

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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)

Open to Public

Department of the Treasury

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

OMB No 1545-0047

A	For the	2009 cal	endar ye	ar, or tax	year beginni	ng				,	and e	nding	_			•	
В	Check if ap	plicable	Please	C Name	of organization	Hardın	g Pla	ce, Inc					D Employer	identi	fication num	ber	
	Address (change	use IRS label or	Doing	Business As								71-0780709	•			
\Box	Name cha	ange	print or	Numbe	er and street (or	P O box if mai	l is not	delivered to	street a	ddress)	Ro	om/suite	E Telephone		er		
\sqcap	Initial retu	ım	type. See		enton Aven								(501)305-3				
Ħ.	Terminate	ed	Specific		town, state or o		7 + 4						(001)000 0				
=	Amended	1	Instruc- tions	Searcy	,	,,		AF	₹	721	143		G Gross rece	eipts \$		2 14	0,512
=		on pending			address of prii	cinal officer			•		<u></u>	l L/(a) lo t	this a group retu		offiliates?		X No
ш.	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1									1 '	- '				=
_					30x 12777, S		$\overline{}$					1 ''	e all affiliates ind			Yes	No
		mpt status			3) ◄ (inse	ert no) L	49	947(a)(1) o	<u> </u>	527		1 ""	'No," attach a lis	it (see	instructions)		
<u>J \</u>	V ebsite	: > ww		gplace.or	<u>g</u>	<u></u>						H(c) Gro	oup exemption i	numbei	r ▶		
KF	orm of o	rganization	X co	orporation	Trust	Association		Other ▶			L Yea	r of forma	ition 1995	м	State of legal	domicile	AR
P	art l	Sur	mmary														
	1			the organ	nization's mis	ssion or mo	st sia	nificant a	ctivitie	s:						-	
		-		_	lace Retiren		-				ntered	and co	ost-effective	resid	lential alte	rnatives	for
92					dentified nee												
nar.																	
Activities & Governance	2	Check ti	his box	▶ X if	the organiza	ation discon	itinije	d its oper	ations	or disp	osed	of more	than 25%	of its	net assets		
ŏ	3				ers of the gov					0. 0.00	,000	01 111010	5 (iiaii 20 70 (3			4
es e	4				oting memb					VI. line	1b) .		• •	4			
i v	5				es (Part V, li				•		•			5	†		<u>.</u>
Act	6				rs (estimate									6			
3	7a				siness reven									7a			
- ->	b				axable incom									7b			
<u></u>	<u> </u>	1	- 100	-175) 7								Prior Year		Cui	rrent Year	
	8	Ćontribu	ations ar	nd gränts	(Part VIII, lir	ne 1h)							-				
<u> </u>	9	Progran	n service	e levenue	(Part VIII, II	ne 2g)							2,30	0,986	5	2,13	8,377
ANEL! Revenue	10	/Investm	ent inco	me (Part	VIII Column	(A), lines 3	, 4, a	nd 7d) .						7,655			2,135
≥ّ ڇ	11 /	Other re	venue (Part-VIII,	ငှစ်ပြိုက်n (A),	lines 5, 6d,	8c. 9	c, 10c, aı	nd 11e	e) .							
	12				hrough 11 (m								2,30	8,641	1	2,14	0,512
<u>~</u>	13	Grants a	and simi	lar-amou	nts paid (Pai	rt IX, columi	n (A),	lines 1-3	3) .								
	14	Benefits	paid to	or for me	mbers (Part	IX, column	(A), I	line 4)									
s	15	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)															
Expenses	16a	Profess	ional fur	ndraising	fees (Part IX	i, column (A	s), line	e 11e)									
Ď	b	* *************************************															
Ú	17	Other ex	xpenses	(Part IX,	column (A),	lines 11a-1	11d, 1	11f-24f)					2,20	5,040		2,23	6,847
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A			A), line	e 25) .	•	2,205,0					<u>6,847</u>					
	19	Revenu	e less e	xpenses	Subtract line	e 18 from lir	ne 12						10	3,601	1	-9	<u>6,335</u>
Net Assets or	<u> </u>											Begini	ning of Current	Year	En	d of Year	
sets	20				16)									0,189			3,007
ž.	21				ne 26) . .									<u>8,895</u>		5,46	<u>8,048</u>
					ces Subtrac	t line 21 fro	m line	<u>e 20</u>					10	1,294	4		<u>4,959</u>
Pa	art II		nature														
			•		I declare that I had and complete				-						•	-	
		"""	Deliei, it is	lide, whech	, and complete	Deciaration of	piepaii	ei (ouiei uia	ii oilioei,) is baseu	on an i	mormatio			•	uge	
			1 K	1.0 d									Date /	11	l.,		
Si	gn	▏▮	Sonature	of officer				· ·					Date /	'''/			
He	re				Secretary								24.0	·			
				rint name ar							-					-	
		Prep	arer's	-					Date		С	heck if		Prep	arer's identify	ing number	<u> </u>
Pa	id	signa	ature									elf-		(see	instructions)		
Pre	eparer'	s	la nama /a	r voure :	·· · · · · · · · · · · · · · · · · · ·						e	mployed	<u> </u>	1			
Us	e Only		's name (o If-employe	-									EIN •				
			ess, and Z										Phone no				
Ma	y the If	RS discu	ss this re	eturn with	the prepare	r shown ab	ove?	(see instr	uction	s)						Yes	No
					tion Act Not									_		Form 990	(2009)
(HT/		,				-, -	·						-	\sim			,,

С	(Code:) (Expenses \$		including grants of	\$) (Revenue \$)
1	Other program services (Describe in S	Schedule O.)		· <u>-</u> ··		
	(Expenses \$ inc	uding grants of	\$) (Revenue \$)_
•	Total program service expenses ▶	1	,901,599			

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		х
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C,			
	Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III.	5	-	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			1
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11	Х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that			
	addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Parts XI, XII, and XIII	12	Х	
12A	Was the organization included in consolidated, independent audited financial statements for the tax Yes No			
	year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			1
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	۱	l	,
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III.	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	4-		,
40	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	18		x
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	- <u>'°</u>		 ^
19	16 M 1 1 0 1 1 1 0 0 5 4 111	19		x
20	If "Yes," complete Schedule G, Part III . Did the organization operate one or more hospitals? If "Yes," complete Schedule H .	20		
	Die und digenization operate and at more morphism in 100, dempires demand in 1			<u> </u>

71-0780709

Par	t IV Checklist of Required Schedules (continued)	,		
•			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		:	
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	ļ	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25	24a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X_
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?		ļ	
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
•	conservation contributions? If "Yes," complete Schedule M	30	ì	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
-	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II	32	X	1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
-	III, IV, and V, line 1 .	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36	X	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		Ī	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37	L	\mathbf{x}
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
30	19? Note . All Form 990 filers are required to complete Schedule O	38	x	

Par	Statements Regarding Other IRS Filings and Tax Compliance			
4.	Enter the number reported in Day 2 of Form 1006. Annual Summers and Transmitted of	(Yes	No
ıa	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
ь	U.S. Information Returns. Enter -0- if not applicable	}		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
•	gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10	^	
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see			
	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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)?	4a		X
b	If "Yes," enter the name of the foreign country. ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank			
	and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
60	Prohibited Tax Shelter Transaction?	5c		
6a	organization solicit any contributions that were not tax deductible?	6a	i	Χ
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- Oa		
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	<u> </u>		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
_	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	<u> </u>		
_	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	required?. Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	 '''-		
Ü	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966? .	9a		Х
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Х
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders	1		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
40-	against amounts due or received from them)	40-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a	 	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
3	supervision of officers, directors or trustees, or key employees to a management company or other person?	3	х	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .	7b		Χ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
Coot	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		<u> </u>
	ion B. Policies (This Section B requests information about policies not required by the Internal enue Code.)			
Neve	inue code.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	44	V	
44.4	form?	11	Х	
11A		12a	Х	
12a b	Does the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	IZa	 ^ 	\vdash
D	rise to conflicts?	12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	Х	<u> </u>
13	Does the organization have a written whistleblower policy?	13		<u> </u>
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45.	V	
a	The organization's CEO, Executive Director, or top management official	15a 15b	X	\vdash
b	Other officers or key employees of the organization	130		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
IVa	with a taxable entity during the year?	16a		Х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s or 1024 if applicable), 990, 990, 990, 990, 990, 990, 990, 99	nly)		
	available for public inspection. Indicate how you make these available. Check all that apply			
40	Own website Another's website X Upon request	- o-t		
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interpolicy, and financial statements available to the public	とろし		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne		
20	organization ► J. Mel Sansom (501)279-43			
	915 E Market, Box 12277, Searcy, AR 72149			

•			
Form 990 (2009)	Harding Place, Inc		

Form 990 (2009)	Harding Place, Inc 71-0780	709
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated	
•	Employees, and Independent Contractors	

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations List persons in the following order individual trustees or directors, institutional trustees; officers, key employees, highest

compensated employees, and former such persons

Check this box if the organization did not compensate any current officer, director, or trustee.											
(A)	(B)	(C)						(D)	(E)	(F)	
Name and Title	Average hours per		,			that app		Reportable compensation	Reportable compensation	Estimated amount of	
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
Don Shores Board Member	1.	х								·	
Pat Bell Board Member	1	х									
Russ Burcham Board Member	1.	Х									
John Simmons Board Member	1	х									
David Burks President	1			x					244,135	33,045	
J. Mel Sansom Secretary	5			х					115,000	40,057	
	· -										
									_		

Page 7

Form	990 (2009) Harding Place, Inc									71-0780	709 Page 8
	t VII Section A. Officers, Directors, Tru	ıstees, Key Er	nploy	ees	, and	j Hiç	hes	t Co	mpensated Em		
	` (A)	(B)			((C)			(D)	(E)	(F)
	Name and title	Average hours per week				k all ti	hat app		Reportable compensation from	Reportable compensation from related	Estimated amount of other
		WOON	Individual trustee or director	Institutional trustee	Officer	/ employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
			ļ		ļ						
			_				<u> </u>				
								_		050 405	70.100
1b_ 2	Total Total number of individuals (including but no reportable compensation from the organizat		se lis	ted a	abov	e) w	ho re	ceiv	ed more than \$1	359,135 100,000 in	73,102
3	Did the organization list any former officer, employee on line 1a? If "Yes," complete Sci						, or h	ighe	st compensated		Yes No
4	For any individual listed on line 1a, is the su the organization and related organizations or individual									uch	4 X
5	Did any person listed on line 1a receive or a services rendered to the organization? If "Ye								rganization for		5 X
	ction B. Independent Contractors										
1	Complete this table for your five highest con compensation from the organization	npensated inde	epend	lent	contr	acto	rs th	at re	ceived more tha	n \$100,000 of	
	(A)								(B)		(C)

ervices Compensation
ices 331,798
291,351

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 2

D4						71-07607	rus Page 3
Part	VIII	Statement of Revenue		(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
S S	1a	Federated campaigns			revenue		512, 513, 0/ 514
L T	b	Membership dues			i		
Contributions, gifts, grants and other similar amounts	C	Fundraising events					
r a	d	Related organizations					
s, g milk	e	Government grants (contributions) 1e					
ioi		All other contributions, gifts, grants, and		. [
the		similar amounts not included above 1f					
ntri d o	g	Noncash contributions included in lines 1a-1f \$					
S E	h	Total. Add lines 1a-1f					
ue			Business Code				
Program Service Revenue	2a	Rental Income		2,138,377	2,138,377		
S.	b						
vice	С	••••••					
Ser	d						
Ta I	е						
rog	f	All other program service revenue					
<u>a</u>	g	Total. Add lines 2a–2f		2,138,377			
	3	Investment income (including dividends, interest, an					
		other similar amounts)		2,135	2,135		
	4	Income from investment of tax-exempt bond proceed	ds ▶				
	5	Royalties	. P				
	6-	(i) Real	(II) Personal	1			
	6a	Gross Rents					
	b	Less: rental expenses					
	d	Net rental income or (leas)	•		-	<u> </u>	
		Gross amount from sales of (i) Securities	(II) Other				
	١,,	assets other than inventory	(ii) Caro				
	Ь	Less cost or other basis					
		and sales expenses					
	С	<u> </u>					
	ı	Net gain or (loss)	. ▶				
4.	8a	Gross income from fundraising					
Jue		events (not including \$					
Š		of contributions reported on line 1c).					
8		See Part IV, line 18 a					
Other Revenue		Less direct expenses b		-			
₹		Net income or (loss) from fundraising events	<u> </u>				
	9a	Gross income from gaming activities.					
	١.	See Part IV, line 19]			
		Less. direct expenses					
	1	Net income or (loss) from gaming activities	· · ·				
	IVa	Gross sales of inventory, less returns and allowances					
	h	Less: cost of goods sold b					
		Net income or (loss) from sales of inventory	•			•	
	Ť	Miscellaneous Revenue	Business Code				
	11a						
	b						
	С						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
	12	Total revenue. See instructions	▶	2,140,512	2,140,512		

Form 990 (2009) Harding Place, Inc Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete column	(A) but are not requ	uired to complete	columns (B), (C), a	nd (D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and			gonora: oxponoco	Сиропосо
-	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
_	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,			-	
-	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16		·		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)			-	
-	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				·
11	Fees for services (non-employees).				
а		335,248		335,248	
b	Management	7,677	7,677		
С	Accounting	'	,		
d	Lobbying			·	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	291,351	291,351		
12	Advertising and promotion	84,404	84,404		
13	Office expenses	27,819	27,819		
14	Information technology				····
15	Royalties				
16	Occupancy	577,007	577,007		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	270,937	270,937		
21	Payments to affiliates	400,000	400,000		
22	Depreciation, depletion, and amortization	127,328	127,328	.,.	. –
23	Insurance				
24	Other expenses. Itemize expenses not			İ	
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)				
а	Bond Refinancing	115,076	115,076		
b					
C					
d					
е	All all an arrangements				<u> </u>
	All other expenses	0.000.04=	4 004 500		····
25	Total functional expenses. Add lines 1 through 24f	2,236,847	1,901,599	335,248	, <u>, , , , , , , , , , , , , , , , , , </u>
26	Joint costs. Check here ▶ if following				
	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising			ļ	
	solicitation	· ·		1	

Pai	rt X	Balance Sheet	-		71-0700709 Page 11
	•		(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	502,235	1	479,231
	2	Savings and temporary cash investments	545,989	2	61,712
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	3,313	4	1,005
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			
		Schedule L		5_	··
	6	Receivables from other disqualified persons (as defined under section			
i		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
		Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
SS	8	Inventories for sale or use		8	· · · · · · · · · · · · · · · · · ·
`	9	Prepaid expenses and deferred charges	233,688	9	183,544
	10a	Land, buildings, and equipment: cost or 10a 6,248,362			
		other basis. Complete Part VI of Schedule D			
		Less accumulated depreciation	4,864,964		4,747,515
	11	Investments—publicly traded securities		_11_	
- 1	12	Investments—other securities. See Part IV, line 11		12	
- 1	13	Investments—program-related See Part IV, line 11		13	
- 1	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	6,150,189		5,473,007
	17	Accounts payable and accrued expenses	183,029		61,937
	18	Grants payable		18	4 4 4 4
	19	Deferred revenue	866 5 005 000	19	1,111
" l	20	Tax-exempt bond liabilities	5,865,000	20	5,405,000
Liabilities	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
賣	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
ā		persons. Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	23 24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	<u> </u>
	26	Total liabilities. Add lines 17 through 25	6,048,895		5,468,048
\dashv	20		0,040,093		3,700,070
ဖွ		Organizations that follow SFAS 117, check here ► X and			
2		complete lines 27 through 29, and lines 33 and 34.			
<u>a</u>	27	Unrestricted net assets	101,294		4,959
<u>m</u>	28	Temporarily restricted net assets		28	
=	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
\ss	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
¥	32	Retained earnings, endowment, accumulated income, or other funds .		32	
ž	33	Total net assets or fund balances	101,294	33	4,959
	34	Total liabilities and net assets/fund balances	6,150,189	34	5,473,007

orm 9	990 (2009) Harding Place, Inc	71-0780709	Р	age 12
art	t XI Financial Statements and Reporting			
	•		Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .	2a		Χ
b	Were the organization's financial statements audited by an independent accountant?	. 2b	X	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both.			
	Separate basis Consolidated basis X Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ► See separate instructions. Inspection Name of the organization Employer identification number Harding Place, Inc. 71-0780709 Reason for Public Charity Status (All organizations must complete this part) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 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 exempt 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). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c | Type III-Functionally integrated Type III-Other Type II Type I By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) (iii) Type of organization (vi) Is the (vii) Amount of (iv) Is the organization (v) Did you notify (ii) EIN (i) Name of supported (described on lines 1-9 in col (i) listed in your the organization in organization in col support organization governing document? above or IRC section col (i) of your (i) organized in the (see instructions)) US2 support? Yes Yes No No Nο Yes

chedule A (Form 990 or 990-EZ) 2009 Harding Pla					71-078070	
Part II Support Schedule for Org				1)(A)(iv) and	170(b)(1)(A)	(vi)
(Complete only if you check section A. Public Support	ted the box on lin	e 5, 7, or 8 <u>or</u>	Part I.)			
Calendar year (or fiscal year beginning in)	▶ (a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and	(4) 2000	(2) 2000	(0) 2001	(4) 2000	(0) = 000	(1) 1 0 10
membership fees received (Do not include any "unusual grants.")						
Tax revenues levied for the organization benefit and either paid to or expended of its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						
 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . 	ne :	: ·· ·	:	:		
6 Public support. Subtract line 5 from lin	e 4					
Section B. Total Support			,	T	, ,	
Calendar year (or fiscal year beginning in)	► (a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 						
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
Total support. Add lines 7 through 10Gross receipts from related activities, e	tc (see instructions	s)			12	
First five years. If the Form 990 is for to organization, check this box and stop to			ird, fourth, or fil			c)(3) ▶
Section C. Computation of Public Sup	port Percentage)				
Public support percentage for 2009 (InPublic support percentage from 2008 S	chedule A, Part II,	line 14			14	
 33 1/3% support test–2009. If the organization qualified 33 1/3% support test–2008. If the organization qualified box and stop here. The organization qualified 	es as a publicly su anization did not ch	pported organi eck a box on li	zation ne 13 or 16a, a			▶

17a 10%-facts-and-circumstances test-2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10%

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

18

or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization **10%-facts-and-circumstances test–2008**. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

Schedule A (Form 990 or 990-EZ) 2009 71-0780709 Harding Place, Inc. Page 3 Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 2.023.833 2,125,383 2,200,312 2,300,986 2,138,377 10,788,891 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 2,023,833 2,125,383 2,200,312 2,300,986 2,138,377 10,788,891 Total, Add lines 1 through 5. 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year Add lines 7a and 7b Public support (Subtract line 7c from 10,788,891 line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 2,200,312 2,300,986 2,138,377 10.788,891 2,023,833 2,125,383 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 10.539 15,586 16,625 7,655 2,135 52,540 sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . c Add lines 10a and 10b . . 10,539 15,586 16,625 7,655 2,135 52,540 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support. (Add lines 9, 10c, 11, 2,034,372 2,140,969 2,216,937 2,308,641 2,140,512 10,841,431 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 99.52% Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2008 Schedule A, Part III, line 15. 16 99 48% 16 Section D. Computation of Investment Income Percentage Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 0 48% Investment income percentage from 2008 Schedule A, Part III, line 17 18 0 52% 18 19a 33 1/3% support tests-2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests-2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and

line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

20

Schedule A (Form 990 or 990-EZ) 2009	Harding Place, Inc	71-0780709	Page 4
Part IV Supplemental Part II, line 17a	Information . Complete this part to provide the explanations required or 17b; and Part III, line 12. Provide any other additional information.	by Part II, line 1	0,
			· · · · · · · · ·
	•••••		
•			
••••			
	•••••		
		• • • • • • • • • • • • • • • • • • • •	

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

 OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

Employer identification number

11	an Diana Ina		74 0700700
	ng Place, Inc.	or Advised Funds or Other Cimile- Fire	71-0780709
Part		or Advised Funds or Other Similar Fu	inus or Accounts. Complete if
	the organization answered "Yes" t		(h) Eundo and other persunts
4	Total number at and of	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)	<u> </u>	
3	Aggregate grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and d		
	funds are the organization's property, subject		
6	Did the organization inform all grantees, doi	nors, and donor advisors in writing that gran	t funds can be
	used only for charitable purposes and not for	or the benefit of the donor or donor advisor,	or for any other
	purpose conferring impermissible private be	enefit?	Yes . No
Part	Conservation Easements. Comp	olete if the organization answered "Yes"	to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held		
•	tarand	· · · · · · · · · · · · · · · · · · ·	of an historically important land area
	Preservation of land for public use (e.g.		of an historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organiza	ation held a qualified conservation contributi	ion in the form of a conservation
	easement on the last day of the tax year.		
	,		Held at the End of the Tax Year
а	Total number of conservation easements .		2a
b	Total acreage restricted by conservation ea	sements	. 2b
C	Number of conservation easements on a ce		
d	Number of conservation easements include		. 2d
3	Number of conservation easements modifie		rminated by the organization
•	during the tax year	<u></u>	
4	Number of states where property subject to	conservation easement is located	
5	Does the organization have a written policy		n, handling of
	violations, and enforcement of the conserva		
6	Staff and volunteer hours devoted to monitor		
•	>	J	
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing conservation eas	sements during the vear
•	▶ \$. ,	3 ···- , - ···
8	Does each conservation easement reported	on line 2(d) above satisfy the requirements	s of section
•	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization i		
-	balance sheet, and include, if applicable, th	•	•
	the organization's accounting for conservati	_	
Par		ons of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answere		
12	If the organization elected, as permitted und		atement and balance sheet works of
14	art, historical treasures, or other similar ass		
	service, provide, in Part XIV, the text of the		
b	If the organization elected, as permitted und		
	historical treasures, or other similar assets		
	service, provide the following amounts relat		·
			> \$
	(i) Revenues included in Form 990, Part VI (ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works o	f art, historical treasures, or other similar as	sets for financial gain, provide the
-	following amounts required to be reported u		manaa gang provide tile
a	Revenues included in Form 990, Part VIII, I	-	₽ \$
a	Assets included in Form 990, Part Y		• • • • • • • • • • • • • • • • • • •

Part	i III Organizations Ma	aintaining Col	lections of	Art, His	storical `	Treasures, c	or Oth	<u>er Similar As</u>	sets (c	<u>ontinu</u>	ıed)
3	Using the organization's a	-		ther rec	ords, ched	ck any of the t	followi	ng that are a si	gnıfican	t	
_	use of its collection items	(check all that a	apply)	٦ ـ	1						
a	Public exhibition			d	i	or exchange (progra	ms			
b	Scholarly research			e	Other						
C	Preservation for futu	ure generations									
4	Provide a description of the Part XIV	ne organization's	s collections	and exp	lain how t	they further th	e orga	inization's exer	npt purp	ose in	I
5	During the year, did the or assets to be sold to raise									es 🗍	No
Par	t IV Escrow and Cus	todial Arrang	ements. C	omplete	if the org	ganization ar	nswer	ed "Yes" to Fe	orm 990), Par	t
	IV, line 9, or repor	_		-		_					
1a	Is the organization an age	ent, trustee, cus	todian or oth	er intern	nediary fo	r contributions	s or ot	her assets not		_	
	ıncluded on Form 990, Pa	art X?							Y	es	No
b	If "Yes," explain the arrang	gement in Part	XIV and com	plete the	e following	g table:					
							<u> </u>	<u> </u>	mount		
С				•			1c	<u> </u>			
d	Additions during the year										
e	Distributions during the ye	ear			•		1e	 	-		
f	Ending balance		•			•	1f	1			
2a	Did the organization include			Part X,	line 21?			•	Y₀	es X	No
b	If "Yes," explain the arran					.1.115./ 11.4 - 15	0	00 D-40/ E-	- 40		
Part	t V Endowment Fun			T		1					
4.	Destrois des abore		Current year	(b) Pi	nor year	(c) Two years I	back	(d) Three years bac	k (e) Fo	our years	, back
1a	Beginning of year balance	•	·	-							
b	Contributions										
C	Net investment earnings, and losses	gains,				1					
d	Grants or scholarships .			<u> </u>		<u> </u>		·····	 		
e	Other expenditures for fac	culities			-	 	-+				
C	and programs	Cintics									
f	Administrative expenses .	 		-			-				
g	End of year balance .										
2	Provide the estimated per	rcentage of the	year end bal	ance he	ld as [.]	•			•		
а	Board designated or quas	-	,								
b	Permanent endowment	•			_						
С	Term endowment										
3a	Are there endowment fun-	ds not in the po	ssession of	the orga	nization th	nat are held a	nd adr	ninıstered for th	ne ,		,
	organization by.									Yes	No
	(i) unrelated organizat	tions							3a(i)		ļ
	(ii) related organization		•				•		3a(ii)		<u> </u>
b	If "Yes" to 3a(ii), are the re	-							3b		
4	Describe in Part XIV the i						V 1	- 10			
Par			T		T		_				
	Description of investme	ent 	(a) Cost or of (investment)		1 , ,	st or other s (other)	٠,,	ccumulated preciation	(a) Bo	ook valu	<u>.</u>
1a	Land				ļ						
þ	Buildings				↓ .	5,981,465		1,330,318			1,147
C	Leasehold improvements				-	10,124		2,975			7,149
d	Equipment				 	256,773		167,554		8	9,219
<u>e</u>	Other			000	Dort V =	luman (D) 1::-	10/-1	,			7.545
lota	al. Add lines 1a through 1e.	(Column (a) mi	ust equal Fol	rin 990, I	-aπ X, co	iumn (B), iine	10(C)) >		4,/4	7,515

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Total (Column (b) must equal Form 990, Part X, col (B) line 25)

71-0780709 Harding Place, Inc. Schedule D (Form 990) 2009 Page 4 Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements Part XI 1 Total revenue (Form 990, Part VIII, column (A), line 12) 1 2.140.512 2 2 2,236,847 Total expenses (Form 990, Part IX, column (A), line 25). 3 3 Excess or (deficit) for the year. Subtract line 2 from line 1 -96.335 4 Net unrealized gains (losses) on investments 4 5 Donated services and use of facilities . . . 5 6 Investment expenses 6 7 7 8 Other (Describe in Part XIV.) 8 9 Total adjustments (net). Add lines 4 through 8 . 9 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9. 10 -96.335 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains on investments 2a 2b Recoveries of prior year grants 2c С Other (Describe in Part XIV.) Add lines 2a through 2d e 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b. 4b b Add lines 4a and 4b . . C 4c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements . . . 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities . . . 2b h Prior year adjustments 2c c Other losses d Other (Describe in Part XIV.) . 2d Add lines 2a through 2d . . 2e Subtract line 2e from line 1 3 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b. 4a Other (Describe in Part XIV.) . 4b Add lines **4a** and **4b** 4c Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18). Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4, Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

•	Harding Place, Inc		71-0780709	
chedule D (Form	990) 2009			Page 5
Part XIV	Supplemental Information (con	tinued)		
		• • • • • • • • • • • • • • • • • • • •		
		•••••		
• • • • • • • • • • • • • • • • • • • •				
			• • • • • • • • • • • • • • • • • • • •	
			•••••	
••••••				
	•			
		•••••		

SCHEDULE K (Form 990) Department of the Treasury Internal Revenue Service Name of the organization Harding Place, Inc

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).

OMB No 1545-0047

Open to Public Inspection

Attach to Form 990. See separate instructions.

Employer identification number 71-0780709

٥ ۷ (h) On behaff of ŝ ŝ Yes No (g) Defeased ш ш × Yes Yes Yes ŝ ŝ (f) Description of purpose ۵ Yes Yes 5,391,941 Refunding 7/22/04 ŝ ŝ O ပ Yes Yes (e) Issue price ŝ ŝ (d) Date issued 6/16/2010 8 8 Yes Yes 812254 JE1 (c) CUSIP # 5,284,416 107,525 5,391,941 ŝ ŝ × 2010 ⋖ 52-1595697 (b) Issuer EIN Yes Yes × × × Were the bonds issued as part of a current refunding issue? financed property which may result in private business use? A Public Educational and Residential Housing Facilities Board member of an LLC, which owned property financed by Are there any lease arrangements with respect to the Was the organization a partner in a partnership, or a Does the organization maintain adequate books and records to support the final allocation of proceeds? Has the final allocation of proceeds been made? Proceeds in refunding or defeasance escrows Were the bonds issued as part of an advance Working capital expenditures from proceeds Capital expenditures from proceeds Part III Private Business Use Gross proceeds in reserve funds (a) Issuer name Year of substantial completion Issuance costs from proceeds Total proceeds of issue. Other unspent proceeds **Bond Issues** tax-exempt bonds? Proceeds refunding Issue? Part II Part I S ဖ σ 9 = ~ 4 ۵ ~ ^ ω $\boldsymbol{\omega}$ ပ

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. (HTA)

Schedule K (Form 990) 2009

71-0780709

Harding Place, Inc.

Schedule K (Form 990) 2009

Page 2

ŝ. ŝ ш Yes Yes ŝ ŝ ۵ Yes Yes ŝ ŝ Yes Yes ŝ å $\mathbf{\omega}$ $\mathbf{\omega}$ Yes Yes å ŝ Yes Yes Enter the percentage of financed property used in a private activity carried on by your organization, another section business use as a result of unrelated trade or business Has a Form 8038-T, Arbitrage Rebate, Yield Reduction Are there any research agreements with respect to the financed property which may result in private business Was the regulatory safe harbor for establishing the fair or other outside counsel to review any management or 501(c)(3) organization, or a state or local government Does the organization routinely engage bond counsel Has the organization adopted management practices Did the bond issue qualify for an exception to rebate? 501(c)(3) organization or a state or local government 3a Are there any management or service contracts with service contracts or research agreements relating to Enter the percentage of financed property used in a private business use by entities other than a section respect to the financed property which may result in identified a hedge with respect to the bond issue on and Penalty in Lieu of Arbitrage Rebate, been filed Has the organization or the governmental issuer Private Business Use (Continued) Were any gross proceeds invested beyond an compliance of its tax-exempt bond liabilities? and procedures to ensure the post-issuance 4a Were gross proceeds invested in a GIC? Is the bond issue a variable rate issue? market value of the GIC satisfied? with respect to the bond issue? available temporary period? . its books and records? the financed property? private business use? Total of lines 4 and 5 Arbitrage b Name of provider b Name of provider Term of hedge c Term of GIC use Part III Part IV ڡ ပ 9 S 9 4 S

Schedule K (Form 990) 2009

SCHEDULE N

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

▶ Complete if the organization answered "Yes" to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.
 ▶ Attach certified copies of any articles of dissolution, resolutions, or plans.
 ▶ Attach to Form 990 or 990-EZ.

Open to Public OMB No 1545-0047

Employer identification number

Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 71-0780709 28 The Cohodula N.1 if additional characters and added Harding Place, Inc Part

	(g) IRC section of recipient(s) (if tax-exempt) or type of entity				į			Yes
	(f) Name and address of recipient							
	(e) EIN of recipient							
	(d) Method of determining FMV for asset(s) distributed or transaction expenses							
וככתכת	(c) Fair market value of asset(s) distributed or amount of transaction expenses							
IIOIIai space is	(b) Date of distribution							
So. Ose Scriedule N-1 il additional space is necesa	1 (a) Description of asset(s) distributed or transaction expenses paid							

e organization:
Ξ
ō
employee
r key
占
trustee, (
director,
Did or will any officer,
any
E N
ō
Did
7

- Become a director or trustee of a successor or transferee organization? . . æ
- b Become an employee of, or independent contractor for, a successor or transferee organization?
- c Become a direct or indirect owner of a successor or transferee organization?
- d Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?
 - e If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III ▶

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. (HTA)

Schedule N (Form 990 or 990-EZ) 2009

2p **2**c

2a

Page 2

71-0780709

Schedule N (Form 990 or 990-EZ) 2009 Harding Place, Inc

Faire Liquidation, Lermination, or Dissolution (Continued)	or Dissolution	(continued)				┡
Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B) should equal -0-	all of its assets d	uring the tax year, the	n Form 990, Part X, α	olumn (B) should equa	al -0	Yes No
3 Did the organization distribute its assets in accordance with	sets in accordant	be with its governing it	its governing instrument(s)? If "No," describe in Part III	describe in Part III .		
4 a Did the organization request or receive a letter from the IRS that the organization's exempt status was terminated?	ive a letter from t	he IRS that the organi	ization's exempt status	was terminated?		4 a
b If "Yes," provide the date of the letter. ▶	▲	Attach a co	opy of the letter and, if	applicable, the organ	Attach a copy of the letter and, if applicable, the organization's request for the letter	
5 a Is the organization required to notify the attorney general or	the attorney gen	eral or other appropris	other appropriate state official of its intent to dissolve, liquidate, or terminate?	ntent to dissolve, lique	date, or terminate? .	5a
٩	such notice?			•		2p
	v all liabilities in	accordance with state				9
,	omnt bonde oute	tanding during the ve-				7a
	kempi ponas oui:	standing duling the year				5 4
b Did the organization discharge or defease tax-exempt bond	fease tax-exemp	t bond liabilities in act	liabilities in accordance with the internal Revenue Code and state laws?	nai Revenue Code ar	id state laws?	α/
ٳۼۜ	organization det	sased or otherwise se	ttled these liabilities II	No, explain in Part	:: :::::::::::::::::::::::::::::::::::	
Part II Sale, Exchange, Dispositi	ion, or Other T	ransfer of More Th	an 25% of the Orga	inization's Assets.	Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization	ızatıon
answered "Yes" to Form 990, Part IV, line 32, or	0, Part IV, line	32, or Form 990-EZ	Form 990-EZ, line 36 Use Schedule N-1 if additional space is needed	ule N-1 if additional	space is needed	
1 (a) Description of asset(s) distributed or fransaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction	(d) Method of determining FMV for asset(s) distributed or	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type
	010019114	4EO OOO EMAY	iransacian cyponeca	71_0036806	Harding University	501(0)3
Cash	4/10/2010	000,001	AIAI	000000-17	Searcy, Alv	2/2/100
Cash	7/16/2009	250,000 FMV	FMV	71-0236896	Harding University Searcy, AR	501(c)3
2 Did or will any officer director trustee or key employee of the organization	volume ver employ	tee of the organization				Yes No
æ	ccessor or transf	eree organization?				
b Become an employee of, or independent contractor for, a successor or transferee organization?	dent contractor t	or, a successor or trai	nsferee organization?			1
c Become a direct or indirect owner of a successor or transferee organization?	f a successor or t	ransferee organization	۵۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰			
d Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?	pensation or other	er similar payments as	s a result of the organi: নিক the name of the pe	zation's significant dis	position of assets?	Zd X
	ט מווץ טו וווכ קטטי	SHOLLS IN UNS HITC, PLOY	ומכ וווכ וומוווס או איז איז	CO DI INACIA CI DOS	אינייייייייייייייייייייייייייייייייייי	

Schedule N (F	orm 990 or 990-EZ) 2009	Harding Place, Inc		Page 3
Part III	Supplemental Info	ormation. Complete to provide the information	ion required by Part I, lines 2e, 7c;	
•	Part II, line 2e, and	any additional information.		
		any additional information.		
	• • • • • • • • • • • • • • • • • • • •		•••••	
	· • • • • • • • • • • • • • • • • • • •			
			**	• • • • •
				••••
		• • • • • • • • • • • • • • • • • • • •		
		•••••		
				

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ► Attach to Form 990.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Harding Place, Inc.	<u> </u>
Form 990 Part VI Section B Line 11A All board members received	a copy of Harding Place's completed
Form 990 for review via e-mail.	
Form 990 Part VI Section C Line 19 Harding Place's governing do	cuments and policies are available
upon request	
Form 990 Part VI Section B Line 15a The management company	has comparable data from other retirement
communities	
	•••••••••••••••••••••••••••••••••••••••

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Harding Place, Inc

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ▶ Attach to Form 990. ▶ See separate instructions.

Employer identification number 71-0780709

Partl	Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33)	inization answered "Ye	s" on Form 990,	Part IV, line 33)		į
	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
Part II	Identification of Related Tax-Exempt Organizations (Complete If the had one or more related tax-exempt organizations during the tax year)	izations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it one during the tax year.)	on answered "Ye	s" to Form 990, P	art IV, line 34 bec	ause it
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
larding University	71-0236896	Education	AR	501(c)3	2	Harding Universit

Schedule R (Form 990) 2009

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. (HTA)

71-0780709

Page 2

) 2009 Harding Place, Inc.

Schedule R (Form 990) 2009 Harding

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year

å Percentage ownership General or managing partner? 3 Ξ Yes Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part amount in box 20 of Schedule K-1 end-of-year assets Code V--UBI (Form 1065) (g) Share of (h)
Disproportionate
allocations? å (f) Share of total income Yes IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year (g) Share of end-of-year assets Type of entity (C corp, S corp, or trust) (f) Share of total income (d)
| Direct controlling | entity (c) Legal domicile foreign country) (e)
Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity (d)

1 Direct controlling entity (c)
Legal
domicile
(state or
foreign Name, address, and EIN of related organization (b) Primary activity Name, address, and EIN of related organization Part IV

Schedule R (Form 990) 2009

Page 3

71-0780709

Harding Place, Inc.

Schedule R (Form 990) 2009

67,991 400,000 5,405,000 564,000 £ If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. Amount involved Yes Ξ 4 4 7 **1**e # 5 2 9 4 5 두 = Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.) During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? **Fransaction** type (a-r) ۵ ٤ 0 Performance of services or membership or fundraising solicitations for other organization(s) Performance of services or membership or fundraising solicitations by other organization(s) Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity Giff, grant, or capital contribution from other organization(s) Lease of facilities, equipment, or other assets to other organization(s). Lease of facilities, equipment, or other assets from other organization(s). Sharing of facilities, equipment, mailing lists, or other assets Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule Vame of other organization Other transfer of cash or property from other organization(s) q Other transfer of cash or property to other organization(s). Reimbursement paid to other organization for expenses . Reimbursement paid by other organization for expenses Loans or loan guarantees to or for other organization(s) Sharing of paid employees...... Loans or loan guarantees by other organization(s) Purchase of assets from other organization(s) Sale of assets to other organization(s) . . . Exchange of assets Harding University (2) Harding University (3) Harding University (4) Harding University Harding University Part V Ec 0 0 σ 6 _ Ξ 2 9 8

Unrelated Organizations Taxable as a Partnership (Complete of the organization answered "Yes" to Form 990, Part IV, line 37.) Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) (b) (a) (b) (b) (c) (c) (c) (d) (d) (d) (e)	(q)	(2)	(P)	(p)	1	€		-	Ð
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Are all partners section	artners	Share of end-of-vear	Disproportionate allocations?	s ² amount in box 20		General or managing
			501(c)(3) organizations?	(3) ations?	assets		of Schedule K-1 (Form 1065)		partner?
			Yes	S		Yes	No	Yes	oN S
								_	<u></u>
			_						
						_			
							-		
						,			
				-					
				!					-

Schedule R (Form 990) 2009