

► Yes No

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

Sign Here	►  ✓ Signature of officer ►  ✓ Type or print name and title	Date  2/13/12
Paid Preparer Use Only	Print/Type preparer's name: BEVERLY J DONOVAN CPA Firm's name: BEVERLY J. DONOVAN, C.P.A. Firm's address: 35 CONZ STREET NORTHAMPTON, MA 01060	Preparer's signature:  Date: 2/12/12 Check <input checked="" type="checkbox"/> if self employed PTIN: N/A Firm's EIN: N/A Phone no: (413) 584-5040

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

► Yes No

BAA

Form 990-EZ (2010)

SCHEDULE A
(Form 990 or 990-EZ)

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. ► See separate instructions.

OMB No 1545 0047

2010

**Open to Public
Inspection**

Name of the organization

NORTHAMPTON ARTS COUNCIL, INC.

Employer identification number

05-0523540

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 11, 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)
 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
 4 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
 5 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)**.
 7 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.)
 9 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.)

10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.

11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 that describes the type of supporting organization and complete lines 11e through 11h

a Type I b Type II c Type III – Functionally integrated d Type III – Other

e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2010

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►

- 1 Gifts, grants, contributions, and membership fees received (Do not include 'unusual grants')
- 2 Tax revenues levied for the organization's benefit and either paid to it 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

	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1						
2						
3						
4						
5						
6						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►

- 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 IV.)
- 11 **Total support.** Add lines 7 through 10
- 12 Gross receipts from related activities, etc (see instructions) 12

	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7						
8						
9						
10						
11						
12						

- 13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

- 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) 14 %
- 15 Public support percentage from 2009 Schedule A, Part II, line 14 15 %

- 16a **33-1/3% support test – 2010.** If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

- 16b **33-1/3% support test – 2009.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

- 17a **10%-facts-and-circumstances test – 2010.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here**. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ►

- 17b **10%-facts-and-circumstances test – 2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here**. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ►

- 18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and **see instructions** ►

BAA

Schedule A (Form 990 or 990-EZ) 2010

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 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.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants')	95,494.	42,212.	59,425.	62,939.	48,782.	308,852.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	40,757.	46,850.	47,030.	59,090.	49,518.	243,245.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 Total. Add lines 1 through 5	136,251.	89,062.	106,455.	122,029.	98,300.	552,097.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	10,000.	0.	10,000.	25,000.	7,000.	52,000.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b	10,000.	0.	10,000.	25,000.	7,000.	52,000.
8 Public support (Subtract line 7c from line 6)						500,097.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	136,251.	89,062.	106,455.	122,029.	98,300.	552,097.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,215.	3,632.	2,445.	799.	472.	11,563.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b	4,215.	3,632.	2,445.	799.	472.	11,563.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) SEE PART IV	3,448.					3,448.
13 Total support. (Add lns 9, 10c, 11, and 12)	143,914.	92,694.	108,900.	122,828.	98,772.	567,108.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	88.2 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	88.5 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	2.0 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	2.5 %
19a 33-1/3% support tests – 2010. 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		► <input checked="" type="checkbox"/>
b 33-1/3% support tests – 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here . The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		► <input type="checkbox"/>

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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Schedule A (Form 990 or 990-EZ) 2010

Department of the Treasury
Internal Revenue Service

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

Name of the organization

NORTHAMPTON ARTS COUNCIL, INC.

Employer identification number

05-0523540

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO DEVELOP, PROMOTE, AND PRESENT ARTS EVENTS AND PROGRAMS

FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR

INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?

NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR

INDIRECTLY. ON A PERSONAL BENEFIT CONTRACT?

2010

SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

CLIENT NAC

NORTHAMPTON ARTS COUNCIL, INC.

05-0523540

PART III, LINE 12 - OTHER INCOME

<u>NATURE AND SOURCE</u>	<u>2010</u>	<u>2009</u>	<u>2008</u>	<u>2007</u>	<u>2006</u>
OTHER INCOME					3,448.
TOTAL	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 3,448.</u>

2010

SCHEDULE O - SUPPLEMENTAL INFORMATION

PAGE 2

CLIENT NAC

NORTHAMPTON ARTS COUNCIL, INC.

05-0523540

FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

ADVERTISING AND PROMOTION	\$ 384.
ARTS ADMN REIMBURSEMENTS	5,000.
CONFERENCES, CONVENTIONS, AND MEETINGS	482.
CONSULTANTS	23,113.
CREDIT CARD PROCESSING FEES	738.
DEPRECIATION	837.
EQUIPMENT RENTAL	1,124.
LICENSES & FEES	386.
MISCELLANEOUS	1,086.
OFFICE EXPENSES	485.
PERFORMANCE LABOR	31,831.
SUPPLIES	2,025.
TRAVEL	2,836.
TOTAL	<u>\$ 70,327.</u>

FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	BEGINNING	ENDING
FURNITURE AND FIXTURES	\$ 437.	\$ 287.
MACHINERY AND EQUIPMENT	941.	2,415.
TOTAL	<u>\$ 1,378.</u>	<u>\$ 2,702.</u>

FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
BOB CILMAN NORTHAMPTON, MA 01060	EXECUTIVE DIREC 10	\$ 0. \$	0. \$	0.
SONDRA PERON NORTHAMPTON, MA 01060	ARTS ADMINIST. 5	0.	0.	0.
JESSE ADAMS 187 MAIN STREET, APT 4 NORTHAMPTON, MA 01060	DIRECTOR 1	0.	0.	0.
KATHY SERVICE 9 BUTLER PLACE NORTHAMPTON, MA 01060	CLERK 1	0.	0.	0.
ELIZABETH STONE 52 BEACON STREET FLORENCE, MA 01062	DIRECTOR 1	0.	0.	0.

2010

SCHEDULE O - SUPPLEMENTAL INFORMATION

PAGE 3

CLIENT NAC

NORTHAMPTON ARTS COUNCIL, INC.

05-0523540

FORM 990-EZ, PART IV (CONTINUED)
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
DAVID KUTCHER 112 MAPLE STREET EASTHAMPTON, MA 01027	CHAIRMAN 1	0. \$	0. \$	0.
JANET BEATTIE 9 HAYWARD ROAD FLORENCE, MA 01062	DIRECTOR 1	0.	0.	0.
BRIAN FOOTE 202 MAIN STREET NORTHAMPTON, MA 01060	DIRECTOR 1	0.	0.	0.
MARVIN CABLE 73 BRIDGE STREET, UNIT 6 NORTHAMPTON, MA 01060	DIRECTOR 1	0.	0.	0.
LESLEY FARLOW 184 FEDERAL STREET NORTHAMPTON, MA 01060	DIRECTOR 1	0.	0.	0.
RICK FANTASIA 99 CLEMENT STREET NORTHAMPTON, MA 01060	DIRECTOR 1	0.	0.	0.
MARY CLARK 183 RIVERSIDE DRIVE FLORENCE, MA 01062	TREASURER 1	0.	0.	0.
ALYSSA KRAUSS 58 FRONT STREET, #2 LEEDS, MA 01053	DIRECTOR 1	0.	0.	0.
JULIE ROBBINS 16 POMEROY TERRACE NORTHAMPTON, MA 01060	DIRECTOR 1	0.	0.	0.
DANA WILDE P.O. BOX 1329 NORTHAMPTON, MA 01061	DIRECTOR 1	0.	0.	0.
STEPHEN PETEGORSKY 172 NORTH FARMS ROAD FLORENCE, MA 01062	DIRECTOR 1	0.	0.	0.
ELLEN AUGARTEN 253 CRESCENT STREET NORTHAMPTON, MA 01060	DIRECTOR 1	0.	0.	0.

2010

SCHEDULE O - SUPPLEMENTAL INFORMATION

PAGE 4

CLIENT NAC

NORTHAMPTON ARTS COUNCIL, INC.

05-0523540

FORM 990-EZ, PART IV (CONTINUED)
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
ALI OSBORN 31B HOLYOKE STREET NORTHAMPTON, MA 01060	DIRECTOR \$ 1	0. \$	0. \$	0.
	TOTAL \$	0. \$	0. \$	0.