

Form 990
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047
2006
Open to Public Inspection

A For the 2006 calendar year, or tax year beginning 01-01-2006 and ending 12-31-2006

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

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

C Name of organization: HISTORIC HUDSON VALLEY
Number and street (or P O box if mail is not delivered to street address): 150 WHITE PLAINS ROAD
City or town, state or country, and ZIP + 4: TARRYTOWN, NY 10591

D Employer identification number: 13-1692606
E Telephone number: (914) 631-8200
F Accounting method: [ ] Cash [x] Accrual [ ] Other (specify)

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

G Web site: www.hudsonvalley.org

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

K Check here [ ] if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than 25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 11,776,219

H and I are not applicable to section 527 organizations
H(a) Is this a group return for affiliates? [ ] Yes [x] No
H(b) If "Yes" enter number of affiliates:
H(c) Are all affiliates included? [ ] Yes [ ] No
H(d) Is this a separate return filed by an organization covered by a group ruling? [ ] Yes [x] No
I Group Exemption Number:
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.)

Table with columns for Revenue, Expenses, and Net Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less rental expenses; 6c Net rental income; 7 Other investment income; 8a Gross amount from sales of assets; 8b Less cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less direct expenses; 9c Net income; 10a Gross sales of inventory; 10b Less cost of goods sold; 10c Gross profit or (loss); 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets; 21 Net assets or fund balances at end of year.

**Part III 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
<b>22a</b>	Grants paid from donor advised funds (attach Schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>22b</b>	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>23</b>	Specific assistance to individuals (attach schedule)				
<b>24</b>	Benefits paid to or for members (attach schedule)				
<b>25a</b>	Compensation of current officers, directors, key employees etc. Listed in Part V-A (attach schedule)	538,085	109,836	428,249	
<b>b</b>	Compensation of former officers, directors, key employees etc. listed in Part V-B (attach schedule)				
<b>c</b>	Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)				
<b>26</b>	Salaries and wages of employees not included on lines 25a, b and c	3,602,862	3,065,660	262,403	274,799
<b>27</b>	Pension plan contributions not included on lines 25a, b and c	41,160	36,200	575	4,385
<b>28</b>	Employee benefits not included on lines 25a - 27	379,984	340,963	12,935	26,086
<b>29</b>	Payroll taxes	399,997	334,596	38,880	26,521
<b>30</b>	Professional fundraising fees				
<b>31</b>	Accounting fees	53,991		53,991	
<b>32</b>	Legal fees	17,843		17,843	
<b>33</b>	Supplies	66,565	45,468	18,966	2,131
<b>34</b>	Telephone	80,029	56,839	22,169	1,021
<b>35</b>	Postage and shipping	61,521	45,128	897	15,496
<b>36</b>	Occupancy	396,728	301,463	72,901	22,364
<b>37</b>	Equipment rental and maintenance				
<b>38</b>	Printing and publications	83,755	57,703	3,193	22,859
<b>39</b>	Travel	242,299	190,719	46,996	4,584
<b>40</b>	Conferences, conventions, and meetings				
<b>41</b>	Interest				
<b>42</b>	Depreciation, depletion, etc. (attach schedule)	456,387	410,748	45,639	
<b>43</b>	Other expenses not covered above (itemize)				
<b>a</b>	See Additional Data Table				
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b>					
<b>g</b>					
<b>44</b>	<b>Total functional expenses.</b> Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	8,349,787	6,392,970	1,431,794	525,023

**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.

<p>What is the organization's primary exempt purpose? <b>▶</b> EDUC &amp; PUBLIC HISTORY PGMS AT THE LANDMARK SITES IT PRESERVES</p> <p>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.)</p>	<p><b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)</p>
<p><b>a</b> See Additional Data Table</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <b>▶</b> <input type="checkbox"/></p>	
<p><b>b</b></p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <b>▶</b> <input type="checkbox"/></p>	
<p><b>c</b></p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <b>▶</b> <input type="checkbox"/></p>	
<p><b>d</b></p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <b>▶</b> <input type="checkbox"/></p>	
<p><b>e</b> Other program services (attach schedule)</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <b>▶</b> <input type="checkbox"/></p>	
<p><b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) . . . . <b>▶</b></p>	<p>6,392,970</p>

**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	<b>45</b> Cash—non-interest-bearing . . . . .	452,738	<b>45</b>	898,849
	<b>46</b> Savings and temporary cash investments . . . . .		<b>46</b>	
	<b>47a</b> Accounts receivable . . . . .	103,780		
	<b>b</b> Less allowance for doubtful accounts		103,291	<b>47c</b> 103,780
	<b>48a</b> Pledges receivable . . . . .			
	<b>b</b> Less allowance for doubtful accounts			<b>48c</b>
	<b>49</b> Grants receivable . . . . .	2,807,201	<b>49</b>	3,374,185
	<b>50a</b> Receivables from current and former officers, directors, trustees, and key employees (attach schedule) . . . . .		<b>50a</b>	
	<b>b</b> Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule) . . . . .		<b>50b</b>	
	<b>51a</b> Other notes and loans receivable (attach schedule) . . . . .			
	<b>b</b> Less allowance for doubtful accounts			<b>51c</b>
	<b>52</b> Inventories for sale or use . . . . .	58,963	<b>52</b>	78,545
	<b>53</b> Prepaid expenses and deferred charges . . . . .	344,799	<b>53</b>	303,950
	<b>54a</b> Investments—publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		<b>54a</b>	
	<b>b</b> Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		<b>54b</b>	
<b>55a</b> Investments—land, buildings, and equipment basis . . . . .				
<b>b</b> Less accumulated depreciation (attach schedule) . . . . .			<b>55c</b>	
<b>56</b> Investments—other (attach schedule) . . . . .	63,353,336	<b>56</b>	66,969,511	
<b>57a</b> Land, buildings, and equipment basis	25,841,619			
<b>b</b> Less accumulated depreciation (attach schedule) . . . . .	5,022,243	19,065,235	<b>57c</b> 20,819,376	
<b>58</b> Other assets, including program-related investments (describe <input type="checkbox"/> _____ )	1,287,149	<b>58</b>	2,137,480	
<b>59 Total assets</b> (must equal line 74) Add lines 45 through 58 . . . . .	87,472,712	<b>59</b>	94,685,676	
Liabilities	<b>60</b> Accounts payable and accrued expenses . . . . .	587,397	<b>60</b>	589,335
	<b>61</b> Grants payable . . . . .		<b>61</b>	
	<b>62</b> Deferred revenue . . . . .	27,359	<b>62</b>	31,830
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		<b>63</b>	
	<b>64a</b> Tax-exempt bond liabilities (attach schedule) . . . . .		<b>64a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule) . . . . .		<b>64b</b>	
	<b>65</b> Other liabilities (describe <input type="checkbox"/> _____ )	1,492,563	<b>65</b>	1,368,483
<b>66 Total liabilities</b> Add lines 60 through 65 . . . . .	2,107,319	<b>66</b>	1,989,648	
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	<b>67</b> Unrestricted . . . . .	57,172,044	<b>67</b>	62,843,273
	<b>68</b> Temporarily restricted . . . . .	2,476,463	<b>68</b>	4,135,869
	<b>69</b> Permanently restricted . . . . .	25,716,886	<b>69</b>	25,716,886
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74			
	<b>70</b> Capital stock, trust principal, or current funds . . . . .		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>72</b>	
	<b>73 Total net assets or fund balances</b> Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21) . . . . .	85,365,393	<b>73</b>	92,696,028
	<b>74 Total liabilities and net assets / fund balances</b> Add lines 66 and 73 . . . . .	87,472,712	<b>74</b>	94,685,676





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?
82b If "Yes," you may indicate the value of these items here
83a Did the organization comply with the public inspection requirements for returns and exemption applications?
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84a Did the organization solicit any contributions or gifts that were not tax deductible?
84b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?
85b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85c Dues assessments, and similar amounts from members
85d Section 162(e) lobbying and political expenditures
85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85h 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?
86 501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12
86b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) orgs. Enter a Gross income from members or shareholders
87b Gross income from other sources
88a 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?
88b At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)?
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955
89b 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?
89c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
89d Enter Amount of tax on line 89c, above, reimbursed by the organization
89e All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter transaction?
89f All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?
89g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?
90a List the states with which a copy of this return is filed
90b Number of employees employed in the pay period that includes March 12, 2006
91a The books are in care of BRYANT LEE Telephone no (914) 631-8200
150 WHITE PLAINS ROAD
Located at tarrytown, NY ZIP + 4 10591
91b 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)?

**Part VI Other Information** (continued)

Yes No

**c** At any time during the calendar year, did the organization maintain an office outside of the United States? **91c**

Yes  No

If "Yes," enter the name of the foreign country

**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**

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

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue					
<b>a</b> ADMISSION FEES					1,626,824
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b> Medicare/Medicaid payments					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					220,818
<b>95</b> Interest on savings and temporary cash investments			14	208	
<b>96</b> Dividends and interest from securities					
<b>97</b> Net rental income or (loss) from real estate					
<b>a</b> debt-financed property					
<b>b</b> non debt-financed property			16	87,060	
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income			14	3,018,869	
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events					
<b>102</b> Gross profit or (loss) from sales of inventory	453220	42,925			284,403
<b>103</b> Other revenue <b>a</b> CAFE SALES			03	11,074	
<b>b</b> ROYALTIES			15	195	
<b>c</b> miscellaneous					113,183
<b>d</b>					
<b>e</b>					
<b>104</b> Subtotal (add columns (B), (D), and (E))		42,925		3,117,406	2,245,228
<b>105</b> Total (add line 104, columns (B), (D), and (E))					5,405,559

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

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

**Line No.** Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)

See Additional Data Table

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

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
SAKDEK INC 150 white plains road tarrytown, NY10591 14-1697710	10000 00 %	HOLDING COMPANY	0	45,404
MONTGOMERY PLACE ORCHARDS INC 150 white plains road tarrytown, NY10591 13-5574268	10000 00 %	FARM OPERATIONS	0	6,091
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

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

**(b)** Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

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



**Part XI Information Regarding Transfers To and From Controlled Entities** *Complete only if the organization is a controlling organization as defined in section 512(b)(13)*

<b>106</b> Did the reporting organization <b>make</b> any transfers <b>to</b> a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	<b>Yes</b>	<b>No</b>
--	------------	-----------

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
<b>Totals</b>				

<b>107</b> Did the reporting organization <b>receive</b> any transfers <b>from</b> a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	<b>Yes</b>	<b>No</b>
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	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
<b>Totals</b>				

<b>108</b> Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?	<b>Yes</b>	<b>No</b>
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**Please Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

***** Signature of officer	2008-06-26 Date
bryant lee controller Type or print name and title	

<b>Paid Preparer's Use Only</b>	Preparer's signature	Date
	Firm's name (or yours if self-employed), address, and ZIP + 4	
	LUTZ AND CARR CPA'S LLP	
	300 EAST 42ND STREET	
	NEW YORK, NY 10017	

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

**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

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

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

OMB No 1545-0047

**2006**

Department of the  
Treasury  
Internal Revenue  
Service

Name of the organization  
HISTORIC HUDSON VALLEY

**Employer identification number**

13-1692606

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 2 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
mcKelden smith CO HHV 150 white plains road tarrytown, NY 10591	DIRMARKETING 40 00	140,031	8,640	0
peter pockriss CO HHV 150 white plains road tarrytown, NY 10591	DIRdevelpmnt 40 00	116,212	17,156	0
geoffrey carter CO HHV 150 white plains road tarrytown, NY 10591	dirbldgs 40 00	84,924	16,512	0
kate johnson CO HHV 150 white plains road tarrytown, NY 10591	curator 40 00	82,855	10,730	0
Peter Yudkoff CO HHV 150 white plains road tarrytown, NY 10591	capital proj manager 40 00	89,688	14,622	0
Total number of other employees paid over \$50,000	15			

**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
kronenberger sons restoration in 80 east main street middletown, CT 06457	philipsburg manor house and barn restoration work	498,274
windrose associates po box 805 Ridgefield, CT 06877	computer consulting	154,680
hornedr company 1655 no fort meyer drive arlington, VA 22209	consulting	107,397
divney tung schwalbe llp 1 north broadway white plains, NY 10601	architect	80,845
lutz and carr 300 east 42nd st new york, NY 10017	accountants	52,391
Total number of others receiving over \$50,000 for professional services	1	

**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 for instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
white plains bus company 14 fisher lane white plains, NY 10603	shuttle bus for kykuit tours	126,005
new york times po box 19218 newark, NJ 07195	marketing advertising	71,162
savatree 575 bedford road bedford hills, NY 10507	tree work	58,850
cipriani fifth avenue llc 110 east 42nd street new york, NY 10017	catering	51,609
siriusware inc 1337 gusdorf road taos, NM 87571	software support	51,356
Total number of other contractors receiving over \$50,000 for other services		

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

**Yes No**

<p><b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, include any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶\$ _____(Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B )</p> <p>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</p>	<b>1</b>		No
<p><b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) 🗨</p> <p><b>a</b> Sale, exchange, or leasing property?</p>	<b>2a</b>		No
<p><b>b</b> Lending of money or other extension of credit?</p>	<b>2b</b>		No
<p><b>c</b> Furnishing of goods, services, or facilities?</p>	<b>2c</b>		No
<p><b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? 🗨</p>	<b>2d</b>	Yes	
<p><b>e</b> Transfer of any part of its income or assets?</p>	<b>2e</b>		No
<p><b>3a</b> Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments )</p>	<b>3a</b>		No
<p><b>b</b> Did the organization have a section 403(b) annuity plan for its employees?</p>	<b>3b</b>	Yes	
<p><b>c</b> Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement</p>	<b>3c</b>		No
<p><b>d</b> Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	<b>3d</b>		No
<p><b>4a</b> Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g</p>	<b>4a</b>		No
<p><b>b</b> Did the organization make any taxable distributions under section 4966?</p>	<b>4b</b>		
<p><b>c</b> Did the organization make a distribution to a donor, donor advisor, or related person?</p>	<b>4c</b>		
<p><b>d</b> Enter the total number of donor advised funds owned at the end of the tax year ▶ _____</p>			
<p><b>e</b> Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____</p>			
<p><b>f</b> Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ <u>0</u></p>			
<p><b>g</b> Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ <u>0</u></p>			

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions.)

I certify that 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 otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization

Type I     Type II     Type III - Functionally Integrated     Type III - Other

**Provide the following information about the supported organizations. (see page 7 of the instructions.)**

(a) Name(s) of supported organization(s)	(b) Employer identification number	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support?
			Yes	No	
<b>Total</b>					

- 14**  An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants See line 28 )	2,152,796	2,294,188	2,697,553	1,728,201	8,872,738
<b>16</b> Membership fees received	145,489	95,989	84,416	94,576	420,470
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc , purpose	1,576,026	2,000,134	1,855,125	1,723,917	7,155,202
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	86,393	777,723	749,811	799,273	2,413,200
<b>19</b> Net income from unrelated business activities not included in line 18					0
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					0
<b>22</b> Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	177,201	83,527	173,132	43,420	477,280
<b>23</b> Total of lines 15 through 22	4,137,905	5,251,561	5,560,037	4,389,387	19,338,890
<b>24</b> Line 23 minus line 17	2,561,879	3,251,427	3,704,912	2,665,470	12,183,688
<b>25</b> Enter 1% of line 23	41,379	52,516	55,600	43,894	
<b>26 Organizations described on lines 10 or 11:</b>					
<b>a</b> Enter 2% of amount in column (e), line 24					<b>26a</b> 243,674
<b>b</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 2002 through 2005 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts					<b>26b</b> 33,326
<b>c</b> Total support for section 509(a)(1) test Enter line 24, column (e)					<b>26c</b> 12,183,688
<b>d</b> Add Amounts from column (e) for lines	18 2,413,200	19 0			
	22	26b 33,326			<b>26d</b> 2,923,806
<b>e</b> Public support (line 26c minus line 26d total)					<b>26e</b> 9,259,882
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f</b> 7600 23 %
<b>27 Organizations described on line 12:</b>					
<b>a</b> 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 (2005) _____ (2004) _____ (2003) _____ (2002) _____					
<b>b</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 (2005) _____ (2004) _____ (2003) _____ (2002) _____					
<b>c</b> Add Amounts from column (e) for lines	15 _____	16 _____			
	17 _____	20 _____	21 _____		
<b>d</b> Add Line 27a total _____ and line 27b total _____					<b>27c</b> _____
<b>e</b> Public support (line 27c total minus line 27d total)					<b>27d</b> _____
<b>f</b> Total support for section 509(a)(2) test Enter amount from line 23, column (e)					<b>27e</b> _____
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27f</b> _____
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27g</b> _____
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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					<b>27h</b> _____

**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)**

		Yes	No
<b>29</b>	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?		
<b>30</b>	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?		
<b>31</b>	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 )		
<b>32</b>	Does the organization maintain the following		
<b>a</b>	Records indicating the racial composition of the student body, faculty, and administrative staff?		
<b>b</b>	Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?		
<b>c</b>	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
<b>d</b>	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 )		
<b>33</b>	Does the organization discriminate by race in any way with respect to		
<b>a</b>	Students' rights or privileges?		
<b>b</b>	Admissions policies?		
<b>c</b>	Employment of faculty or administrative staff?		
<b>d</b>	Scholarships or other financial assistance?		
<b>e</b>	Educational policies?		
<b>f</b>	Use of facilities?		
<b>g</b>	Athletic programs?		
<b>h</b>	Other extracurricular activities?		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )		
<b>34a</b>	Does the organization receive any financial aid or assistance from a governmental agency?		
<b>b</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		
<b>35</b>	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 10 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768)

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

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

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

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

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below  
See the instructions for lines 45 through 50 on page 13 of the instructions )

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures					

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

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

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

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

Yes	No	Amount

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





Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

2006

Department of the Treasury Internal Revenue Service

See separate instructions. Attach to your tax return.

Attachment Sequence No 67

Table with 3 columns: Name(s) shown on return, Business or activity to which this form relates, Identifying number.

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 rows for Part I calculations: 1 Maximum amount, 2 Total cost, 3 Threshold cost, 4 Reduction in limitation, 5 Dollar limitation.

Table with 13 rows for Part II calculations: (a) Description of property, (b) Cost, (c) Elected cost, 7 Listed property, 8 Total elected cost, 9 Tentative deduction, 10 Carryover, 11 Business income limitation, 12 Section 179 expense deduction, 13 Carryover.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

Table with 3 rows for Part II: 14 Special allowance, 15 Property subject to section 168(f)(1) election, 16 Other depreciation.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

Table with 2 rows for Section A: 17 MACRS deductions, 18 Grouping assets.

Table with 7 columns: (a) Classification, (b) Month and year, (c) Basis, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows include 19a-f (3-25 year property) and h-i (residential/nonresidential).

Section C—Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation System

Table with 3 rows for Section C: 20a Class life, b 12-year, c 40-year.

Part IV Summary (see instructions)

Table with 3 rows for Part IV: 21 Listed property, 22 Total, 23 Section 263A costs.

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A-Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation/deduction, (i) Elected section 179 cost. Includes rows 25-29.

Section B-Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table with 6 main columns: (a) Vehicle 1, (b) Vehicle 2, (c) Vehicle 3, (d) Vehicle 4, (e) Vehicle 5, (f) Vehicle 6. Rows 30-36 include mileage and availability questions.

Section C-Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

Table with 2 columns: Yes, No. Rows 37-41 include questions about written policies and requirements for qualified automobile demonstration use.

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 42-44.

# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 13-1692606  
**Name:** HISTORIC HUDSON VALLEY

## Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>a</b> real estate and other taxes	<b>43a</b>	57,467	57,442	25	
<b>b</b> insurance	<b>43b</b>	327,331	327,331		
<b>c</b> bank charges and other fees	<b>43c</b>	102,819		102,819	
<b>d</b> advertising and promotion	<b>43d</b>	121,581	121,581		
<b>e</b> events	<b>43e</b>	420,474	289,691	12,253	118,530
<b>f</b> repairs and maintenance	<b>43f</b>	190,492	186,049	3,794	649
<b>g</b> training	<b>43g</b>	7,396	2,247	5,149	
<b>h</b> website	<b>43h</b>	14,974	3,818	11,156	
<b>i</b> program expense	<b>43i</b>	62,631	62,631		
<b>j</b> wardrobe	<b>43j</b>	10,270	10,270		
<b>k</b> tree maintenance	<b>43k</b>	134,795	134,795		
<b>l</b> photography	<b>43l</b>	7,906	7,906		
<b>m</b> membership dues and subscriptions	<b>43m</b>	5,086	3,419	892	775
<b>n</b> professional fees	<b>43n</b>	360,421	184,609	173,905	1,907
<b>o</b> RECRUITING	<b>43o</b>	4,675		4,675	
<b>p</b> equipment	<b>43p</b>	44,089	5,758	35,415	2,916
<b>q</b> miscellaneous	<b>43q</b>	148	100	48	
<b>r</b> investment fees	<b>43r</b>	56,026		56,026	



**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
WADDELL W Stillman C/O HHV 150 WHITE PLAINS ROAD TARRYTOWN,NY 10591	PRESIDENT 40 00	250,449	15,453	0
DAVID M PARSONS C/O HHV 150 WHITE PLAINS ROAD TARRYTOWN,NY 10591	DIRECTOR FINANCE & ADMIN 40 00	159,780	13,665	0
karen m sharman C/O HHV 150 WHITE PLAINS ROAD TARRYTOWN,NY 10591	dir of human resources 40 00	89,414	9,324	0
JAN ADELSON C/O HHV 150 WHITE PLAINS ROAD TARRYTOWN,NY 10591	secretary 1 00	0	0	0
KENT BARWICK C/O HHV 150 WHITE PLAINS ROAD TARRYTOWN,NY 10591	board member 1 00	0	0	0
NANCY CAMPBELL C/O HHV 150 WHITE PLAINS ROAD TARRYTOWN,NY 10591	board member 1 00	0	0	0
KATHARINE CHAPMAN C/O HHV 150 WHITE PLAINS ROAD TARRYTOWN,NY 10591	board member 1 00	0	0	0
arthur imperatore C/O HHV 150 WHITE PLAINS ROAD TARRYTOWN,NY 10591	board member 1 00	0	0	0
MICHAEL HEGARTY C/O HHV 150 WHITE PLAINS ROAD TARRYTOWN,NY 10591	chairman 1 00	0	0	0
BARBARA ISREAL C/O HHV 150 WHITE PLAINS ROAD TARRYTOWN,NY 10591	board member 1 00	0	0	0

**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
WILLIAM PLUNKETT jr C/O HHV 150 WHITE PLAINS ROAD TARRYTOWN, NY 10591	vice chairman 1 00	0	0	0
MARGARET A RACE C/O HHV 150 WHITE PLAINS ROAD TARRYTOWN, NY 10591	board member 1 00	0	0	0
CHARLES P ROCKEFELLER C/O HHV 150 WHITE PLAINS ROAD TARRYTOWN, NY 10591	board member 1 00	0	0	0
MARK F ROCKEFELLER C/O HHV 150 WHITE PLAINS ROAD TARRYTOWN, NY 10591	chairman of exec committ 1 00	0	0	0
ARTHUR SAMBURG C/O HHV 150 WHITE PLAINS ROAD TARRYTOWN, NY 10591	board member 1 00	0	0	0
MOLLY SCHAEFER C/O HHV 150 WHITE PLAINS ROAD TARRYTOWN, NY 10591	vice chairman 1 00	0	0	0
WILLIAM KELLY SIMPSON C/O HHV 150 WHITE PLAINS ROAD TARRYTOWN, NY 10591	board member 1 00	0	0	0
CHARLES J URSTADT C/O HHV 150 WHITE PLAINS ROAD TARRYTOWN, NY 10591	board member 1 00	0	0	0
DONALD WAITE III C/O HHV 150 WHITE PLAINS ROAD TARRYTOWN, NY 10591	board member 1 00	0	0	0
PATRICIA ALTSCHUL C/O HHV 150 WHITE PLAINS ROAD TARRYTOWN, NY 10591	board member 1 00	0	0	0

**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
karen h bechtel C/O HHV 150 WHITE PLAINS ROAD TARRYTOWN, NY 10591	board member 1 00	0	0	0
JOSEPH A RICE C/O HHV 150 WHITE PLAINS ROAD TARRYTOWN, NY 10591	vice chairman 1 00	0	0	0
robert g delamater C/O HHV 150 WHITE PLAINS ROAD TARRYTOWN, NY 10591	board member 1 00	0	0	0
thomas thacher II c/O HHV 150 WHITE PLAINS ROAD TARRYTOWN, NY 10591	board member 1 00	0	0	0
paul wallace c/O HHV 150 WHITE PLAINS ROAD TARRYTOWN, NY 10591	board member 1 00	0	0	0
william wright c/O HHV 150 WHITE PLAINS ROAD TARRYTOWN, NY 10591	treasurer 1 00	0	0	0
david swope c/O HHV 150 WHITE PLAINS ROAD TARRYTOWN, NY 10591	board member 1 00	0	0	0

**Form 990, Part VI, Line 80b - If "Yes", enter the name of the organization and whether it is exempt or nonexempt:**

Name of the Organization	Exempt	Nonexempt
MONTGOMERY PLACE ORCHARDS		X
SAKDEK INC		X



**Form 990, Part VIII - Relationship of Activities to the Accomplishment of Exempt Purposes:**

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	ADMISSION FEES TO SITES PROVIDES THE PUBLIC WITH INTERPRETATION AND
93A	EDUCATION OF THE HISTORIC SITES
94	MEMBERSHIP DUES GIVE MEMBERS ACCESS TO HISTORIC SITES AND ALLOWS THEM
94	TO RECEIVE NEWS ABOUT UPCOMING EVENTS AT THE HISTORIC SITES
102	EDUCATIONAL ITEMS SOLD TO PROMOTE THE PUBLIC BENEFIT OF
102	HISTORICAL SIGNIFICANCE OF THE HISTORIC HUDSON VALLEY SITES
103c	miscellaneous income generated from various activities in
103c	accordance with organization's exempt purpose INCLUDING REIMBURSEMENTS
103C	OF KYKUIT NET LOSS

## TY 2006 General Explanation Attachment

**Name:** HISTORIC HUDSON VALLEY

**EIN:** 13-1692606

Identifier	Return Reference	Explanation
		SCHEDULE OF INVESTMENTS-SCHEDULE A INVESTMENT NAME-MARKET VALUE ARDEN ASSET MANAGEMENT - ARDEN ENDOWMENT ADVISORS LTD -\$6,372,991 DOLPHIN ASSET MANAGEMENT - DOLPHIN LIMITED-\$1,804,088 M KINGDON OFFSHORE FUND N V - COMMON STOCK HEDGE FUND-\$7,553,409 NORTHGATE PRIVATE EQUITY ES-\$240,174 PEQUOT CAPITAL MANAGEMENT - COMMON STOCK HEDGE FUNDS-\$7,697,752 TIGER MANAGEMENT - JAGUAR FUND N V - COMMON STOCK HEDGE FUND-\$12,832 TUDOR INVESTMENT CORPORATION - COMMON STOCK HEDGE FUNDS-\$12,889,810 MUTUAL FUNDS AND ISHARES-\$12,905,180 JPMORGAN CHASE - FIXED INCOME PORTFOLIO-\$11,390,243 JPMORGAN CHASE - PRINCIPALLY MONEY MARKET FUND-\$2,879,301 GOLDMAN SACHS - PRIVATE EQUITY PARTNERS 2005 OFFSHORE, L P -\$109,967 MILLBANK WINTHROP - GLOBAL PARTNERS, L P -\$1,034,000 MILLBANK WINTHROP - SPECIAL SITUATIONS OFFSHORE FUND, LTD -\$2,028,269 TOTAL INVESTMENTS-\$66,918,016

**TY 2006 Investments - Other Schedule****Name:** HISTORIC HUDSON VALLEY**EIN:** 13-1692606

Description	Book Value	Cost/FMV
see schedule-stmt A	66,918,016	F
INVESTMENT IN SUBSIDIARIES	51,495	C

**TY 2006 Land etc. Schedule**

**Name:** HISTORIC HUDSON VALLEY

**EIN:** 13-1692606

<b>Category/Item</b>	<b>Cost/Other Basis</b>	<b>Accumulated Depreciation</b>	<b>Book Value</b>
land	2,729,096		2,729,096
HISTORIC SITES	8,052,954		8,052,954
MUSEUM COLLECTIONS	2,034,903		2,034,903
BUILDING	7,725,586	1,870,231	5,855,355
EQUIPMENT FURNITURE & FIXTURES	3,601,997	2,306,684	1,295,313
ORCHARD	181,348	131,784	49,564
MAJOR PRESERVATION & RESTORATION	1,515,735	713,544	802,191

**TY 2006 Other Assets Schedule**

**Name:** HISTORIC HUDSON VALLEY

**EIN:** 13-1692606

Description	Beginning of Year Amount	End of Year Amount
SECURITY DEPOSIT	19,693	19,693
ACCRUED INTEREST AND DIVIDENDS	58,730	83,719
construction in progress	837,678	1,656,298
intangible asset - pension	371,048	377,770

## TY 2006 Other Changes in Net Assets Schedule

**Name:** HISTORIC HUDSON VALLEY

**EIN:** 13-1692606

Description	Amount
UNREALIZED gain ON INVESTMENTS	4,230,869
loss in equity of subsidiaries	-1,102

**TY 2006 Other Expenses Included Schedule**

**Name:** HISTORIC HUDSON VALLEY

**EIN:** 13-1692606

Description	Amount
museum shop cogs shown as expense on financial statements and net of income	226,587
expenses from subsidiaries consolidated for financial statement	1,102

**TY 2006 Other Investment Income Schedule****Name:** HISTORIC HUDSON VALLEY**EIN:** 13-1692606

<b>Description</b>	<b>Amount</b>
net short long term capital gain	2,151,680
Investment income	867,189



**TY 2006 Other Liabilities Schedule**

**Name:** HISTORIC HUDSON VALLEY

**EIN:** 13-1692606

Description	Beginning of Year Amount	End of Year Amount
ACCRUED RETIREMENT BENEFITS	1,492,563	1,368,483

**TY 2006 Other Revenues Included Schedule****Name:** HISTORIC HUDSON VALLEY**EIN:** 13-1692606

<b>Description</b>	<b>Amount</b>
museum shop cogs shown as expense on financial statements and net of income	226,587

## TY 2006 Special Events Schedule

**Name:** HISTORIC HUDSON VALLEY

**EIN:** 13-1692606

Event Name	Gross Receipts	Contributions	Gross Revenue	Direct Expense	Net Income (Loss)
New York fall gala held on 111606	399,750	349,130	50,620	50,620	0
summer GALA held on 062206	349,259	300,902	48,357	48,357	0

## TY 2006 Other Income Schedule

**Name:** HISTORIC HUDSON VALLEY

**EIN:** 13-1692606

Description	2003	2002	2001	2000	Total
MISC INCOME	177,201	83,527	173,132	43,420	477,280

## TY 2006 Self Dealing Statement

**Name:** HISTORIC HUDSON VALLEY

**EIN:** 13-1692606

Line Number	Explanation
2d	waddell w. stillman, president, david m. parsons, director of finance & administration, karen m. sharman, director of human resources, each received salary of \$250,000, \$159,615 and \$89,414. Their compensations were determined by the board and deemed to be commensurate with their duties and responsibilities.