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Department of the Treasury

Internal Revenue Service

PRIGINAL

(HTA)

Return of Organization Exempt From Income Tax

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

OMB No 1545(004)

benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Open to Public Inspection

Yes

For the 2009 calendar year, or tax year beginning July 1, 2009 and ending June 30, 2010 Please C Name of organization D Employer Identification number Check if applicable Harding Place, Inc. use IRS Address change Doing Business As 71-0780709 label or print or Name chance E Telephone number Number and street (or P O. box if mail is not delivered to street address) Room/suite type. Initial return (501)305-3100 801 S. Benton Avenue See Specific Terminated City or town, state or country, and ZIP + 4 Instruc-G Gross receipts \$ Amended return Searcv AR 72143 tions Application pending Name and address of principal officer: H(a) Is this a group return for affiliates? Mel Sansom Box 12777, Searcy, AR 72149 H(b) Are all affiliates included? If "No," attach a list. (see instructions) Tax-exempt status: X 501(c) (3) **◄** (insert no.) 4947(a)(1) or Website: ▶ www.hardingplace.org H(c) Group exemption number K Form of organization X Corporation Trust Association Other > L Year of formation M State of legal domicile. Part I Summary 1 Briefly describe the organization's mission or most significant activities: The mission of Harding Place Retirement is to provide exceptional, value-centered and cost-effective residential alternatives for Activities & Governance older adults which meet identified needs of prospective residents. 2 Check this box | X | if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 6 7a Total gross unrelated business revenue from Part VIII, column (C), line 12. 7b Net unrelated business taxable income from Form 990-T, line 34 **Current Year** Contributions and grants (Part VIII, line 1h). 2,300,986 2,138,377 q Investment income (Part VIII, column (A), lines 3, 4, and 7d) 7.655 10 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2.308.641 2,140,5 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12). . 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). . . 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e). Total fundraising expenses (Part IX, column (D), line 25) b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f). 2,205,040 2,236,847 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) . 2,205,040 2,236,847 18 19 103,601 Revenue less expenses. Subtract line 18 from line 123 -96,335 **Beginning of Current Year End of Year** 6,150,189 5,473,007 Total assets (Part X, line 16). 6,048,895 Total liabilities (Part X, line 26) 5,468,048 Net assets or fund balances. Subtract line 21 from line 20 4,959 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Here Mel Sansom, Secretary Type or print name and title Check if Preparer's identifying number Preparer's (see instructions) signature self-Paid employed "Preparer's Firm's name (or yours EIN Use Only if self-employed), address, and ZIP -Phone no

 \supset May the IRS discuss this return with the preparer shown above? (see instructions) . For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Fom	n-990 (2009) Harding Place, Inc.	71-0780709	Page 2
Р	art III Statement of Program Service Accomplishments		
1`	Briefly describe the organization's mission:		
	The mission of Harding Place Retirement is to provide exceptional, value-centered and cost-effective resident	dential alternat	ives for
	older adults which meet identified needs of prospective residents.		
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	. Yes	X No
	If "Yes," describe these new services on Schedule O.	_	_
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	. Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the exempt purpose achievements for each of the organization's three largest program services	by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount		ınd
	allocations to others, the total expenses, and revenue, if any, for each program service reported.	• • • • • • • • • • • • • • • • • • • •	
	,		
4a	(Code:) (Expenses \$ 1,901,599 including grants of \$) (Revenue \$	2 138	377)
74	Harding Place provided complete living facilities for mature individuals over 55 years of age, including me	ole colon consi	1000
	housekeeping planned estivities transportation and evening any imment	ais' saiou seivi	ices.
	housekeeping, planned activities, transportation and exercise equipment.		
			·
			·
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$;)

lc.	(Code:) (Expenses \$ including grants of \$) (Revenue \$;)
-			/
	•••••••••••••••••••••••••••••••••••••••		
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	•••••••••••••••••••••••••••••••••••••••		
	•••••••••••••••••••••••••••••••••••••••		
	Ottooner and the Control of the Cont		
a	Other program services. (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$		
•	Total program service expenses > 1 901 599		

			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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C,			
	Part II	4		X
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		Х
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		Х
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,"		ļi	
	complete Schedule D, Part IV	9	1	Х
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	X	
•	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			
4.0	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? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	40	· · ·	
		12	X	
Z #	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13		13	-	
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	144		
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	. [Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	140		
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		_X
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	<u>-</u> -		
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services		-	
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			_
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	Х
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
0	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Х

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Pa	rt 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	ļ	_ <u>X</u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the		ļ	
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	ļ	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	-		1
	organization's current and former officers, directors, trustees, key employees, and highest compensated		ļ	
	employees? If "Yes," complete Schedule J	23		X
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			l
	24b through 24d and complete Schedule K. If "No," go to line 25	24a	X	<u> </u>
	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	<u> </u>	X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<u> </u>	X
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	1	1	
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	<u> </u>	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a		l	
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			ļ
	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	- }	}	1
	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,			İ
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?		}	
	If "Yes," complete Schedule L, Part III	27		Х
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
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
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	
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		Х
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	х	
	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		Х
	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	
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	. 37		Х
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	x	
	10. 110.07 m 1 offit due mote die regulieu te complete conteduie o		990	(2009)

	, Statements Regarding Other IRS Filings and Tax Compliance			
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		Yes	No
	U.S. Information Returns. Enter -0- if not applicable	, , , , , , , , , , , , , , , , , , ,		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		, 1	
c				
	gaming (gambling) winnings to prize winners?	1c	Х	
2a				
	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 e-file this return. (see			
	instructions)		4	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a		Χ
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	1 1		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	1 1		
	account)?	4a		<u>X</u>
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.			
5a	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	_	}	
_	Prohibited Tax Shelter Transaction?	5c	 	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	_	ŀ	v
	organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).	- 6D		
ί a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
a	and services provided to the payor?	7a		X
ъ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			-
	required to file Form 8282?	7c	ļ	X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	Ī	X
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	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	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		Χ
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		<u>X</u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Χ
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			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
40-	against amounts due or received from them.)	120		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
D	n real energine amount of tax-exercic interest received of accureo donno me veat			

Form	990 (2009)	Harding Place, Inc. 71-	0780709	F	age 6
Pa	rt VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below	w, and		
•		for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or chair	nges in		
		Schedule O. See instructions.			
Sec	tion A.	Governing Body and Management			
			_	Yes	No
1a		ne number of voting members of the governing body	4		
b		ne number of voting members that are independent	4		
2		officer, director, trustee, or key employee have a family relationship or a business relationship with			
		er officer, director, trustee, or key employee?	2		X
3		organization delegate control over management duties customarily performed by or under the direct			
		sion of officers, directors or trustees, or key employees to a management company or other person?	3	_X	
4		organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5		organization become aware during the year of a material diversion of the organization's assets?	5		Х
6		ne organization have members or stockholders?	6		X
7a		ne organization have members, stockholders, or other persons who may elect one or more members			
_		overning body?	7a		X
b		decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8		organization contemporaneously document the meetings held or written actions undertaken during			
		r by the following:			. •
а	_	verning body?	8a	X	
b		ommittee with authority to act on behalf of the governing body?	8b	X	
9		any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached		•	
		rganization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		X
		Policies (This Section B requests information about policies not required by the Internal			
Rev	<u>enue Co</u>	de.)			
				Yes	No
		e organization have local chapters, branches, or affiliates?	10a		Х
b		does the organization have written policies and procedures governing the activities of such chapters,			
		s, and branches to ensure their operations are consistent with those of the organization?	10b		
11	_	organization provided a copy of this Form 990 to all members of its governing body before filing the	١	,,	
			11	_X	
- -		e in Schedule O the process, if any, used by the organization to review this Form 990			
12a		e organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b		cers, directors or trustees, and key employees required to disclose annually interests that could give		.,	
•		onflicts?	12b	X	
С		e organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
		e in Schedule O how this is done	12c	<u> </u>	
13		e organization have a written whistleblower policy?	13	<u> </u>	
14		e organization have a written document retention and destruction policy?	14	_X	
15		process for determining compensation of the following persons include a review and approval by			
		dent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	_	anization's CEO, Executive Director, or top management official.	15a	X	
b		ficers or key employees of the organization	15b		
		to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a		organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
		exable entity during the year?	16a		_X
b		has the organization adopted a written policy or procedure requiring the organization to evaluate			
	-	sipation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
		nization's exempt status with respect to such arrangements?	16b		
		isclosure			
17		states with which a copy of this Form 990 is required to be filed			.
18		6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s	only)		
		e for public inspection. Indicate how you make these available. Check all that apply.			
	_	n website Another's website X Upon request	4		
9		e in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inte	rest		
		nd financial statements available to the public.	41		
20		e name, physical address, and telephone number of the person who possesses the books and records of			
	organiza	tion: ▶ J. Mel Sansom (501)279-4	393	·	
_		915 E. Market, Box 12277, Searcy, AR 72149			

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			77 0700700	- ugu

Part VII	. Compensation of Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated
<u> </u>	Employees, and Independent	ent Contrac	ctors				

Section A. 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. (D) (E) (F) (A) (B) (C) Position (check all that apply) Name and Title Reportable Reportable **Estimated** Average compensation compensation amount of hours per Officer Highest compensated employee Former Individual Institutional trustee Key employee other from from related director compensation the organizations (W-2/1099-MISC) organization (W-2/1099-MISC) from the organization trustee and related organizations Don Shores **Board Member** X Pat Bell **Board Member** X Russ Burcham Board Member X 1 John Simmons Board Member 1 X David Burks President 1 244,135 33,045 J. Mel Sansom 5. 115,000 Secretary 40,057

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P	art VII .s		ficers, Directors, T		nplo	yees			ghes	t Co		ployees (contin		
	•	(A) Name and tit	tie	(B) Average	P	osition	•	C) k all t	hat apı	ply)	(D) Reportable	(E) Reportable	(F Estim	
			-	hours per week	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amou oth compee from organi and re organiz	unt of ner nsation the ization elated
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1b	Total				<u></u>			<u> </u>			<u></u>	359,135		73,102
2			uals (including but n					-) w	ho re	ceive	ed more than \$1			10,102
			n from the organiza				2							
3			any former officer,							-	=		Yes	
4	For any in	dividual listed	"Yes," complete So on line 1a, is the su	um of reportable	com	pens	atio	n an	d oth	er co		m	3) X
	individual		ated organizations							•				X
5	services re	ndered to the	n line 1a receive or a e organization? If "Y										5	Х
		pendent Co							••			0400.000.6		
1		tion from the	our five highest cor organization.	mpensated indep	oeno	ent d	contr	acto 	rs tha	at re		n \$100,000 of	·	
		····	(A) Name and business a				_				(B) Description of sen		(C) mpensation	
	Capital Se		Dallas, T Philadels								agement Services	ces		331,798 291,351
														
2		-	ndent contractors (ir	-		ed to	thos	e lis	ted a	bov	e) who received			

	990 (20			 		71-07807	709 Page S
Pa	rt VII	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
क् श	1a	Federated campaigns 1a			-		
Contributions, gifts, grants and other similar amounts	į t						
S, E	0						
ar a	0	Related organizations					
S, E	e	Government grants (contributions) 1e					
P is	1	f All other contributions, gifts, grants, and					
the Et		similar amounts not included above 1f					
돌	و ا	Noncash contributions included in lines 1a-1f: \$					
ပ္ပ မွ	h	Total. Add lines 1a-1f	•		•		
er			Business Code				
ē	2a	Rental Income		2,138,377	2,138,377		
æ	b						
20	c						
Program Service Revenue	d						
臣	e						<u> </u>
ğ	f	All other program service revenue					
مَ	<u> 9</u>	Total. Add lines 2a–2f		2,138,377			
	3	Investment income (including dividends, interest, ar	nd				
		other similar amounts)		2,135	2,135		
	4	Income from investment of tax-exempt bond procee		_			
	5	Royalties	▶				
		(i) Real	(ii) Personal				
	6a						
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d		<u> </u>				
-	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory					
	b	Less: cost or other basis					
-	į	and sales expenses					
	C	Gain or (loss)	L				·
	d		· · · · · •	_			<u> </u>
<u>o</u>	8a	Gross income from fundraising					
anc.		events (not including \$	1	:			
ě		of contributions reported on line 1c).					
፳		See Part IV, line 18 a					
Other Revenue		Less: direct expenses b	L		•		
δ		Net income or (loss) from fundraising events	· · · · • •				
	ya	Gross income from gaming activities.					
	L	See Part IV, line 19					
	b	Less: direct expenses b Net income or (loss) from gaming activities			·····	<u></u>	<u> </u>
	_	Gross sales of inventory, less					
	100	returns and allowances a					
	b	Less: cost of goods sold b					
		Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a						
	b						
l	С			İ			
	d	All other revenue					
ļ	е	Total. Add lines 11a-11d					
	12	Total revenue. See instructions	▶[2,140,512	2,140,512		

Part IX Statement of Functional Expenses Section 501(c)(3) and 5

Section 501(c)(3) and 501(c)(4	a) organizations must complete all columns.
All other organizations must complete column	(A) but are not required to complete columns (B), (C), and (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				
	organizations in the U.S. See Part IV, line 21			 s a- overentere e e e.	r Hermani, mense kamende
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				<u> </u>
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified				
U	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	Management	335,248		335,248	
þ	Legal	7,677	7,677		
C	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17		. <u></u>		
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		577.007		
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	121,020	127,020		
24	Other expenses. Itemize expenses not				
_ •	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					
ď					
е					
f	All other expenses				
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	1			
	educational campaign and fundraising	ŀ			
	solicitation				

P	art X	.Balance Sheet			
	,		(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			
	Ì	employees, and highest compensated employees. Complete Part II of		_	
	l	Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
40	İ	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				
	١.	other basis. Complete Part VI of Schedule D	4.004.004	40	
	b	Less: accumulated depreciation 10b 1,500,847	4,864,964		4,747,515
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		13	
	13 14	Investments—program-related. See Part IV, line 11		14	
	15	Intangible assets		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	100,020	18	
	19	Deferred revenue	866	_	1,111
	20	Tax-exempt bond liabilities	5,865,000		5,405,000
Ś	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key	·· · · -		
Ē		employees, highest compensated employees, and disqualified			•
۳:		persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
-	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	6,048,895	26	5,468,048
		Organizations that follow SFAS 117, check here ▶ X and		•	
S		complete lines 27 through 29, and lines 33 and 34.			
Ę	27	Unrestricted net assets	101,294	27	4,959
) Saj	28	Temporarily restricted net assets	101,204	28	4,000
D	29	Permanently restricted net assets	· · · · · · · · · · · · · · · · · · ·	29	
٦					
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34.			
St.	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
† A	32	Retained earnings, endowment, accumulated income, or other funds .		32	
ş	33	Total net assets or fund balances	101,294	_	4,959
	34	Total liabilities and net assets/fund balances	6,150,189		5,473,007

	990 (2009) Harding Place, Inc.	71-0780709	P	age 12
Par	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		X
b	Were the organization's financial statements audited by an independent accountant?	. 2b	Х	
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	İ
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
đ	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		
		Fo	m 99((2009

SCHEDULE A (Form 990 or 990-6Z)

Department of the Treasury Internal Revenue Service

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.

▶ Attach to Form 990 or Form 990-EZ.

► See separate instructions.

20**09**

Open to Public 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. 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 4 hospital's name, city, and state: 5 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. Type I Type II c | Type III-Functionally integrated Type III-Other 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) No and (iii) below, the governing body of the supported organization? 11g(i) 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s) h (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) is the (vii) Amount of (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 (i) organized in the above or IRC section governing document? col (i) of your (see instructions)) US? support? Yes Yes Yes

	dule A (Form 990 or 990-EZ) 2009 Harding Place,	Inc.				71-078070	9 Page 2
Pa	rt II Support Schedule for Organ	izations Des	cribed in Sec	ctions 170(b)	(1)(A)(iv) and	d 170(b)(1)(A)	(vi)
	(Complete only if you checked	the box on lir	<u>ne 5, 7, or 8 o</u>	f Part I.)			
	ction A. Public Support						
Cai	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not				1	1	
	include any "unusual grants.")]	
2	Tax revenues levied for the organization's			1			
	benefit and either paid to or expended on	}]	
	its behalf	1	1		ļ		
3	The value of services or facilities			<u> </u>	<u> </u>	 	
_	furnished by a governmental unit to the						
	organization without charge	}				ļ <u> </u>	
	-		 	· · · · · · · · · · · · · · · · · · ·	 	 	
4 5	Total. Add lines 1 through 3 The portion of total contributions by each		1			, , , , , , ,	
J	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)					· 1	
6	Public support. Subtract line 5 from line 4.			at make an action of the			· · · · · · · · · · · · · · · · · · ·
	tion B. Total Support		*			·	
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
		(a) 2000	(5) 2000	(0) 2007	(4) 2000	(e) 2009	(i) i Otai
7 8	Amounts from line 4				 		
0	Gross income from interest, dividends,		[
	payments received on securities loans, rents, royalties and income from similar		1				
	sources			ł		1	
9	Net income from unrelated business						
•	activities, whether or not the business is			1			
	regularly carried on			ŀ]	
10	Other income. Do not include gain or			<u> </u>		1	
	loss from the sale of capital assets						
	(Explain in Part IV.)				i		
11	Total support. Add lines 7 through 10.	•		7.17			
12	Gross receipts from related activities, etc. (s	ee instructions	3)			12	
1-3	First five years. If the Form 990 is for the or)/3)
•	organization, check this box and stop here						
Sec	ion C. Computation of Public Support						
14	Public support percentage for 2009 (line 6, c			saluma (A)		144	
15						15	
	Public support percentage from 2008 Sched						
16a	33 1/3% support test-2009. If the organiza						
_	and stop here. The organization qualifies as						
b	33 1/3% support test-2008. If the organization						
	box and stop here. The organization qualifie						
17a	10%-facts-and-circumstances test-2009.						
	or more, and if the organization meets the "f			•	-	•	
	the organization meets the "facts-and-circum						
b	10%-facts-and-circumstances test-2008.						
	or more, and if the organization meets the "f						
	the organization meets the "facts-and-circum	nstances" test.	The organizat	ion qualifies as	s a publicly sup	ported organiza	ation . ▶

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

Pa	rt III Support Schedule for Organiza			ion 509(a)(2)			
Se	. (Complete only if you checked the ction A. Public Support	e box on line	9 of Part I.)				
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(2)	(4, 2000	χ, Ξος.	(0)	(5) 2505	<u> </u>
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the						
3	organization's tax-exempt purpose	2,023,833	2,125,383	2,200,312	2,300,986	2,138,377	10,788,891
4	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						
6 7a	Total. Add lines 1 through 5	2,023,833	2,125,383	2,200,312	2,300,986	2,138,377	10,788,891
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						
8	Add lines 7a and 7b . Public support (Subtract line 7c from line 6.)						10,788,891
	line 6.)						
Cal	endar year (or fiscal year beginning in) 🕨 📙	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	2,023,833	2,125,383	2,200,312	2,300,986	2,138,377	10,788,891
10a -	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	10,539	15,586	16,625	7,655	2,135	52,540
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	10,539	15,586	16,625	7,655	2,135	52,540
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly						
12	carried on						
3 4	Total support. (Add lines 9, 10c, 11, and 12)	2,034,372	2,140,969	2,216,937	2,308,641	2,140,512	10,841,431
	organization, check this box and stop here. tion C. Computation of Public Support P				-	• • • • • •	•
5	Public support percentage for 2009 (line 8, coli		by line 13, co	dumn (f))		15	99.52%
6	Public support percentage from 2008 Schedule tion D. Computation of Investment Incomputation of Investment Incomputation	A, Part III, lin	e 15			16	99.48%
7	Investment income percentage for 2009 (line 1 Investment income percentage from 2008 School 33 1/3% support tests-2009. If the organization	0c, column (f) edule A, Part I	divided by line		· [17 18 an 33 1/3% an	0.48% 0 52% d line 17 is
	not more than 33 1/3%, check this box and sto 33 1/3% support tests-2008. If the organization did line 18 is not more than 33 1/3%, check this box and	p here. The o	rganization qu on line 14 or lin	alifies as a pub ie 19a, and line 1	olicly supported 16 is more than :	d organization . 33 1/3% and	
'n	Private foundation. If the organization did not	•	-				

Schedule A (Form 9	990 or 990-EZ) 2009	Harding Place, Inc.	71-0780709	Page 4
Part IV	Supplemental	Information. Complete this part to provide the explanations		10;
	Part II, line 17a	or 17b; and Part III, line 12. Provide any other additional info	rmation. See instruction	S.
			_	
	•			
	•			
			,	
				-

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990. ► See separate instructions.

20**09**

Open to Public Inspection

Name of the organization Employer identification number Harding Place, Inc. 71-0780709 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) . . 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other Yes No Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) | Preservation 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 organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a 2b b Number of conservation easements on a certified historic structure included in (a) . . . 2c C Number of conservation easements included in (c) acquired after 8/17/06 2d d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization Number of states where property subject to conservation easement is located 4 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 8 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part ili Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

b Permanent endowment

c Term endowment

3a Are there endowment funds not in the pos

l	Are tr	nere endowment funds not in the possession of the organization that are held and administered for the		
	organ	nization by:	[Ye
	(i)	unrelated organizations	3a(i)	
	/ii\	related ergenizations	2/111	

4	Describe in Part XIV the intended uses o	t the organization's er	ndowment tunds.		
Part	VI Investments—Land, Building	s, and Equipment.	See Form 990, Par	t X, line 10.	
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land				
b	Buildings		5,981,465	1,330,318	4,651,147
С	Leasehold improvements		10,124	2,975	7,149
d	Equipment		256,773	167,554	89,219
е	Other				
	I. Add lines 1a through 1e. (Column (d) mu	ıst equal Form 990, P	art X, column (B), line	10(c).) ▶	4,747,515

No

_	•
Page	

Part VII	Investments—Other Securitie	s. See Form 990, Part X,	line 12.	
((a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	
Financial d	erivatives			
Closely-hel	ld equity interests			
Other	***************************************			
		<u> </u>		
		 		
	•••••		· · · · · · · · · · · · · · · · · · ·	
	•••••			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII	Investments—Program Relate	d. See Form 990, Part X,	line 13.	
	(a) Description of investment type	(b) Book value	(c) Method of valu	
			Cost or end-of-year ma	irket value
				_
				
		<u> </u>		
				
			· · · · · · · · · · · · · · · · · · ·	
		· · · · · · · · · · · · · · · · · · ·		
Total. (Column (I	b) must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets. See Form 990, F	Part X. line 15.	<u></u>	<u> </u>
		a) Description		(b) Book value
<u> </u>				
		· · · · · · · · · · · · · · · · · · ·		
Total (Colu	imp (b) must equal Form 000. Bort V	and (D) line 45 \		
Part X	mn (b) must equal Form 990, Part X, Other Liabilities. See Form 990		<u> </u>	
	(a) Description of liability	·		
1. Federal inco		(b) Amount		
<u>rederai ilid</u>	one taxes			
	· · · · · · · · · · · · · · · · · · ·			
rotal (Column (b)	must equal Form 990, Part X, col (B) line 25)			
2. FIN 48 Fo	otnote. In Part XIV, provide the text o	f the footnote to the organiza	ation's financial statements that	renorts the

Sche	edule D,(Form 990) 2009		Page 4
Pa	Reconciliation of Change in Net Assets from Form 990 to Audited Financia	I Stat	ements
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,140,512
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,236,847
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-96,335
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	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
	rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue		<u>Return</u>
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
ď	Other (Describe in Part XIV.)	_	
e	Add lines 2a through 2d	_	e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV.)		
С 5	Add lines 4a and 4b		5
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		<u></u>
a	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV.)		
e	Add lines 2a through 2d	2	e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV.)		
C	Add lines 4a and 4b	. 4	c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5
Par	t XIV Supplemental Information		
and	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a 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 part to provide any additional information.	1 4b. A	Also complete
	•••••••••••••••••••••••••••••••••••••••		

Harding Place, Inc. 71-0780709 Schedule D.(Form 990) 2009
Part XIV Suppl Page 5 Supplemental Information (continued)

SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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).

Attach to Form 990. See separate instructions.

OMB No 1545-0047 Open to Public

Inspection

Harding Place, Inc.							Employer Ide	Employer Identification number	umber
Part Bond Issues							10010-11	8	
(a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issued	(e) Issue price		(f) Description of purpose	urpose	(g) Defeased	(h) On behalf of
A Dublic Educational Language Language Constraints								Yes No	Yes No
A rubilic concaudital and Residential Housing Facilities Board	52-1595697	812254 JE1	6/16/2010	5,391,	5,391,941 Refunding 7/22/04	7/22/04		×	×
В					-				<u> </u>
ပ									<u> </u>
D									-
Ш									
Part II Proceeds						3			
	4		B		O		0	<u> </u>	
1 Total proceeds of issue.		5,391,941							
2 Gross proceeds in reserve funds									
3 Proceeds in refunding or defeasance escrows.		5,284,416							
4 Other unspent proceeds									
5 Issuance costs from proceeds		107,525							
6 Working capital expenditures from proceeds.									
7 Capital expenditures from proceeds.									
8 Year of substantial completion	2010	0							
	Yes	o _N	Yes	No Yes	N _o	Yes	S.	Yes	2
9 Were the bonds issued as part of a current refunding issue?	×								
10 Were the bonds issued as part of an advance									
refunding issue?		×							
11 Has the final allocation of proceeds been made?	×	-							
12 Does the organization maintain adequate books and								-	
records to support the final allocation of proceeds?	×								
Part II Private Business Use									
	A		В		U		٥	Ш	
1 Was the organization a partner in a partnership, or a	Yes	No	Yes	No Yes	No	Yes	No	Yes	ş
member of an LLC, which owned property financed by tax-exempt bonds?									
2 Are there any lease arrangements with respect to the financed property which may result in private business use?									

Schedule K (Form 990) 2009

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

Schedule K (Form 990) 2009 Harding Place, Inc.

Part III Private Business Use (Continued)

Page 2

71-0780709

ŝ ŝ ш Yes Yes ŝ ŝ ۵ Yes Yes ž ŝ C Yes Yes å ŝ Ω m Yes Yes ş 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 or other outside counsel to review any management or 501(c)(3) organization, or a state or local government. Was the regulatory safe harbor for establishing the fair Did the bond issue qualify for an exception to rebate? Does the organization routinely engage bond counsel 501(c)(3) organization or a state or local government Has the organization adopted management practices 3a Are there any management or service contracts with service contracts or research agreements relating to respect to the financed property which may result in private business use by entities other than a section Enter the percentage of financed property used in a 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 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? . the financed property? . its books and records? private business use? Total of lines 4 and 5. Arbitrage b Name of provider. Name of provider. c Term of hedge. c Term of GIC. Part IV ပ م 3a م 4 Ŋ 9 ဖ

Schedule K (Form 990) 2009

SCHEDULE N

(Form 990 or 990-EZ)

Name of the organization

Part

Department of the Treasury nternal Revenue Service

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.

OMB No 1545-0047 2009

Open to Public Inspection

Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line Employer Identification number 71-0780709 ► Attach to Form 990 or 990-EZ. Harding Place, Inc.

ax-exempt) or type (g) IRC section of recipient(s) (if of entity (f) Name and address of recipient (e) EIN of recipient asset(s) distributed or transaction expenses determining FMV for (c) Fair market value of asset(s) distributed or amount of transaction expenses 36. Use Schedule N-1 if additional space is needed. (b) Date of distribution distributed or transaction (a) Description of asset(s) expenses paid

director, trustee, or key employee of the organization:	
호	
, trustee,	
director	
<u></u>	
an	:
Did or will any office	
Ö	1
7	

- - Become an employee of, or independent contractor for, a successor or transferee organization?.................
 - Become a direct or indirect owner of a successor or transferee organization? . . .
- Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution? . . ס
 - 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

Yes

5P 20

2a

71-0780709

_ ო	Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B) should equal -0. Did the organization distribute its assets in accordance with its governing instrument(s)? If "No." describe in Bod in	Il of its assets d	uring the tax year, the	le tax year, then Form 990, Part X, column (B) should e	olumn (B) should equa	al -0	Yes	8
4 a	Did the organization request or receive a letter from the IRS that the organization's exempt of the from the IRS that the organization's exempt of the from the IRS that the organization's exempt of the from the IRS that the organization's exempt of the from the IRS that the organization's exempt of the from the IRS that the organization's exempt of the front that the front the front that the front that the front the front	e a letter from t	he IRS that the organi	ization's exempt status	rescribe III rail III .		2	
٩	If "Yes," provide the date of the letter. ▶	A	Affach a cr	zation's exempt status	was terminated?	Attach a conv of the letter and if annicable the convictor's secured to the convictor's secured to the letter and if annicable the convictor's secured to th	4a	
5 a	Is the organization required to notify the attorney general or	he attorney gen	₽	other appropriate state official of its intent to dissolve. Illuridate or terminate?	deposition of the second of th	izations request tot the retter. date or terminate?		
۵	If "Yes," did the organization provide such notice?	such notice?					2 4	
9	Did the organization discharge or pay all liabilities in accordance with state laws?	all liabilities in	accordance with state	laws?			200	1
7 a	Did the organization have any tax-exempt bonds outstanding during the year?	mpt bonds out	standing during the year	ar?	•		73	1
_	Did the organization discharge or defease tax-exempt bond	ease tax-exemp	t bond liabilities in acc	liabilities in accordance with the Internal Revenue Code and state laws?	nal Revenue Code and	d state laws?	76	
S	ĕ	rganization defe	eased or otherwise ser	tled these liabilities. If	"No," explain in Part	=		
Part	_	on, 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	ization	
	answered ites to Form 350, Farriv, line 32, of Form 350-EZ, line 35. Use Schedule N-1 if additional space is needed	, rait iv, iiie	32, OF FORM 990-EZ	line 35. Use Sched	ule N-1 if additional	space is needed.		
-	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type	_ 8
o d	,	41467040				Harding University		
200		4/10/2010	VINITION OCT	L MA	71-0236896	Searcy, AR	501(c)3	
Cash		7/16/2009	250,000 FMV	FMV	71-0236896	Harding University Searcy, AR	501(c)3	
								1
								1
8	Did or will any officer, director, trustee, or key employee of the organization:	; or key employ	ee of the organization	:1			Yes	8
	Become a director or trustee of a successor or transferee organization?	sessor or transf	eree organization?.				2a)	×
	Become an employee of, or independent contractor for, a successor or transferee organization?	ent contractor f	or, a successor or trar	sferee organization?				×
יט	Become a direct or indirect owner of a successor or transferee organization?	successor or t	ransferee organizatior					×
	Keceive, or become entitled to, compensation of other similar payments as a result of the organization's significant disposition of assets? . If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Dart III	ensation or othe	er similar payments as tions in this line provi	a result of the organiz	ation's significant dispression involved and extra	position of assets?	2d)	
		Son of the			מים וויאסואפת מווח פילי	Main in Falt in.		I

Schedule N (Form 990 or 990-EZ) 2009	Harding Place, Inc.	71-0780709	Page 3
Part III	Supplemental Inf	ormation. Complete to provide the inf	ormation required by Part I, lines 2e, 7c;	
	Part II line 2e: and	d any additional information.		
	1 411 11, 1110 20, 411	a 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.

OMB No 1545-0047
2009
Open to Public

Open to Pub Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. Inspectio

Harding Place, Inc.	71-0780709
Form 990 Part VI Section B Line 11A All board members received a copy of Harding Place's c	ompleted
Form 990 for review via e-mail.	
Form 990 Part VI Section C Line 19 Harding Place's governing documents and policies are av	ailable
upon request.	
Form 990 Part VI Section B Line 15a The management company has comparable data from of	ther retirement
communities.	
•••••	
,	

SCHEDULE R (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service Harding Place, Inc.

Part I

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

Related Organizations and Unrelated Partnerships

71-0780709

▶ See separate instructions. ► Attach to Form 990.

Open to Public OMB No 1545-0047 Inspection Employer identification number

Harding University (f)
Direct controlling entity (f) Direct controlling Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because i (e)
Public charity status
(if section 501(c)(3)) (e) End-of-year assets 2 (d) Exempt Code section Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) (d) Total income 501(c)3 (c)
Legal domicile (state
or foreign country) (c)
Legal domicile (state
or foreign country) AR Primary activity Primary activity <u>e</u> had one or more related tax-exempt organizations during the tax year.) Education Harding University 71-0236896 (a)
Name, address, and EIN of related organization (a)Name, address, and EIN of disregarded entity Searcy, AR 72149 Part II

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

Schedule R (Form 990) 2009

Harding Place, Inc. Schedule R (Form 990) 2009

71-0780709

Page 2 8 N General or managing partner? (h) Percentage ownership Yes Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part Code V—UBI amount in box 20 of end-of-year assets Schedule K-1 (Form 1065) (g) Share of (h)
Disproportionate
allocations? ŝ (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 (e)
Type of entity
(C corp., S corp,
or trust) because it had one or more related organizations treated as a partnership during the tax year.) (f) Share of total income (d)
| Direct controlling | entity (c)
Legal domicile
(state or
foreign country) Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity (d)
Controlling entity (c)
Legal
domicile
(state or
foreign (a) Name, address, and EIN of related organization (b) Primary activity (a) Name, address, and EIN of related organization Part III Part IV

Schedule R (Form 990) 2009

71-0780709

Part VI U

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

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)	isu ucuons legarding exc	insion for certain	nvestmei	it partne						
Name, address, and EIN of entity	Pnmary activity	(c) Legal domicile	(d) Are all partners	Siens	(e) Share of	(f) Disproportionate	monate	(g)	Ξ	, ,
		(state or foreign country)	section 501(c)(3) organizations?	13) 23)	_	allocatr		amount in box 20 of Schedule K-1 (Form 1065)	managing partner?	ero ero
			Yes	2		Yes	9		Yes	2
			I						3	
									-	
				_						
							· · · · ·			

Schedule R (Form 990) 2009