Form 990

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements.

Α	For 1	the 2007 ca	alendar	year, or tax year beginning	The state of the s	, 200)7, and	ending	15-15	, 20
В	Check i	if applicable:	Please	C Name of organization		130.00			D Emplo	yer identification number
	Addres	ss change	use IRS label or	Harpeth River Watershed As	sociation, Inc.				62	1802858
	Name	change	print or	Number and street (or P.O. box	c if mail is not delivered to	street	address	Room/suite		none number
	Initial r	Sales Sales Control	type. See	PO Box 1127						
=	Termin	114404000000000000000000000000000000000	Specific Instruc-	City or town, state or country,	and ZIP + 4				(615	
=		led return	tions.	Franklin, TN 37065						ing method: Cash 🗸 Accrual
		ition pending	a Sac	tion 501(a)(2) arraniantiana	1 40457 1411			H and I are not		ther (specify) > e to section 527 organizations.
ш	, debuce	mon perang	trus	tion 501(c)(3) organizations ar ts must attach a completed Sc	hedule A (Form 990 or 9	t char	itable	H(a) Is this a o	roup retur	n for affiliates? Yes V No
G	Websi	te: ►		Supplied of the American Supplied Suppl	,		.			per of affiliates ►
							-	H(c) Are all aff		
J	Organ	ization type	(check or	nly one) ► 🗸 501(c) (3) ◄	(insert no.) 🔲 4947(a)(1)	or [527			t. See instructions.)
K	Check	here ►	if the o	rganization is not a 509(a)(3) st	innorting organization and	d ito o		H(d) Is this a se	parate retu	m filed by an
	receipt	s are normall	y not mo	re than \$25,000. A return is not re	quired, but if the organiza	tion ch	ooses .	organizatio	n covered b	by a group ruling? 🗌 Yes 📝 No
	10 1110 2	retuill, be s	ure to me	a complete return.				I Group Ex		
L	Gross	receipts: A	dd lines	66, 8b, 9b, and 10b to line	12	10		M Check ▶	· 🔲 if	the organization is not required
D	art I					ß	<u> </u>	to attach	Sch. B (F	orm 990, 990-EZ, or 990-PF).
, made	1	Contribu	Al-	penses, and Changes i	II Net Assets of F	una	Balar	ices (See th	e instru	ctions.)
	100	Contribu	tions, c	gifts, grants, and similar ar			į.			
	a			donor advised funds .		<u>1a</u>				
	b	Direct pt	IDIIC SU	pport (not included on line	e 1a)	1b	<u> </u>	293,68	4	
	C	indirect p	oublic s	support (not included on li	ne 1a)	1c				
	d	Governm	ent coi	ntributions (grants) (not inc	cluded on line 1a)	1d		149,96	9	
	e	rotai (ad	a lines	1a through 1d) (cash \$	noncas	h \$) .	1e	443,653
	3	Program	service	revenue including governm	ent fees and contract	ts (fro	m Part	VII, line 93)	2	2,754
		Membership dues and assessments						3		
	5	Interest on savings and temporary cash investments					4	3,500		
		Dividends and interest from securities					5	31		
	6a						_			
	D	b Less: rental expenses					1686			
	7	Net rental income or (loss). Subtract line 6b from line 6a					6c			
- Ine					(A) Securities				7	
Revenue	Ba			rom sales of assets other			(8)	Other	- ;	
ŭ		than inve				8a				
				r basis and sales expenses.		8b			500	
				ttach schedule)		8c			5000	
	d	Net gain	or (loss) ·	. Combine line 8c, columns	(A) and (B)				8d	
	9	Special ev	ents and	d activities (attach schedule). I	f any amount is from g	aming	, check	chere 🕨 🗌		
	a	Gross rev	/enue (r	not including \$	of					
		Contribut	ions rep	ported on line 1b)		9a		94,34		
	D	Less: dire	ect exp	enses other than fundrais	ng expenses .	9b		37,87		
	40-	Net incor	ne or (I	oss) from special events.	Subtract line 9b from		9a .		9c	56,466
	IUa	Gross sa	es of ir	nventory, less returns and	allowances	10a			- 1003	
	b	Less: cos	it of go	ods sold		10b			2000	
	11	Other rev	it or (los	s) from sales of inventory (att	ach schedule). Subtrac	t line	10b fro	m line 10a .	10c	
	12	Total rev	enue (1	rom Part VII, line 103)	7 9d 00 100 1 1				11	
		D	ilue. A	dd lines 1e, 2, 3, 4, 5, 6c,	7, 80, 90, 100, and 1	١		<u> </u>	12	506,373
es	13	Program	service	s (from line 44, column (B))				13	453,827
Expenses	14	Ivianagen	ient an	d general (from line 44, co					14	42,132
ž	15	Payment	ng (tror	n line 44, column (D)) .		0.00			15	85,594
ш	16 17	Total eve	o to am	liates (attach schedule) .					16	
un l				Add lines 16 and 44, col		• •			17	581,553
Net Assets	18			t) for the year. Subtract lin			٠.		18	(75, 180)
As	19	Other at	s or fu	nd balances at beginning	of year (from line 73	, colu	ımn (A	3)	19	148,169
Net	20 21	Met accet	inges ir	n net assets or fund balan	ces (attach explana	tion) :			20	
		1101 000013	or lull	d balances at end of year.	Compline lines 18, 19	, and	20 .	2 2 2 2	21	72.989

	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 \$)	00				
10L	If this amount includes foreign grants, check here	22a				
22b	grante and anodations (attach sortedate)		i			
	(cash \$ noncash \$) If this amount includes foreign grants, check here $ ightharpoonup$	22b				
23	Specific assistance to individuals (attach	220			ha.	
.0	schedule)	23				
24	Benefits paid to or for members (attach					
	schedule)	24				
25a	Compensation of current officers, directors,					ros, son, "alumini, i is belowing the life,
	key employees, etc. listed in Part V-A	25a	59,217	46,443		12,77
b	Compensation of former officers, directors,					
	key employees, etc. listed in Part V-B	25b				
C	Compensation and other distributions, not					
	included above, to disqualified persons (as	18				
	defined under section 4958(f)(1)) and persons		-			
100 to 60	described in section 4958(c)(3)(B)	25c				
:6	Salaries and wages of employees not included	1				
_	on lines 25a, b, and c	26	295,541	219,071	31,177	45,29
7	Pension plan contributions not included on	07	1		ĺ	
8	lines 25a, b, and c	27				
.0	Employee benefits not included on lines 25a - 27	28	9,396	6,977	1 000	
9	25a – 27	29	30,012	22,452	1,008 2,654	1,41
0	Professional fundraising fees	30	50,012	22,432	2,004	4,90
1	Accounting fees	31	5,100	5,100		
2	Legal fees	32	3,846	3,846		
3	Supplies	33	25,923	23,562	330	2,03
4	Telephone	34	6,233	5,033	328	87
5	Postage and shipping	35	7,104	4,421	92	2,59
6	Occupancy	36	32,590	25,092	3,104	4,39
7	Equipment rental and maintenance	37				
	Printing and publications	38	10,561	7,805	233	2,52
9	Travel	39	7,289	6,786	33	470
	Conferences, conventions, and meetings.	40	10,530	10,530		70.00
1	Interest	41				
	Depreciation, depletion, etc. (attach schedule)	42	7,601	6,081	380	1,14
	Other expenses not covered above (itemize): Fees	120	4 700	0.000		2
	Contract Labor/Consultants	43a 43b	4,780 61,634	2,029	710	2,04
C	Insurance	43c	4,196	54,403 4,196	2,083	5,148
d		43d	7,100	4,130		
		43e				
		43f				
		43g		-		-
	Total functional expenses. Add lines 22a			-		
	through 43g. (Organizations completing				1	
	columns (B)-(D), carry these totals to lines					
	13–15)	44	581,553	453,827	42,132	85,594
	Costs. Check ▶ ☐ if you are following SOP					

Part | 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.

W	hat is the organization's primary exempt purpose? > To protect and restore the Harpeth River	Program Service
All	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number clients served, publications issued, atc. Discuss achievements the	Expenses (Required for 501(c)(3) and
		(4) orgs., and 4947(a)(1) trusts; but optional for
-	ganizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	others.)
а	River Restoration and Wildlife Protection Program (see attached details)	
	(Grants and allocations \$) If this amount includes foreign grants, check have \$	
h	Policy and Planning (see attached details)) If this amount includes foreign grants, check here ▶ □	144,369
	The first terming (and accusion decisis)	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	204.553
С	Education, Outreach and Public Relations (see attached details)	204,000
	(Grants and allocations \$) If this amount includes favoign grants about here	
۔	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	104,905
d		

	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
е	Other program services (attach schedule)	
8	(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)	453,827

Form 990 (2007)

	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
	45	Cash—non-interest-bearing	101,859	45	41,057
	46	Savings and temporary cash investments		46	30,008
	47a	Accounts receivable			
		Less: allowance for doubtful accounts . 47b		47c	3,237
					7 197
		Pledges receivable			
	49	Less: allowance for doubtful accounts , 48b	1,380 48,525		2.070
	1100000	Grants receivable	40,020	49	3,076
	000	key employees (attach schedule)		50a	
	b	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
S	51a	Other notes and loans receivable (attach schedule) 51a			
Assets	b	schedule)		51c	
A	52	Inventories for sale or use	1000 to 1000 t	52	(2-10-20)
	53	Prepaid expenses and deferred charges	2,116	53	3,423
		Investments—publicly-traded securities ▶ ☐ Cost ☐ FMV		54a	
		Investments—other securities (attach schedule) ► ☐ Cost ☐ FMV		54b	
	55a	Investments—land, buildings, and equipment; basis 55a			
	h	equipment: basis			
	5	schedule)		55c	
	56	Investments—other (attach schedule)		56	
	57a	Investments—other (attach schedule) Land, buildings, and equipment: basis . 57a 37,067			
	ь	Less: accumulated depreciation (attach			
	58	schedule)	9,816	57c	18,042
	50	(describe ►)		58	
	59	Total assets (must equal line 74). Add lines 45 through 58	163,696		98,843
	60	Accounts payable and accrued expenses	15,527		25,854
	61	Grants payable		61	
S	62	Deferred revenue		62	
abilities	63	Loans from officers, directors, trustees, and key employees (attach			
abil	64a	schedule)		63 64a	
Ë	b	Mortgages and other notes payable (attach schedule)		64b	
	65	Other liabilities (describe ▶)		65	
	66	Total liabilities. Add lines 60 through 65			
			15,527	66	25,854
m	Orga	nizations that follow SFAS 117, check here ► □ and complete lines 67 through 69 and lines 73 and 74.			
ce	67	Unrestricted	143,555	67	45,016
Fund Balances	68	Temporarily restricted	4,614	68	27,973
m	69	Permanently restricted		69	
unc	Orga	nizations that do not follow SFAS 117, check here ► □ and			
P. F		complete lines 70 through 74.			
S	70 71	Capital stock, trust principal, or current funds		70	
SSe	72	Retained earnings, endowment, accumulated income, or other funds		71	
Net Assets	73	Total net assets or fund balances. Add lines 67 through 69 or lines			
Ne		70 through 72. (Column (A) must equal line 19 and column (B) must			
		equal line 21)	148,169	73	72,989
- 1	17	Total liabilities and net assets/fund balances. Add lines 66 and 73	163 696	74	00 042

	Reconciliation of Revenue per Au instructions.)	ıdited Financial Stateı	ments With Re	venue pe	r Return	(See the
а	Total revenue, gains, and other support per aud	dited financial statement	<u> </u>		a	549,90
b	Amounts included on line a but not on Part I, Iii	ne 12:			STATE OF	070,00
1	Net unrealized gains on investments	20 Apr. 100 10 M	b1		<i>i</i>	
2	Donated services and use of facilities		b2	5,653		
3	Hecoveries of prior year grants		b3		100	
4	Other (specify):				n wici	
	-Francis cyclic expenses		b4	37,875		
1000	Add lines b1 through b4				b	43,528
C	Contract line of from line a				С	506,373
ď	Amounts included on Part I, line 12, but not on	line a:	10			
1	Investment expenses not included on Part I, line	∍6b	d1	11.50		
2	Other (specify):			•		
	Add lines d1 and d2					
е	Total revenue (Part I, line 12). Add lines c and c				d	
Pa	Reconciliation of Expenses per A	udited Financial State	ments With Fy	nenses r	e Petur	506,373
а	Total expenses and losses per audited financial	statements	mortes with Ly	thenses t	a	625,081
b	Amounts included on line a but not on Part I. Iin	ie 17:		* * *		00700
1	Donated services and use of facilities		b1	5,653		
2	Prior year adjustments reported on Part I, line 2	D .	b2			
3	Losses reported on Part I, line 20		b3	A THE VALUE OF		
4	Other (specify):					
	Special event expenses		b4	37,875		
	Add lines by through 64	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		100 N N	b	43,528
C	Subtract line b from line a			50 G G	С	581,553
ď	Amounts included on Part I, line 17, but not on	line a:				
1	Investment expenses not included on Part I, line	6b	d1			
2	Other (specify):	••••••	1			
	Add lines d1 and d2		d2		15193	
е	Add lines d1 and d2 Total expenses (Part I, line 17). Add lines c and	ų			d	
Par	t V-A Current Officers, Directors, Trustee or key employee at any time during the year.	s. and Key Employees	Il ist each nared	n who who	e s an officer	581,553 director, trustee
		(B)	(C) Companyation	(D) Contribution	ins to employee	(E) Expense account
	(A) Name and address	Title and average hours per week devoted to position	(If not paid, enter	benefit plan	s & deferred ation plans	and other allowances
	ne Bolze			Compens	anon pans	
201	Deerfield Lane, Franklin, TN 37065		59,217		0	0
	ottocked English					
366	attached list of uncompensated directors					
		-				
		-				
		-				
			-			
			1			
			2001) unt			
]				

						,		
Branch and	990 (2007)					P	age (
	t V-A Current Officers, Directors, Trustee				1 11	Yes	No	
	Enter the total number of officers, directors, and to meetings			16				
ŀ	b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)							
C	c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization."							
d	If "Yes," attach a statement that includes the info Does the organization have a written conflict of i	ormation described in interest policy?	the instructions.		75d	1		
Pa	Former Officers, Directors, Trustees, and officer, director, trustee, or key employee reperson below and enter the amount of compared to the c	Key Employees That I	Received Compension other benefits (d	nsation or Other Bendescribed below) during	efits (If	oar lie	orme	
	(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	accou	Expenint and	other	
Non	,	-					-	
		-		enture at who				
		-	, , , , , , , , , , , , , , , , , , ,					
		-						
		-				7 72,4 1000		
							to the sales and	
		-						
			-			Value		
		-				-		
Pa	Other Information (See the instruction	18.)			1	Yes	No	
76	Did the organization make a change in its activitide detailed statement of each change	es or methods of con	ducting activities	? If "Yes," attach a	76		1	
77	Were any changes made in the organizing or gov If "Yes," attach a conformed copy of the change	rerning documents bu			77		/ (8)	
	Did the organization have unrelated business grothis return? If "Yes," has it filed a tax return on Form 990-T f	oss income of \$1,000			78a		1	
79	Was there a liquidation, dissolution, termination, o	or substantial contract ion during the ye	ar? If "Yes," attach	78b			

80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?

b If "Yes," enter the name of the organization ▶

and check whether it is □ exempt or □ nonexempt

b Did the organization file Form 1120-POL for this year?

79

80a

81b

LE	rt 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	J	INO
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			
000	(See instructions in Part III.) 5,653			
osa	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	1	
U	Did the organization comply with the disclosure requirements relating to guid pro gue contributions?	83b	1	
0-10	bid the organization solicit any contributions or gifts that were not tax deductible?	84a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gins were not tax deductible?	84b		
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a		
D	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 for the prior year.	1		
C	Dues, assessments, and similar amounts from members			
d	Section 162(e) lobbying and political expenditures 85d			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices			
T	Taxable amount of lobbying and political expenditures (line 85d less 85e)			
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	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12		M	
_ b	Gross receipts, included on line 12, for public use of club facilities 86b			
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a	1000		
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
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		
	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		·
	section 4911 ►			
	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		1
C	Enter: Amount of tax imposed on the organization managers or disqualified			
	persons during the year under sections 4912, 4955, and 4958			
đ	Enter: Amount of tax on line 89c, above, reimbursed by the organization			
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		V
f		89f		✓
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business haddings.	00		
30a	at any time during the year? List the states with which a copy of this return is filed Tennessee	89g		
U 14.0	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)			9
	Located at ► 1164 Columbia Ave, Franklin, TN ZIP + 4 ► 3700)-9767	
b.	At any time during the calendar year, did the organization have an interest in or a signature or other authority	- Torontonia		
ì	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
1	account)?	91b		1
	If "Yes," enter the name of the foreign country ▶		1	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			

Form 9	90 (2	007
--------	-------	-----

Page 8

تالتكنا	Other information (continued)			AUGAS		Yes	No
92	At any time during the calendar year, did the If "Yes," enter the name of the foreign countr Section 4947(a)(1) nonexempt charitable trust and enter the amount of tax-exempt interest	y ► s filina Form 990 i	n lieu of Form	1041—Check	here		. ▶□
Part	VII Analysis of Income-Producing Ac	tivities (See the	instructions	ax year	▶ 92		
	Enter gross amounts unless otherwise		siness income		ion 512, 513, or 514	/E)	
indicat		·		1	The state of the s	(E) Related	or
93		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	exempt fu	
	Program service revenue: Consulting Income					incom	
a							2,754
b		-		• • • • • • • • • • • • • • • • • • • •			
C		-					
d	en any equation of the second						
e	N. H. D.						
f	Medicare/Medicaid payments						
g	Fees and contracts from government agencie	s			10 mm		
94	Membership dues and assessments						
95	Interest on savings and temporary cash investment	S		14	3,500		
96	Dividends and interest from securities	Gelega Annone		t and the second second second	T		
97	Net rental income or (loss) from real estate:					ALCOHOL:	
a	debt-financed property						
b	not debt-financed property						
98	Net rental income or (loss) from personal property		THE WARE WAY				
99	Other investment income		- Marketonia - Marca - Cara				
100	Gain or (loss) from sales of assets other than inventor	у					
101	Net income or (loss) from special events .			5	56,466		
102	Gross profit or (loss) from sales of inventory						
103	Other revenue: a	_					
b							
C							
d	444						
е						1	
104	Subtotal (add columns (B), (D), and (E)) .		**	# 1 # - 2 # 3	59,966		2,754
105	Total (add line 104, columns (B), (D), and (E)			10 10 10 10 10 10	-	8	2,720
Note:	Line 105 plus line 1e, Part I, should equal the	amount on line 1.	2, Part I.				
Part \		complishment of	Exempt Purp	ooses (See the	e instructions.)		
Line I	No. Explain how each activity for which incom of the organization's exempt purposes (of	e is reported in colu her than by providin	mn (E) of Part \ g funds for such	/II contributed in purposes).	nportantly to the	accomplish	nment
93a	Consulting regarding water quality issues			***		1	
The Control of State							
Part		sidiaries and Disi	egarded Enti	ties (See the in	nstructions.)		
	Name, address, and EIN of corporation,	(B) Percentage of	(C) Nature of a		(D) Total income	(E) End-of-y	/еаг
	paranoismp, or disregarded entity	vnership interest			Total Indditio	asset	<u>s</u>
		%					
-		%					
U Allers		%					
Part 2	Information Regarding Transfers Asso	%	nal Bonatit Ca	ntrooto (Can 11	a instructions		
(b)	Did the organization, during the year, receive any funds, or Did the organization, during the year, pay pre If "Yes" to (b), file Form 8870 and Form 47	miums, directly or	indirectly, on a	a personal benefit a personal ber	contract? . (nefit contract?	☐ Yes ☑ ☐ Yes ☑	No No
	(-),	1000 #10110101	10).				

	(2007)

Page 9

Par	Information Regarding is a controlling organizati	Transfers To and From on as defined in section	Controlled Entities. Comp 512(b)(13).	olete only if the o	rganiz	ation
106	Did the reporting organization mathe the Code? If "Yes," complete the	ake any transfers to a cont	trolled entity as defined in sec	tion 512(b)(13) of	Yes	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D Amount of		fer
a 						
b	7		-			
С						
	Totals		19.7 3 3 3 3 3 5 3 5 3 5 5 5 5 5 5 5 5 5 5	4 - a - 1		
107	Did the reporting organization rec 512(b)(13) of the Code? If "Yes,"	eive any transfers from a complete the schedule bel	controlled entity as defined in ow for each controlled entity.	section	Yes	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of		er
а						
b					#AND TO	
С						
	Totals		1 4 9	7	***************************************	
108	Did the organization have a bindir rents, royalties, and annuities des	cribed in question 107 abo	ive?		Yes	No
Pleas Sign Here	Under penalties of perjury, I declare that I and belief, it is true, correct, and complete Signature of officer Type or print name and title	have examined this return, including the Declaration of propage to be the table of	ag accompanying schedules and statem than officer) is based on all information Date Date	of which preparer has a	ny know	vledge vledge.
Paid Prepare Jse Onl	Firm's name (or yours Richard Frid	Juge, CPA	Date Check if self-employed >	Preparer's SSN or PTIN (SP0067194		Inst. X)
,36 OIII	y i ii seir-empioved).	ve S, Nashville, TN 37212			3-7717	

SCHEDULE A

(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),

or 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Supplementary Information—(See separate instructions.) MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Employer identification number Harpeth River Watershed Association, Inc. 1802858 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See page 1 of the instructions. List each one. If there are none, enter "None.") (d) Contributions to (a) Name and address of each employee paid more (b) Title and average hours (c) Compensation employee benefit plans & than \$50,000 account and other per week devoted to position deferred compensation allowances Pamela S Davee Development Director, 40 565 Ploughman's Bend Drive 51,858 0 Franklin, TN 37064 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 None 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 of the instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation None Total number of other contractors receiving over \$50,000 for other services .

G	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 \$\Begin{array} \\$ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\		4
	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.)		
а	Sale, exchange, or leasing of property?		1
b			1
С	Furnishing of goods, services, or facilities?		1
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		✓
е	Transfer of any part of its income or assets?		1
За	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	Did the organization have a section 403(b) annuity plan for its employees?		1
С	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 3c		√
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? . 3d		✓
	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g Did the organization make any taxable distributions under section 4966?		✓
	Did the organization make a distribution to a donor, donor advisor, or related person?		
	Enter the total number of donor advised funds owned at the end of the tax year		
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year •		
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

Pa	rt (Reason for Non-Private	Foundation	Status (See pages 4	through 8 o	f the instruct	ions.)		
l ce	rtify	that the organization is not a priva	te foundation bed	cause it is: (Please check	k only ONE ap	plicable box.)	The state of the s		
5		A church, convention of churches	s, or association	of churches. Section 170	D(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	Ģ	An organization operated for the be (Also complete the Support School	enefit of a college dule in Part IV-A.)	or university owned or o	perated by a go	overnmental uni	t. Section 170(b)(1)(A)(iv)		
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 co	omplete the Support Sc	hedule in Part	IV-A.)			
12	Ø	An organization that normally receives: (1) more than 33%% 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%% 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 control requirements of section 509(a)(3).	olled by any disc	ualified persons (other	than foundatio	n managers) a			
		☐ Type I ☐ Type II	Type	III-Functionally Integrat	ed 🗆	Type III-Othe	r		
		Provide the following info	rmation about th	ne supported organizat	ions. (See pag	e 8 of the instr	uctions.)		
(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)	1	d) upported on listed in upporting zation's	(e) Amount of support		
		15 miles			Yes	No			
-									
		The same of the sa					****		
ota									
- ca		· , , , , , , , , , , , , , , , , , , ,		3 7			100		
4		An organization organized and op	erated to test for	public safety. Section 5	09(a)(4). (See r	page 8 of the in	structions.)		

	te: You may use the worksheet in the instructions lendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total			
15	Gifts, grants, and contributions received. (Do			(-/	(4) 2000	(e) rotal			
16	not include unusual grants. See line 28.) .	439,528	322,397	281,532	97,739	1,141,196			
17	Membership fees received				- 11000000	1,171,100			
	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	8,781	29,047	17,122	6,595	61,545			
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	0,000	1,313						
19	Net income from unrelated business activities not included in line 18,					1,014			
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.			e e					
22	Other income. Attach a schedule. Do not								
23	include gain or (loss) from sale of capital assets	55,832	38,524	1,266	14,706	110,328			
23	Total of lines 15 through 22	505,268	390,148	299,926	119,040	1,314,382			
25	Line 23 minus line 17	496,487	361,101	282,804	112,445	1,252,837			
26		5,053	3,901	2,999	1,190				
b c d	Prepare a list for your records to show the nam governmental unit or publicly supported organize amount shown in line 26a. Do not file this list wit Total support for section 509(a)(1) test: Enter lin	Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24							
e f	. done support (inte 200 minus line 200 total)	26	Sb		N 00-				
	support percentage (inte zoe (itulierat	or, aivided by line	26c (denomina	tor))	> 26f	%			
27	Organizations described on line 12: a For person," prepare a list for your records to show the Do not file this list with your return. Enter the	sum of such amou	ints for each year	/ea in each year r:	trom, each "disc	ualified person."			
b	(2006) 58,905 (2005) For any amount included in line 17 that was received show the name of, and amount received for each year. (Include in the list organizations described in lines 5 the difference between the amount received and the amounts) for each year:	ed from each persor ear, that was more t through 11b, as well ne larger amount de	n (other than "disq han the larger of (as individuals.) Do escribed in (1) or (ualified persons 1) the amount of not file this list (2), enter the su	"), prepare a list fon the 25 for the year twith your return nof these differe	or your records to ear or (2) \$5,000. After computing nces (the excess			
С	(2006)				(2003)	0			
1112	1761,545 20	21 and line 27b total		-	► 27c	1,202,741			
ď	Add: Line 27a total 196,905 ar	nd line 27b total	10,935		▶ 27d	207,840			
e f	Public support (line 27c total minus line 27d total	l)	121 122 121 121 12		▶ 27e	994,901			
g	Total support for section 509(a)(2) test: Enter am	ount from line 23.	column (e) 🕨	- 27f 1	1,314,382				
-	Public support percentage (line 27e (numerato Investment income percentage (line 18, colum	or) divided by line	27f (denominate	or))	► 27g	75.7 %			
8	Unusual Grants: For an organization described prepare a list for your records to show, for each description of the nature of the grant. Do not file	in line 10, 11, or	12 that received	any unusual gr	ants during 2000	.1 % 3 through 2006, ant, and a brief			

Lik	Private School Questionnaire (See page 9 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)							
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	Yes	No				
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.)							
32	Does the organization maintain the following:							
a b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory	32a						
c	and outsing and production and other written confining to the nilling design	32b						
d	with student admissions, programs, and scholarships? Copies of all material used by the organization or on its behalf to solicit contributions?	32c 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:							
а	Students' rights or privileges?	33a						
b	Admissions policies?	33ь						
C	Employment of faculty or administrative staff?	33c						
d	Scholarships or other financial assistance?	33d						
е	Educational policies?	33e						
f	Use of facilities?	33f						
9	Athletic programs?	33g						
h	Other extracurricular activities?	33h		String				
	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		Marke.				
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						

o	1225				
Schedule A	(Form	990	or	990-F7	7) 2007

_	
Pac	

B	To be completed ONLY by a	lecting Public	Charities (Se	e page 11 of	the in	structions.	Page 6
Ch	eck ▶ a ☐ if the organization belongs to an affil	iated group. Che		f you checked "a"		nited control"	provisions apply
	Limits on Lobby (The term "expenditures" mea	ing Expenditu	res	Type sheeked I		(a) illated group totals	(b) To be completed for all electing
36	Total lobbying expenditures to influence public			3	6		organizations
37	Total lobbying expenditures to influence a legi	islative hody (dire	ot lobbying) .	3			
38	Total lobbying expenditures (add lines 36 and	37)	et lobbyllig)	3			
39	Other exempt purpose expenditures			3		1 1	
40	rotal exempt purpose expenditures (add lines	38 and 39)		4	0		1]
41	Lobbying nontaxable amount. Enter the amount			organism .			
	If the amount on line 40 is— The	lobbying nontaxa	able amount is-	_			
	Not over \$500,000	of the amount or	line 40			98.005.05	
	Over \$500,000 but not over \$1,000,000 . \$100,	000 plus 15% of t	he excess over \$	500,000		lan.	
	Over \$1,000,000 but not over \$1,500,000 . \$175,	000 plus 10% of th	e excess over \$1,	000,000 4	1	TO SECRETARY IN COLUMN	
	Over \$1,500,000 but not over \$17,000,000. \$225,	000 plus 5% of the	e excess over \$1,	500,000			
42	Over \$17,000,000	0,000					
43	Grassroots nontaxable amount (enter 25% of	line 41)		42			
44	Subtract line 42 from line 36. Enter -0- if line 4 Subtract line 41 from line 38. Enter -0- if line 4	12 is more than lir	ne 36	4:			
	Caution: If there is an amount on either line 43			11/14			
						ilestration to a fee	
	4-Year Av (Some organizations that made a section See the instructions f	eraging Perion on 501(h) election or lines 45 throug	do not have to	complete all of	the five	columns be	low.
			bying Expendit			eraging Pe	riod
	Calendar year (or	(a)	(b)	(c)		(d)	(e)
	fiscal year beginning in) ▶	2007	2006	2005		2004	Total
45	Lobbying nontaxable amount						
46	Lobbying ceiling amount (150% of line 45(e))						
47	Total lobbying expenditures						
48	Grassroots nontaxable amount	A) (1) 7 (4) months (1)					
49	Grassroots ceiling amount (150% of line 48(e))						
50	Grassroots lobbying expenditures						
Pa	Lobbying Activity by Nonelec (For reporting only by organiza	ting Public Ch	narities	Part VILAV (So	0 000	2 14 of the	· imakuu atiaa a
Duri	ng the year, did the organization attempt to influ	ence national ata	eto os lesel lesi-	late vian (Ge	c page	14 01 1116	mstructions.)
atter	npt to influence public opinion on a legislative m	atter or referendi	in through the	use of:	any	Yes No	Amount
	Volunteers		_	usc oi.	88		(83918948 e Salgon)
b	Paid staff or management (Include compensation	on in expenses re	ported on lines	c through h)		1	
C							VALUE CONTRACTOR CONTR
d	Mailings to members, legislators, or the public					1	
е							
f	Grants to other organizations for lobbying purp	oses				1	
9	Direct contact with legislators, their staffs, gove	ernment officials,	or a legislative b	odv		/	
h	Rallies, demonstrations, seminars, conventions,	speeches, lectur	es, or any other	means	500 S00	1	
i	Total lobbying expenditures (Add lines c throug If "Yes" to any of the above, also attach a state	h h.)			 g activi	ties.	
					9000 BA 1000	NEW MEMORIES (NO.	

Ŀa		Information Exempt Or	n Regarding T ganizations (Se	ransfers To and Trange page 14 of the instruction	sactions a	ind Relation	onships	With Non	chari	table
51	Did the	reporting orga	nization directly or	indirectly engage in any of	the following	with any other	er organiza	ation describe	ed in s	ection
а		01(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organiz ransfers from the reporting organization to a noncharitable exempt organization of:							Yes	No
	(i) Ca		orang organization	ngamzanon o	1•		51a(i)		1	
	(ii) Other assets							a(ii)		1
b Other transactions:									<u> </u>	
			es of assets with a	noncharitable exempt organ	dation			b(i)		1
	(i) Sales or exchanges of assets with a no(ii) Purchases of assets from a noncharitab			ritable exempt organization	iizatioii		(*) (*) *	b(ii)		1
	(iii) Re	ental of facilities	equipment or of	her assets			19. 187. B	b(iii)	1	1
	(iv) Re	imbursement a					* * *	. b(iv)		1
	1,							b(v)	-	1
	(vi) Loans or loan guarantees									1
С				sts, other assets, or paid en				. b(vi)		1
d	If the a	swer to any of	the above is "Vec "	complete the following scheme	hioyees .	 h\ abauld aluu	· · ·			
	goods,	other assets, o	r services given by	the reporting organization. I column (d) the value of the g	If the organiza	ation received	less than	fair market	value value	or the in any
(a	1)	(b)		(c)		***************************************	(d)			
Line	no. A	mount involved	Name of none	charitable exempt organization	Descripti	on of transfers,		, and sharing ar	rangem	ents
							CT 20078 28		1000	-
		1944		Secretaria de Constante de Cons						
								200		
										100
	_									
		······································								
								***		-
		0								
		W 530515 POW				70 20 20 20 20 20				
		WASSINGE BY THE STATE OF THE ST					***************************************		17Killada — 18k	
						0		2000 CONTROL 100 100 100 100 100 100 100 100 100 10		
	describ	ed in section 50	ectly or indirectly 01(c) of the Code (following schedule	affiliated with, or related to, other than section 501(c)(3)):	опе or more or in section !	tax-exempt 527?	organizati		s 🔽] No
		(a)		(b)			(c)		2	
		Name of organiz	ation	Type of organization		Descr	lption of rela	tlonship		

	****									**
		*						CONTROL NO.		
							212 (14 C) 11 C 12 C			
									**	
								*	-	
			AND THE PERSON ASSESSMENT OF THE PERSON OF T	- Company of the Comp						
AND ALL SHAPE				100						
		THE STATE OF THE S	v							