

Return of Organization Exempt From Income Tax

2005

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 **2005** calendar year, or tax year beginning **2005**, and ending **2005**, and ending **2005**

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

C Name of organization: **HISTORIC DEERFIELD INC**
 Number and street (or P.O. box if mail is not delivered to street address): **PO BOX 321**
 City or town, state or country, and ZIP + 4: **DEERFIELD, MA 01342**

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

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

F Accounting method: Cash Accrual
 Other (specify):

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 chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **24,746,579**

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 the instructions.)

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1	Contributions, gifts, grants, and similar amounts received:			
a	Direct public support	1a	881,603	
b	Indirect public support	1b		
c	Government contributions (grants)	1c	27,940	
d	Total (add lines 1a through 1c) (cash \$ 909,543 noncash \$ 2937,140)	1d		3,846,683
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		308,093
3	Membership dues and assessments	3		
4	Interest on savings and temporary cash investments	4		
5	Dividends and interest from securities	5		1,472,208
6a	Gross rents	6a	129,933	
b	Less: rental expenses	6b	72,856	
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		57,077
7	Other investment income (describe)	7		
8a	Gross amount from sales of assets other than inventory STMT 1	(A) Securities	17,220,376	(B) Other
b	Less: cost or other basis and sales expenses	8a	79,935	
c	Gain or (loss) (attach schedule)	8b	7,367	
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c	72,568	
d		8d		1,356,864
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	1286	
b	Less: cost of goods sold STMT 2	10b	385,423	
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		1,303,928
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		8,344,853
13	Program services (from line 44, column (B))	13		3,803,396
14	Management and general (from line 44, column (C))	14		842,223
15	Fundraising (from line 44, column (D))	15		420,918
16	Payments to affiliates (attach schedule)	16		
17	Total expenses (add lines 16 and 44, column (A))	17		5,066,537
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18		3,278,316
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		72,561,159
20	Other changes in net assets or fund balances (attach explanation) STMT 3	20		1,503,918
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		77,343,393

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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 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>4167</u> noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	4167	4167		
23	Specific assistance to individuals (attach schedule)	16505	16505		
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc.	197,328		197,328	
26	Other salaries and wages	2,308,983	1863145	262,056	183,782
27	Pension plan contributions	76,788	43363	25,200	8225
28	Other employee benefits	313,315	251424	53,539	8352
29	Payroll taxes	229,235	177800	36,252	15183
30	Professional fundraising fees				
31	Accounting fees	73,474	4800	68,674	
32	Legal fees	33,884		33,884	
33	Supplies	243,986	206,300	17,916	19,770
34	Telephone	12,476	9374	2388	714
35	Postage and shipping	24,341	7951	1777	14,613
36	Occupancy	377,157	342306	34851	
37	Equipment rental and maintenance	5,681	5681		
38	Printing and publications	93,120	28740	3415	60,965
39	Travel	86,709	44774	16725	25210
40	Conferences, conventions, and meetings	89,538	75730	13808	
41	Interest	23,017		23,017	
42	Depreciation, depletion, etc. (attach schedule)	432,326	399899	21532	10895
43	Other expenses not covered above (itemize):				
a	CONTRACT SERVICES	322032	278118	29861	14053
b	Advertising + Promotion	90153	30997		59156
c	Conservation	12322	12322		
d					
e					
f					
g					
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	5,066,537	3,803,396	842,223	420,918

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 the instructions.)

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.

What is the organization's primary exempt purpose? ▶	Program Service Expenses
All organizations must describe their exempt-purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4), organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others.)
a <u>MUSEUM</u> <u>2005 VISITATION = 17,934</u> (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	2,048,199
b <u>LIBRARY</u> <u>VOLUMES = 20,370</u> <u>2005 READERS = 2989</u> (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	204,236
c <u>Fellowship Program</u> <u>See Stmt. 6</u> (Grants and allocations \$ <u>4167</u>) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	69,687
d <u>MUSEUM STORE AND INN</u> <u>2005 VISITATION TO STORE = 27438</u> (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	1,481,274
e Other program services (attach schedule) (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services). . . . ▶	3,803,396

Part IV Balance Sheets (See 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	68,124	45	267,790
	46 Savings and temporary cash investments	90,882	46	81,301
	47a Accounts receivable	47a 18,672		
	b Less: allowance for doubtful accounts	47b	37,114	47c 18,672
	48a Pledges receivable	48a 115,632		
	b Less: allowance for doubtful accounts	48b NONE	160,242	48c 115,632
	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		
	b Less: allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use		341,396	52 417,653
	53 Prepaid expenses and deferred charges		61,874	53 69,323
	54 Investments—securities (attach schedule) ^{STMT 7} <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		39,527,740	54 39,532,516
	55a Investments—land, buildings, and equipment: basis	55a		
	b Less: accumulated depreciation (attach schedule)	55b		55c
56 Investments—other (attach schedule)			56	
57a Land, buildings, and equipment: basis	57a 15,901,060			
b Less: accumulated depreciation (attach schedule) ^{STMT 8}	57b 6,997,959	9,092,264	57c 8,903,101	
58 Other assets (describe ^{STMT 8})		23,557,985	58 29,560,587	
59 Total assets (must equal line 74). Add lines 45 through 58.		72,937,621	59 78,966,575	
Liabilities	60 Accounts payable and accrued expenses	325,262	60	414,995
	61 Grants payable		61	
	62 Deferred revenue	51,200	62	38,465
	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) ^{STMT 9}	NONE	64b	1,169,722
	65 Other liabilities (describe ^{STMT 9})		65	
66 Total liabilities. Add lines 60 through 65		376,462	66 1,623,182	
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	30,494,501	67	31,864,275
	68 Temporarily restricted	19,306,932	68	21,961,216
	69 Permanently restricted	22,759,726	69	23,517,902
	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)		72,561,159	73 77,343,393	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73.		72,937,621	74 78,966,575	

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	10,307,050
b	Amounts included on line a but not on Part I, line 12:		
1	Net unrealized gains on investments	b1	(68,797)
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify): <u>CSV Life Insurance</u> <u>CRT</u>	b4	12,310 1,560,405
	Add lines b1 through b4	b	1,503,918
c	Subtract line b from line a	c	8,803,132
d	Amounts included on Part I, line 12, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify): <u>RENT EXPENSE</u> <u>Cost of Goods Sold</u>	d2	(72,856) (385,423)
	Add lines d1 and d2	d	(458,279)
e	Total revenue (Part I, line 12). Add lines c and d	e	8,344,853

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

a	Total expenses and losses per audited financial statements	a	5,524,816
b	Amounts included on line a but not on Part I, line 17:		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify): <u>EXPENSED AGAINST REVENUE - RENT</u> <u>C.O.G.S</u>	b4	72,856 385,423
	Add lines b1 through b4	b	458,279
c	Subtract line b from line a	c	5,066,537
d	Amounts included on Part I, line 17, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	
	Add lines d1 and d2	d	
e	Total expenses (Part I, line 17). Add lines c and d	e	5,066,537

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See 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 plans	(E) Expense account and other allowances
Philip Zea c/o Historic Deerfield PO Box 321 Deerfield, MA 01342	President 40 hours	136,949	7532	0
Susan Martinelli c/o Historic Deerfield PO Box 321 Deerfield, MA 01342	Assistant Treasurer + Business Manager 40 hrs	60,379	3019	0
Anne K. Groves c/o Historic Deerfield PO Box 321 Deerfield, MA 01342	Chair 2 hrs	0	0	0
Peter R. James c/o Historic Deerfield PO Box 321 Deerfield, MA 01342	Treasurer 2 hrs	0	0	0
Scott H. Greenman 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 10				

Part VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		<input checked="" type="checkbox"/>
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
82b	N/A		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	<input checked="" type="checkbox"/>	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<input checked="" type="checkbox"/>	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	N/A	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
84b	N/A		
85a	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	N/A	
85b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	
	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.		
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 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ 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, 2005 (See instructions.)	90b	125
91a	The books are in care of ▶ SUSAN MARTINELLI Telephone no. ▶ (413) 774-5581 Located at ▶ Historic Deerfield 14 BOYL MAIN ST DEERFIELD, MA ZIP + 4 ▶ 01342-0321		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b	<input checked="" type="checkbox"/>
	If "Yes," enter the name of the foreign country ▶ N/A		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the United States?	91c	<input checked="" type="checkbox"/>
	If "Yes," enter the name of the foreign country ▶ N/A		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92	N/A

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 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

2005

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 <u>Historic Deerfield Inc</u>	Employer identification number <u>04:2262880</u>
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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
<u>Donald Freary c/o Historic Deerfield PO Box 321 Deerfield, MA</u>	<u>Senior Research Fellow 30 hrs</u>	<u>81583</u>	<u>7628</u>	<u>0</u>
<u>Patricia Yurkwas c/o Historic Deerfield PO Box 321 Deerfield, MA</u>	<u>Director of Development 40 hrs</u>	<u>62779</u>	<u>3139</u>	<u>0</u>
<u>Karl Sabo c/o Historic Deerfield PO Box 321 Deerfield, MA</u>	<u>Jan Keeper 40 hrs</u>	<u>59535</u>	<u>5837</u>	<u>0</u>
<u>Jane Sabo c/o Historic Deerfield PO Box 321 Deerfield, MA</u>	<u>Jan Keeper 40 hrs</u>	<u>59469</u>	<u>5837</u>	<u>0</u>
<u>Edward Maeder c/o Historic Deerfield PO Box 321 Deerfield, MA</u>	<u>Curator 40 hrs</u>	<u>57,277</u>	<u>0</u>	<u>0</u>
Total number of other employees paid over \$50,000 . ▶		<u>1</u>		

Part II-A 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
<u>Allison Williams Bell Northampton, MA</u>	<u>Printing and Production</u>	<u>104,097</u>
<u>Pricewaterhouse Coopers Boston, MA</u>	<u>audit</u>	<u>73,343</u>
<u>The Boston Company Boston, MA</u>	<u>Investment management</u>	<u>82,236</u>
Total number of others receiving over \$50,000 for professional services . ▶		<u>NONE</u>

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>NONE</u>		
Total number of other contractors receiving over \$50,000 for other services . ▶		<u>NONE</u>

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

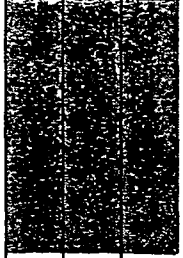
Yes No

1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)

1		✓
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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)? *form 990 5-A*
- e Transfer of any part of its income or assets?

2a		✓
2b		✓
2c	✓	
2d	✓	
2e		✓

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.) *ST.M.T. 6*

3a	✓	
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b Do you have a section 403(b) annuity plan for your employees?

3b	✓	
----	---	--

c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?

3c		✓
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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?

4a	✓	
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b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?

4b		✓
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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) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: Type 1 Type 2 Type 3

Provide the following information about the supported organizations. (See page 6 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	1070630	2658989	1343670	1659423	6732,712
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	2240788	2132944	2436491	2458942	9269165
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	1414266	687171	1003846	1220564	4325847
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	4725684	5479104	4784007	5338929	20327724
24 Line 23 minus line 17	2484896	3346160	2347516	2819987	11058559
25 Enter 1% of line 23	47257	54791	47840	53389	

26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24	26a	221,171
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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts		26b	612532
c Total support for section 509(a)(1) test: Enter line 24, column (e)		26c	11058559
d Add: Amounts from column (e) for lines: 18 <u>4325847</u> 19 _____		26d	4938379
22 _____ 26b <u>612532</u>		26e	6120180
e Public support (line 26c minus line 26d total)		26f	55.3434%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))			

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:

(2004) (2003) (2002) (2001)

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 11b, 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:

(2004) (2003) (2002) (2001)

c Add: Amounts from column (e) for lines: 15 _____ 16 _____		27c	
17 _____ 20 _____ 21 _____		27d	
d Add: Line 27a total _____ and line 27b total _____		27e	
e Public support (line 27c total minus line 27d total)		27f	
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)		27g	%
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))		27h	%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))			

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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:		
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.

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)														
37	Total lobbying expenditures to influence a legislative body (direct lobbying)														
38	Total lobbying expenditures (add lines 36 and 37)														
39	Other exempt purpose expenditures														
40	Total exempt purpose expenditures (add lines 38 and 39)														
41	Lobbying nontaxable amount. Enter the amount from the following table—														
<table border="0"> <tr> <td>If the amount on line 40 is—</td> <td>The lobbying nontaxable amount is—</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </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		
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														
42	Grassroots nontaxable amount (enter 25% of line 41).														
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36.														
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38.														

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) 2005	(b) 2004	(c) 2003	(d) 2002	(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.)

N/A

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

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

Yes	No	Amount

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

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	\$17,220,376
Cost Basis of Securities	\$15,936,080
Gain from Sales of Securities	\$1,284,296

(B) Other

Asset	Proceeds	Acquisition	Cost	Gain(Loss)
Donated library books	\$1,264	2005	\$0	\$1,264
Deaccessioned objects	\$77,819	various	\$5,120	\$72,699
1985 Chevrolet van	\$200	1994	\$0	\$200
Office equipment	\$652	various	\$2,247	(\$1,595)
	\$79,935		\$7,367	\$72,568

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

EIN 04-2262880
Form 990

Part 1, Line 10c

	Deerfield Inn	Museum Store	Total
Sales	\$1,344,885	\$344,466	\$1,689,351
Less cost of goods sold:			
Food	\$160,855		
Liquor	\$49,124		
Store goods		\$175,444	
	\$209,979	\$175,444	\$385,423
Gross profit from sales	\$1,134,906	\$169,022	\$1,303,928
	=====	=====	=====

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

EIN 04 -2262880
Form 990

Part 1, Line 20

To record decrease in unrealized appreciation of assets:	(\$68,797)
To record increase in beneficial interest in charitable remainder trust:	\$1,560,405
Increase in CSV insurance	\$12,310
	<hr/>
	\$1,503,918
	=====

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	\$281,477
Furniture and Equipment	Straight Line	\$128,634
Motor Vehicles	Straight Line	\$15,692
Books and Manuscripts	Straight Line	\$16,148
less: Allocated Rental Expenses (Part I, Line 6b)		(\$9,625)

		\$432,326
		=====

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

	<u>Market Value</u>
Common Stock	\$17,910,292
Standish international equities fund	\$5,241,040
Standish fixed income funds	\$8,434,945
Mutual funds	\$7,469,483
Money market funds	\$476,756
	<u>\$39,532,516</u>
	=====

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

EIN 04 -2262880
Form 990

Part IV, Line 57

	Book Value	Accumulated Depreciation
Land	\$348,562	
Land Improvements	\$233,006	\$106,845
Buildings	\$12,057,796	\$4,660,684
Motor Vehicles	\$163,522	\$113,372
Telephone System	\$142,413	\$86,826
Computer System	\$153,790	\$110,669
Furniture & Equipment:		
Museum	\$747,527	\$584,831
Rentals	\$23,773	\$21,383
Library	\$154,864	\$148,886
Education	\$17,250	\$16,047
Administration	\$151,848	\$119,552
Admin. Housing	\$5,181	\$4,472
Museum Store	\$55,076	\$46,087
Deerfield Inn	\$605,380	\$526,019
South Wing	\$86,350	\$85,721
Library Books and Manuscripts	\$457,721	\$364,065
Construction in Progress	\$497,001	\$2,500
Total	\$15,901,060	\$6,997,959

Part IV, Line 58

Antiques	\$15,855,383
Beneficial interest in charitable remainder trust	\$13,268,141
Accrued Interest and Dividends	\$210,483
Other Assets	\$226,580
Total	\$29,560,587

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

EIN 04-2262880
Form 990

Part IV, Line 64b - Mortgages and other notes payable

Notes Payable

On November 1, 2005, the Corporation entered into an agreement with a donor to purchase a collection of antiques for \$2,000,000. The donor contributed the remaining half of the collection, valued at approximately \$2,000,000. The purchase was financed through a note payable to the donor of \$1,987,000 and \$13,000 due at signing. The note is payable in annual installments ranging from \$58,500 to \$128,500 through December 2024. The loan does not have a stated interest rate, and has been discounted using a rate of 5.32%, the rate which would be expected to be obtained from another lender. The Corporation has recorded a total discount of \$781,795 of which \$23,017 was accreted during 2005. The Corporation was in compliance with all covenants at December 31, 2005.

Note payable at December 31, 2005	\$ 1,928,500
Less unamortized discount	<u>(758,778)</u>
	<u>\$ 1,169,722</u>

Future payments on the note payable as of December 31, 2005 are as follows:

2006	\$ 74,500
2007	77,500
2008	80,500
2009	83,500
2010	86,500
Thereafter	<u>1,526,000</u>
	<u>\$ 1,928,500</u>

The donor is not related to any officer, director, trustee or key employee of the organization.

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
Edson L. Bridges, II
Julia D. Cox
Mary Maples Dunn
Jonathan L. Healy
John A Herdeg
daniel Horowitz
Lynda McCurdy Hotra
Steven H. Miller
Jane C. Nylander
Roger B. Parsons
Charles D. Schewe, PhD
Charlotte Elizabeth Smith

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	Aleesha Nissen	3722 Neptune Ave. Brooklyn, NY 11224	\$2,000	None
Fellowship	Sarah Jones	8098 East Mountain View Avenue Selma, CA 93662	\$1,000	None
Fellowship	Eric Dunklee	290 Elm Street Barton, VT 5822	\$1,167	None

			\$4,167	
			=====	

Part II, Line 23	Fellowship student education expense	\$9,665
	Fellowship housing and board	\$6,840

		\$16,505
		=====

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 <i>Historic Deerfield, Inc</i>	Employer identification number <i>04 : 226 2880</i>
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 <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 |

• 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, 2006* to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year *2005* 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.