

**Return of Organization Exempt From Income Tax**

**2003**

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

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**A For the 2003 calendar year, or tax year beginning** , 2003, and ending , 20

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

Please use IRS label or print or type. See Specific Instructions.

**C Name of organization**  
**HISTORIC DEERFIELD, INC**

**D Employer identification number**  
**04:2262880**

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

**F Accounting method:**  Cash  Accrual  
 Other (specify) ▶

**G Website:** ▶

**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.

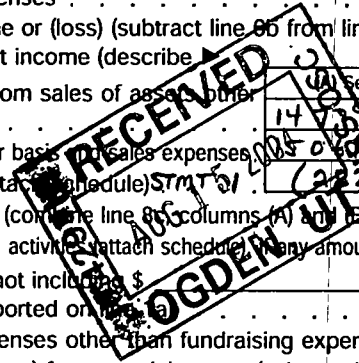
**L Gross receipts.** Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **20,330,824**

**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 ▶ **N/A**  
**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  
**I** Group Exemption Number ▶ **N/A**  
**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 18 of the instructions.)

Revenue		Expenses		Net Assets	
<b>1</b>	Contributions, gifts, grants, and similar amounts received:				
<b>a</b>	Direct public support	<b>1a</b>	<b>2,589,789</b>		
<b>b</b>	Indirect public support	<b>1b</b>			
<b>c</b>	Government contributions (grants)	<b>1c</b>	<b>69,200</b>		
<b>d</b>	Total (add lines 1a through 1c) (cash \$ <b>989,554</b> noncash \$ <b>1,669,435</b> )	<b>1d</b>	<b>2,658,989</b>		
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>	<b>264,487</b>		
<b>3</b>	Membership dues and assessments	<b>3</b>			
<b>4</b>	Interest on savings and temporary cash investments	<b>4</b>	<b>160</b>		
<b>5</b>	Dividends and interest from securities	<b>5</b>	<b>591,348</b>		
<b>6a</b>	Gross rents	<b>6a</b>	<b>95,663</b>		
<b>b</b>	Less: rental expenses	<b>6b</b>	<b>45,974</b>		
<b>c</b>	Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>	<b>49,689</b>		
<b>7</b>	Other investment income (describe _____)	<b>7</b>			
<b>8a</b>	Gross amount from sales of assets other than inventory	<b>8a</b>	<b>72,410</b>		
<b>b</b>	Less: cost or other basis, less sales expenses	<b>8b</b>	<b>0</b>		
<b>c</b>	Gain or (loss) (attach schedule)	<b>8c</b>	<b>72,410</b>		
<b>d</b>	Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8d</b>	<b>(210,134)</b>		
<b>9</b>	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
<b>a</b>	Gross revenue (not including contributions reported on line 1)	<b>9a</b>			
<b>b</b>	Less: direct expenses other than fundraising expenses	<b>9b</b>			
<b>c</b>	Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>			
<b>10a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>	<b>1868,457</b>		
<b>b</b>	Less: cost of goods sold <b>STMT 2</b>	<b>10b</b>	<b>400,482</b>		
<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>	<b>1,467,975</b>		
<b>11</b>	Other revenue (from Part VII, line 103)	<b>11</b>			
<b>12</b>	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>	<b>4,822,514</b>		
<b>13</b>	Program services (from line 44, column (B))	<b>13</b>	<b>3,871,939</b>		
<b>14</b>	Management and general (from line 44, column (C))	<b>14</b>	<b>827,629</b>		
<b>15</b>	Fundraising (from line 44, column (D))	<b>15</b>	<b>453,761</b>		
<b>16</b>	Payments to affiliates (attach schedule)	<b>16</b>			
<b>17</b>	Total expenses (add lines 16 and 44, column (A))	<b>17</b>	<b>5,153,329</b>		
<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>	<b>(330,815)</b>		
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>	<b>58,358,890</b>		
<b>20</b>	Other changes in net assets or fund balances (attach explanation) <b>STMT 3</b>	<b>20</b>	<b>13,684,918</b>		
<b>21</b>	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>	<b>71,712,993</b>		

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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 page 22 of the instructions.)

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 \$ <u>3400</u> noncash \$ _____)	3400	3,400	STMT 11	
23	Specific assistance to individuals (attach schedule)	17,730	17,730	STMT 11	
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc.	161,023		161,023	
26	Other salaries and wages	2,450,873	1,933,368	339,081	178,424
27	Pension plan contributions	70,400	42,865	24,563	2,972
28	Other employee benefits	337,429	254,263	62,726	20,440
29	Payroll taxes	228,397	175,395	38,539	14,463
30	Professional fundraising fees				
31	Accounting fees	77,070	7,200	69,870	
32	Legal fees	14,471	1,559	12,912	
33	Supplies	252,335	206,833	29,666	15,836
34	Telephone	15,259	11,696	2,749	814
35	Postage and shipping	29,763	10,019	1883	17861
36	Occupancy	271,989	265,678	5310	1001
37	Equipment rental and maintenance	5,126	5,126		
38	Printing and publications	95,551	35,312	3237	57002
39	Travel	49,010	27,589	9296	12125
40	Conferences, conventions, and meetings	94,342	75,703	18,639	
41	Interest				
42	Depreciation, depletion, etc. (attach schedule)	440,099	411,763	23,987	4,349
43	Other expenses not covered above (itemize): a <u>STMT 4 CONTRACT SERVICES</u>	355,862	272,427	19,680	63,755
b	<u>Advertising + Promotion</u>	117,839	50,397	2,723	64,719
c	<u>CONSERVATION</u>	63,616	63,616		
d	<u>Bank Charge</u>	1,745		1,745	
e					
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	5,153,329	3,871,939	827,629	453,761

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 page 25 of the instructions.)

What is the organization's primary exempt purpose? <u>STMT 5</u>	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)
a <u>MUSEUM</u> 2003 VISITATION = <u>22,656</u> (Grants and allocations \$ _____)	1,973,290
b <u>Library</u> Volumes = <u>19913</u> 2003 Readers = <u>3876</u> (Grants and allocations \$ _____)	207,070
c <u>fellowship program</u> see STMT 6 (Grants and allocations \$ _____)	146,533
d <u>MUSEUM STORE + INN</u> 2003 VISITATION TO STORE = <u>33101</u> (Grants and allocations \$ _____)	1,545,046
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	3,871,939

**Part IV Balance Sheets** (See page 25 of the instructions.)

		(A) Beginning of year		(B) End of year	
<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only					
<b>Assets</b>	45	Cash—non-interest-bearing	86,733	45	264,603
	46	Savings and temporary cash investments	100,346	46	90,550
	47a	Accounts receivable			
	b	Less: allowance for doubtful accounts	36,240	47c	41,484
	48a	Pledges receivable			
	b	Less: allowance for doubtful accounts	266,818	48c	18,842
	49	Grants receivable		49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a	Other notes and loans receivable (attach schedule)			
	b	Less: allowance for doubtful accounts		51c	
	52	Inventories for sale or use	340,309	52	385,062
	53	Prepaid expenses and deferred charges	44,935	53	18,263
	54	Investments—securities (attach schedule) <span style="float: right;">STMT 7 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV</span>	33044639	54	37,893,320
	55a	Investments—land, buildings, and equipment: basis			
b	Less: accumulated depreciation (attach schedule)		55c		
56	Investments—other (attach schedule)		56		
57a	Land, buildings, and equipment: basis	15397004			
b	Less: accumulated depreciation (attach schedule) <span style="float: right;">STMT 8</span>	6,174,434	57c	9,222,590	
58	Other assets (describe <span style="float: right;">STMT 8</span> )	15440373	58	24,239,784	
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)	58,744,000	59	72,174,478	
<b>Liabilities</b>	60	Accounts payable and accrued expenses	334,174	60	415,450
	61	Grants payable		61	
	62	Deferred revenue	50,936	62	46,035
	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 <span style="float: right;">STMT 8</span> )		65	
66	<b>Total liabilities</b> (add lines 60 through 65)	385,110	66	461,485	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted	30,404,686	67	31,595,940
	68	Temporarily restricted	9,941,095	68	18,881,539
	69	Permanently restricted	18,013,109	69	21,235,514
	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)	58,358,890	73	71,712,993
	74	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	58,744,000	74	72,174,478

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 page 27 of the instructions.)

a	Total revenue, gains, and other support per audited financial statements . . . ▶	a	14,123,079
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments . . . \$6740,226		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify): Bank Chg (1,745) CSV LIFE INS 10,289 CRT 2,105,339		
	Add amounts on lines (1) through (4) ▶	b	8,854,109
c	Line a minus line b . . . . . ▶	c	5,268,970
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify): RENT EXP (45,974) C.R.G.S. (400,482)		
	Add amounts on lines (1) and (2) ▶	d	(446,456)
e	Total revenue per line 12, Form 990 (line c plus line d) . . . . . ▶	e	4,822,514

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

a	Total expenses and losses per audited financial statements . . . ▶	a	55,980,400
b	Amounts included on line a but not on line 17, Form 990:		
(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): Expensed against revenue - RENT 45,974 C.R.G.S. 400,482		
	Add amounts on lines (1) through (4) ▶	b	446,456
c	Line a minus line b . . . . . ▶	c	51,513,944
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify): Bank Charges \$ 1745		
	Add amounts on lines (1) and (2) ▶	d	1,745
e	Total expenses per line 17, Form 990 (line c plus line d) . . . . . ▶	e	51,513,329

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated; see page 27 of the instructions.)

(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 & deferred compensation	(E) Expense account and other allowances
Philip Zee c/o Historic Deerfield PO BOX 321 Deerfield, MA 01342	President 40 hrs	105,538	5988	0
Susan Martinelli c/o Historic Deerfield PO BOX 321 Deerfield, MA	Business Manager Assistant Treas. 40 hrs	55,485	2774	0
Mary Maples Dunn c/o Historic Deerfield PO BOX 321 Deerfield, MA 01342	Chair 2 hrs	0	0	0
Peter 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 Chair 2 hrs	0	0	0
Scott Creelman c/o Historic Deerfield PO BOX 321 Deerfield, MA 01342	Vice Chair 2 hrs	0	0	0
Joseph Spans c/o Historic Deerfield PO BOX 321 Deerfield, MA 01342	Secretary 2 hrs	0	0	0
All other trustees listed on separate schedule STMT 9				

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 page 28 of the instructions.



**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions.)

**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	25,194	223,965
b academic + fellowship Programs					11,639
c other Program Services					3,689
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	160	
96 Dividends and interest from securities . . . . .			14	591,348	
97 Net rental income or (loss) from real estate:					
a debt-financed property . . . . .					
b not debt-financed property . . . . .			16	49,689	
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	(210,134)	
101 Net income or (loss) from special events . . . . .					
102 Gross profit or (loss) from sales of inventory . . . . .	722,100	150,035	03	131,794	
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		150,035		177,419.7	239,293
105 Total (add line 104, columns (B), (D), and (E))					2,163,525

**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 page 34 of the instructions.)

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 stmt 10

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the instructions.)

(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 page 34 of the instructions.)

- (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, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign: Susan Martinelli Date: 8-11-04

SS MANAGER + ASSISTANT TREASURER

Date: \_\_\_\_\_ Check if self:  Preparer's SSN or PTIN (See Gen. Inst. W)

**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

OMB No 1545-0047

**2003**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information—(See separate instructions.)**

▶ **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
<i>Donald R. friary c/o Historic Deerfield PO BOX 321 Deerfield, MA</i>	<i>Senior Research Fellow 30hrs</i>	<i>114,522</i>	<i>5726</i>	<i>0</i>
<i>Elinabeth Howard c/o Historic Deerfield PO BOX 321 Deerfield, MA</i>	<i>Innkeeper 40 hrs</i>	<i>66,979</i>	<i>3349</i>	<i>0</i>
<i>Karl Sabo c/o Historic Deerfield PO BOX 321 Deerfield, MA</i>	<i>Innkeeper 40hrs</i>	<i>66,979</i>	<i>3349</i>	<i>0</i>
<i>Patricia ford Yurkunas c/o Historic Deerfield PO BOX 321 Deerfield, MA</i>	<i>Director of Development 40hrs</i>	<i>59,424</i>	<i>2971</i>	<i>0</i>
<i>Edward Maeder c/o Historic Deerfield</i>	<i>Curator 40hrs</i>	<i>58,931</i>	<i>0</i>	<i>0</i>
Total number of other employees paid over \$50,000 ▶	<i>1</i>			

**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
<i>Allison Bell Northampton, MA</i>	<i>Printing and Production</i>	<i>110,667</i>
<i>PricewaterhouseCoopers Hartford, CT</i>	<i>audit</i>	<i>77,070</i>
<i>The Boston Company Asset Mgmt Boston, MA</i>	<i>Investment management</i>	<i>54,725</i>
Total number of others receiving over \$50,000 for professional services ▶		<i>None</i>

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

	Yes	No
<b>1</b> 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.		✓
<b>2</b> 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.)		
<b>a</b> Sale, exchange, or leasing of property?		✓
<b>b</b> Lending of money or other extension of credit?		✓
<b>c</b> Furnishing of goods, services, or facilities? <i>housing as a necessity of employment</i>	✓	
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <i>Part V form 990</i>	✓	
<b>e</b> Transfer of any part of its income or assets?		✓
<b>3a</b> Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.) <i>STMT 6</i>	✓	
<b>b</b> Do you have a section 403(b) annuity plan for your employees?	✓	
<b>4</b> Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	✓	

**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)(vi). (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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.) . . . . .	1343,670	1659423	1604546	2356898	6964537
<b>16</b> Membership fees received . . . . .					
<b>17</b> 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 . . . . .	2436,491	2458942	2597804	1663178	9156,415
<b>18</b> 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 . . . . .	1,003,846	1220564	2794407	2379584	7,398,401
<b>19</b> Net income from unrelated business activities not included in line 18 . . . . .					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf. . . . .					
<b>21</b> 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. . . . .					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets . . . . .					
<b>23</b> Total of lines 15 through 22. . . . .	4784,007	5338929	6996757	6399660	23,519,353
<b>24</b> Line 23 minus line 17. . . . .	2347516	2879987	4398953	4736482	14,362,938
<b>25</b> Enter 1% of line 23 . . . . .	47840	53389	69968	63997	
<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24. . . . . ▶					26a 287,259
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 1999 through 2002 exceeded the amount shown in line 26a. <b>Do not file this list with your return.</b> Enter the total of all these excess amounts ▶					26b 640387
c Total support for section 509(a)(1) test: Enter line 24, column (e) . . . . . ▶					26c 14,362,938
d Add: Amounts from column (e) for lines: 18 <u>7398401</u> 19 _____ 22 _____ 26b <u>640387</u> . . . . . ▶					26d 8038788
e Public support (line 26c minus line 26d total) . . . . . ▶					26e 6,324,150
f <b>Public support percentage (line 26e (numerator) divided by line 26c (denominator))</b> . . . . . ▶					26f 44.0310%
<b>27 Organizations described on line 12:</b> 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." <b>Do not file this list with your return.</b> Enter the sum of such amounts for each year: (2002) _____ (2001) _____ (2000) _____ (1999) _____					
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.) <b>Do not file this list with your return.</b> 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: (2002) _____ (2001) _____ (2000) _____ (1999) _____					
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 <b>Public support percentage (line 27e (numerator) divided by line 27f (denominator))</b> . . . . . ▶					27g %
h <b>Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</b> ▶					27h %
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, 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. <b>Do not file this list with your return.</b> 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? . . . . .		
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? . . . . .		
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.) ..... ..... .....		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .		
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.) ..... .....		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges? . . . . .		
b	Admissions policies? . . . . .		
c	Employment of faculty or administrative staff? . . . . .		
d	Scholarships or other financial assistance? . . . . .		
e	Educational policies? . . . . .		
f	Use of facilities? . . . . .		
g	Athletic programs? . . . . .		
h	Other extracurricular activities? . . . . .  If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ..... .....		
34a	Does the organization receive any financial aid or assistance from a governmental agency? . . . . .		
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.		
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 . . . . .		

**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.)			
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	
<b>38</b>	Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	
<b>39</b>	Other exempt purpose expenditures	<b>39</b>	
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	
<b>41</b>	Lobbying nontaxable amount. Enter the amount from the following table—		
	<b>If the amount on line 40 is—</b> <b>The lobbying nontaxable amount is—</b>		
	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	<b>41</b>	
	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		
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	
<b>43</b>	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	<b>43</b>	
<b>44</b>	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	<b>44</b>	

**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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> 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:	Yes	No	Amount
<b>a</b> Volunteers		X	
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
<b>c</b> Media advertisements		X	
<b>d</b> Mailings to members, legislators, or the public		X	
<b>e</b> Publications, or published or broadcast statements		X	
<b>f</b> Grants to other organizations for lobbying purposes		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
<b>i</b> Total lobbying expenditures (Add lines c through h.)			

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



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

Department of the Treasury  
Internal Revenue Service

▶ 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 <i>Historic Deerfield, Inc</i>	Employer identification number <i>04-2262880</i>
	Number, street, and room or suite no. If a P.O. box, see instructions. <i>Old Main Street</i>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <i>Deerfield, MA 01342</i>	

**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, 2004, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year 2003 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 Martenelli Title ▶ Business Manager Date ▶ 5-7-04

For Paperwork Reduction Act Notice, see Instruction

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	\$14,779,310
Cost Basis of Securities	\$15,061,854

Gain from Sales of Securities	<u>(\$282,544)</u> =====
-------------------------------	-----------------------------

(B) Other

Asset	Proceeds	Acquisition	Cost	Gain(Loss)
Donated library books	\$38,133	2003	\$0	\$38,133
Sotherby's litigation proceeds	\$34,277	various	0	\$34,277
				<u>\$72,410</u> =====

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	\$177,135		
Liquor	\$47,612		
Store goods		\$175,735	
	<u>\$224,747</u>	<u>\$175,735</u>	<u>\$400,482</u>
	=====	=====	=====

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

EIN 04 02262880  
Form 990

Part 1, Line 20

Prior period audit adjustment for charitable remainder trust	\$4,829,064
To record increase in unrealized appreciation of assets:	\$6,740,226
To record increase in beneficial interest in charitable remainder trust:	\$2,105,339
Increase in CSV insurance	\$10,289
	<hr/>
	\$13,684,918
	=====

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	\$278,398
Furniture and Equipment	Straight Line	\$136,355
Motor Vehicles	Straight Line	\$14,564
Books and Manuscripts	Straight Line	\$17,224
less: Allocated Rental Expenses (Part I, Line 6b)		(\$6,442)
		<hr/>
		\$440,099
		=====

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 III, Line c  
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 IV, Line 54

	<u>Market Value</u>
Common Stock	\$18,226,803
Standish international equities fund	\$4,277,542
Preferred stock	\$89,799
Standish fixed income funds	\$8,312,033
Mutual funds	\$6,500,547
Money market funds	\$486,596
	<u>\$37,893,320</u>
	=====

Statement #7

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

EIN 04 02262880  
Form 990

Part IV, Line 57

	Book Value	Accumulated Depreciation
Land	\$348,562	
Land Improvements	\$223,587	\$85,944
Buildings	\$11,781,410	\$4,117,650
Motor Vehicles	\$117,920	\$83,070
Telephone System	\$142,413	\$68,907
Computer System	\$130,550	\$92,513
Furniture & Equipment:		
Museum	\$751,935	\$507,212
Rentals	\$23,773	\$19,668
Library	\$150,151	\$138,472
Education	\$16,912	\$15,965
Administration	\$155,337	\$104,542
Admin. Housing	\$5,181	\$3,361
Museum Store	\$46,530	\$39,938
Deerfield Inn	\$608,251	\$482,181
South Wing	\$86,350	\$83,825
Library Books and Manuscripts	\$436,106	\$331,186
Construction in Progress	\$372,036	
<b>Total</b>	<b>\$15,397,004</b>	<b>\$6,174,434</b>

Part IV, Line 58

Antiques	\$11,264,593
Beneficial interest in charitable remainder trust	\$12,676,305
Accrued Interest and Dividends	\$95,155
Other Assets	\$203,731
<b>Total</b>	<b>\$24,239,784</b>

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  
Henry E. Bartels  
Franci Blassberg  
Edson L. Bridges, II  
Julia D. Cox  
Anne K. Groves  
Elisabeth Hobbs  
Lynda McCurdy Hotra  
Steven H. Miller  
Jane C. Nylander  
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

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

Part II, Line 22

(A) Class of Activity	Name	(B) Address	Amount	(C) Relationship
Fellowship	Lisa Minardi	12 Kratz Road Harleysville, PA 19438	\$800	None
Fellowship	Natalia Wobst	P.O. Box 237 Leverett, MA 01054	\$800	None
Fellowship	Robert Blakely	43 High St. #8 Greenfield, MA 01301	\$1,000	None
Fellowship	Teresa DeFritch	129 Moorewood St. Mt. Pleasant, PA 15666	\$800	None
			<hr/>	
			\$3,400	
			<hr/> <hr/>	

Part II, Line 23

Fellowship student education expense	\$9,072
Fellowship housing and board	\$8,658
	<hr/>
	\$17,730
	<hr/> <hr/>