. 1"			•	•					• • •
Form 990-T	Ex	empt Organiza	tion Bus	sine	ss Inco	me T			OMB No 1545-0047
			oxy tax und				2004		2019
	For calenda	ar year 2019 or other tax year beginn						<u> </u>	20 19
Department of the Treasury Internal Revenue Service	▶ Do	Go to www.irs.gov not enter SSN numbers on th						, F	Open to Public Inspection for 50 1(c)(3) Organizations Only
A Check box if		ame of organization (Che						DEmpl	oyer identification number
address changed	"	inc or organization (one	ON DOX II IIBIIIC C	manyot	and accilian	20110113.)			loyees' trust, see uctions)
B Exempt under section	Print T	RUSTEES OF DEE	ERFIELD	ACA	DEMY			0	4-2103563
X 501(c)(303	I Tuna I	umber, street, and room or suite	e no. If a P.O. bo	x, see II	nstructions.				ated business activity code instructions)
408(e) 220(e)	`` <u>P</u> '	O BOX 87						4	
408A530(a)		ty or town, state or province, co							000
529(a) C Book value of all assets	_ ,	EERFIELD, MA Group exemption number (See	01342-0	087				525	990
1,009,854,5		Check organization type		noration	1 150	1(c) trust	401/3) trust	Other trust
		n's unrelated trades or business		3			the only (or first) u	<u> </u>	
	-	STMENT ACTIVIT		<u> </u>			complete Parts I-V		
-		at the end of the previous sente		arts I ar		-	•		
business, then complete		·			, ,				
I During the tax year, was	the corporat	tion a subsidiary in an affiliated	group or a pare	nt-subs	idiary controlle	d group?		Ye	es X No
		ng number of the parent corpor						<i></i>	\== <i>i</i> ==114
		EG ROLLAND, CO	NTROLLE	R	(4) 1			(413	<u> </u>
		or Business Income			(A) Inc	ome	(B) Expense	!S	(C) Net
1a Gross receipts or sale b Less returns and allow	_		200	۱,					
2 Cost of goods sold (S	_	Line 7)	iice -	1c 2		-/-			
3 Gross profit, Subtract	-	•		3		$\overline{}$	····	-	<u>-</u>
4a Capital gain net incom				48	1,559/	,569.			1,559,569.
· -	•	II, line 17) (attach Form 4797)		4b					
c Capital loss deduction	for trusts			4c					
5 Income (loss) from a	partnership	or an S corporation (attach sta	tement)	5	-2,/374	,090.	STMT	<u> </u>	-2,374,090.
6 Rent income (Schedu	•			6	/		<u> </u>		·- <u>-</u>
7 Unrelated debt-financ	,	· ·		7	/				
		rents from a controlled organiza		8/9/	· · · · · · · · · · · · · · · · · · ·				
10 Exploited exempt activ		01(c)(7), (9), or (17) organizati (Schedule I)	on (Scheaule G)	/10					
11 Advertising income (S	•	(Ocheanic I)	,	11					
		ttach schedule) STATEM	MENT 2/	12	64	,115.		_	64,115.
13 Total. Combine lines				13	-750	406.			-750,406.
		Taken Elsewhere (See				luctions.)			
<u> </u>		directly connected with the	unrelated busir	ness in	icome)			\Box	
•	icers, directo	ors, and trustees (Schedule K)				RF(CEIVED	14	···
15 Salaries and wages			/		1			180	_
16 Repairs and mainten17 Bad debts	ance	/			15	1	N 01 2021 BDEN, UT	園	
18 Interest (attach sche	dule) (see in	nstructions)			18	1 30	1 0 2 -	1181	
19 Taxes and licenses	, (,			<u> </u>	سيسا	DEN U	19	
20 Depreciation (attach	Form 4562)				I_{\parallel}	20 0.	aucia, o		<u> </u>
21 Less depreciation cla	umed on Scl	hedule A and elsewhere on retu	ırn		\ E	21a		21b	
22 Depletion								22	
23 Contributions to defe		nsation plans						23	
24 Employee benefit pro	-							24	
25 Excess exempt experience		,						25	
26 Excess readership co27 Other deductions (at	-	· /			SEE	Տጥ ձጥነ	EMENT 3	26	187,902.
28 Total deductions. A		· /			200	DIAL		28	187,902.
		me before net operating loss de	duction. Subtrac	t line 2	8 from line 13			29	-938,308.
		arising in tax years beginning o							
(see instructions)	/					STAT	EMENT 4	30	0.
31 Unrelated business to	axable incon	ne. Subtract line 30 from line 2	9					31	-938,308.
923701 01-27-20 I HA FO	r Panerwork	k Reduction Act Notice, see in	structions						Form 990-T (2019)

		TRUSTEES OF DEERFI					04	-2103363 Page 2
Par	t US 📑	Total Unrelated Business Taxa	ble Income					
32	Total of	unrelated business taxable income compute	d from all unrelated trades	or businesses	(see instructions)	}	32	798,052.
33	Amoun	ts paid for disallowed fringes				آ ۾	33	
34	Charital	ble contributions (see instructions for limitati	on rules) STM	T 5	STMT 6	41	34	79,805.
35		nrelated business taxable income before pre-			act line 34 from the sum o	of lines 32 and 33	35	718,247.
36		ion for net operating loss arising in tax years				or 111100 02 and 000	36	
						7	37	718,247.
37		i unrelated business taxable income before sp			ne 33	8		1,000.
38		deduction (Generally \$1,000, but see line 38	•	•		o l	38	1,000.
1) 39		ted business taxable income. Subtract line 3	8 from line 37. If line 38 is	greater than I	ine 37,	11	[]	B1 B 0 4 B
′′—–	<u> </u>	e smaller of zero or line 37					39	717,247.
Par	UV .	Tax Computation						
40	Organia	zations Taxable as Corporations. Multiply lin	e 39 by 21% (0.21)			! ▶ [40	150,622.
41	Trusts	Taxable at Trust Rates. See instructions for i	ax computation. Income to	ax on the amou	unt on line 39 from:			
	Та	ax rate schedule or Schedule D (Form	n 1041)			>	41	
42	Proxy t	ax. See instructions	,			▶	42	
43	_	tive minimum tax (trusts only)				·	43	
		Noncompliant Facility Income. See instructi	one			ŀ	44	
1) 44		Add lines 42, 43, and 44 to line 40 or 41, which				- 1 h	45	150,622.
·			never applies				40	130,022.
Par		Tax and Payments			T 40 T		+	
46a	_	tax credit (corporations attach Form 1118; tr	usts attach Form 1116)		46a		11	
b	Other c	redits (see instructions)		í	46b		11	
C	General	business credit. Attach Form 3800		ľ	C 46c	22,134.	11	
d	Credit for	or prior year minimum tax (attach Form 8801	or 8827)		46d	<u> </u>	_[_[
е	Total c	redits. Add lines 46a through 46d				Te	46e	22,134.
47	Subtrac	t line 46e from line 45				Ī	47	128,488.
48	Other ta	ixes. Check if from: Form 4255	Form 8611 Form 8	697 🔲 For	m 8866 🔲 Other	(attach schedule)	48	
49		x. Add lines 47 and 48 (see instructions)				· , 4	49	128,488.
50		et 965 tax liability paid from Form 965-A or Fo	orm 065-R Part II column	(k) line 3 .		- 1	50	0.
			niii 303°D, Fait II, Columii	(K), IIIIE 3	a 5/a 3	357,501.	1	
	-	nts: A 2018 overpayment credited to 2019		8		304,200.	1 1	
		stimated tax payments		¥	·	304,200.	11	
		osited with Form 8868			51c		11	
d	Foreign	organizations: Tax paid or withheld at source	(see instructions)		51d		11	
е	Backup	withholding (see instructions)			51e		11	
f	Credit fo	or small employer health insurance premium:	s (attach Form 8941)		51f		11	
g	Other co	redits, adjustments, and payments: 🔲 F	orm 2439				11	
	Fc	orm 4136 🔲 0	ther	<u>Total</u>	▶ 51g		-11	
52	Total p	ayments. Add lines 51a through 51g					52	661,701.
53		ed tax penalty (see instructions). Check if For	m 2220 is attached			1	53	
54		e. If line 52 is less than the total of lines 49, 5		ved			54	·
55		yment. If line 52 is larger than the total of line	•			/v = t	55	533,213.
11 56	•	e amount of line 55 you want: Credited to 20				efunded -	56	300,000.
Par		Statements Regarding Certain					- 1	300,000.
57	•	ime during the 2019 calendar year, did the or	•	•	•	,		Yes No
		inancial account (bank, securities, or other) ii						
		Form 114, Report of Foreign Bank and Finan	cial Accounts. If "Yes," ente	er the name of	tne toreign country			
	here							X
58	During 1	the tax year, did the organization receive a dis	tribution from, or was it th	e grantor of, o	r transferor to, a fore	ign trust?		X
	If "Yes,"	see instructions for other forms the organiza	tion may have to file.					
59		e amount of tax-exempt interest received or a						
	Ur	nder penalties of perjury, I declare that I have examine	d this return, including accomp	anying schedule	s and statements, and to	the best of my know	edge an	d belief, it is true,
Sign	l co	rrect, and complete Declaration of preparer (other the	in taxpayer) is based on all info	ASSO(THEAD OF	ruge	. 46 - 177	discuss the series of
Here	• 1	The same of the sa	15/13/2021		OL & CFO	May		discuss this return with shown below (see
		Signature of officer	Date	Title	•		ructions)	
		Print/Type preparer's name	Preparer's signature		Date	Check if	PTIN	
_	_	Transitype preparer Straine	i reparer a arginature				' '''	•
Paid		JOHN TOSCANO	JOHN TOSCAN	^	04/23/21	self- employed	ם	0358542
	parer			-	N=143/41	Transa CINI N	_	-0746749
Use	Only	Firm's name CLIFTONLARSO		TT TO CO.		Firm's EIN ▶	41	1-0/40/49
			STREET, 4T		Κ.		- ^ -	. (1 4000
		Firm's address WEST HART	OKD, CT 061	<u>u 7</u>		Phone no. 86	<u> </u>	61-4000
923711	01-27-20							Form 990-T (2019)

Page 3

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory valu	ation N/A	1			
1 Inventory at beginning of year	1	-		ventory at end of year	ar		6	
2 Purchases	2	7 Cost of goods sold. Subtract				ine 6		
3 Cost of labor	3		⊣	om line 5. Enter here			1	
4a Additional section 263A costs				e 2		,	7	
(attach schedule)	4a		8 Do	the rules of section	263A (with respect to		Yes No
b Other costs (attach schedule) 4b property produced or acq					,	¥		
5 Total. Add lines 1 through 4b	5		- '	e organization?		, app ,		
Schedule C - Rent Income		Property an			Leas	ed With Real Pro	perty)	
(see instructions)								
1. Description of property								
(1)								
(2)						·		
(3)						·		
(4)								
	2. Rent receive	d or accrued				0/1/2 / 1 / 1		
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%	e than	of rent for	personal proj	property (if the percent perty exceeds 50% or if on profit or income)	age	3(a) Deductions directly columns 2(a) an	connected with the desired that the desired the desired that the desired t	e income in dule)
(1)								
(5)								
(3)								
(4)		-			-			
Total	0.	Total			0.		-	
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		er 🕨			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>	0.
Schedule E - Unrelated Del	bt-Financed	Income (see	einstruction	ons)		<u> </u>		
			2. G	ross income from		3. Deductions directly control debt-finance		able
1. Description of debt-fi	inanced property			allocable to debt- nanced property	(a)	Straight line depreciation (attach schedule)	(b) Other (attach	deductions schedule)
(1)]	
(2)				 .				
(3)								
(4)								<u> </u>
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or all debt-finan	adjusted basis locable to ced property schedule)		column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(column 6 x	ole deductions total of columns and 3(b))
(1)				%				
(2)				%				
(3)				%			7	
(4)				%				
	-					nter here and on page 1, Part I, line 7, column (A)		nd on page 1, ', column (B)
Totals				•		0		0.
Total dividends-received deductions in	ncluded in column	8		•				0.
	·				_		Fori	m 990-T (2019)

Schedule F - Interest,	Annuitie	s, Roya	ties, ar					ation	1S (see ins	struction	ns)
				Exempt	Controlled O	· · · · · · · · · · · · · · · · · · ·					
1. Name of controlled organiza	ation	2. Emj identifii num	cation	3. Net unr (loss) (see	elated income instructions)	4. Tota payn	al of specified nents made	ınclud	t of column 4 ed in the cont ation's gross	rolling	6. Deductions directly connected with income in column 5
(1)											
(2)											
						<u> </u>				1	
(3)						 		_			
(4)		ŀ									
Nonexempt Controlled Organ				1			40			44 -	
7. Taxable Income		nrelated incom see instructions		9. Total	of specified payi made	ments	in the controllingross	mn 9 tha ing organ income	ization's	11, D wil	eductions directly connected th income in column 10
(1)						ĺ					
(2)	 					1					
(3)	 			-							
	 			 							
(4)				<u> </u>							
							Add colun Enter here and line 8, c		1, Part I,		dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals									0.		0.
Schedule G - Investme	ant Inco	ma of a	Coation	E01/a\/	7) (0) or	(17) Or	ganization				
		me or a	Section	၂ ၁၀ ၊ (င)(7), (9), Or	(17) Or	yanızatıdı	•			
(See irisi	tructions)				r-		9 . Dartura				5, Total deductions
1. Des	cription of inco	me			2. Amount of	ıncome	 Deduction directly conne 	cted	4. Set-	asides chedule)	and set-asides
							(attach sched	lule)	(attach a	criedule)	(col 3 plus col 4)
(1)											
(2)											
(3)											
(4)			-								
· · ·					Enter here and Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B)
Totals				<u> </u>	<u> </u>	0.					0.
Schedule I - Exploited (see instr	_	Activity	Incom	e, Othe	r Than Ac	lvertisi	ng Income	•			
Description of exploited activity	unrelated	iross business e from business	directly of with proof unit	penses connected oduction related s income	4. Net inconfrom unrelated business (cominus colum gain, comput through	trade or olumn 2 in 3) If a e cols 5	5. Gross inco from activity to is not unrelate business inco	that ted	6. Exp attribut colui	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)	1					I					
(2)					<u> </u>						
(3)											<u> </u>
(4)	 										
	page 1	re and on , Part I, col (A)	page	re and on i, Part I, col (B)							Enter here and on page 1, Part II, line 25
Totals	<u> </u>	0.		0.	l						0.
Schedule J - Advertis											
Part I Income From	Periodic	als Rep	orted o	n a Con	solidated	Basis					
1. Name of periodical		2. Gross advertising income	adv	3. Direct ertising costs	or (loss) (c col 3) If a g	tising gain of 2 minus ain, comput hrough 7	5. Circulat income		6. Read cost		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)	-+		\neg		1		1				T .
(2)	- 		+		1						1
(3)			-		\dashv						1
					\dashv						-
(4)							 				
Totals (carry to Part II, line (5))	•		0.	0	•						0 . Form 990-T (2019
											Form 3350=1 (2019

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Part II Income From Periodicals Reported on a Separate Basis (For each penodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols. 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)				•		
(4)						
Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1.	. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)	-		%	
(2)			%	
(3)			%	
(4)			%	
Total. Enter here and on page 1	, Part II, line 14		>	

Form 990-T (2019)

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 1
DESCRIPTION	NET INCOME OR (LOSS)
AG REALTY FUND VIII, L.P ORDINARY BUSINESS INCOME (LOSS)	-11,224.
COATUE LONG ONLY PARTNERS - ORDINARY BUSINESS INCOME (LOSS) COMMONFUND CAPITAL VENTURE PARTNERS VI LP - ORDINARY	-4,937.
BUSINESS INCOME (LOSS) COMMONFUND CAPITAL VENTURE PARTNERS VI LP - OTHER INCOME	514.
(LOSS) DEERFIELD HEALTHCARE INNOVATIONS FUND - ORDINARY BUSINESS	1.
INCOME (LOSS) DEERFIELD HEALTHCARE INNOVATIONS FUND - OTHER INCOME	-216,504.
(LOSS) DEERFIELD PRIVATE DESIGN FUND IV - ORDINARY BUSINESS	3,207.
INCOME (LOSS)	-187,903.
DEERFIELD PRIVATE DESIGN FUND IV - INTEREST INCOME	34,417. 2,279.
DEERFIELD PRIVATE DESIGN FUND IV - OTHER INCOME (LOSS) DEERFIELD RE HOLDINGS IV, L.P ORDINARY BUSINESS INCOME	2,213.
(LOSS) DEERFIELD RE HOLDINGS IV, L.P NET RENTAL REAL ESTATE	946.
INCOME	15,928.
ENERGY SPECTRUM PARTNERS VII LP - ORDINARY BUSINESS INCOME	,
(LOSS)	-864,657.
FLEXPOINT FUND III, LP - ORDINARY BUSINESS INCOME (LOSS)	111,719.
FLEXPOINT FUND III, LP - INTEREST INCOME	531.
FLEXPOINT FUND III, LP - OTHER INCOME (LOSS)	-141,710.
FLEXPOINT FUND III AIV (CAYMAN), LP - ORDINARY BUSINESS	-3,247.
INCOME (LOSS) FLEXPOINT FUND III AIV (CAYMAN), LP - DIVIDEND INCOME	27,902.
FLEXPOINT FUND III AIV (CAYMAN), LP - OTHER PORTFOLIO	27,302.
INCOME (LOSS)	-12,881.
FLEXPOINT SPECIAL ASSETS FUND AIV (CAYMAN), L.P	·
ORDINARY BUSINESS INCOME	-2,693.
FLEXPOINT SPECIAL ASSETS FUND AIV (CAYMAN), L.P	
DIVIDEND INCOME	23,105.
FLEXPOINT SPECIAL ASSETS FUND AIV (CAYMAN), L.P OTHER	0 241
PORTFOLIO INCOME (L	-9,341.
KNIGHTSBRIDGE VENTURE CAPITAL VII, LP - ORDINARY BUSINESS	32.
INCOME (LOSS) NATURAL GAS PARTNERS IX LP - ORDINARY BUSINESS INCOME	52.
(LOSS)	-9,452.
NATURAL GAS PARTNERS IX LP - ROYALTIES	-229.
NATURAL GAS PARTNERS IX LP - OTHER INCOME (LOSS)	-9,267.
NEWLIN ENERGY PARTNERS LP - ORDINARY BUSINESS INCOME	
(LOSS)	-2,582.
NEWLIN ENERGY PARTNERS LP - INTEREST INCOME	4.
NEWLIN ENERGY PARTNERS LP - OTHER INCOME (LOSS)	-1,200.
NEWLIN ENERGY PARTNERS II LP - ORDINARY BUSINESS INCOME (LOSS)	42,971.

TRUSTEES OF DEERFIELD ACADEMY	04-2103563
NEWLIN ENERGY PARTNERS II LP - INTEREST INCOME	35.
NEWLIN ENERGY PARTNERS II LP - ROYALTIES	85.
NEWLIN ENERGY PARTNERS II LP - OTHER INCOME (LOSS)	-24,541.
NEWLIN REALTY PARTNERS LP - ORDINARY BUSINESS INCOME	24,311.
(LOSS)	250.
NEWLIN REALTY PARTNERS II LP - ORDINARY BUSINESS INCOME	230.
(LOSS)	1,292.
QUANTUM ENERGY PARTNERS VII, LP - OTHER INCOME (LOSS)	-1,437,058.
QUANTUM ENERGY PARTNERS VII CO-INVESTMENT, LP - ORDINARY	2,20.,0001
BUSINESS INCOME (LO	17,173.
QUANTUM ENERGY PARTNERS VII CO-INVESTMENT, LP - OTHER	,
INCOME (LOSS)	-72,779.
YORKTOWN ENERGY PARTNERS - ORDINARY BUSINESS INCOME (LOSS)	
YORKTOWN ENERGY PARTNERS - NET RENTAL REAL ESTATE INCOME	73.
YORKTOWN ENERGY PARTNERS - INTEREST INCOME	774.
YORKTOWN ENERGY PARTNERS - ROYALTIES	10,698.
YORKTOWN ENERGY PARTNERS - OTHER PORTFOLIO INCOME (LOSS)	-15.
YORKTOWN ENERGY PARTNERS - OTHER INCOME (LOSS)	-239,350.
FLEXPOINT SPECIAL ASSETS FUND - ORDINARY BUSINESS INCOME	200,000
(LOSS)	49,767.
COMMONFUND NATURAL RESOURCES PARTNERS VI - ORDINARY	,
BUSINESS INCOME (LOSS)	40,005.
COMMONFUND NATURAL RESOURCES PARTNERS VI - NET RENTAL REAL	20,000
ESTATE INCOME	8.
COMMONFUND NATURAL RESOURCES PARTNERS VI - OTHER NET	
RENTAL INCOME (LOSS)	90.
COMMONFUND NATURAL RESOURCES PARTNERS VI - INTEREST INCOME	347.
COMMONFUND NATURAL RESOURCES PARTNERS VI - ROYALTIES	804.
COMMONFUND NATURAL RESOURCES PARTNERS VI - OTHER PORTFOLIO	
INCOME (LOSS)	-6.
COMMONFUND NATURAL RESOURCES PARTNERS VI - OTHER INCOME	
(LOSS)	-4,216.
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS V LP - ORDINARY	·
BUSINESS INCOME (-2,755.
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS V LP - OTHER	·
INCOME (LOSS)	1.
DEERFIELD PRIVATE DESIGN FUND III, L.P ORDINARY	
BUSINESS INCOME (LOSS)	-12,113.
DEERFIELD PRIVATE DESIGN FUND III, L.P INTEREST INCOME	23.
DEERFIELD PH HOLDINGS IV LP - ORDINARY BUSINESS INCOME	
(LOSS)	-23,734.
DEERFIELD PH HOLDINGS IV LP - NET RENTAL REAL ESTATE	
INCOME	-517.
DEERFIELD PH HOLDINGS IV LP - INTEREST INCOME	6.
ENERGY SPECTRUM PARTNERS VIII LP - ORDINARY BUSINESS	
INCOME (LOSS)	-136,868.
FORESITE CAPITAL FUND III, L.P ORDINARY BUSINESS INCOME	
(LOSS)	-2.
	
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	-2,374,090.

FORM 990-T	OTHER INCOME		STATEMENT	2
DESCRIPTION			AMOUNT	
STATE TAXABLE REFUND			64,11	5.
TOTAL TO FORM 990-T, PAGE 1, L	INE 12		64,11	5.
FORM 990-T	OTHER DEDUCTI	ons	STATEMENT	3
DESCRIPTION			AMOUNT	
INVESTMENT FEES TAX PREPARATION FEES			184,40 3,50	
TOTAL TO FORM 990-T, PAGE 1, L	INE 27		187,90	2.
FORM 990-T NET O	PERATING LOSS D	EDUCTION	STATEMENT	4
TAX YEAR LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR	
06/30/19 1,311,459.	0.	1,311,459.	1,311,459	-
NOL CARRYOVER AVAILABLE THIS Y	EAR	1,311,459.	1,311,459	- -
FORM 990-T	CONTRIBUTIONS		STATEMENT	5
DESCRIPTION/KIND OF PROPERTY	METHOD USED T	O DETERMINE FMV	AMOUNT	
TOWN OF DEERFIELD (CASH) DEERFIELD ARE FIRE PROTECTION (CASH)	N/A N/A		158,50	
SECOND HELPINGS (NONCASH) BIG BROTHERS BIG SISTERS (CASH)	N/A		12,90 10,00	5.
BIG BROTHERS BIG SISTERS (NONCASH) UNITED WAY (CASH)	N/A		1,71 16,11	5.
MISCELLANEOUS (CASH) MISCELLANEOUS (NONCASH)	N/A		9,40 4,05	0.
CASH CONTRIBUTIONS FROM PARTNERSHIPS	N/A		1,67	7.
TOTAL TO FORM 990-T, PAGE 2, L	INE 34		237,36	4.

FORM 990-T	CONTRIBUTIONS SUMMARY		STATEMENT	6
	IBUTIONS SUBJECT TO 100% LIMIT			
QUALIFIED CONTR	IBUTIONS SUBJECT TO 25% LIMIT			
CARRYOVER OF PR	IOR YEARS UNUSED CONTRIBUTIONS			
FOR TAX YEAR	2014 23,385			
FOR TAX YEAR	2015 251,862			
FOR TAX YEAR	2016 258,198			
FOR TAX YEAR	2017			
FOR TAX YEAR	2018 1,238			
TOTAL CARRYOVER		534,683		
	EAR 10% CONTRIBUTIONS	237,364		
TOTAL CONTRIBUT	IONS AVAILABLE	772,047		
TAXABLE INCOME I	LIMITATION AS ADJUSTED	79,805		
EXCESS CONTRIBU	rions	692,242		
EXCESS 100% CONT	TRIBUTIONS	0		
TOTAL EXCESS CO	NTRIBUTIONS	692,242		
ALLOWABLE CONTR	IBUTIONS DEDUCTION		79,8	305
TOTAL CONTRIBUT	ION DEDUCTION	-	79,8	305

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

For calendar year 2019 or other tax year beginning $\,\,$ JUL $\,$ 1 , $\,$ 2019 $\,_{and \,\, ending}$ $\,$ JUN $\,$ 30 , $\,$ 2020

OMB No 1545-0047

1

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990T for instructions and the latest information.

Open to Public Inspection for Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) 501(c)(3) Organizations Only

ENTITY

Employer identification number Name of the organization 04-2103563 TRUSTEES OF DEERFIELD ACADEMY 713940 Unrelated Business Activity Code (see instructions) Describe the unrelated trade or business

OUTSIDE EVENTS

Pa	Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a b	Gross receipts or sales Less returns and allowances 11,926. c Balance	1c	11,926.	·-	
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit Subtract line 2 from line 1c	3	11,926.		11,926.
4 a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
c	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17)				
	organization (Schedule G)	9			
10	Explorted exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions; attach schedule)	12			
<u>13</u>	Total. Combine lines 3 through 12	13	11,926.		11,926.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Depreciation (attach Form 4562)		
21	Less depreciation claimed on Schedule A and elsewhere on return	21b	
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	
27	Other deductions (attach schedule) SEE STATEMENT 7	27	10,156.
28	Total deductions. Add lines 14 through 27	28	10,156.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	1,770.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	30	0.
<u>31</u>	Unrelated business taxable income Subtract line 30 from line 29	31	1,770.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT	7
DESCRIPTION		AMOUNT	
OUTSIDE FUNCTION DIRECT	EXPENSES	10,15	66.
TOTAL TO SCHEDULE M, PAR	r II, LINE 27	10,15	66.

ENTITY	
--------	--

Form 990-T (2019)								Page 3
TRUSTEES	OF DEER	FIELD ACA	ADE	MY		04-210	3563	
Schedule A - Cost of Good	s Sold. Enter	method of inver	itory v					
1 Inventory at beginning of year	1		_ 6	Inventory at end of year	ar		6	
2 Purchases	2] 7	Cost of goods sold. Si	ubtract l	ine 6		
3 Cost of labor	3		_	from line 5. Enter here	and in I	Part I,		
4a Additional section 263A costs				line 2			7	
(attach schedule)	4a		8	Do the rules of section	263A (with respect to		Yes No
b Other costs (attach schedule)	4b			property produced or a	acquired	l for resale) apply to		
5 Total. Add lines 1 through 4b	5			the organization?				X
Schedule C - Rent Income	(From Real	Property an	d Pe	rsonal Property	Leas	ed With Real Pro	perty)	
(see instructions)								
Description of property				-				
(1)								<u></u>
(2)				-				
_(3)								
(4)								
		ed or accrued				3(a)Deductions directly	connected with t	the income in
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	than	of rent for p	personal	onal property (if the percent property exceeds 50% or if ed on profit or income)	age	columns 2(a) an	nd 2(b) (attach sch	nedule)
(1)							-	
(2)								
(3)				-				
(4)								
Total	0.	Total			0.			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•	0.
Schedule E - Unrelated Det	· · ·	I Income (see	ınstru	ctions)				·
			T	Gross income from		3. Deductions directly con- to debt-finance	nected with or all ed property	ocable
1. Description of debt-fit	nanced property		or allocable to debt- financed property		(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
/s>			╁┈		ļ		 	
(1) (2)			╂		-		+	
(3)			┼─		 		- -	
(4)			+-	· -	 		+	·
	E Average	adjusted basis	+-	Column 4 divided	_	7. Gross income	Q Allon	
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) Average adjusted basis of or allocable to debt-financed property (attach schedule) Average adjusted basis of or allocable to debt-financed property (attach schedule)		"	by column 5		reportable (column 2 x column 6)	(column 6	able deductions x total of columns) and 3(b))	
(1)				%				
(2)				%				
(3)				%				
(4)				%				
						nter here and on page 1, art I, line 7, column (A)		and on page 1, 7, column (B)
Totals				▶	ĺ	0	.	0.

Total dividends-received deductions included in column 8

SCHEDULE M (Form 990-T)

Department of the Treasury Internal Revenue Service

Unrelated Business Taxable Income from an Unrelated Trade or Business

For calendar year 2019 or other tax year beginning JUL~1, 2019 and ending JUN~30, 2020

► Go to www.irs.gov/Form990T for instructions and the latest information. ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) OMB No 1545-0047

2

ENTITY

Open to Public Inspection for 501(c)(3) Organizations Only

Name	of the organization TRUSTEES OF DEERFIELD A	Employer identifica				
	nrelated Business Activity Code (see instructions) > 52599	0			· · · · · · · · · · · · · · · · · · ·	
	escribe the unrelated trade or business INVESTMEN	ТА	CTIVITY - M	ICH	AEL LOUIS	S CORP
Par	t I Unrelated Trade or Business Income		(A) Income		(B) Expenses	(C) Net
1 a	Gross receipts or sales					
b	Less returns and allowances c Balance ▶	1c		+		
2	Cost of goods sold (Schedule A, line 7)	2		+		
3	Gross profit Subtract line 2 from line 1c	3		+-		
	Capital gain net income (attach Schedule D)	4a	0	╄		
	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		+-	 	
	Capital loss deduction for trusts	4c		╁		-
5	Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 8	5	796,282			796,282.
6	Rent income (Schedule C)	6				
7	Unrelated debt-financed income (Schedule E)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Schedule F)	8		\perp		
9	Investment income of a section 501(c)(7), (9), or (17)	1				
	organization (Schedule G)	9		—		
10	Exploited exempt activity income (Schedule I)	10		┿		
11	Advertising income (Schedule J)	11		+		
12	Other income (See instructions, attach schedule)	12	706 202	+		796,282.
<u>13</u>	Total. Combine lines 3 through 12	13	796,282			
Par	Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in	ons com	for limitations on d e.)	edu	ctions.) (Deduc	tions must be
14	Compensation of officers, directors, and trustees (Schedule K)				14	
15	Salaries and wages				15	
16	Repairs and maintenance				16	
17	Bad debts				17	
18	Interest (attach schedule) (see instructions)				18	
19	Taxes and licenses		1 1		19	
20	Depreciation (attach Form 4562)		20			-
21	Less depreciation claimed on Schedule A and elsewhere on return		21a		2112	
22	Depletion				23	-
23	Contributions to deferred compensation plans				24	
24	Employee benefit programs Excess exempt expenses (Schedule I)				25	
25 26	Excess exempt expenses (Schedule I) Excess readership costs (Schedule J)				26	
26 27	Other deductions (attach schedule)				27	·
28	Total deductions. Add lines 14 through 27				28	-
29	Unrelated business taxable income before net operating loss dedu	ıctıon	Subtract line 28 from I	ine 13		706 202
30	Deduction for net operating loss ansing in tax years beginning on				·	· · ·
-	instructions)				30	0.
31	Unrelated business taxable income. Subtract line 30 from line 29_				31	706 202
	For Paperwork Reduction Act Notice, see instructions.		,		Sched	lule M (Form 990-T) 2019

FORM 990-T (M) INCOME (LOSS) FROM S CORPORATIONS	STATEMENT 8
DESCRIPTION	NET INCOME OR (LOSS)
MICHAEL LOUIS (S CORP) - INTEREST INCOME MICHAEL LOUIS (S CORP) - DIVIDEND INCOME MICHAEL LOUIS (S CORP) - OTHER PORTFOLIO INCOME (LOSS)	26,472. 935,581. -165,771.
TOTAL INCLUDED ON SCHEDULE M, PART I, LINE 5	796,282.

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No 1545-0123

Name

Employer identification number

TRUSTEES OF DEERFI	ELD ACADEMY			04-	2103563
Did the corporation dispose of any investme	nt(s) in a qualified opportu	inity fund during the tax	year [?]		Yes X No
If "Yes," attach Form 8949 and see its instru					,
Part I Short-Term Capital Ga	ins and Losses (See	instructions)			
See instructions for how to figure the amounts to enter on the lines below.	(d)	(e)	(0) Advisor		(h) Gain or (loss) Subtract
This form may be easier to complete if you round off cents to whole dollars.	Proceeds (sales price)	Cost (or other basis)	(9) Adjustments to gair or loss from Form(s) 8949 Part I, line 2, column (g)	.	column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1b Totals for all transactions reported on					
Form(s) 8949 with Box A checked					<u> </u>
2 Totals for all transactions reported on					
Form(s) 8949 with Box B checked					
3 Totals for all transactions reported on					
Form(s) 8949 with Box C checked					521,460.
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 3	7		4	
5 Short-term capital gain or (loss) from like-kind	d exchanges from Form 8824		<u> </u>	5	
6 Unused capital loss carryover (attach comput	ation)			6	()
7 Net short-term capital gain or (loss). Combine				7	521,460.
Part II Long-Term Capital Gai	ns and Losses (See	instructions)	<u>-</u>		 _
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949 Part II, line 2, column (g)	9,	(ħ) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
round off cents to whole dollars.	(02100 p. 100)		, art ii, iiio 2, coloiiii (g)		Sometime the recent with constituting
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b Totals for all transactions reported on					
Form(s) 8949 with Box D checked		<u> </u>	<u> </u>		
9 Totals for all transactions reported on				İ	
Form(s) 8949 with Box E checked			<u> </u>		
10 Totals for all transactions reported on	:				
Form(s) 8949 with Box F checked					1,030,003.
11 Enter gain from Form 4797, line 7 or 9			Ļ	11	8,106.
12 Long-term capital gain from installment sales	•	7	1	12	
13 Long-term capital gain or (loss) from like-kind	d exchanges from Form 8824		L	13	
14 Capital gain distributions				14	
15 Net long-term capital gain or (loss). Combine		<u>n h</u>		15	1,038,109.
Part III Summary of Parts I and					
16 Enter excess of net short-term capital gain (lin			Ĺ	16	521,460.
17 Net capital gain. Enter excess of net long-term		, , ,	e 7)	17	1,038,109.
18 Add lines 16 and 17. Enter here and on Form		oper line on other returns	L	18_	1,559,569.
Note: If losses exceed gains, see Capital Los	ses in the instructions.				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1120. Schedule D (Form 1120) 2019

Department of the Treasur Internal Revenue Service

Sales and Other Dispositions of Capital Assets

▶ Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. OMB No. 1545-0074

Name(s) shown on return

Social security number or taxpayer identification no.

TRUSTEES OF DEERFIELD ACADEMY

04-2103563

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check Part | Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions) For long-term transactions, see page 2 Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a, you aren't required to report these transactions on Form 8949 (see instructions) You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box if you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or (h) (b) (c) (e) loss. If you enter an amount Proceeds Gain or (loss). Cost or other Date acquired Date sold or in column (g), enter a code in column (f). See instructions. Description of property Subtract column (e) (sales price) basis. See the (Example: 100 sh XYZ Co) disposed of (Mo., day, yr.) Note below and from column (d) & (Mo, day, yr.) **(f)** <u>(a)</u> combine the result see Column (e) ın Amount of Code(s) with column (g) the instructions adjustment COATUE LONG ONLY 522,272. **PARTNERS NEWLIN ENERGY** <844.> PARTNERS II LP YORKTOWN ENERGY 29. PARTNERS COMMONFUND NATURAL RESOURCES PARTNERS 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

923011 12-11-19 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

above is checked), or line 3 (if Box C above is checked)

Form 8949 (2019)

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

TRUSTEES OF I	DEERFIELD	ACADEMY
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04-2103563

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker A substitute statement will have the same information as Form 1099-B Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check

Part II | Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short term transactions, see page 1

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a, you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. The page for one or more of the boxes. complete as many forms with the same box checked as you need.

If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (F) Long-term transactions not reported to you on Form 1099-B

1	(a)	(b)	(c)	_ (d)	(e)	Adjustme	nt, if any, to gain or ou enter an amount	17
	Description of property	Date acquired	Date sold or	Proceeds (sales price)	Cost or other basis See the	ın column	(g), enter a code in). See instructions.	Gain or (loss). Subtract column (e)
	(Example. 100 sh. XYZ Co)	(Mo , day, yr)	disposed of	(Sales price)	Note below and			from column (d) &
			(Mo , day, yr)		see Column (e) ın	(f)	(g) Amount of	combine the result
					the instructions	Code(s)	adjustment	with column (g)
	DATUE LONG ONLY							
	ARTNERS							1,010,144.
	ATURAL GAS							
	ARTNERS IX LP	· ·						<195.
NI	EWLIN ENERGY	Ī						
PZ	ARTNERS II LP							20,341.
Ϋ́	ORKTOWN ENERGY							
PΖ	ARTNERS							<267.
CC	OMMONFUND NATURAL							
RI	SOURCES PARTNERS			-			_	
V.	[-				<20.
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	Totals. Add the amounts in colun							
	negative amounts) Enter each to		-					
	Schedule D, line 8b (if Box D abo	•	· ·					
	above is checked), or line 10 (if B	ox F above is ch	necked)►					1,030,003.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

923012 12-11-19

Form 8949 (2019)

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

► Go to www.irs.gov/Form1120 for Instructions and the latest information.

OMB No 1545-0123

Name

Employer identification number

TRUSTEES OF DEERFI	ELD ACADEMY			04-	2103563
Did the corporation dispose of any investme		Yes X No			
If "Yes," attach Form 8949 and see its instru	• • • • • • • • • • • • • • • • • • • •				•
Part I Short-Term Capital Ga					
See instructions for how to figure the amounts			1 (2)		(1)
to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to ga or loss from Form(s) 894	19,	(h) Gain or (loss) Subtract column (e) from column (d) and
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column (9)	combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1b Totals for all transactions reported on		ł	1		}
Form(s) 8949 with Box A checked					
2 Totals for all transactions reported on					
Form(s) 8949 with Box B checked					
3 Totals for all transactions reported on					
Form(s) 8949 with Box C checked		9 II			6.
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 3	37		4	
5 Short-term capital gain or (loss) from like-kind	d exchanges from Form 8824	1		5	
6 Unused capital loss carryover (attach compute	•			6	(
7 Net short-term capital gain or (loss). Combine	•	n h		7	6.
Part II Long-Term Capital Gai			· · · · ·	<u> </u>	
See instructions for how to figure the amounts		T	1		
to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gas or loss from Form(s) 894	n 19.	(h) Gain or (loss) Subtract column (e) from column (d) and
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part II, line 2, column (9)	combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b Totals for all transactions reported on			Ţ		
Form(s) 8949 with Box D checked					
9 Totals for all transactions reported on		!			
Form(s) 8949 with Box E checked					
10 Totals for all transactions reported on					
Form(s) 8949 with Box F checked					-13,301.
11 Enter gain from Form 4797, line 7 or 9				11	
12 Long-term capital gain from installment sales	from Form 6252, line 26 or 3	37		12	
13 Long-term capital gain or (loss) from like-kind	d exchanges from Form 8824		į	13	
14 Capital gain distributions	-			14	
15 Net long-term capital gain or (loss). Combine	lines 8a through 14 in colum	nn h		15	-13,301.
Part III Summary of Parts I and					
16 Enter excess of net short-term capital gain (lin		al loss (line 15)	· · ·	16	
17 Net capital gain. Enter excess of net long-term	-		e 7)	17	
18 Add lines 16 and 17. Enter here and on Form			- ' /	18	0.
Note: If losses exceed gains, see Capital Los			1	.0	
game, oco Capital Los					

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2019

LHA

Sales and Other Dispositions of Capital Assets

▶ Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. OMB No 1545-0074

Name(s) shown on return

Social security number or taxpayer identification no.

04-2103563

TRUSTEES OF DEERFIELD ACADEMY Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check

Part I Short-Term. Transact transactions, see page 2	ions involving capit	tal assets you held	1 year or less are go	enerally short-term (se	e instruction	ons) For long-term	<u>.</u>
Note: You may aggregate a codes are required. Enter the	e totals directly on	Schedule D. line 1	 a. vou aren't require 	d to report these tran	sactions on	Form 8949 (see inst	ructions)
You must check Box A, B, or C below. If you have more short-term transactions than w	Check only one b	ox, if more than one t	oox applies for your sho	rt-term transactions, com	plete a separ	ate Form 8949, page 1,	for each applicable box
(A) Short-term transactions re	ported on Form(s) 1099-B showii	ng basis was repo	rted to the IRS (se	e Note ab	ove)	
(B) Short-term transactions re		•	•	eported to the IRS			
(C) Short-term transactions no	ot reported to you	u on Form 1099-	В				
1 (a)	(b)	(c)	(d)	(e)		nt, if any, to gain or ou enter an amount	1.77
Description of property	Date acquired	Date sold or	Proceeds (sales price)	Cost or other basis See the	ın column	(g), enter a code in). See instructions.	Gain or (loss). Subtract column (e)
(Example: 100 sh XYZ Co)	(Mo , day, yr)	disposed of (Mo , day, yr.)		Note below and			from column (d) &
		(IVIO , day, yi.)		see Column (e) in the instructions	(f) Code(s)	(g) Amount of adjustment	combine the result with column (g)
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CORP)							6.
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2 Totals. Add the amounts in colur	nns (d), (e), (q). a	nd (h) (subtract					
negative amounts) Enter each to							
Schedule D, line 1b (If Box A abo		•					
above is checked), or line 3 (if B	ox C above is ch	ecked)					6.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

923011 12-11-19 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2019)

Attachment Sequence No. 12A

Name(s) shown on return Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

TRUSTEES OF DEERFIELD ACADEMY

04-2103563

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker A substitute statement will have the same information as Form 1099-B Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long term (see instructions). For short-term transactions, see page 1

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required Enter the totals directly on Schedule D, line 8a, you aren't required to report these transactions on Form 8949 (see instructions)

You must check Box D, E, or F below. Check only one box, if more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box if you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo, day, yr)	(c) Date sold or disposed of	or (d) Proceeds	(e) Cost or other basis See the	Adjustmer loss. If your notation	nt, if any, to gain or ou enter an amount (g), enter a code in). See instructions.	(h) Gain or (loss). Subtract column (e)
_	(MO, day, yr)	(Mo , day, yr.)		Note below and see Column (e) in the instructions	725	(g) Amount of adjustment	from column (d) & combine the result with column (g)
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CORP)							<13,301.
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2 Totals. Add the amounts in coli	umns (d), (e), (g), a	nd (h) (subtract					
negative amounts) Enter each t							
Schedule D, line 8b (if Box D at		-					

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

above is checked), or line 10 (if Box F above is checked)

General Business Credit

 \blacktriangleright Go to www.irs.gov/Form3800 for instructions and the latest information. ▶ You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return. OMB No 1545-0895

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Attachment Sequence No 22 Identifying number

Truste	ees of Deerfield Academy	04-210	3563
Par		IT)	
	(See instructions and complete Part(s) III before Parts I and II.)		
1	General business credit from line 2 of all Parts III with box A checked	. 1	22,134
2	Passive activity credits from line 2 of all Parts III with box B checked 2		
3	Enter the applicable passive activity credits allowed for 2019. See instructions		
4	Carryforward of general business credit to 2019. Enter the amount from line 2 of Part III with box	С	
	checked. See instructions for statement to attach		0
5	Carryback of general business credit from 2020. Enter the amount from line 2 of Part III with box		
_	checked. See instructions	. 5	
6	Add lines 1, 3, 4, and 5	. 6	22,134
	II Allowable Credit	1	
7	Regular tax before credits:		
	• Individuals. Enter the sum of the amounts from Form 1040 or 1040-SR, line 12a, and Schedule 2 (Form 1040 or 1040-SR), line 2, or the sum of the amounts from Form 1040-NR, lines 42 and 44		
	Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2, or the applicable line of your return	. 7	150,622
8	Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b; or the amount from the applicable line of your return Alternative minimum tax:		
	• Individuals. Enter the amount from Form 6251, line 11		_
	Corporations. Enter -0	8	0
	• Estates and trosts. Enter the amount from Schedule I (Form 1041), line 54	1 1	
9	Add lines 7 and 8	. 9	150,622
_			
10a	Foreign tax credit		
þ	Certain allowable credits (see instructions)		
С	Add lines 10a and 10b	. 10c	
11	Net income tax. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line	16 11	150,622
12	Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0 12 15	0,622	
13	Enter 25% (0.25) of the excess, if any, of line 12 over \$25,000. See	1 1	
	instructions	1,406	
14	Tentative minimum tax:	1 1	
	Individuals. Enter the amount from Form 6251, line 9		
	• Corporations. Enter -0	0	
	Estates and trusts. Enter the amount from Schedule I (Form 1041), line 52		
15	Enter the greater of line 13 or line 14	. 15	31,406
16	Subtract line 15 from line 11. If zero or less, enter -0		119,217
17	Enter the smaller of line 6 or line 16	. 17	22,134
	C corporations: See the line 17 instructions if there has been an ownership change, acquisition,		
	reorganization.		

Part			
Note: If you are not required to report any amounts on line 22 or 24 below, skip lines 18 through 25 and enter -0- on line 26.			
18	Multiply line 14 by 75% (0.75). See instructions	18	0
19	Enter the greater of line 13 or line 18	19	31,406
20	Subtract line 19 from line 11. If zero or less, enter -0	20	119,217
21	Subtract line 17 from line 20. If zero or less, enter -0	21	97,082
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked	22	0
23	Passive activity credit from line 3 of all Parts III with box B checked 23		
24	Enter the applicable passive activity credit allowed for 2019. See instructions	24	0
25	Add lines 22 and 24	25	0
26	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25	26	0
27	Subtract line 13 from line 11. If zero or less, enter -0	27	119,217
28	Add lines 17 and 26	28	22,134
29	Subtract line 28 from line 27. If zero or less, enter -0	29	97,082
30	Enter the general business credit from line 5 of all Parts III with box A checked	30	0
31	Reserved	31	
32	Passive activity credits from line 5 of all Parts III with box B checked 32		
33	Enter the applicable passive activity credits allowed for 2019. See instructions	33	0
34	Carryforward of business credit to 2019. Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked. See instructions for statement to attach	34	0
35	Carryback of business credit from 2020. Enter the amount from line 5 of Part III with box D checked. See instructions	35	0
36	Add lines 30, 33, 34, and 35	36	0
37	Enter the smaller of line 29 or line 36	37	0
38	Credit allowed for the current year. Add lines 28 and 37. Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return. Individuals. Schedule 3 (Form 1040 or 1040-SR), line 6, or Form 1040-NR, line 51 Corporations. Form 1120, Schedule J, Part I, line 5c Estates and trusts. Form 1041, Schedule G, line 2b	38	22,134
			

Biofuel producer (Form 6478) C 4c d 4d Low-income housing (Form 8586, Part II) Renewable electricity, refined coal, and Indian coal production (Form 8835) . . . Employer social security and Medicare taxes paid on certain employee tips (Form 8846) 4f g 4g h 4h 4i Increasing research activities (Form 6765) 4j Employer credit for paid family and medical leave (Form 8994) z 4z 5 Add lines 4a through 4z and enter here and on the applicable line of Part II 5 6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II 22,134 Form 3800 (2019)

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