

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2004

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 2004 calendar year, or tax year beginning , 2004, and ending , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> 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
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite P O BOX 321	E Telephone number (413) 774 5581	
		City or town, state or country, and ZIP + 4 DEERFIELD, MA 01342		F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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).

G Website: ▶ www.historic-deerfield.org

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 ▶ 29,758,876

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.)

1	Contributions, gifts, grants, and similar amounts received				
a	Direct public support	1a	889,578		
b	Indirect public support	1b			
c	Government contributions (grants)	1c	181,052		
d	Total (add lines 1a through 1c) (cash \$ 958,283 noncash \$ 112,347)	1d		1,070,630	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		324,052	
3	Membership dues and assessments	3			
4	Interest on savings and temporary cash investments	4			
5	Dividends and interest from securities	5		1,295,599	
6a	Gross rents	6a	118,667		
b	Less: rental expenses	6b	55,406		
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		63,261	
7	Other investment income (describe ▶)	7			
8a	Gross amount from sales of assets other than inventory	(A) Securities	25031242	8a	1950
b	Less: cost or other basis and sales expenses	(B) Other	23299195	8b	0
c	Gain or (loss) (attach schedule)		1732047	8c	1950
d	Net gain or (loss) (combine line 8c, columns (A) and (B))			8d	1,733,997
9	Special events and activities (attach schedule) If any amount is from gaming, check here ▶ <input type="checkbox"/>				
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			
10a	Gross sales of inventory, less returns and allowances	10a	1916736		
b	Less: cost of goods sold	10b	527686		
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		1,389,050	
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		5,876,589	
13	Program services (from line 44, column (B))	13		3888120	
14	Management and general (from line 44, column (C))	14		826921	
15	Fundraising (from line 44, column (D))	15		461005	
16	Payments to affiliates (attach schedule)	16			
17	Total expenses (add lines 16 and 44, column (A))	17		5176046	
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18		700,543	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		71712993	
20	Other changes in net assets or fund balances (attach explanation)	20		147623	
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		72561159	

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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>4000</u> noncash \$ _____)	4000	4000		
23	Specific assistance to individuals (attach schedule)	13560	13560		
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc	198052		198052	
26	Other salaries and wages	2386315	1927616	291344	167355
27	Pension plan contributions	72033	42576	24418	5039
28	Other employee benefits	297008	251277	24378	21353
29	Payroll taxes	233265	181057	37830	14378
30	Professional fundraising fees				
31	Accounting fees	75343	7200	68143	
32	Legal fees	28843	4160	24683	
33	Supplies	257281	209725	29541	18015
34	Telephone	14226	10647	2944	635
35	Postage and shipping	28146	6428	2377	19341
36	Occupancy	325430	295696	29688	46
37	Equipment rental and maintenance	4938	4938		
38	Printing and publications	150134	40097	2569	107468
39	Travel	73658	38427	18829	16402
40	Conferences, conventions, and meetings	77475	62796	14679	
41	Interest				
42	Depreciation, depletion, etc. (attach schedule) ^{STMT 4}	444645	405907	29433	9305
43	Other expenses not covered above (itemize): ^{CONTRACT SERVICES}	343061	295268	26982	20811
b	Advertising + Promotion	129918	68554	507	60857
c	Conservation	18191	18191		
d	BANK CHARGES	524		524	
e					
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15.	5176,046	3,888,120	826,921	461,005

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? ▶	Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts but optional for others.)
a. <u>MUSEUM</u> 2004 VISITATION = 22,242 (Grants and allocations \$ _____)	1946,949
b. <u>LIBRARY</u> VOLUMES = 20,154 2004 READERS = 3753 (Grants and allocations \$ _____)	205,523
c. <u>Fellowship Program</u> See STMT 6 (Grants and allocations \$ 4000)	106,682
d. <u>MUSEUM STORE AND INN</u> 2004 VISITATION TO STORE = 32492 (Grants and allocations \$ _____)	1628,966
e. Other program services (attach schedule) (Grants and allocations \$ _____)	
f. Total of Program Service Expenses (should equal line 44, column (B), Program services).	3,888,120

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

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	264603	45	68124
	46 Savings and temporary cash investments	90550	46	90882
	47a Accounts receivable	47a 37114	41484	47c 37114
	b Less: allowance for doubtful accounts	47b		
	48a Pledges receivable	48a 160242	18,842	48c 160242
	b Less: allowance for doubtful accounts	48b none		
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes and loans receivable (attach schedule)	51a		51c
	b Less: allowance for doubtful accounts	51b		
	52 Inventories for sale or use	385062	52	341396
	53 Prepaid expenses and deferred charges	18263	53	61874
	54 investments—securities (attach schedule) <input checked="" type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	37893320	54	39527740
	55a Investments—land, buildings, and equipment: basis	55a		55c
	b Less: accumulated depreciation (attach schedule)	55b		
56 Investments—other (attach schedule)		56		
57a Land, buildings, and equipment: basis	57a 15676437	9222570	57c 9092264	
b Less: accumulated depreciation (attach schedule) . <i>STMT 8</i>	57b 6584173			
58 Other assets (describe <i>▶ STMT 8</i>)	24239784	58	23557985	
59 Total assets (add lines 45 through 58) (must equal line 74)	72174478	59	72937621	
Liabilities	60 Accounts payable and accrued expenses	415450	60	325262
	61 Grants payable		61	
	62 Deferred revenue	46035	62	51200
	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 <i>▶</i>)		65	
66 Total liabilities (add lines 60 through 65)	461,485	66	376462	
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	31595940	67	30,494501
	68 Temporarily restricted	18881539	68	19306932
	69 Permanently restricted	21235514	69	22759726
	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 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19, column (B) must equal line 21)	71712993	73	72561159	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	72174478	74	72937621	

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.)

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	6606780
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments . . . \$ 1105653		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants . . . \$		
(4)	Other (specify) Bank Chg (524) CSV LIFE INS 10539 CRT \$(968569)		
	Add amounts on lines (1) through (4) ▶	b	147099
c	Line a minus line b ▶	c	6459681
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 (55406) C.B.G.S. \$(527686)		
	Add amounts on lines (1) and (2) ▶	d	(583092)
e	Total revenue per line 12, Form 990 (line c plus line d). ▶	e	5876589

a	Total expenses and losses per audited financial statements . . . ▶	a	5758614
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 55406 C.B.G.S. \$ 527686		
	Add amounts on lines (1) through (4) ▶	b	583092
c	Line a minus line b ▶	c	5175522
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 \$ 524		
	Add amounts on lines (1) and (2) ▶	d	524
e	Total expenses per line 17, Form 990 (line c plus line d) ▶	e	5176046

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 Zeano c/o Historic Deerfield PO Box 321 Deerfield, MA 01342	President 40 hours	140,000	7000	0
Susan Martinelli c/o Historic Deerfield PO Box 321 Deerfield MA 01342	Assistant Treasurer & Business Manager 40 hrs	58,052	2903	0
Mary Maples Dunn c/o Historic Deerfield PO Box 321 Deerfield MA 01342	Chair 2 hrs	0	0	0
Peter Richard James c/o Historic Deerfield PO Box 321 Deerfield MA 01342	Treasurer 2 hrs	0	0	0
Scott H. Creelman c/o Historic Deerfield PO Box 321 Deerfield, MA 01342	Vice Chair 2 hrs	0	0	0
Joseph Peter Spang 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 VI Other Information (See page 28 of the instructions.)

	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.	76	<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	77	<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?	78a	<input checked="" type="checkbox"/>
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b	<input checked="" type="checkbox"/>
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	<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?	80a	<input checked="" type="checkbox"/>
b If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a Enter direct and indirect political expenditures. See line 81 instructions	81a	NONE
b Did the organization file Form 1120-POL for this year?	81b	N/A
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?	82a	<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)	82b	N/A
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	<input checked="" type="checkbox"/>
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	<input checked="" type="checkbox"/>
84a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	N/A
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A
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.	85b	N/A
c Dues, assessments, and similar amounts from members.	85c	N/A
d Section 162(e) lobbying and political expenditures.	85d	N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices.	85e	N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e).	85f	N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
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?	85h	N/A
86 501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12.	86a	N/A
b Gross receipts, included on line 12, for public use of club facilities.	86b	N/A
87 501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	N/A
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
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.	88	<input checked="" type="checkbox"/>
89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> N/A, section 4912 <input type="checkbox"/> N/A; section 4955 <input type="checkbox"/> N/A		
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.	89b	<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		NONE
d Enter: Amount of tax on line 89c, above, reimbursed by the organization		NONE
90a List the states with which a copy of this return is filed		MASSACHUSETTS
b Number of employees employed in the pay period that includes March 12, 2004 (See instructions)	90b	124
91 The books are in care of <u>Susan Martirelli</u> Telephone no. <u>(413) 774-5581</u> Located at <u>Historic Deerfield 840 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 <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	92	N/A

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	30 627	277 723
b academic + fellowship programs					9 791
c other program services					5 911
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					
96 Dividends and interest from securities			14	1295 599	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property			16	63 261	
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	1733 997	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory	722-100	140,325	03	1248 725	
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		140 325		4372 209	293 425
105 Total (add line 104, columns (B), (D), and (E))					4805 959

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 and educational programs to the general public See stat 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 Martirelli Date: 11-4-05

BUSINESS 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)

OMB No 1545-0047

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

2004

Supplementary Information—(See separate instructions.)

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
Donald R. Francy c/o Historic Deerfield PO Box 321 Deerfield, MA	Senior Research Fellow 30 hrs	88,618	4,431	0
Grace Francy c/o Historic Deerfield PO Box 321 Deerfield, MA	Director of Public Relations 40 hrs	65,044	3,252	0
Patricia Yurkunas c/o Historic Deerfield PO Box 321 Deerfield, MA	Director of Development 40 hrs	60,324	3,016	0
Karl Sabo c/o Historic Deerfield PO Box 321 Deerfield MA	Innkeeper 40 hrs	57,835	2,892	0
Jane Sabo c/o Historic Deerfield PO Box 321 Deerfield, MA	Innkeeper 40 hrs	57,835	2,892	0
Total number of other employees paid over \$50,000	1			

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
Allison Bell Northampton, MA	Printing and Production	162,058
PricewaterhouseCoopers Hartford, CT	audit	75,343
The Boston Company Asset Mgmt Boston, MA	Investment Management	119,394
Total number of others receiving over \$50,000 for professional services	NONE	

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

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 1 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? *housing as a necessity of employment*
- d** Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? *Part V form 990*
- e** Transfer of any part of its income or assets?
- 3a** 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.) *STMT 6*
- b** Do you have a section 403(b) annuity plan for your employees?
- 4a** Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?
- b** Do you provide credit counseling, debt management, credit repair, or debt negotiation services?

	Yes	No
1		✓
2a		✓
2b		✓
2c	✓	
2d	✓	
2e		✓
3a	✓	
3b	✓	
4a	✓	
4b		✓

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 5 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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	2658989	1343670	1659423	1604546	7266628
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	2132944	2436491	2458942	2597804	9626181
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	687171	1003846	1220564	2794407	5705988
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	5479104	4784007	5338929	6996757	22598797
24 Line 23 minus line 17	3346160	2347516	2879987	4398953	12972616
25 Enter 1% of line 23	54791	47840	53389	69968	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	▶	26a	259452
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 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	▶	26b	853512
c Total support for section 509(a)(1) test: Enter line 24, column (e)	▶	26c	12972616
d Add: Amounts from column (e) for lines: 18 5705988 19 _____ 22 _____ 26b 853512	▶	26d	6559500
e Public support (line 26c minus line 26d total)	▶	26e	6413116
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	▶	26f	49.4358%

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.

(2003) (2002) (2001) (2000)

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:

(2003) (2002) (2001) (2000)

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 2000 through 2003, 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?		
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.		
32a	a Records indicating the racial composition of the student body, faculty, and administrative staff?		
32b	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
32c	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
32d	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		
33a	a Students' rights or privileges?		
33b	b Admissions policies?		
33c	c Employment of faculty or administrative staff?		
33d	d Scholarships or other financial assistance?		
33e	e Educational policies?		
33f	f Use of facilities?		
33g	g Athletic programs?		
33h	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?		
34b	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

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
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) 2004	(b) 2003	(c) 2002	(d) 2001	(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 11 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
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
c Media advertisements.		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i 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

OMB No 1545-1709

▶ 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).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

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

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

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print	Name of Exempt Organization <u>Historic Deerfield, Inc</u>	Employer identification number <u>04 : 2262880</u>
File by the due date for filing your return See instructions	Number, street, and room or suite no. If a P.O. box, see instructions <u>Old Main Street</u>	
	City, town or post office, state, and ZIP code For a foreign address, see instructions <u>Deerfield, MA 01342</u>	

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 |

• The books are in the care of ▶ SUSAN MARTINELLI

Telephone No ▶ (413) 774 5581 FAX No. ▶ (413) 775 7220

- 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-months for a **Form 990-T corporation**) extension of time until AUGUST 15, 2005 to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year 2004 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 _____ \$ _____

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box **Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868**
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time — Must File Original and One Copy.

Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization <u>HISTORIC DEERFIELD, INC</u>	Employer identification number <u>042262880</u>
	Number, street, and room or suite no. If a P.O. box see instructions <u>Old main Street</u>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <u>Deerfield, MA 01342</u>	

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

Form 990
 Form 990-EZ
 Form 990-T (sec 401(a) or 408(a) trust)
 Form 1041-A
 Form 5227
 Form 8870
 Form 990-BL
 Form 990-PF
 Form 990-T (trust other than above)
 Form 4720
 Form 6069

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- 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 is for

- 4 I request an additional 3-month extension of time until November 15, 2005
- 5 For calendar year 2004, or other tax year beginning _____, 20____ and ending _____, 20____
- 6 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period
- 7 State in detail why you need the extension additional time is needed to gather information needed to file a complete and accurate return

8a 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, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. \$ _____

c **Balance Due.** Subtract line 8b from line 8a. 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 Martone Title Business Manager Date 7-29-05

Notice to Applicant — To Be Completed by the IRS

- We **have** approved this application. Please attach this form to the organization's return.
- We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We **cannot consider** this application because it was filed after the due date of the return for which an extension was requested.
- Other _____

Director _____ By _____ Date _____

Alternate Mailing Address — Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or print	Name
	Number and street (include suite, room, or apt. no.) Or a P.O. box number
	City or town, province or state, and country (including postal or ZIP code)

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	\$25,031,242
Cost Basis of Securities	\$23,299,195

Gain from Sales of Securities	\$1,732,047
-------------------------------	-------------

=====

(B) Other

Asset	Proceeds	Acquisition	Cost	Gain(Loss)
Donated library books	\$1,500	2004	\$0	\$1,500
Donated piano	\$450	1964	\$0	\$450
				<hr/>
				\$1,950
				=====

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	\$204,400		
Liquor	\$58,849		
Store goods		\$264,437	
	<hr/>	<hr/>	<hr/>
	\$263,249	\$264,437	\$527,686
	=====	=====	=====

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

EIN 04 02262880
Form 990

Part 1, Line 20

To record increase in unrealized appreciation of assets	\$1,105,653
To record decrease in beneficial interest in charitable remainder trust.	(\$968,569)
Increase in CSV insurance	\$10,539
	<hr/>
	\$147,623
	=====

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	\$284,959
Furniture and Equipment	Straight Line	\$135,810
Motor Vehicles	Straight Line	\$14,610
Books and Manuscripts	Straight Line	\$16,731
less: Allocated Rental Expenses (Part I, Line 6b)		(\$7,465)

		\$444,645
		=====

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 1st. 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 1st 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

	Market Value
Common Stock	\$17,946,435
Standish international equities fund	\$4,785,011
Standish fixed income funds	\$9,503,985
Mutual funds	\$6,828,524
Money market funds	\$463,785

	\$39,527,740
	=====

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	\$223,586	\$96,317
Buildings	\$11,958,623	\$4,389,735
Motor Vehicles	\$117,920	\$97,681
Telephone System	\$142,411	\$77,867
Computer System	\$122,935	\$88,941
Furniture & Equipment		
Museum	\$755,182	\$546,115
Rentals	\$23,773	\$20,563
Library	\$153,618	\$144,592
Education	\$17,250	\$15,860
Administration	\$183,786	\$125,054
Admin Housing	\$5,181	\$3,916
Museum Store	\$55,726	\$42,119
Deerfield Inn	\$599,825	\$500,054
South Wing	\$86,350	\$84,942
Library Books and Manuscripts	\$448,706	\$347,917
Construction in Progress	\$433,003	\$2,500
Total	<u>\$15,676,437</u>	<u>\$6,584,173</u>

Part IV, Line 58

Antiques	\$11,521,371
Beneficial interest in charitable remainder trust	\$11,707,736
Accrued Interest and Dividends	\$114,608
Other Assets	<u>\$214,270</u>
Total	<u>\$23,557,985</u>

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
Jonathan L. Healy
John A Herdeg
Elisabeth Hobbs
Lynda McCurdy Hotra
Steven H. Miller
Jane C. Nylander
Roger B. Parsons
Charles D. Schewe, PhD

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	Katie Farrar	12 College Street West Middletown, PA 15379	\$1,000	None
Fellowship	Carlin Freeman	4 Kent Lane Farmington, CT 06032	\$1,000	None
Fellowship	Theresa Rothschild	17 Cypress Drive South Hadley, MA 01075	\$1,000	None
Fellowship	Allison Abbott	4021 Walnut Hill Dr Keezeltown, VA 22832	\$1,000	None
			\$4,000	
			=====	

Part II, Line 23	Fellowship student education expense	\$6,431
	Fellowship housing and board	\$7,129
		\$13,560
		=====