

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2006

Open to Public Inspection

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 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: HUDSON RIVER FOUNDATION FOR SCIENCE AND ENVIRONMENTAL RESEARCH INC. Address: 17 BATTERY PLACE, NEW YORK, NY 10004

D Employer identification number: 13-3089956. E Telephone number: (212) 483-7667. F Accounting method: Accrual

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.hudsonriver.org

J Organization type: 501(c)(3)

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

L Gross receipts: 13,303,404

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? H(b) If "Yes" enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling? I Group Exemption Number. M Check if the organization is not required to attach Sch B

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 Contributions, Program service revenue, Membership dues, Interest on savings, Dividends, Gross rents, Other investment income, Gross amount from sales of assets, Special events, Gross sales of inventory, Other revenue, Total revenue, Program services, Management and general, Fundraising, Payments to affiliates, Total expenses, Excess or (deficit) for the year, Net assets at beginning of year, Other changes in net assets, Net assets at end of year.

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	
22a	Grants paid from donor advised funds (attach Schedule) (cash \$ ⁰ noncash \$ ⁰) If this amount includes foreign grants, check here <input type="checkbox"/>	22a				
22b	Other grants and allocations (attach schedule) (cash \$922,714 noncash \$ ⁰) If this amount includes foreign grants, check here <input type="checkbox"/>	22b	922,714	922,714		
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25a	Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule)	25a	170,000	133,930	36,070	
b	Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	25b				
c	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)	25c				
26	Salaries and wages of employees not included on lines 25a, b and c	26	653,086	514,517	138,569	
27	Pension plan contributions not included on lines 25a, b and c	27	46,969	37,003	9,966	
28	Employee benefits not included on lines 25a - 27	28	114,241	90,003	24,238	
29	Payroll taxes	29	49,760	39,202	10,558	
30	Professional fundraising fees	30				
31	Accounting fees	31				
32	Legal fees	32	12,569	10,814	1,755	
33	Supplies	33	24,564	20,327	4,237	
34	Telephone	34	20,818	16,515	4,303	
35	Postage and shipping	35	6,848	5,667	1,181	
36	Occupancy	36	224,279	177,919	46,360	
37	Equipment rental and maintenance	37	17,699	14,646	3,053	
38	Printing and publications	38	8,344	7,352	992	
39	Travel	39	43,291	41,008	2,283	
40	Conferences, conventions, and meetings	40				
41	Interest	41				
42	Depreciation, depletion, etc (attach schedule)	42	170,537	134,435	36,102	
43	Other expenses not covered above (itemize)					
a	OTHER PROFESSIONAL FEES	43a	258,616	224,093	34,523	
b	INVESTMENT FEES	43b	239,756		239,756	
c	SCIENTIFIC & ENVIROMENTAL EXP	43c	294,117	294,117		
d	MISCELLANEOUS	43d	45,084	37,306	7,778	
e		43e				
f		43f				
g		43g				
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	3,323,292	2,721,568	601,724	0

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 \$⁰, (ii) the amount allocated to Program services \$⁰, (iii) the amount allocated to Management and general \$⁰, and (iv) the amount allocated to Fundraising \$⁰

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? ▶ THE FOUNDATION SEEKS TO SPONSOR SCIENTIFIC, ECONOMIC AND PUBLIC POLICY RESEARCH ON MATTERS OF ENVIRONMENTAL, ECOLOGICAL AND PUBLIC HEALTH CONCERN AND TO PUBLISH THE RESULTS OF SUCH RESEARCH 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 THE PURPOSE OF THE FOUNDATION IS PURSUED THROUGH SUPPORT OF SCIENTIFIC RESEARCH, COMMUNICATION TO EXPAND KNOWLEDGE ABOUT THE HUDSON RIVER AMONG THE SCIENTIFIC COMMUNITY, POLICY MAKERS, AND THE PUBLIC AT LARGE, INITIATIVES TO ENHANCE MANAGEMENT OF THE HUDSON ECOSYSTEM, AND EDUCATION ABOUT THE HUDSON RIVER AND PHYSICAL IMPROVEMENTS TO THE RIVERFRONT (Grants and allocations \$ 922,714) If this amount includes foreign grants, check here <input type="checkbox"/>	2,721,568
b (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
c (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
d (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	2,721,568

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)		(B)
		Beginning of year		End of year
Assets	45 Cash—non-interest-bearing	400	45	400
	46 Savings and temporary cash investments	4,342,612	46	3,611,363
	47a Accounts receivable			
	b Less allowance for doubtful accounts		47c	
	47b			
	48a Pledges receivable			
	b Less allowance for doubtful accounts		48c	
	48b			
	49 Grants receivable	287,081	49	154,508
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)		50b	
	51a Other notes and loans receivable (attach schedule)			
	b Less allowance for doubtful accounts		51c	
	51b			
	52 Inventories for sale or use		52	
53 Prepaid expenses and deferred charges	34,461	53	32,502	
54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	37,517,553	54a	41,005,517	
b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b		
55a Investments—land, buildings, and equipment basis				
b Less accumulated depreciation (attach schedule)		55c		
55b				
56 Investments—other (attach schedule)	136,593	56	82,554	
57a Land, buildings, and equipment basis			1,299,623	
b Less accumulated depreciation (attach schedule)			576,335	
57b		892,632	57c	
58 Other assets, including program-related investments (describe <input type="checkbox"/> _____)		132,095	58	
			102,033	
59 Total assets (must equal line 74) Add lines 45 through 58	43,343,427	59	45,712,165	
Liabilities	60 Accounts payable and accrued expenses	362,721	60	534,340
	61 Grants payable	3,857,117	61	2,758,857
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe <input type="checkbox"/> _____)		65	
	66 Total liabilities Add lines 60 through 65	4,219,838	66	3,293,197
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
67 Unrestricted	37,929,727	67	41,180,418	
68 Temporarily restricted	1,193,862	68	1,238,550	
69 Permanently restricted		69		
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
70 Capital stock, trust principal, or current funds		70		
71 Paid-in or capital surplus, or land, building, and equipment fund		71		
72 Retained earnings, endowment, accumulated income, or other funds		72		
73 Total net assets or fund balances Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	39,123,589	73	42,418,968	
74 Total liabilities and net assets / fund balances Add lines 66 and 73	43,343,427	74	45,712,165	

Net Assets or Fund Balances

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?	82a		No
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III)	82b		
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Yes	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Yes	
84a Did the organization solicit any contributions or gifts that were not tax deductible?	84a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85 <i>501(c)(4), (5), or (6) organizations.</i> a Were substantially all dues nondeductible by members?	85a		
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
If "Yes," was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed the prior year.			
c Dues assessments, and similar amounts from members	85c		
d Section 162(e) lobbying and political expenditures	85d		
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
86 <i>501(c)(7) orgs.</i> Enter a Initiation fees and capital contributions included on line 12	86a		0
b Gross receipts, included on line 12, for public use of club facilities	86b		0
87 <i>501(c)(12) orgs.</i> Enter a Gross income from members or shareholders	87a		0
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b		0
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? If "Yes," complete Part IX	88a		No
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	88b		No
89a <i>501(c)(3) organizations</i> Enter Amount of tax imposed on the organization during the year under section 4911 <input type="text" value="0"/> , section 4912 <input type="text" value="0"/> , section 4955 <input type="text" value="0"/>			
b <i>501(c)(3) and 501(c)(4) orgs.</i> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		No
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0
d Enter Amount of tax on line 89c, above, reimbursed by the organization			0
e <i>All organizations.</i> At any time during the tax year was the organization a party to a prohibited tax shelter transaction?	89e		No
f <i>All organizations.</i> Did the organization acquire direct or indirect interest in any applicable insurance contract?	89f		No
g <i>For supporting organizations and sponsoring organizations maintaining donor advised funds.</i> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		No
90a List the states with which a copy of this return is filed <input type="text" value="NY"/>			
b Number of employees employed in the pay period that includes March 12, 2006 (See instructions)	90b		9
91a The books are in care of <input type="text" value="HUDSON RIVER FOUNDATION"/> Telephone no <input type="text" value="(212) 483-7667"/> <input type="text" value="17 BATTERY PLACE"/> Located at <input type="text" value="NEW YORK, NY"/> ZIP + 4 <input type="text" value="10004"/>			
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b	Yes	No
If "Yes," enter the name of the foreign country <input type="text"/>			
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)*

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	
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	1,282	
96 Dividends and interest from securities			14	1,078,899	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b non debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	1,978,373	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a OTHER INCOME					1,398
b RETURN OF GRANTS					
c AWARDED IN PRIOR					
d YEARS					49,920
e _____					
104 Subtotal (add columns (B), (D), and (E))				3,058,554	51,318
105 Total (add line 104, columns (B), (D), and (E))					3,109,872

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	OTHER INCOME GENERATED THROUGH EXEMPT ACTIVITIES CONDUCTED
0	BY THE FOUNDATION
103C	RETURN OF GRANTS AWARDED IN PRIOR YEARS IN SUPPORT OF
0	EXEMPT ACTIVITIES

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
	%			
	%			
	%			
	%			

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	Yes	No

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
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	Yes	No

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

108 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?	Yes	No

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		
		2007-10-18	Date
	HENRY HILES EXECUTIVE DIRECTOR Type or print name and title		

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
	Firm's name (or yours if self-employed), address, and ZIP + 4			EIN
				Phone no

**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
HUDSON RIVER FOUNDATION FOR SCIENCE AND ENVIRONMENTAL RESEARCH INC

Employer identification number

13-3089956

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
DENNIS SUSZKOWSKI C/O HUDSON RIVER FOUNDATION 17 BATTERY PLACE NEW YORK, NY 10004	SCIENCE DIRECTOR 35 0	194,441	26,758	0
CHRISTOPHER LETTS C/O HUDSON RIVER FOUNDATION 17 BATTERY PLACE NEW YORK, NY 10004	EDUCATOR 35 0	91,500	17,793	3,600
JAMES LODGE C/O HUDSON RIVER FOUNDATION 17 BATTERY PLACE NEW YORK, NY 10004	GRANT COORDINATOR 35 0	94,044	16,291	0
HELENA ANDREYKO C/O HUDSON RIVER FOUNDATION 17 BATTERY PLACE NEW YORK, NY 10004	OFFICE MANAGER 35 0	77,934	10,068	0
CARL MARCHESE C/O HUDSON RIVER FOUNDATION 17 BATTERY PLACE NEW YORK, NY 10004	ACCOUNTANT 35 0	78,178	23,371	0
Total number of other employees paid over \$50,000				



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
BECK MACK and OLIVER 360 MADISON AVENUE NEW YORK, NY 10017	Investment Manager	75,872
KALMAR INVESTMENTS INC 3701 KENNETT PIKE GREENVILLE, DE 19807	Investment Manager	64,518
EISNER LLP 750 THIRD AVENUE NEW YORK, NY 10017	AUDIT & TAX SERVICE	70,000
Total number of others receiving over \$50,000 for professional services		

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
HYDROQUAL INC 1200 MACARTHUR BLVD MAHWAH, NJ 07430	ENG & SCI RESEARCH	251,142
LISA GARRISON INC 4 BURT LAN PO BOX 113 FAIRTON, NJ 08320	NYC ENV CONSULTANT	104,850
CORNELL UNIVERSITY 116 maple ave ITHACA, NY 14883	ENG & SCI RESEARCH	60,720
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**

1 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) 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	1		No
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.) 	2a		No
a Sale, exchange, or leasing property?	2b		No
b Lending of money or other extension of credit?	2c		No
c Furnishing of goods, services, or facilities?	2d	Yes	
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2e		No
e Transfer of any part of its income or assets?	3a	Yes	
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) 	3b		No
b Did the organization have a section 403(b) annuity plan for its employees?	3c		No
c 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	3d		No
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	4a	Yes	
4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4b		No
b Did the organization make any taxable distributions under section 4966?	4c		No
c Did the organization make a distribution to a donor, donor advisor, or related person?			
d Enter the total number of donor advised funds owned at the end of the tax year ► 0			
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ► 0			
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 right to provide advice on the distribution or investment of amounts in such funds or accounts ► 0			
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ► 0			

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	
Total					▶

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

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
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)	31	

32 Does the organization maintain the following	32a	
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		

33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		

34a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
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	34b	
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	

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

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

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
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 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
	No	

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

Additional Data**Software ID:****Software Version:****EIN:** 13-3089956**Name:** HUDSON RIVER FOUNDATION FOR SCIENCE
AND ENVIRONMENTAL RESEARCH INC**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
HENRY C HILES 17 BATTERY PLACE 915 NEW YORK, NY 10004	EXECUTIVE DIRECTOR 35 0	170,000	32,036	0
EDWARD A AMES 17 BATTERY PLACE 915 NEW YORK, NY 10004	CHAIRMAN 2 0	0	0	0
JOAN K DAVIDSON 17 BATTERY PLACE 915 NEW YORK, NY 10004	VICE CHAIRMAN 2 0	0	0	0
CHRISTOPHER D'ELIA 17 BATTERY PLACE 915 NEW YORK, NY 10004	DIRECTOR 2 0	0	0	0
LF BOKER DOYLE 17 BATTERY PLACE 915 NEW YORK, NY 10004	DIRECTOR 2 0	0	0	0
ROBERT ELLIOTT 17 BATTERY PLACE 915 NEW YORK, NY 10004	TREASURER 2 0	0	0	0
ASHOK GUPTA 17 BATTERY PLACE 915 NEW YORK, NY 10004	SECRETARY 2 0	0	0	0
JOAN KONNER 17 BATTERY PLACE 915 NEW YORK, NY 10004	DIRECTOR 2 0	0	0	0
WILLIAM MATUSZESKI 17 BATTERY PLACE 915 NEW YORK, NY 10004	DIRECTOR 2 0	0	0	0
ANITA R NAGER 17 BATTERY PLACE 915 NEW YORK, NY 10004	DIRECTOR 2 0	0	0	0

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
PEG R OLSEN PHD 17 BATTERY PLACE 915 NEW YORK, NY 10004	DIRECTOR 2 0	0	0	0
RICHARD REAGAN 17 BATTERY PLACE 915 NEW YORK, NY 10004	DIRECTOR 2 0	0	0	0
FREDERIC C RICH 17 BATTERY PLACE 915 NEW YORK, NY 10004	DIRECTOR 2 0	0	0	0
DAVID S SAMPSON 17 BATTERY PLACE 915 NEW YORK, NY 10004	DIRECTOR 2 0	0	0	0
SOLOMON B WATSON IV 17 BATTERY PLACE 915 NEW YORK, NY 10004	DIRECTOR 2 0	0	0	0
CHRISTOPHER DAGGETT 17 BATTERY PLACE 915 NEW YORK, NY 10004	DIRECTOR 2 0	0	0	0
EUGENE R MCGRATH 17 BATTERY PLACE 915 NEW YORK, NY 10004	DIRECTOR 2 0	0	0	0

TY 2006 Cash Grants Paid Schedule

Name: HUDSON RIVER FOUNDATION FOR SCIENCE
AND ENVIRONMENTAL RESEARCH INC

EIN: 13-3089956

Class of Activity	Recipient's name	Address	Amount	Relationship
	ASHOKAN FIELD CAMPUS		776	
	ARM-OF-THE SEA PRODUCTIONS		1,750	
	BROOKLYN BRIDGE PARK CONSERVANCY		3,000	
	ALBANY INSTITUTE OF HISTORY ART		5,000	
	CHILDREN'S MUSEUM OF SCI TECH		5,000	
	CITY OF PEEKSKILL		5,000	
	COLUMBIA LAND CONSERVANCY		5,000	
	CONSTITUTION ISLAND ASSOCIATION		5,000	

Class of Activity	Recipient's name	Address	Amount	Relationship
	CORNELL COOPERATIVE EXTENSION		5,000	
	FRIENDS OF CLERMONT		5,000	
	GROUNDWORK YONKERS		5,000	
	HUDSON RIVER PARK TRUST		5,000	
	NIDC		5,000	
	RIVERKEEPER		5,000	
	STATEN ISLAND INSTITUTE OF ARTS		5,000	
	YOUNG - MORSE HISTORIC SITE		5,000	

Class of Activity	Recipient's name	Address	Amount	Relationship
	YOUTH MINISTRIESPEACE AND JUSTICE		5,000	
	CITY OF KINGSTON PARKS AND RECREATI		5,500	
	NYC PARKSGREENBELT NPC		7,000	
	PROTECTORS OF PINE OAK WOODS		7,000	
	ALLEY POND ENVIRONMENTAL CENTER		7,500	
	MAKE THE ROAD BY WALKING		7,500	
	PHIPPS COMMUNICATION DEVELOPMENT CO		7,500	
	TROLLEY MUSEUM OF NEW YORK		7,500	

Class of Activity	Recipient's name	Address	Amount	Relationship
	EASTERN QUEENS ALLIANCE		8,000	
	FRIENDS OF GATEWAY		8,000	
	SOUNDWATERS INC		8,000	
	THE NEW YORK BOTANICAL GARDEN		8,000	
	FRIENDS OF OAKLAND LAKE RAVINE		9,000	
	TREES NEW YORK		9,000	
	POLICE ATHLETIC LEAGUE OF NY		9,960	
	ALBANY ROWING CENTER		10,000	

Class of Activity	Recipient's name	Address	Amount	Relationship
	AMERICAN LITTORAL SOCIETY		10,000	
	AUDUBON NEW YORK		10,000	
	BEACON SLOOP CLUB		10,000	
	BRONX RIVER ALLIANCE		10,000	
	BROOKLYN CHILDREN'S MUSEUM		10,000	
	CEC STUYVESANT COVE INC		10,000	
	COUNCIL ON THE ENV OF NYC		10,000	
	ELBS POND EDUCATION PROGRAM		10,000	

Class of Activity	Recipient's name	Address	Amount	Relationship
	FOREST PARK TRUST		10,000	
	FRIENDS OF BLUE HERON PARK		10,000	
	FRIENDS OF THE HS ENVIRONMENTAL STU		10,000	
	FRIENDS OF VAN CORTLANDT PARK		10,000	
	GREEN MAP SYSTEM		10,000	
	GREENBELT CONSERVANCY		10,000	
	GREENBURGH NATURE CENTER		10,000	
	LOWER EAST SIDE ECOLOGY CENTER		10,000	

Class of Activity	Recipient's name	Address	Amount	Relationship
	METROPOLITAN WATERFRONT ALLIANCE		10,000	
	MID - HUDSON CHILDREN'S MUSEUM		10,000	
	NEW YORK RESTORATION PROJECT		10,000	
	PICCED		10,000	
	QUEENS BOTANICAL GARDEN		10,000	
	RANDALLS ISLAND SPORTS FOUNDATION		10,000	
	ROCKING THE BOAT		10,000	
	SOUTH STREET SEAPORT MUSEUM		10,000	

Class of Activity	Recipient's name	Address	Amount	Relationship
	THE GREENPOINT VIDEO PROJECT		10,000	
	THE RIVER PROJECT		10,000	
	TROUT UNLIMITED		10,000	
	TUG PEGASUS PRESVPROJECT		10,000	
	UPROSE		10,000	
	URBAN DIVERS MAR CONSSCI DIVING		10,000	
	VILLAGE OF SOUTH GLENS FALLS		10,000	
	WAVE HILL INC		10,000	

Class of Activity	Recipient's name	Address	Amount	Relationship
	BECZAK ENVIRONMENTAL CENTER		15,000	
	NYU WALLERSTEIN COLLABORATIVE		15,000	
	COLLEGE OF WILLIAM AND MARY		16,000	
	UNIVERSITY OF MASSACHUSETTS BOSTON		16,000	
	NEW YORK CITY AUDUBON SOCIETY		18,000	
	HUDSON RIVER SLOOP CLEARWATER		20,000	
	SPLASH		25,000	
	VILLAGE OF ATHENS		25,000	

Class of Activity	Recipient's name	Address	Amount	Relationship
	POLGAR FELLOWSHIP		42,400	
	WILDILFE CONSERVATION SOCIETY		43,922	
	UNITED NEIGHBORHOOD HOUSES		50,000	
	URBAN PARK RANGERS		121,406	

TY 2006 Depreciation and Depletion Schedule

Name: HUDSON RIVER FOUNDATION FOR SCIENCE
AND ENVIRONMENTAL RESEARCH INC

EIN: 13-3089956

Asset	Amount
OFFICE EQUIPMENT	25,618
FURNITURE & FIXT.	7,108
LEASEHOLD IMPROV.	137,811

TY 2006 Gain/Loss from Sale of Public Securities Schedule

Name: HUDSON RIVER FOUNDATION FOR SCIENCE
AND ENVIRONMENTAL RESEARCH INC

EIN: 13-3089956

Gross Sales Price: 11,627,408

Basis: 9,649,035

Sales Expenses:

Total (net): 1,978,373

TY 2006 Investments - Other Schedule

Name: HUDSON RIVER FOUNDATION FOR SCIENCE
AND ENVIRONMENTAL RESEARCH INC

EIN: 13-3089956

Description	Book Value	Cost/FMV
LIMITED PARTNERSHIP	82,554	F

TY 2006 Land etc. Schedule

Name: HUDSON RIVER FOUNDATION FOR SCIENCE
 AND ENVIRONMENTAL RESEARCH INC
EIN: 13-3089956

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
OFFICE EQUIPMENT	175,308	142,147	33,161
FURNITURE & FIXT.	49,757	24,692	25,065
LEASEHOLD IMPROV.	1,074,558	409,496	665,062

TY 2006 Other Assets Schedule

Name: HUDSON RIVER FOUNDATION FOR SCIENCE
AND ENVIRONMENTAL RESEARCH INC

EIN: 13-3089956

Description	Beginning of Year Amount	End of Year Amount
ACCRUED INVESTMENT RECEIVABLE		
AND OTHER ASSETS	95,095	65,033
SECURITY DEPOSIT	37,000	37,000

TY 2006 Other Changes in Net Assets Schedule

Name: HUDSON RIVER FOUNDATION FOR SCIENCE
AND ENVIRONMENTAL RESEARCH INC

EIN: 13-3089956

Description	Amount
UNREALIZED GAIN ON INVESTMENTS	2,964,302

**TY 2006 Other Expenses
Not Included Schedule**

Name: HUDSON RIVER FOUNDATION FOR SCIENCE
AND ENVIRONMENTAL RESEARCH INC

EIN: 13-3089956

Description	Amount
FINANCIAL STATEMENTS	49,920

**TY 2006 Other Revenues
Not Included Schedule**

Name: HUDSON RIVER FOUNDATION FOR SCIENCE
AND ENVIRONMENTAL RESEARCH INC

EIN: 13-3089956

Description	Amount
FINANCIAL STATEMENTS	49,920

TY 2006 Scholarship Award Statement

Name: HUDSON RIVER FOUNDATION FOR SCIENCE
AND ENVIRONMENTAL RESEARCH INC

EIN: 13-3089956

Statement: APPLICANT MUST BE ENROLLED IN AN ACCREDITED DOCTORAL OR MASTER'S PROGRAM, MUST HAVE A THESIS ADVISOR AND ADVISORY COMMITTEE AND MUST HAVE A THESIS RESEARCH PLAN APPROVED BY THE STUDENT'S INSTITUTION OR DEPARTMENT. A COMMITTEE OF THE FOUNDATION THEN EVALUATES THE APPLICANTS.

TY 2006 Self Dealing Statement

Name: HUDSON RIVER FOUNDATION FOR SCIENCE
AND ENVIRONMENTAL RESEARCH INC

EIN: 13-3089956

Line Number	Explanation
2d	HENRY HILES, EXECUTIVE DIRECTOR, RECEIVED REIMBURSEMENT ON TRAVEL RELATED EXPENSES IN THE NORMAL COURSE OF PERFORMING HIS FUNCTION AS AN EMPLOYEE. SEE PART V, FORM 990 FOR COMPENSATION. WILLIAM MATUSZESKI, BOARD MEMBER, RECEIVED COMPENSATION OF \$5,875 AS AN ENVIRONMENTAL CONSULTANT DURING 2006.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2006 Supplemental Support Schedule

Name: HUDSON RIVER FOUNDATION FOR SCIENCE
AND ENVIRONMENTAL RESEARCH INC

EIN: 13-3089956

Year	Gifts, Grants and Contributions Received	Membership Fees Received	Gross Receipts From Admissions, Etc.	Gross Investment Income And Post 1975UBI	Net UBI Pre 1975	Tax Revenues Levied For Organization's Benefit	Value Of Services, Facilities Furnished By Government	Other Income	Total
2005	783,434		926	2,020,780					2,805,140
2004	2,832,795		1,545	711,745					3,546,085
2003	1,574,578			907,678			36,000		2,518,256
2002	1,285,230			802,193			36,000		2,123,423

Form 8453-EO

Exempt Organization Declaration and Signature for Electronic Filing

OMB No 1545-1879

For calendar year 2006, or tax year beginning 01/01, 2006, and ending 12/31, 2006

2006

Department of the Treasury Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

See instructions on back.

Name of exempt organization

HUDSON RIVER FOUNDATION FOR SCIENCE

Employer identification number

13-3089956

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8453-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (that is, do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here [X] b Total revenue, if any (Form 990, line 12) 1b 3,654,369
2a Form 990-EZ check here [] b Total revenue, if any (Form 990-EZ, line 9) 2b
3a Form 1120-POL check here [] b Total tax (Form 1120-POL, line 22) 3b
4a Form 990-PF check here [] b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b
5a Form 8868 check here [] b Balance Due (Form 8868, line 3c) 5b

Part II Declaration of Officer

6 [] I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
[] If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2006 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Sign Here [Signature] 10/18/2007 EXECUTIVE DIRECTOR
Signature of officer Date Title

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Publication 4206, Information for Authorized IRS e-file Providers of Exempt Organization Filings. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only [Signature] Date 10/22/07 Check if also paid preparer [X] Check if self-employed [] ERO's SSN or PTIN P00736879
Firm's name (or yours if self-employed), address, and ZIP code EISNER LLP 750 THIRD AVENUE NEW YORK NY 10017-2703 EIN 13-1639826 Phone no.

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer's Use Only [Signature] Date Check if self-employed [] Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code EIN Phone no.

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form 8453-EO (2006)