

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2006

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

A For the 2006 calendar year, or tax year beginning 07/01, 2006, and ending 06/30/2007

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

**C** Name of organization  
**SCENIC HUDSON LAND TRUST, INC.**  
 Number and street (or P O box if mail is not delivered to street address) Room/suite  
**ONE CIVIC CENTER PLAZA, SUITE 200**  
 City or town, state or country, and ZIP + 4  
**POUGHKEEPSIE, NY 12601**

**D** Employer identification number  
**23-7148333**

**E** Telephone number  
**(845) 473-4440**

**F** Accounting method: ☐ Cash ☒ Accrual  
 Other (specify) ☐

**G** Website **WWW.SCENICHUDSON.ORG**

**J** Organization type (check only one) ☒ 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 **34,242,621.**

**H and I are not applicable to section 527 organizations**  
**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No  
**H(b)** If "Yes," enter number of affiliates ☐  
**H(c)** Are all affiliates included? ☐ Yes ☒ No  
 (If "No," attach a list. See instructions.)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No  
**I** Group Exemption Number ☐  
**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)

<b>1</b>	Contributions, gifts, grants, and similar amounts received			
<b>a</b>	Contributions to donor advised funds	<b>1a</b>		
<b>b</b>	Direct public support (not included on line 1a)	<b>1b</b>	292,135.	
<b>c</b>	Indirect public support (not included on line 1a)	<b>1c</b>		
<b>d</b>	Government contributions (grants) (not included on line 1a)	<b>1d</b>	318,466.	
<b>e</b>	Total (add lines 1a through 1d) (cash \$ 610,601. noncash \$ )	<b>1e</b>	610,601.	
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		
<b>3</b>	Membership dues and assessments	<b>3</b>		
<b>4</b>	Interest on savings and temporary cash investments	<b>4</b>	90,192.	
<b>5</b>	Dividends and interest from securities STMT 2.	<b>5</b>	3,198,100.	
<b>6a</b>	Gross rents	<b>6a</b>	69,647.	
<b>b</b>	Less rental expenses	<b>6b</b>	32,675.	
<b>c</b>	Net rental income or (loss) Subtract line 6b from line 6a	<b>6c</b>	36,972.	
<b>7</b>	Other investment income (describe )	<b>7</b>		
<b>8a</b>	Gross amount from sales of assets other than inventory	(A) Securities	26,835,156.	(B) Other
<b>b</b>	Less cost or other basis and sales expenses	<b>8a</b>	3,438,901.	
<b>c</b>	Gain or (loss) (attach schedule)	<b>8b</b>	4,055,739.	
<b>d</b>	Net gain or (loss) Combine line 8c, columns (A) and (B)	<b>8c</b>	-616,838.	
<b>8d</b>			10,644,485.	
<b>9</b>	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>			
<b>a</b>	Gross revenue (not including \$ of contributions reported on line 1b)	<b>9a</b>		
<b>b</b>	Less direct expenses other than fundraising expenses	<b>9b</b>		
<b>c</b>	Net income or (loss) from special events Subtract line 9b from line 9a	<b>9c</b>		
<b>10a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>		
<b>b</b>	Less cost of goods sold	<b>10b</b>		
<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a	<b>10c</b>		
<b>11</b>	Other revenue (from Part VII, line 103)	<b>11</b>	24.	
<b>12</b>	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	<b>12</b>	14,580,374.	
<b>13</b>	Program services (from line 44, column (B))	<b>13</b>	6,220,644.	
<b>14</b>	Management and general (from line 44, column (C))	<b>14</b>	715,401.	
<b>15</b>	Fundraising (from line 44, column (D))	<b>15</b>		
<b>16</b>	Payments to affiliates (attach schedule)	<b>16</b>		
<b>17</b>	Total expenses. Add lines 13 and 14, column (A)	<b>17</b>	6,936,045.	
<b>18</b>	Excess or (deficit) for the year Subtract line 17 from line 12	<b>18</b>	7,644,329.	
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>	203,203,714.	
<b>20</b>	Other changes in net assets or fund balances (attach explanation) STMT 5.	<b>20</b>	13,379,576.	
<b>21</b>	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	<b>21</b>	224,227,619.	

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2006)

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**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<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>22a</b>			
<b>22b</b> Other grants and allocations (attach schedule)	(cash \$ <u>496,336.</u> noncash \$ <u>NONE</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22b</b> 496,336.	496,336.	STMT 6	
<b>23</b> Specific assistance to individuals (attach schedule)		<b>23</b>			
<b>24</b> Benefits paid to or for members (attach schedule)		<b>24</b>			
<b>25a</b> Compensation of current officers, directors, key employees, etc listed in Part V-A (attach schedule)		<b>25a</b> NONE			
<b>b</b> Compensation of former officers, directors, key employees, etc listed in Part V-B (attach schedule)		<b>25b</b>			
<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>25c</b>			
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c		<b>26</b>			
<b>27</b> Pension plan contributions not included on lines 25a, b, and c		<b>27</b>			
<b>28</b> Employee benefits not included on lines 25a - 27		<b>28</b>			
<b>29</b> Payroll taxes		<b>29</b>			
<b>30</b> Professional fundraising fees		<b>30</b>			
<b>31</b> Accounting fees		<b>31</b> 35,657.		35,657.	
<b>32</b> Legal fees		<b>32</b> 46,638.	46,638.		
<b>33</b> Supplies		<b>33</b>			
<b>34</b> Telephone		<b>34</b>			
<b>35</b> Postage and shipping		<b>35</b>			
<b>36</b> Occupancy		<b>36</b> 8,006.	8,006.		
<b>37</b> Equipment rental and maintenance		<b>37</b>			
<b>38</b> Printing and publications		<b>38</b>			
<b>39</b> Travel		<b>39</b> 816.	816.		
<b>40</b> Conferences, conventions, and meetings		<b>40</b>			
<b>41</b> Interest		<b>41</b>			
<b>42</b> Depreciation, depletion, etc (attach schedule)		<b>42</b> 4,044.	4,044.		
<b>43</b> Other expenses not covered above (itemize)		<b>43</b>			
<b>a</b> STMT 8		<b>43a</b> 6,344,548.	5,664,804.	679,744.	
<b>b</b>		<b>43b</b>			
<b>c</b>		<b>43c</b>			
<b>d</b>		<b>43d</b>			
<b>e</b>		<b>43e</b>			
<b>f</b>		<b>43f</b>			
<b>g</b>		<b>43g</b>			
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).		<b>44</b> 6,936,045.	6,220,644.	715,401.	

Joint Costs. Check ☐ if you are following SOP 98-2Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_, (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments** (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? **SEE STATEMENT 9**

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.)

**Program Service Expenses**  
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

**a** SCENIC HUDSON LAND TRUST, INC. PROTECTS LAND THAT IS OF ECOLOGICAL, SCENIC, HISTORIC, AGRICULTURAL OR RECREATIONAL SIGNIFICANCE. SERVICES INCLUDE CREATING PUBLIC ACCESS TO THE LAND, PROMOTING APPROPRIATE COMPATIBLE USE OF LAND, AND EDUCATING THE PUBLIC ABOUT THE LAND'S SIGNIFICANCE.

(Grants and allocations \$ 496,336. ) If this amount includes foreign grants, check here ☐

6,220,644.

**b** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Grants and allocations \$ ) If this amount includes foreign grants, check here ☐

**c** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Grants and allocations \$ ) If this amount includes foreign grants, check here ☐

**d** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Grants and allocations \$ ) If this amount includes foreign grants, check here ☐

**e** Other program services (attach schedule)

(Grants and allocations \$ ) If this amount includes foreign grants, check here ☐

**f** Total of Program Service Expenses (should equal line 44, column (B), Program services) . . . . .

6,220,644.

Form 990 (2006)

**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
<b>Assets</b>	<b>45</b> Cash - non-interest-bearing . . . . .	29,358.	<b>45</b>	4,109.
	<b>46</b> Savings and temporary cash investments . . . . .	1,324,719.	<b>46</b>	1,599,813.
	<b>47a</b> Accounts receivable . . . . .	<b>47a</b> 2,440,301.		
	<b>b</b> Less allowance for doubtful accounts . . . . .	<b>47b</b>	<b>47c</b>	2,440,301.
	<b>48a</b> Pledges receivable . . . . .	<b>48a</b>		
	<b>b</b> Less allowance for doubtful accounts . . . . .	<b>48b</b>	<b>48c</b>	
	<b>49</b> Grants receivable . . . . .	874,000.	<b>49</b>	906,480.
	<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(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) . . . . .		<b>50b</b>	
	<b>51a</b> Other notes and loans receivable (attach schedule) . . . . .	<b>51a</b>		
	<b>b</b> Less allowance for doubtful accounts . . . . .	<b>51b</b>	<b>51c</b>	
	<b>52</b> Inventories for sale or use . . . . .		<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges . . . . .	181,579.	<b>53</b>	158,711.
	<b>54a</b> Investments - publicly-traded securities . STMT 10 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	86,958,974.	<b>54a</b>	100,233,194.
	<b>b</b> Investments - other securities (attach schedule) . <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	60,559,770.	<b>54b</b>	69,037,829.
<b>55a</b> Investments - land, buildings, and equipment basis . STMT 11	<b>55a</b>			
<b>b</b> Less accumulated depreciation (attach schedule) . . . . .	<b>55b</b>	<b>55c</b>		
<b>56</b> Investments - other (attach schedule) . . . . .		<b>56</b>		
<b>57a</b> Land, buildings, and equipment basis . . . . .	<b>57a</b> 20,220.			
<b>b</b> Less accumulated depreciation (attach schedule) . . . . .	<b>57b</b> 14,154.	<b>57c</b>	6,066.	
<b>58</b> Other assets, including program-related investments (describe <input type="checkbox"/> STMT 12 )	53,552,393.	<b>58</b>	50,240,698.	
<b>59</b> <b>Total assets</b> (must equal line 74) Add lines 45 through 58 . . . . .	203,490,903.	<b>59</b>	224,627,201.	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses . . . . .	285,189.	<b>60</b>	397,582.
	<b>61</b> Grants payable . . . . .		<b>61</b>	
	<b>62</b> Deferred revenue . . . . .		<b>62</b>	
	<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"/> STMT 13 )	2,000.	<b>65</b>	2,000.
<b>66</b> <b>Total liabilities.</b> Add lines 60 through 65 . . . . .	287,189.	<b>66</b>	399,582.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 67 through 69 and lines 73 and 74</b>			
	<b>67</b> Unrestricted . . . . .	63,918,665.	<b>67</b>	63,257,757.
	<b>68</b> Temporarily restricted . . . . .	139,285,049.	<b>68</b>	160,969,862.
	<b>69</b> Permanently restricted . . . . .		<b>69</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 70 through 74</b>			
	<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</b> <b>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) . . . . .	203,203,714.	<b>73</b>	224,227,619.
	<b>74</b> <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 . . . . .	203,490,903.	<b>74</b>	224,627,201.

<b>a</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>a</b>	27,987,280.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12			
<b>1</b>	Net unrealized gains on investments . . . . .	<b>b1</b> 13,379,576.		
<b>2</b>	Donated services and use of facilities. . . . .	<b>b2</b>		
<b>3</b>	Recoveries of prior year grants . . . . .	<b>b3</b>		
<b>4</b>	Other (specify) <u>SEE STATEMENT 14</u>	<b>b4</b> -5,345.		
	Add lines <b>b1</b> through <b>b4</b> . . . . .		<b>b</b>	13,374,231.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> . . . . .		<b>c</b>	14,613,049.
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :			
<b>1</b>	Investment expenses not included on Part I, line 6b. . . . .	<b>d1</b> -32,675.		
<b>2</b>	Other (specify) _____	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b> . . . . .		<b>d</b>	-32,675.
<b>e</b>	<b>Total revenue</b> (Part I, line 12) Add lines <b>c</b> and <b>d</b> . . . . .		<b>e</b>	14,580,374.

<b>a</b>	Total expenses and losses per audited financial statements. . . . .		<b>a</b>	7,580,213.
<b>b</b>	Amounts included on line a but not on Part I, line 17			
<b>1</b>	Donated services and use of facilities. . . . .	<b>b1</b>		
<b>2</b>	Prior year adjustments reported on Part I, line 20 . . . . .	<b>b2</b>		
<b>3</b>	Losses reported on Part I, line 20. . . . .	<b>b3</b>		
<b>4</b>	Other (specify) -- <u>SEE STATEMENT 15</u> -----	<b>b4</b>	616,838.	
	-----			
	Add lines <b>b1</b> through <b>b4</b> . . . . .		<b>b</b>	616,838.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> . . . . .		<b>c</b>	6,963,375.
<b>d</b>	Amounts included on Part I, line 17, but not on line a:			
<b>1</b>	Investment expenses not included on Part I, line 6b. . . . .	<b>d1</b>	-32,675.	
<b>2</b>	Other (specify) -- <u>SEE STATEMENT 16</u> -----			
	-----	<b>d2</b>	5,345.	
	Add lines <b>d1</b> and <b>d2</b> . . . . .		<b>d</b>	-27,330.
<b>e</b>	<b>Total expenses</b> (Part I, line 17) Add lines <b>c</b> and <b>d</b> . . . . .		<b>e</b>	6,936,045.

[illegible]

Yes	No
-----	----

- |     |   |   |
|-----|---|---|
| 75b |   | X |
| 75c | X |   |
| 75d | X |   |

Yes	No
-----	----

- |     |     |   |
|-----|-----|---|
| 76  |     | X |
| 77  |     | X |
| 78a |     | X |
| 78b | N/A |   |
| 79  |     | X |
| 80a | X   |   |
| 81b |     | X |

**Part VI Other Information (continued)**

	Yes	No
<b>82 a</b> 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? . . . . .	<b>82a</b> X	
<b>b</b> If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III). . . . . <b>82b</b> 3,000.		
<b>83 a</b> Did the organization comply with the public inspection requirements for returns and exemption applications? . . . . .	<b>83a</b> X	
<b>b</b> Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions? . . . . .	<b>83b</b> X	
<b>84 a</b> Did the organization solicit any contributions or gifts that were not tax deductible? . . . . .	<b>84a</b>	X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>84b</b> N/A	
<b>85 501(c)(4), (5), or (6) organizations</b> <b>a</b> Were substantially all dues nondeductible by members? . . . . .	<b>85a</b> N/A	
<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . . .	<b>85b</b> N/A	
<b>c</b> Dues, assessments, and similar amounts from members . . . . . <b>85c</b> N/A		
<b>d</b> Section 162(e) lobbying and political expenditures . . . . . <b>85d</b> N/A		
<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices . . . . . <b>85e</b> N/A		
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e) . . . . . <b>85f</b> N/A		
<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? . . . . .	<b>85g</b> N/A	
<b>h</b> 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? . . . . .	<b>85h</b> N/A	
<b>86 501(c)(7) orgs</b> Enter <b>a</b> Initiation fees and capital contributions included on line 12 . . . . . <b>86a</b> N/A		
<b>b</b> Gross receipts, included on line 12, for public use of club facilities . . . . . <b>86b</b> N/A		
<b>87 501(c)(12) orgs</b> Enter <b>a</b> Gross income from members or shareholders . . . . . <b>87a</b> N/A		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . . <b>87b</b> N/A		
<b>88 b</b> At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX . . . . .	<b>88a</b> X	
<b>b</b> At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI . . . . .	<b>88b</b>	X
<b>89 a 501(c)(3) organizations</b> Enter Amount of tax imposed on the organization during the year under section 4911 ▶ <u>N/A</u> , section 4912 ▶ <u>N/A</u> , section 4955 ▶ <u>N/A</u>		
<b>b 501(c)(3) and 501(c)(4) orgs.</b> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction . . . . .	<b>89b</b>	X
<b>c</b> Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ <u>NONE</u>		
<b>d</b> Enter Amount of tax on line 89c, above, reimbursed by the organization . . . . . ▶ <u>N/A</u>		
<b>e All organizations</b> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? . . . . .	<b>89e</b>	X
<b>f All organizations</b> Did the organization acquire a direct or indirect interest in any applicable insurance contract? . . . . .	<b>89f</b>	X
<b>g For supporting organizations and sponsoring organizations maintaining donor advised funds</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .	<b>89g</b>	X
<b>90 a</b> List the states with which a copy of this return is filed ▶ <u>NY</u> .		
<b>b</b> Number of employees employed in the pay period that includes March 12, 2006 (See instructions) . . . . .	<b>90b</b> NONE	
<b>91 a</b> The books are in care of ▶ <u>SCENIC HUDSON LAND TRUST</u> Telephone no ▶ <u>845-473-4440</u>		
Located at ▶ <u>ONE CIVIC CENTER PLAZA, POUGHKEEPSIE, NY</u> ZIP + 4 ▶ <u>12601-3096</u>		
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	<b>91b</b>	X
If "Yes," enter the name of the foreign country ▶ _____		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		

**Part VI Other Information (continued)**

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 ☐ **92** and enter the amount of tax-exempt interest received or accrued during the tax year . . . . ▶ **92** ☐ NONE

**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					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments . . . . .					
g Fees and contracts from government agencies . . . . .					
<b>94</b> Membership dues and assessments . . . . .					
<b>95</b> Interest on savings and temporary cash investments . . . . .			14	90,192.	
<b>96</b> Dividends and interest from securities . . . . .			14	3,198,100.	
<b>97</b> Net rental income or (loss) from real estate					
a debt-financed property . . . . .					
b not debt-financed property . . . . .			16	36,972.	
<b>98</b> Net rental income or (loss) from personal property . . . . .					
<b>99</b> Other investment income . . . . .					
<b>100</b> Gain or (loss) from sales of assets other than inventory . . . . .			18	10,644,485.	
<b>101</b> Net income or (loss) from special events . . . . .					
<b>102</b> Gross profit or (loss) from sales of inventory . . . . .					
<b>103</b> Other revenue a _____					
b MISC. INCOME					24.
c _____					
d _____					
e _____					
<b>104</b> Subtotal (add columns (B), (D), and (E)). . . . .				13,969,749.	24.
<b>105</b> Total (add line 104, columns (B), (D), and (E)) . . . . . ▶					13,969,773.

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)
103B	RECEIPT FROM ATTORNEY FOR COPIES OF LEGAL DOCUMENTS RELATED
103B	TO PROPERTIES TRANSFERRED TO GOVERNMENT

**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
STMT 21	%		-249.	276,149.
	%			
	%			
	%			

**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)

**106** Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a						X
b						
c						
Totals						

**107** Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

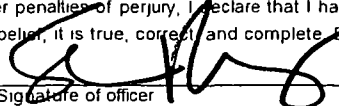
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a						X
b						
c						
Totals						

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

	Yes	No
		X

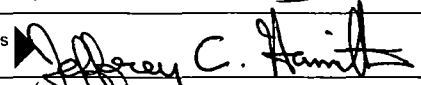
**Please Sign Here**

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:  Date: **Nov. 2, 2007**

Type or print name and title: **Steven Rosenberg, Executive Director**

**Paid Preparer's Use Only**

Preparer's signature:  Date: **10-30-2007** Check if self-employed: ☐

Firm's name (or yours if self-employed), address, and ZIP + 4: **PRICEWATERHOUSECOOPERS L.L.P.** Preparer's SSN or PTIN (See Gen. Inst. X): **PO0593765**

**677 BROADWAY** EIN: **13-4008324**

**ALBANY, NY 12207** Phone no: **518-462-2030**

Form 990 (2006)

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

Department of the Treasury  
Internal Revenue Service

**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**

Name of the organization

Employer identification number

SCENIC HUDSON LAND TRUST, INC.

23-7148333

**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
NONE				

Total number of other employees paid over \$50,000 . . . ► NONE

**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
SEE STATEMENT 22		

Total number of others receiving over \$50,000 for professional services . . . . . ► 4

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 23		

Total number of other contractors receiving over \$50,000 for other services . . . . . ► 3

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ

Schedule A (Form 990 or 990-EZ) 2006

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

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ <u>22,516.</u> (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B) . . . . .	<b>1</b> X	
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property? . . . . .	<b>2a</b>	X
b Lending of money or other extension of credit? . . . . .	<b>2b</b>	X
c Furnishing of goods, services, or facilities? . . . . .	<b>2c</b>	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .	<b>2d</b>	X
e Transfer of any part of its income or assets? . . . . .	<b>2e</b>	X
3a 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) . . . . .	<b>3a</b>	X
b Did the organization have a section 403(b) annuity plan for its employees? . . . . .	<b>3b</b> X	
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement . . . . . STMT 24	<b>3c</b> X	
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . .	<b>3d</b>	X
4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g . . . . .	<b>4a</b>	X
b Did the organization make any taxable distributions under section 4966? . . . . .	<b>4b</b> N/A	
c Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>4c</b> N/A	
d Enter the total number of donor advised funds owned at the end of the tax year . . . . . ►	NONE	
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year . . . . . ►	NONE	
f 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 rights to provide advice on the distribution or investment of amounts in such funds or accounts . . . . . ►	NONE	
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year . . . . . ►	NONE	

**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 (EIN)	(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	
SCENIC HUDSON, INC.	13-2898799	11A	X		1,675,000.
<b>Total</b>					1,675,000.

- 14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions.)

Schedule A (Form 990 or 990-EZ) 2006

**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. **NOT APPLICABLE**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28) . . . . .					
16 Membership fees received . . . . .					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose . . . . .					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 . . . . .					
19 Net income from unrelated business activities not included in line 18 . . . . .					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf . . . . .					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge . . . . .					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets . . . . .					
23 Total of lines 15 through 22 . . . . .					
24 Line 23 minus line 17. . . . .					
25 Enter 1% of line 23. . . . .					
26 Organizations described on lines 10 or 11 . . . . .	a Enter 2% of amount in column (e), line 24. <b>NOT APPLICABLE</b> . . . . .				26a
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 . . . . .					26b
c Total support for section 509(a)(1) test. Enter line 24, column (e) . . . . .					26c
d Add: Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____ . . . . .					26d
e Public support (line 26c minus line 26d total) . . . . .					26e
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) . . . . .					26f %
27 Organizations described on line 12 . . . . .	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year.				
(2005) _____ (2004) _____ (2003) _____ (2002) _____					
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) _____					
c Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ . . . . .					27c
d Add: Line 27a total, _____ and line 27b total, _____ . . . . .					27d
e Public support (line 27c total minus line 27d total) . . . . .					27e
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e) . . . . .					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) . . . . .					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) . . . . .					27h %
28 Unusual Grants. For an organization described in line 10, 11, or 12 that received any unusual grants during 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.					

**Part V Private School Questionnaire** (See page 9 of the instructions.)

NOT APPLICABLE

(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>29</b>	
<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>30</b>	
<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>31</b>	
<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>32a</b>	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .	<b>32b</b>	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .	<b>32c</b>	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .	<b>32d</b>	
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>33a</b>	
<b>b</b> Admissions policies? . . . . .	<b>33b</b>	
<b>c</b> Employment of faculty or administrative staff? . . . . .	<b>33c</b>	
<b>d</b> Scholarships or other financial assistance? . . . . .	<b>33d</b>	
<b>e</b> Educational policies? . . . . .	<b>33e</b>	
<b>f</b> Use of facilities? . . . . .	<b>33f</b>	
<b>g</b> Athletic programs? . . . . .	<b>33g</b>	
<b>h</b> Other extracurricular activities? . . . . .	<b>33h</b>	
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement ) ----- ----- -----		
<b>34 a</b> Does the organization receive any financial aid or assistance from a governmental agency? . . . . .	<b>34a</b>	
<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>34b</b>	
<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 . . . . .	<b>35</b>	

**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> 5,252.	NONE
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . .	<b>37</b> 40,282.	22,516.
<b>38</b>	Total lobbying expenditures (add lines 36 and 37) . . .	<b>38</b> 45,534.	22,516.
<b>39</b>	Other exempt purpose expenditures . . .	<b>39</b> 10,648,112.	6,913,529.
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39) . . .	<b>40</b> 10,693,646.	6,936,045.
<b>41</b>	Lobbying nontaxable amount Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is - Not over \$500,000 . . . . . 20% of the amount on line 40 . . . . . Over \$500,000 but not over \$1,000,000 . . . \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 . . \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 . \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 . . . . . \$1,000,000	<b>41</b> 684,682.	496,802.
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41) . . .	<b>42</b> 171,171.	124,201.
<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) ►	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>45</b> Lobbying nontaxable amount . . . . .	496,802.	666,273.	718,292.	349,464.	2,230,831.
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) . .					3,346,247.
<b>47</b> Total lobbying expenditures	22,516.	85,682.	10,568.	1,510.	120,276.
<b>48</b> Grassroots nontaxable amount . . . . .	124,201.	166,568.	179,573.	87,366.	557,708.
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) . . .					836,562.
<b>50</b> Grassroots lobbying expenditures . . . . .	NONE	522.	3,009.	NONE	3,531.

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

NOT APPLICABLE

(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

	Yes	No	Amount
<b>a</b> Volunteers . . . . .			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h) . . .			
<b>c</b> Media advertisements . . . . .			
<b>d</b> Mailings to members, legislators, or the public . . . . .			
<b>e</b> Publications, or published or broadcast statements . . . . .			
<b>f</b> Grants to other organizations for lobbying purposes . . . . .			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body . . . . .			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .			
<b>i</b> Total lobbying expenditures (Add lines c through h) . . . . .			

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





FORM 990 - GENERAL EXPLANATION ATTACHMENT  
=====COMPENSATION PROVIDED BY RELATED ORG  
FORM 990, PART V-A

SCENIC HUDSON, INC. AND EDWARD SULLIVAN ENTERED INTO A LONG-TERM EMPLOYMENT AGREEMENT UNDER IRC SECTION 475(F). THE TERMS OF THE AGREEMENT RUN THROUGH DECEMBER 31, 2014 AT WHICH TIME MR. SULLIVAN WILL COMPLETE HIS COMMITMENT AND RECEIVE A ONE TIME LUMP SUM PAYMENT OF \$500,000. IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, SCENIC HUDSON, INC. WILL AMORTIZE THIS PAYMENT OVER THE TERM OF THE AGREEMENT. DURING THE YEAR, THE CORPORATION RECOGNIZED \$20,690 IN EXPENSES RELATED TO THIS AGREEMENT.

FORM 990, PART I - DIVIDENDS AND INTEREST FROM SECURITIES  
=====DESCRIPTION  
-----AMOUNT  
-----

INTEREST AND DIVIDENDS

3,198,100.  
-----

TOTAL

3,198,100.  
=====

### SCHEDULE FOR DEPRECIATION CLAIMED

JSA

## RENT AND ROYALTY SUMMARY

=====

PROPERTY	TOTAL INCOME	DEPLETION/ DEPRECIATION	OTHER EXPENSES	ALLOWABLE NET INCOME
-----	-----	-----	-----	-----
RENTAL INCOME	36,972.			36,972.
	-----	-----	-----	-----
TOTALS	36,972.			36,972.
	=====	=====	=====	=====

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES  
=====DESCRIPTION  
-----AMOUNT  
-----

NET UNREALIZED GAIN ON INVESTMENTS

13,379,576.  
-----

TOTAL

13,379,576.  
=====

## FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
	FOUNDATION	STATUS OF RECIPIENT		
GRANTS PAID				
=====				
SCENIC HUDSON, INC.				108,000
ONE CIVIC CENTER PLAZA, SUITE 200				
POUGHKEEPSIE, NY 12601				
LOCUST GROVE				350,000.
2683 SOUTH ROAD				
POUGHKEEPSIE, NY 12601				
FRIENDS OF PEACH HILL				21,021.
P O BOX 2964				
POUGHKEEPSIE, NY 12601				
APPALACHIAN MT. CLUB				1,000.
520 LONG STREET				
BETHLEHEM, PA 18018				
MINETTA BROOK				500.
96 REMSEN ST				
BROOKLYN, NY 11201				
LAND TRUST ALLIANCE				12,500.
666 BROADWAY				
NEW YORK, NY 10012				
THE TRUST FOR PUBLIC LAND				3,165
116 NEW MONTGOMERY ST				
SAN FRANCISCO, CA 94105				
JOHN BURROUGHS ASSOCIATION				150.
15 W 77TH ST				
NEW YORK, NY 10029				

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

AND

RECIPIENT NAME AND ADDRESS

FOUNDATION STATUS OF RECIPIENT

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

TOTAL CONTRIBUTIONS PAID

496,336.

## FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL
PROPERTY TAXES	258,931.	258,931.	
LAND PROJECT EXPENSES	1,009,065.	1,009,065.	
PROGRAM MANAGEMENT SERVICES	1,587,690.	1,500,000.	87,690.
INSURANCE	82,165.	82,165.	
MISCELLANEOUS	80,561.	80,561.	
REMEDIATION EXPENSE	132,000.	132,000.	
BANK CHARGES	783.	783.	
INVESTMENT MANAGEMENT AND LEGAL FEES	591,256.		591,256.
CONSERVATION EASEMENTS AND CLOSING COSTS	2,593,488.	2,593,488.	
EASEMENT MONITORING	7,811.	7,811.	
FOREIGN TAXES	798.		798.
TOTALS	6,344,548.	5,664,804.	679,744.



FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE  
=====

THE SCENIC HUDSON LAND TRUST, INC. WAS FOUNDED EXCLUSIVELY FOR THE BENEFIT OF AND TO SERVE THE PURPOSES OF SCENIC HUDSON, INC. TO THE EXTENT THAT THOSE PURPOSES RELATE TO ACQUIRING AND HOLDING LAND IN THE HUDSON RIVER VALLEY IN ORDER TO PRESERVE AND PROTECT SUCH LAND FOR THE BENEFIT OF THE PUBLIC.

## FORM 990, PART IV - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION -----	ENDING BOOK VALUE -----
ARTISAN GROWTH	7,256,350.
BERKSHIRE HATHAWAY HOLDINGS	6,887,401.
JP MORGAN - CASH	386,625.
NEUBERGER BERMAN	13,325,159.
PIMCO - TOTAL RETURN FUND	19,255,397.
PIMCO - SHORT TERM FUND	3,244,138.
PIMCO - LOW DURATION	3,299,009.
TEMPLETON	5,938,737.
VANGUARD S&P 500 INDEX FUND	24,786,143.
WEATHERBIE	8,006,252.
WINSLOW	7,847,983.
	-----
TOTALS	100,233,194.
	=====

FORM 990, PART IV - INVESTMENTS - OTHER SECURITIES  
=====

DESCRIPTION -----	ENDING BOOK VALUE -----
ARDEN ENDOWMENT ADVISORS	6,338,378.
ADVANCED EMERGING MARKETS	9,270,367.
GMO US CORE EQUITY FUND	20,079,912.
SILCHESTER INTERNATIONAL INV.	23,359,764.
INV. FUND FOR FOUNDATIONS	9,989,408.
	-----
TOTALS	69,037,829.
	=====

## FORM 990, PART IV - OTHER ASSETS

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
NATURAL LAND AREAS	50,175,698.
DEPOSITS ON CONTRACTS	65,000.
	-----
TOTALS	50,240,698.
	=====

## FORM 990, PART IV - OTHER LIABILITIES

=====

DESCRIPTION -----	ENDING BOOK VALUE -----
SECURITY DEPOSITS PAYABLE	2,000. -----
TOTALS	2,000. =====

## FORM 990, PART IV-A - OTHER REVENUE ON BOOKS BUT NOT ON RETURN

=====

## DESCRIPTION

-----

## AMOUNT

-----

NET INVESTMENT GAINS (EXPENSES)

-5,345.

TOTAL

-----  
-5,345.  
=====

FORM 990, PART IV-B - OTHER EXPENSES ON BOOKS BUT NOT ON RETURN  
=====DESCRIPTION  
-----AMOUNT  
-----LOSSES ON TRANSFER OF REAL  
PROPERTY TO GOV'T & NPO'S616,838.  
-----

TOTAL

616,838.  
=====

FORM 990, PART IV-B - OTHER EXPENSES ON RETURN BUT NOT ON BOOKS  
=====DESCRIPTION  
-----AMOUNT  
-----

NET INVESTMENT GAINS (EXPENSES)

5,345.  
-----

TOTAL

5,345.  
=====



## FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
CHRISTOPHER DAVIS ONE CIVIC CENTER PLAZA, SUITE 200 POUGHKEEPSIE, NY 12601	VICE CHAIR	NONE	NONE	NONE
WILLIAM EVARTS, JR., ESQ. ONE CIVIC CENTER PLAZA, SUITE 200 POUGHKEEPSIE, NY 12601	VICE CHAIR	NONE	NONE	NONE
IRVINE FLINN ONE CIVIC CENTER PLAZA, SUITE 200 POUGHKEEPSIE, NY 12601	DIRECTOR	NONE	NONE	NONE
GARY GLYNN ONE CIVIC CENTER PLAZA, SUITE 200 POUGHKEEPSIE, NY 12601	TREASURER	NONE	NONE	NONE
MARJORIE HART ONE CIVIC CENTER PLAZA, SUITE 200 POUGHKEEPSIE, NY 12601	DIRECTOR	NONE	NONE	NONE
JUDITH LABELLE, ESQ. ONE CIVIC CENTER PLAZA, SUITE 200 POUGHKEEPSIE, NY 12601	DIRECTOR	NONE	NONE	NONE
GRETCHEN LONG	VICE CHAIR	NONE	NONE	NONE

## FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
ONE CIVIC CENTER PLAZA, SUITE 200 POUGHKEEPSIE, NY 12601				
ANTHONY MORIELLO ONE CIVIC CENTER PLAZA, SUITE 200 POUGHKEEPSIE, NY 12601	DIRECTOR	NONE	NONE	NONE
DAVID MORTIMER ONE CIVIC CENTER PLAZA, SUITE 200 POUGHKEEPSIE, NY 12601	DIRECTOR	NONE	NONE	NONE
FREDERICK OSBORN, III ONE CIVIC CENTER PLAZA, SUITE 200 POUGHKEEPSIE, NY 12601	DIRECTOR	NONE	NONE	NONE
RUDOLPH RAUCH, III ONE CIVIC CENTER PLAZA, SUITE 200 POUGHKEEPSIE, NY 12601	SECRETARY	NONE	NONE	NONE
DAVID REDDEN ONE CIVIC CENTER PLAZA, SUITE 200 POUGHKEEPSIE, NY 12601	ASSISTANT TREASURER	NONE	NONE	NONE
FREDERIC RICH ESQ. ONE CIVIC CENTER PLAZA, SUITE 200 POUGHKEEPSIE, NY 12601	CHAIR	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
EDWARD SULLIVAN ONE CIVIC CENTER PLAZA, SUITE 200 POUGHKEEPSIE, NY 12601	ASSISTANT SECRETARY	NONE	NONE	NONE
STEVEN ROSENBERG ONE CIVIC CENTER PLAZA, SUITE 200 POUGHKEEPSIE, NY 12601	EXECUTIVE DIRECTOR	NONE	NONE	NONE
JOSEPH KAZLAUSKAS ONE CIVIC CENTER PLAZA, SUITE 200 POUGHKEEPSIE, NY 12601	CFO	NONE	NONE	NONE
GRAND TOTALS				
		NONE	NONE	NONE

SCENIC HUDSON LAND TRUST, INC.

23-7148333

FORM 990, PART V-A COMPENSATION PROVIDED BY RELATED ORGANIZATION

=====

NAME, ORGANIZATION NAME, RELATIONSHIP	EMPLOYER ID #	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
EDWARD SULLIVAN SCENIC HUDSON, INC.	13-2898799	248,470.	548,293.*	8,204.
STEVEN ROSENBERG SCENIC HUDSON, INC.	13-2898799	175,000.	27,613.	1,399.
JOSEPH KAZLAUSKAS SCENIC HUDSON, INC.	13-2898799	146,822.	23,895.	1,148.
GRAND TOTALS		570,292.	599,801.	10,751.

\* SEE STATEMENT 1 FOR ADDITIONAL INFORMATION REGARDING THIS AMOUNT

## FORM 990, PART IX - INFORMATION REGARDING TAXABLE SUBSIDIARIES

NAME AND ADDRESS EMPLOYER IDENTIFICATION NUMBER	PERCENTAGE OWNERSHIP INTEREST	NATURE OF BUSINESS ACTIVITIES	TOTAL INCOME	ENDING ASSETS
HIGHLANDS BATTLESITE PROP, LLC ONE CIVIC CENTER PLAZA POUGHKEEPSIE, NY 12601 02-0668682	100.000000	BATTLESITE LAND OWNERSHIP	-249.	276,149.

## TOTAL INCOME

-249.	276,149.
-------	----------

SCH. A, PART II-A COMPENSATION OF THE 5 HIGHEST PAID FOR PROF. SERV.  
=====

NEUBERGER BERMAN 605 THIRD AVE. NEW YORK, NY 10015	INVESTMENT MANAGER	124,538.
SILCHESTER INTERNATIONAL 780 THIRD AVE NEW YORK, NY 10017	INVESTMENT MANAGER	175,948.
MICHIGAN TECHNOLOGICAL 1400 TOWNSEND DRIVE HOUGHTON, MI 49931	ARCHEOLOGY STUDIES	89,943.
MATTHEW NIELSEN 184 DUANE ST NEW YORK, NY 10013	LANDSCAPE ARCHITECTS	188,463.
PATKAU ARCHITECTS, INC. 1500 ALBERNI ST V6E3Z3 VANCOUVER BRITISH COLUMBIA CANADA	ARCHITECTS	53,305.
TOTAL COMPENSATION		----- 632,197. =====

SCH. A, PART II-B COMPENSATION OF THE 5 HIGHEST PAID FOR OTHER SERV.  
=====

SCENIC HUDSON, INC ONE CIVIC CENTER PLAZA POUGHKEEPSIE, NY 12601	MANAGEMENT SERVICE	1,567,000.
TJR INC P.O. BOX 866 POUGHQUAG, NY 12570	GENERAL CONTRACTOR	116,076.
MAPLE LEAF ASSOCIATES 935 S LAKE RD MAHOPAC, NY 10541	GENERAL CONTRACTOR	51,817.
NANNINI & CALLAHAN EXCAVATING 262 ANGOLA RD CORNWALL, NY 12518	GENERAL CONTRACTOR	91,884.
PARROTT ENTERPRISES 26 FRONT ST NEWBURGH, NY 12550	GENERAL CONTRACTOR	115,000.
TOTAL COMPENSATION		----- 1,941,777. =====

SCHEDULE A, PART III - EXPLANATION FOR LINE 3C

=====

SEE STATEMENT 25



**SCENIC HUDSON LAND TRUST, INC.**  
**EIN: 23-7148333**  
**JULY 1, 2006 THROUGH JUNE 30, 2007**

**Form 990, Schedule A, Part III, Line 3c**

<b>Schedule of Easements Held</b>	<b>Number</b>	<b>Acres</b>	<b># of States</b>
Easements held at July 1, 2006	58	7,166 01	1 - New York
Easements acquired during the year	7	904 20	1 - New York
Easements			
Modified	-	-	
Sold	-	-	
Transferred	-	-	
Released	-	-	
Terminated	-	-	
Easements held at June 30, 2007	<u>65</u>	<u>8,070</u>	

**Summary of Easements**

Easements on buildings or structures	1	62 50	1 - New York
Easements that encumber a golf course or portion of a golf course	-	-	1 - New York
Easements within or adjacent to residential developments and housing subdivisions	1	3 60	1 - New York
Conservation easements that were acquired in a transaction described under Purchase of Real Property from Charitable Organizations in Notice 2004-41	-	-	

**Other Information**

Easements monitored by physical inspection or other means during the tax year	49	5,901 30
---	----	----------

Staff hours and expenses devoted to, incurred for monitoring & enforcing new or existing easements during the tax year

Staff ( 2 full time) - 3,640 hrs/ year	85,114
Other monitoring costs	7,811
Enforcement costs	-
Total costs	<u>92,925</u>

Easements on buildings or structures acquired after August 17, 2006	None
---	------

**Note:**

Of the 84 easements we currently hold, 58 were monitored in FY 07, 57 by Scenic Hudson and one by a co-grantee. Of those not monitored, 8 were acquired this year and are not scheduled for monitoring until spring 2008. This year we shifted our monitoring schedule, and the remaining 19 are scheduled to be completed by 12/31/07. 62 of our easements are held by The Scenic Hudson Land Trust, and 22 are held by Scenic Hudson.

**SCHEDULE D**  
**(Form 1041)**

Department of the Treasury  
Internal Revenue Service

# Capital Gains and Losses

▶ **Attach to Form 1041, Form 5227, or Form 990-T. See the separate instructions for Form 1041 (also for Form 5227 or Form 990-T, if applicable).**

OMB No 1545-0092

**2006**

Name of estate or trust

Employer identification number

SCENIC HUDSON LAND TRUST, INC.

23-7148333

**Note:** Form 5227 filers need to complete **only** Parts I and II

## Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see page 35)	(f) Gain or (Loss) for the entire year (col. (d) less col. (e))
1 SEE STATEMENT 1			602,502.	114,738.	487,764.
2 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824					2
3 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts					3
4 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2005 Capital Loss Carryover Worksheet.					4 ( )
5 <b>Net short-term gain or (loss).</b> Combine lines 1 through 4 in column (f). Enter here and on line 13, column (3) below					5 487,764.

## Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see page 35)	(f) Gain or (Loss) for the entire year (col. (d) less col. (e))
6 SEE STATEMENT 2			26,232,654.	15,459,095.	10,773,559.
7 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824					7
8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts					8
9 Capital gain distributions					9
10 Gain from Form 4797, Part I					10
11 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2005 Capital Loss Carryover Worksheet.					11 ( )
12 <b>Net long-term gain or (loss).</b> Combine lines 6 through 11 in column (f). Enter here and on line 14a, column (3) below					12 10,773,559.

## Part III Summary of Parts I and II

**Caution:** Read the instructions **before** completing this part.

	(1) Beneficiaries' (see page 36)	(2) Estate's or trust's	(3) Total
13 <b>Net short-term gain or (loss)</b>	13		487,764.
14 <b>Net long-term gain or (loss):</b>			
a Total for year	14a		10,773,559.
b Unrecaptured section 1250 gain (see line 18 of the worksheet on page 36).	14b		
c 28% rate gain.	14c		
15 <b>Total net gain or (loss).</b> Combine lines 13 and 14a	15		11,261,323.

**Note:** If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4. If lines 14a and 15, column (2), are net gains, go to Part V, and do not complete Part IV. If line 15, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet**, as necessary.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041

Schedule D (Form 1041) 2006

**Part IV Capital Loss Limitation**

16 Enter here and enter as a (loss) on Form 1041, line 4, the smaller of

a The loss on line 15, column (3) or

b \$3,000

16 ( )

If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line 22, is a loss, complete the **Capital Loss Carryover Worksheet** on page 39 of the instructions to determine your capital loss carryover**Part V Tax Computation Using Maximum Capital Gains Rates** (Complete this part only if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22 is more than zero)

Note: If line 14b, column (2) or line 14c, column (2) is more than zero, complete the worksheet on page 38 of the instructions and skip Part V. Otherwise, go to line 17

17	Enter taxable income from Form 1041, line 22	17	
18	Enter the smaller of line 14a or 15 in column (2) but not less than zero	18	
19	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2)	19	
20	Add lines 18 and 19	20	
21	If the estate or trust is filing Form 4952, enter the amount from line 4g, otherwise, enter -0- ▶	21	
22	Subtract line 21 from line 20. If zero or less, enter -0-	22	
23	Subtract line 22 from line 17. If zero or less, enter -0-	23	
24	Enter the smaller of the amount on line 17 or \$2,050	24	
25	Is the amount on line 23 equal to or more than the amount on line 24? <input type="checkbox"/> Yes. Skip lines 25 through 27, go to line 28 and check the "No" box <input type="checkbox"/> No. Enter the amount from line 23	25	
26	Subtract line 25 from line 24	26	
27	Multiply line 26 by 5% ( 05)	27	
28	Are the amounts on lines 22 and 26 the same? <input type="checkbox"/> Yes. Skip lines 28 through 31, go to line 32 <input type="checkbox"/> No. Enter the smaller of line 17 or line 22	28	
29	Enter the amount from line 26 (If line 26 is blank, enter -0-)	29	
30	Subtract line 29 from line 28	30	
31	Multiply line 30 by 15% ( 15)	31	
32	Figure the tax on the amount on line 23. Use the 2006 Tax Rate Schedule on page 23 of the instructions	32	
33	Add lines 27, 31, and 32	33	
34	Figure the tax on the amount on line 17. Use the 2006 Tax Rate Schedule on page 23 of the instructions	34	
35	Tax on all taxable income. Enter the smaller of line 33 or line 34 here and on line 1a of Schedule G, Form 1041	35	

Schedule D (Form 1041) 2006

Description	Date Acquired	Date Sold	Gross Sales Price	Cost or Other Basis	Short-term Gain/Loss.
CAPITAL GAINS (LOSSES) FROM SECURITIES					
GMO US CORE FUND	VARIOUS	VARIOUS	303,708.		303,708.
NEUBERGER BERMAN	VARIOUS	VARIOUS	6,414.		6,414.
PIMCO TOTAL RETURN FUND	VARIOUS	VARIOUS	69,140.		69,140.
TEMPLETON INTERNATIONAL	VARIOUS	VARIOUS	114,404.		114,404.
MA WEATHERBIE	VARIOUS	VARIOUS	108,836.		108,836.
WINSLOW	VARIOUS	VARIOUS		114,738.	-114,738.
TOTAL CAPITAL GAINS (LOSSES) FROM SECURITIES			602,502.	114,738.	487,764.
Totals			602,502.	114,738.	487,764.

JSA  
6F0970 2 000

**Sales of Business Property**  
(Also Involuntary Conversions and Recapture Amounts  
Under Sections 179 and 280F(b)(2))  
▶ Attach to your tax return. ▶ See separate instructions.

Name(s) shown on return  <b>SCENIC HUDSON LAND TRUST, INC.</b>	Identifying number  <b>23-7148333</b>
--	---

1 Enter the gross proceeds from sales or exchanges reported to you for 2006 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions), . . . . . **1**

**Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year (see instructions)**

(a) Description of property	(b) Date acquired (mo, day, yr)	(c) Date sold (mo, day, yr)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
<b>2 SEE STATEMENT 1</b>						<b>-616,838.</b>
<b>3</b> Gain, if any, from Form 4684, line 42						<b>3</b>
<b>4</b> Section 1231 gain from installment sales from Form 6252, line 26 or 37						<b>4</b>
<b>5</b> Section 1231 gain or (loss) from like-kind exchanges from Form 8824						<b>5</b>
<b>6</b> Gain, if any, from line 32, from other than casualty or theft						<b>6</b>
<b>7</b> Combine lines 2 through 6 Enter the gain or (loss) here and on the appropriate line as follows						<b>7 -616,838.</b>
Partnerships (except electing large partnerships) and S corporations Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9 Skip lines 8, 9, 11, and 12 below						
Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9 If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below						
<b>8</b> Nonrecaptured net section 1231 losses from prior years (see instructions)						<b>8</b>
<b>9</b> Subtract line 8 from line 7 If zero or less, enter -0- If line 9 is zero, enter the gain from line 7 on line 12 below If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions)						<b>9</b>

**Part II Ordinary Gains and Losses (see instructions)**

<b>10</b> Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less)						
<b>11</b> Loss, if any, from line 7						<b>11 ( 616,838.)</b>
<b>12</b> Gain, if any, from line 7 or amount from line 8, if applicable						<b>12</b>
<b>13</b> Gain, if any, from line 31						<b>13</b>
<b>14</b> Net gain or (loss) from Form 4684, lines 34 and 41a						<b>14</b>
<b>15</b> Ordinary gain from installment sales from Form 6252, line 25 or 36						<b>15</b>
<b>16</b> Ordinary gain or (loss) from like-kind exchanges from Form 8824						<b>16</b>
<b>17</b> Combine lines 10 through 16						<b>17 -616,838.</b>
<b>18</b> For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below For individual returns, complete lines a and b below						
<b>a</b> If the loss on line 11 includes a loss from Form 4684, line 38, column (b)(ii), enter that part of the loss here Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 27, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 22 Identify as from "Form 4797, line 18a" See instructions						<b>18a</b>
<b>b</b> Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a Enter here and on Form 1040, line 14						<b>18b</b>

**Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255**  
(see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			
These columns relate to the properties on lines 19A through 19D. ▶		Property A	Property B
20 Gross sales price (Note: See line 1 before completing)	20		
21 Cost or other basis plus expense of sale	21		
22 Depreciation (or depletion) allowed or allowable	22		
23 Adjusted basis Subtract line 22 from line 21	23		
24 Total gain Subtract line 23 from line 20	24		
25 If section 1245 property:			
a Depreciation allowed or allowable from line 22	25a		
b Enter the smaller of line 24 or 25a	25b		
26 If section 1250 property If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291			
a Additional depreciation after 1975 (see instructions)	26a		
b Applicable percentage multiplied by the smaller of line 24 or line 26a (see instructions)	26b		
c Subtract line 26a from line 24 If residential rental property or line 24 is not more than line 26a, skip lines 26d and 26e	26c		
d Additional depreciation after 1969 and before 1976	26d		
e Enter the smaller of line 26c or 26d	26e		
f Section 291 amount (corporations only)	26f		
g Add lines 26b, 26e, and 26f	26g		
27 If section 1252 property Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership)			
a Soil, water, and land clearing expenses	27a		
b Line 27a multiplied by applicable percentage (see instructions)	27b		
c Enter the smaller of line 24 or 27b	27c		
28 If section 1254 property:			
a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, and mining exploration costs (see instructions)	28a		
b Enter the smaller of line 24 or 28a	28b		
29 If section 1255 property:			
a Applicable percentage of payments excluded from income under section 126 (see instructions)	29a		
b Enter the smaller of line 24 or 29a (see instructions)	29b		

**Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30**

30 Total gains for all properties Add property columns A through D, line 24	30	
31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b Enter here and on line 13	31	
32 Subtract line 31 from line 30 Enter the portion from casualty or theft on Form 4684, line 36 Enter the portion from other than casualty or theft on Form 4797, line 6	32	

**Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less**  
(see instructions)

	(a) Section 179	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allowable in prior years	33	
34 Recomputed depreciation (see instructions)	34	
35 Recapture amount Subtract line 34 from line 33 See the instructions for where to report.	35	

[illegible]