

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No 1545-0047

**2001**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

**A For the 2001 calendar year, or tax year beginning** \_\_\_\_\_, 2001, and ending \_\_\_\_\_, 20

- B Check if applicable**
- Address change
  - Name change
  - Initial return
  - Final return
  - Amended return
  - Application pending

**C Name of organization**  
*Historic Deerfield, Inc*

**Number and street (or P.O. box if mail is not delivered to street address) Room/suite**  
*P.O. Box 321*

**City or town state or country and ZIP + 4**  
*Deerfield, MA 01342*

**D Employer identification number**  
*04-226-2880*

**E Telephone number**  
*(413) 774-5581*

**F Accounting method:**  Cash  Accrual  
 Other (specify) \_\_\_\_\_

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

H and I are not applicable to section 527 organizations.

**H(a) Is this a group return for affiliates?**  Yes  No

**H(b) If "Yes," enter number of affiliates** \_\_\_\_\_

**H(c) Are all affiliates included?**  Yes  No  
(If "No," attach a list. See instructions.)

**H(d) Is this a separate return filed by an organization covered by a group ruling?**  Yes  No

**G Web site** \_\_\_\_\_

**J Organization type (check only one)**  501(c) (3) (insert no)  4947(a)(1) or  527

**K Check here**  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

**I Enter 4-digit GEN** \_\_\_\_\_

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

**L Gross receipts** Add lines 6b, 8b, 9b, and 10b to line 12

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)**

		Sch B			
Revenue	1 Contributions, gifts, grants, and similar amounts received	1a	1629,210	1659,423	
	a Direct public support	1b			
	b Indirect public support	1c	30,213		
	c Government contributions (grants)				
	d Total (add lines 1a through 1c) (cash \$ <i>15,333,349</i> noncash \$ <i>126,074</i> )	1d			1659,423
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			221,277
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4			13,779
	5 Dividends and interest from securities	5			1083,435
	6a Gross rents	6a	123,350		43,459
	b Less rental expenses	6b	79,891		
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7 Other investment income (describe) _____	7				
Revenue	8a Gross amount from sales of assets other than inventory	(A) Securities	8a	690,580	
	b Less cost or other basis and sales expenses	15809710	0		
	c Gain or (loss) (attach schedule) # 2	15119130	0		
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	690580	0		
Revenue	9 Special events and activities (attach schedule)			9c	
	a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a			
	b Less direct expenses other than fundraising expenses	9b			
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c				
Revenue	10a Gross sales of inventory, less returns and allowances	10a	2,237,665	1,671,335	
	b Less cost of goods sold STATEMENT # 3	10b	566,330		
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11 Other revenue (from Part VII, line 103)	11				
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		5383288		
Expenses	13 Program services (from line 44, column (B))	13	3,961,118	4,979,295	
	14 Management and general (from line 44, column (C))	14	573,655		
	15 Fundraising (from line 44, column (D))	15	444,522		
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses (add lines 16 and 44, column (A))	17			
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		403,993		
Net Assets	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	62154330	59,175,108	
	20 Other changes in net assets or fund balances (attach explanation) STATEMENT # 4	20	(3,413,215)		
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21			

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**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 21.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc	150,252		150,252	
26	Other salaries and wages	2205452	1945010	168,648	91794
27	Pension plan contributions	59062	44610	11,730	2722
28	Other employee benefits	298746	246703	30453	21590
29	Payroll taxes	205594	174246	24127	7221
30	Professional fundraising fees				
31	Accounting fees	47025	15975	31050	
32	Legal fees	22248	15368	6880	
33	Supplies	289329	241381	32768	15180
34	Telephone	15928	13447	2481	
35	Postage and shipping	33549	13859	2804	16886
36	Occupancy	475482	465841	9641	
37	Equipment rental and maintenance	546	470	76	
38	Printing and publications	170329	27778	13320	129231
39	Travel	67475	33858	18183	15434
40	Conferences, conventions, and meetings	73184	51652	21532	
41	Interest				
42	Depreciation, depletion, etc (attach schedule) #5	442096	409171	21767	11158
43	Other expenses not covered above (itemize) a CONTRACT SERVICE	248115	168929	27482	51704
b	Advertising + Promotion	140629	59079	59	81491
c	CONSERVATION	30789	30789		
d	MISC INCL CAPITAL CAMPAIGN	3465	2952	402	111
e					
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	4979295	3961118	573,655	444,522

Joint Costs. Check  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_,  
 (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments** (See Specific Instructions on page 24.)

What is the organization's primary exempt purpose? ▶ STMT #6	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts but optional for others.)
a. MUSEUM 2001 VISITATION = 25,555 (Grants and allocations \$ _____)	1,883,422
b. LIBRARY VOLUMES = 19,343 2001 READERS = 3,918 (Grants and allocations \$ _____)	193,293
c. FELLOWSHIP PROGRAM SEE STATEMENT 10 (Grants and allocations \$ _____)	100,827
d. MUSEUM STORE AND INN 2001 VISITATION TO STORE = 37,128 (Grants and allocations \$ _____)	1,783,576
e. Other program services (attach schedule) (Grants and allocations \$ _____)	
f. Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	3,961,118

**Part IV Balance Sheets** (See Specific Instructions on page 24 )

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		(A) Beginning of year		(B) End of year
Assets	45 Cash—non-interest-bearing	609,218	45	338,272
	46 Savings and temporary cash investments	228,965	46	134,923
	47a Accounts receivable	63,376	47a	93,178
	b Less allowance for doubtful accounts		47b	
	48a Pledges receivable	35,344	48a	14,067
	b Less allowance for doubtful accounts		48b	
	49 Grants receivable	3759	49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes and loans receivable (attach schedule)		51a	
	b Less allowance for doubtful accounts		51b	
	52 Inventories for sale or use	273,029	52	276,209
	53 Prepaid expenses and deferred charges	41,982	53	58,527
	54 Investments—securities (attach schedule) # 7 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	4,087,423	54	3,867,973
	55a Investments—land, buildings, and equipment basis		55a	
	b Less accumulated depreciation (attach schedule)		55b	
	56 Investments—other (attach schedule)		56	
	57a Land, buildings, and equipment basis	14,910,922	57a	
	b Less accumulated depreciation (attach schedule) STATEMENT # 8	5,358,090	57b	
	58 Other assets (describe <input type="checkbox"/> STATEMENT # 8 )	896,363	58	938,408
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)	62,761,249	59	59,741,989	
Liabilities	60 Accounts payable and accrued expenses	395,193	60	464,264
	61 Grants payable		61	
	62 Deferred revenue	181,726	62	102,617
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe <input type="checkbox"/> )		65	
66 <b>Total liabilities</b> (add lines 60 through 65)	576,919	66	566,881	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	35,926,857	67	34,116,608
	68 Temporarily restricted	5,745,629	68	4,923,469
	69 Permanently restricted	20,511,844	69	20,135,031
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 <b>Total net assets or fund balances</b> (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	62,184,330	73	59,175,108	
74 <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	62,761,249	74	59,741,989	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes in Part III, the organization's programs and accomplishments.

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See Specific Instructions, page 26)

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

a	Total revenue, gains, and other support per audited financial statements ▶	a	2616294
b	Amounts included on line a but not on line 12, Form 990	b	(3413215)
(1)	Net unrealized gains on investments (\$3425891)		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify) <u>CSV LIFE INS</u> \$ 12676		
	Add amounts on lines (1) through (4) ▶		
c	Line a minus line b ▶	c	6029509
d	Amounts included on line 12, Form 990 but not on line a:	d	(646221)
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify) <u>RENT EXPENSE (79891)</u> <u>C.B.G.S. (\$566330)</u>		
	Add amounts on lines (1) and (2) ▶		
e	Total revenue per line 12, Form 990 (line c plus line d) ▶	e	5383288

a	Total expenses and losses per audited financial statements ▶	a	5625516
b	Amounts included on line a but not on line 17, Form 990	b	646221
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify) <u>EXPENSES AGAINST REVENUES - RENT 79,891</u> <u>C.B.G.S. \$566,330</u>		
	Add amounts on lines (1) through (4) ▶		
c	Line a minus line b ▶	c	4979295
d	Amounts included on line 17, Form 990 but not on line a:	d	
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify) \$		
	Add amounts on lines (1) and (2) ▶		
e	Total expenses per line 17, Form 990 (line c plus line d) ▶	e	4979295

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated, see Specific Instructions on page 26)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributors to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Donald R. Fuary c/o Historic Deerfield PO Box 321 Deerfield, MA 01342	Executive Director & Secretary 4 hrs	102,252	5113	0
Susan Martineau c/o Historic Deerfield PO Box 321 Deerfield, MA 01342	Business Manager & Assistant Treasurer 4 hrs	48,000	2400	0
Mary Maples Dunn c/o Historic Deerfield PO Box 321 Deerfield, MA 01342	President 2 hrs	0	0	0
Peter R. James c/o Historic Deerfield PO Box 321 Deerfield, MA 01342	Treasurer 2 hrs	0	0	0
Elizabeth Bramwell c/o Historic Deerfield PO Box 321 Deerfield, MA 01342	Vice President 2 hrs	0	0	0
Richard R. Vietri c/o Historic Deerfield PO Box 321 Deerfield, MA 01342	Vice President 2 hrs	0	0	0
Henry N. Glynn c/o Historic Deerfield PO Box 321 Deerfield, MA 01342	Chairman 2 hrs	0	0	0
ALL OTHER TRUSTEES LISTED ON SEPARATE SCHEDULE STMT # 11				

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?  Yes  No  
If "Yes," attach schedule—see Specific Instructions on page 27

**Part VI Other Information (See Specific Instructions on page 27)**

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		<input checked="" type="checkbox"/>
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		<input checked="" type="checkbox"/>
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	<input checked="" type="checkbox"/>	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	<input checked="" type="checkbox"/>	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		<input checked="" type="checkbox"/>
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		<input checked="" type="checkbox"/>
b	If "Yes," enter the name of the organization ▶		
81a	Enter direct or indirect political expenditures See line 81 instructions <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.		
b	Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		<input checked="" type="checkbox"/>
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	<input checked="" type="checkbox"/>	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<input checked="" type="checkbox"/>	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		<input checked="" type="checkbox"/>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		<input checked="" type="checkbox"/>
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		<input checked="" type="checkbox"/>
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		<input checked="" type="checkbox"/>
c	Dues, assessments, and similar amounts from members		
d	Section 162(e) lobbying and political expenditures		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		<input checked="" type="checkbox"/>
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		<input checked="" type="checkbox"/>
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12		
b	Gross receipts, included on line 12, for public use of club facilities		
87	501(c)(12) orgs Enter a Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		<input checked="" type="checkbox"/>
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ▶ <u>N/A</u> , section 4912 ▶ <u>N/A</u> , section 4955 ▶ <u>N/A</u>		
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		<input checked="" type="checkbox"/>
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ <u>NONE</u>		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization ▶ <u>NONE</u>		
90a	List the states with which a copy of this return is filed ▶ <u>MASSACHUSETTS</u>		
b	Number of employees employed in the pay period that includes March 12, 2001 (See instructions)		<u>149</u>
91	The books are in care of ▶ <u>SUSAN MARTINELLI BUSINESS MGR</u> Telephone no ▶ <u>(413) 774 5581</u> Located at ▶ <u>HISTORIC Deerfield 84B OLD MAIN ST Deerfield, MA</u> ZIP + 4 ▶ <u>01342-0321</u>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <u>92   N/A</u>		<input type="checkbox"/>

**Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32)**

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a museum admissions related inc			15	15,449	195,712
b Academic + fellowship Programs					8144
c Other Program Services					1972
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	13779	
96 Dividends and interest from securities			14	1083435	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property			16	43459	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	690580	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory	722100	219978	03	1451357	
103 Other revenue					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		219978		3298059	205828
105 Total (add line 104, columns (B), (D), and (E))					3723865

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 32)**

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93	Program service revenues support historic Deerfield in providing exhibitions + educational programs to the general public. See statement #9

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33)**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 33)**

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

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 and correct. Other than officer(s) is based on all information of which preparer has any knowledge

8-13-02

Date

MANAGER + ASSISTANT TREASURER

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

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary information—(See separate instructions.)

OMB No 1545-0047

**2001**

Department of the Treasury  
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization: **HISTORIC DEERFIELD, INC**  
Employer identification number: **04 2262880**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Karl Sabo c/o Historic Deerfield PO BOX 321 Deerfield, MA 01342	Innkeeper 40 hrs	53,046	2652	0
Elizabeth Sabo c/o Historic Deerfield PO BOX 321 Deerfield, MA 01342	Innkeeper 40 hrs	53,132	2657	0
Edward Maeder c/o Historic Deerfield PO BOX 321 Deerfield, MA 01342	Curator 35 hrs	57,504	0	0
Patricia Yurkunas c/o Historic Deerfield PO BOX 321 Deerfield, MA 01342	Director of Development 35 hrs	54,444	2722	0
Total number of other employees paid over \$50,000 ▶				

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
STANISH MELLOW ASSET MANAGEMENT Boston, MA	Investment management fees	78,349
Allison William Bell Northampton, MA	Printing + Production	159,695
Bob Peters Painting	Painting	55,134
Total number of others receiving over \$50,000 for professional services ▶		

**Part III Statements About Activities** (See page 2 of the instructions)

	Yes	No
1 During the year, has the organization attempted to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		✓
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a Sale, exchange, or leasing of property?		✓
b Lending of money or other extension of credit?		✓
c Furnishing of goods, services, or facilities? <i>housing as a necessity of employment</i>	✓	
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <i>Part ✓ frm 990</i>	✓	
e Transfer of any part of its income or assets?		✓
3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below)		✓
4 Do you have a section 403(b) annuity plan for your employees? <i>STMT 10</i>	✓	
<b>Note:</b> Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments.		

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is (Please check only **ONE** applicable box)

- 5  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6  A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8  A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state ▶** \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vii) (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
- 12  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 charitable, etc., 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) (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14  An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting.*

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	1604546	2356898	1884549	2875325	8721318
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	2597804	1663178	1524314	1514098	7299394
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	2794407	2379584	1771040	2297851	9,242,882
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	6996757	6399660	5179903	6687274	25263594
24 Line 23 minus line 17	4398953	4736482	3655589	5173176	17964200
25 Enter 1% of line 23	69968	63997	51799	66873	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 359284
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a Do not file this list with your return Enter the total of all these excess amounts					26b 140716
c Total support for section 509(a)(1) test Enter line 24, column (e)					26c 17964200
d Add Amounts from column (e) for lines 18 9242882 19 _____ 22 _____ 26b 140,716					26d 9383598
e Public support (line 26c minus line 26d total)					26e 8580602
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 47.765%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" Do not file this list with your return Enter the sum of such amounts for each year	(2000) . . . . . (1999) . . . . . (1998) . . . . . (1997) . . . . .				
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year	(2000) . . . . . (1999) . . . . . (1998) . . . . . (1997) . . . . .				
c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c _____
d Add Line 27a total _____ and line 27b total _____					27d _____
e Public support (line 27c total minus line 27d total)					27e _____
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)					27f _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g _____ %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h _____ %
28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15					

**Part V Private School Questionnaire** (See page 7 of the instructions)  
 (To be completed ONLY by schools that checked the box on line 6 in Part IV) N/A

		Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement ) ..... ..... .....	31		
32 Does the organization maintain the following			
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.) ..... .....	32d		
33 Does the organization discriminate by race in any way with respect to			
a Students' rights or privileges?	33a		
b Admissions policies?	33b		
c Employment of faculty or administrative staff?	33c		
d Scholarships or other financial assistance?	33d		
e Educational policies?	33e		
f Use of facilities?	33f		
g Athletic programs?	33g		
h Other extracurricular activities?  If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement ) ..... .....	33h		
34a Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b		
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions)  
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check  a  if the organization belongs to an affiliated group Check  b  if you checked "a" and "limited control" provisions apply

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount Enter the amount from the following table— If the amount on line 40 is— The lobbying nontaxable amount is— Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000	41	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

Caution If there is an amount on either line 43 or line 44, you must file Form 4720

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below  
 See the instructions for lines 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots nontaxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h)

	Yes	No	Amount
a		X	
b		X	
c		X	
d		X	
e		X	
f		X	
g		X	
h		X	
i			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities



**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Supplementary Information for  
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545-0047

**2001**

Name of organization

HISTORIC DEERFIELD INC

Employer identification number

04:2262880

Organization type (check one).

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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 box(es) for both the General rule and a Special rule—see instructions.)

**General Rule—**

- For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II)

**Special Rules—**

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the General rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year) ▶ \$ \_\_\_\_\_

**Caution:** Organizations that are not covered by the General rule and/or the Special rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization  
HISTORIC DEERFIELD, INC

Employer identification number  
04:2262880

**Part I** Contributors (See Specific Instructions)

(a) No.	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>		\$ <u>51,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>2</u>		\$ <u>55,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>3</u>		\$ <u>36,799</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>4</u>		\$ <u>100,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>5</u>		\$ <u>300,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>6</u>		\$ <u>230,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Name of organization

HISTORIC DEERFIELD, INC

Employer identification number

04 2262880

**Part I** Contributors (See Specific Instructions)

(a) No.	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>7</u>		\$ <u>41,050</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>8</u>		\$ <u>74,998</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>9</u>		\$ <u>684,500</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>10</u>		\$ <u>51,076</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>11</u>		\$ <u>35,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Name of organization

Employer identification number

**Part II** Noncash Property (See Specific Instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>8</u>		\$ <u>74,998</u>	<u>5/16/01</u>
<u>10</u>	<u>less than 2% contributions</u>	\$ <u>51,076</u>	<u>various</u>
		\$	/ /
		\$	/ /
		\$	/ /
		\$	/ /
		\$	/ /

Historic Deerfield, Inc  
P O Box 321  
Deerfield, MA 01342

EIN 04-2262880  
Form 990

Part 1, Line 8

(A) Securities	
Gross Sales Price of Securities	\$15,809,710
Cost Basis of Securities	\$15,119,130
	<hr/>
Gain from Sales of Securities	\$690,580
	=====

Historic Deerfield, Inc  
P O Box 321  
Deerfield, MA 01342

EIN 04-2262880  
Form 990

Part 1, Line 10b

	Deerfield Inn	Museum Store	Total
Cost of goods sold			
Food	\$298,391		
Liquor	\$53,299		
Store goods		\$214,640	
	<u>\$351,690</u>	<u>\$214,640</u>	<u>\$566,330</u>
	=====	=====	=====

Histonc Deerfield, Inc  
P O Box 321  
Deerfield, MA 01342

EIN 04 02262880  
Form 990

Part 1, Line 20

To record decrease in unrealized appreciation of assets  
Increase in CSV insurance

(\$3,425,891)

\$12,676

---

(\$3,413,215)

=====

Historic Deerfield, Inc  
P O Box 321  
Deerfield, MA 01342

EIN 04-2262880  
Form 990

Part II, Line 42 - Depreciation Expense

Building and Land Improvements	Straight Line	\$271,382
Furniture and Equipment	Straight Line	\$148,820
Motor Vehicles	Straight Line	\$11,462
Books and Manuscripts	Straight Line	\$17,387
less Allocated Rental Expenses (Part I, Line 6b)		(\$6,955)
		<hr/>
		\$442,096
		=====

Historic Deerfield, Inc  
P O Box 321  
Deerfield, MA 01342

EIN 04-2262880  
Form 990

### Part III Statement of program service accomplishments

Historic Deerfield, Inc is a museum of early American history, architecture, and the decorative arts that recognizes a particular responsibility for preserving and interpreting the buildings entrusted to it, their unique setting in the Town of Deerfield, and the collections in those buildings. To this end it maintains and operates the buildings as exhibition areas open to the public, it conducts a broad range of educational programs, it refines and adds to its collections, and it promotes continuing research in its museum and library collections and in the history of the Connecticut valley.

Historic Deerfield, Inc  
P O Box 321  
Deerfield, MA 01342

EIN 04-2262880  
Form 990

Part IV, Line 54

	<u>Market Value</u>
Common Stock	\$17,191,106
Standish international equities fund	\$1,109,428
Preferred stock	\$89,799
Standish fixed income funds	\$13,832,712
Mutual funds	\$6,446,229
Money market funds	\$9,699
	<u>\$38,678,973</u>
	=====

Historic Deerfield, Inc

P O Box 321  
Deerfield, MA 01342

EIN 04 02262880

Form 990

Part IV, Line 57

	Book Value	Accumulated Depreciation
Land	\$338,317	
Land Improvements	\$217,579	\$65,346
Buildings	\$11,578,466	\$3,584,040
Motor Vehicles	\$108,063	\$62,244
Telephone System	\$142,413	\$50,855
Computer System	\$200,120	\$151,306
Furniture & Equipment		
Museum	\$701,616	\$372,259
Rentals	\$23,074	\$17,676
Library	\$143,412	\$128,569
Education	\$16,322	\$14,739
Administration	\$124,891	\$73,297
Admin Housing	\$5,181	\$2,250
Museum Store	\$44,754	\$28,428
Deerfield Inn	\$521,614	\$428,841
South Wing	\$86,350	\$81,590
Library Books and Manuscripts	\$410,342	\$296,650
Construction in Progress	\$248,408	
<b>Total</b>	<b><u>\$14,910,922</u></b>	<b><u>\$5,358,090</u></b>

Part IV, Line 58

Antiques	\$9,177,476
Accrued Interest and Dividends	\$25,808
Other Assets	<u>\$180,724</u>
<b>Total</b>	<b><u>\$9,384,008</u></b>

Historic Deerfield, Inc  
P O Box 321  
Deerfield, MA 01342

EIN 04-2262880  
Form 990

## Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes

Historic Deerfield, Inc is a non profit, educational institution dedicated to promoting the understanding and appreciation of New England history, architecture, and decorative arts. Guided by its Board of Trustees, the institution's professional staff operates more than a dozen museum buildings as well as a library, and conducts a broad range of educational and research programs. In addition, Historic Deerfield owns and manages an inn and a museum store. In all of these activities, the goal is to encourage today's public to encounter, enjoy and learn from the richly varied experiences and cultural expressions of the peoples who gave rural New England its distinctive character and identity.

Historic Deerfield also recognizes a particular responsibility to preserve for future generations the unique combination of the buildings entrusted to it, their setting in the Connecticut River Valley of Massachusetts, and the objects in those buildings. It systematically refines and conserves its collections, employing the highest standards of museum management, and it actively encourages efforts to protect the historic character of the town of Deerfield and the surrounding countryside.

The public served by Historic Deerfield includes students of all ages, teachers, professional scholars, connoisseurs and collectors, environmentalists, genealogists and amateur historians, residents of the region, tour groups, vacationing families, and travelers from around the world. In fulfilling its mission, the institution continually seeks to expand its audience and broaden the range of constituencies committed to its support.

Historic Deerfield, Inc  
P O Box 321  
Deerfield, MA 01342

EIN 04-2262880  
Form 990

Schedule A, Part III, Line 4b

In the fall of the year proceeding the Fellowship Program, press releases announcing the program are sent to approximately 50 professional periodicals and newsletters in fields related to the substance of the Fellowship Program (American history, art history, architecture, historic preservation, museum studies, etc ) and the approximately 500 student newspapers at colleges and universities throughout the United States. In December more than 2,500 individual printed announcements for the program are sent to colleges and universities, museums and historical societies throughout the nation. Application forms are sent upon mail or telephone request to interested candidates. The dead line for filing applications is April 1<sup>st</sup>. At that time, Historic Deerfield's Fellowship Selection Committee consisting of one or two trustees and two or more staff members reviews these applications and selects from six to ten Fellows for the summer program.

The basic qualifications which Fellows must meet is that they be of sophomore, junior or senior status in college as of January 1<sup>st</sup> of the Fellowship year. The Fellowship Selection committee appoints those candidates who in their judgement seem most promising as students and as potential professionals in the museum and related fields. The committee's judgement is guided by three criteria of selection: interest in and qualification for studies pursued at Deerfield, academic record, and character and personality appropriate to the objectives of the program.

The Fellows participate in a program of independent study and field experience in museum interpretation at Historic Deerfield under the supervision of the museum's Director of Academic Programs with the assistance of an annually appointed tutor and /or assistant tutor and other members of the museum's professional staff.

Historic Deerfield, Inc  
P O Box 321  
Deerfield, MA 01342

EIN 04-2262880  
Form 990

Part V

Trustees of Historic Deerfield, Inc

Jeanne D Adair  
Franci Blassberg  
Julia D Cox  
Scott Creelman  
Robert F Dalzell, Jr  
Irving N Esleeck, Jr  
Anne K Groves  
Elisabeth Hobbs  
Lynda McCurdy Hotra  
Charles R Longsworth  
Peter S Lynch  
Marchus A McConson  
Steven H Miller  
Roger B Parsons  
Joseph Hill Torras

All above trustees are non compensated and devote 2 hours per week to the position. Their addresses are c/o of Historic Deerfield, P O Box 321, Deerfield, MA 01342

# Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box
  - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II (on page 2 of this form)
- Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

**Automatic 3-Month Extension of Time — Only submit original (no copies needed)**

**Note: Form 990-T corporations requesting an automatic 6-month extension — check this box and complete Part I only . . . ▶**

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print  File by the due date for filing your return. See instructions.	Name of Exempt Organization <b>Historic Deerfield, Inc</b>	Employer identification number <b>04-226-2880</b>
	Number, street, and room or suite no. If a P.O. box, see instructions <b>OLD MAIN STREET</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>Deerfield, MA 01342</b>	

Check type of return to be filed (file a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the **whole group**, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until August 15, 2002, to file the exempt organization return for the organization named above. The extension is for the organization's return for

▶  calendar year 2001 or

▶  tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_

2 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ \_\_\_\_\_

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ \_\_\_\_\_

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ \_\_\_\_\_

### Signature and Verification

Under penalties of perjury, I declare that I have examined this form including accompanying schedules and statements and to the best of my knowledge and belief it is true correct and complete and that I am authorized to prepare this form

Signature ▶ Susan Martinelli Title ▶ Business Manager Date ▶ 5-1-02