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Form 990-PF

Department of the Treasury  
Internal Revenue ServiceReturn of Private Foundation  
or Section 4947(a)(1) Nonexempt Charitable Trust  
Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

2010

For calendar year 2010, or tax year beginning JUL 1, 2010, and ending JUN 30, 2011

G Check all that apply ☐ Initial return ☐ Initial return of a former public charity ☐ Final return  
☐ Amended return ☐ Address change ☐ Name change

|                                                                                                                                                                                                                                                  |                                                                                                                                                 |                                                                                                                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name of foundation<br><b>CHARLES STEWART HARDING FOUNDATION</b>                                                                                                                                                                                  |                                                                                                                                                 | A Employer identification number<br><b>38-6081208</b>                                                                                                                        |
| Number and street (or P O box number if mail is not delivered to street address)<br><b>111 EAST COURT STREET</b>                                                                                                                                 | Room/suite<br><b>3D</b>                                                                                                                         | B Telephone number<br><b>(810) 767-0136</b>                                                                                                                                  |
| City or town, state, and ZIP code<br><b>FLINT, MI 48502-1649</b>                                                                                                                                                                                 |                                                                                                                                                 | C If exemption application is pending, check here <input type="checkbox"/>                                                                                                   |
| H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation<br><input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation |                                                                                                                                                 | D 1. Foreign organizations, check here <input type="checkbox"/><br>2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> |
| I Fair market value of all assets at end of year<br>(from Part II, col (c), line 16)<br>\$ <b>12,654,363.</b>                                                                                                                                    | J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual<br><input type="checkbox"/> Other (specify) _____ | E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>                                                                |
| (Part I, column (d) must be on cash basis.)                                                                                                                                                                                                      |                                                                                                                                                 | F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>                                                             |

| Part I Analysis of Revenue and Expenses<br>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) |  | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|----------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------|---------------------------|-------------------------|-------------------------------------------------------------|
| 1 Contributions, gifts, grants, etc., received                                                                                                     |  |                                    |                           | N/A                     |                                                             |
| 2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch B                                                      |  |                                    |                           |                         |                                                             |
| 3 Interest on savings and temporary cash investments                                                                                               |  | 110.                               | 110.                      |                         | STATEMENT 1                                                 |
| 4 Dividends and interest from securities                                                                                                           |  | 287,807.                           | 287,807.                  |                         | STATEMENT 2                                                 |
| 5a Gross rents                                                                                                                                     |  |                                    |                           |                         |                                                             |
| b Net rental income or (loss)                                                                                                                      |  |                                    |                           |                         |                                                             |
| 6a Net gain or (loss) from sale of assets not on line 10                                                                                           |  | 542,070.                           |                           |                         |                                                             |
| b Gross sales price for all assets on line 6a                                                                                                      |  | 1,169,718.                         |                           |                         |                                                             |
| 7 Capital gain net income (from Part IV, line 2)                                                                                                   |  |                                    | 542,070.                  |                         |                                                             |
| 8 Net short-term capital gain                                                                                                                      |  |                                    |                           |                         |                                                             |
| 9 Income modifications                                                                                                                             |  |                                    |                           |                         |                                                             |
| 10a Gross sales less returns and allowances                                                                                                        |  |                                    |                           |                         |                                                             |
| b Less Cost of goods sold                                                                                                                          |  |                                    |                           |                         |                                                             |
| c Gross profit or (loss)                                                                                                                           |  |                                    |                           |                         |                                                             |
| 11 Other income                                                                                                                                    |  |                                    |                           |                         |                                                             |
| 12 Total. Add lines 1 through 11                                                                                                                   |  | 829,987.                           | 829,987.                  |                         |                                                             |
| 13 Compensation of officers, directors, trustees, etc                                                                                              |  | 0.                                 | 0.                        |                         | 0.                                                          |
| 14 Other employee salaries and wages                                                                                                               |  |                                    |                           |                         |                                                             |
| 15 Pension plans, employee benefits                                                                                                                |  |                                    |                           |                         |                                                             |
| 16a Legal fees                                                                                                                                     |  |                                    |                           |                         |                                                             |
| b Accounting fees STMT 3                                                                                                                           |  | 26,050.                            | 21,400.                   |                         | 4,650.                                                      |
| c Other professional fees                                                                                                                          |  |                                    |                           |                         |                                                             |
| 17 Interest                                                                                                                                        |  |                                    |                           |                         |                                                             |
| 18 Taxes STMT 4                                                                                                                                    |  | 24,324.                            |                           |                         | 0.                                                          |
| 19 Depreciation and depletion                                                                                                                      |  |                                    |                           |                         |                                                             |
| 20 Occupancy                                                                                                                                       |  |                                    |                           |                         |                                                             |
| 21 Travel, conferences, and meetings                                                                                                               |  |                                    |                           |                         |                                                             |
| 22 Printing and publications                                                                                                                       |  |                                    |                           |                         |                                                             |
| 23 Other expenses STMT 5                                                                                                                           |  | 22,974.                            |                           |                         | 515.                                                        |
| 24 Total operating and administrative expenses. Add lines 13 through 23                                                                            |  | 73,348.                            | 49,996.                   |                         | 5,165.                                                      |
| 25 Contributions, gifts, grants paid                                                                                                               |  | 523,570.                           |                           |                         | 523,570.                                                    |
| 26 Total expenses and disbursements. Add lines 24 and 25                                                                                           |  | 596,918.                           | 49,996.                   |                         | 528,735.                                                    |
| 27 Subtract line 26 from line 12                                                                                                                   |  | 233,069.                           |                           |                         |                                                             |
| a Excess of revenue over expenses and disbursements                                                                                                |  |                                    | 779,991.                  |                         |                                                             |
| b Net investment income (if negative, enter -0-)                                                                                                   |  |                                    |                           |                         |                                                             |
| c Adjusted net income (if negative, enter -0-)                                                                                                     |  |                                    |                           | N/A                     |                                                             |

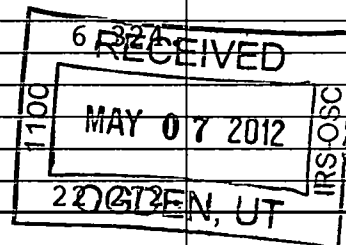
023501 12-07-10 LHA For Paperwork Reduction Act Notice, see the instructions.

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Form 990-PF (2010)

10330301 790376 F02

2010.05040 CHARLES STEWART HARDING FOU F02



25NE

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)**

|                                                                                                                                                                                                                                      |    |         |         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------|---------|
| 1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1<br>Date of ruling or determination letter _____ (attach copy of letter if necessary-see instructions) |    |         |         |
| b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b                                                                                    |    | 1       | 15,600. |
| c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)                                                                                                             |    |         |         |
| 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                                                                                                                          |    | 2       | 0.      |
| 3 Add lines 1 and 2                                                                                                                                                                                                                  |    | 3       | 15,600. |
| 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                                                                                                                        |    | 4       | 0.      |
| 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-                                                                                                                                            |    | 5       | 15,600. |
| 6 Credits/Payments                                                                                                                                                                                                                   |    |         |         |
| a 2010 estimated tax payments and 2009 overpayment credited to 2010                                                                                                                                                                  | 6a | 18,552. |         |
| b Exempt foreign organizations - tax withheld at source                                                                                                                                                                              | 6b |         |         |
| c Tax paid with application for extension of time to file (Form 8868)                                                                                                                                                                | 6c |         |         |
| d Backup withholding erroneously withheld                                                                                                                                                                                            | 6d |         |         |
| 7 Total credits and payments. Add lines 6a through 6d                                                                                                                                                                                | 7  | 18,552. |         |
| 8 Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached                                                                                                       | 8  | 30.     |         |
| 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed                                                                                                                                                      | 9  |         |         |
| 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid                                                                                                                                         | 10 | 2,922.  |         |
| 11 Enter the amount of line 10 to be Credited to 2011 estimated tax <input type="checkbox"/> 2,922. Refunded <input type="checkbox"/>                                                                                                | 11 | 0.      |         |

**Part VII-A Statements Regarding Activities**

|                                                                                                                                                                                                                                                                                                                                           | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?                                                                                                                                                                   |     | X  |
| 1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?<br>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities |     | X  |
| 1c Did the foundation file Form 1120-POL for this year?                                                                                                                                                                                                                                                                                   |     | X  |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year<br>(1) On the foundation <input type="checkbox"/> \$ 0. (2) On foundation managers <input type="checkbox"/> \$ 0.                                                                                                                     |     |    |
| e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ 0.                                                                                                                                                                     |     |    |
| 2 Has the foundation engaged in any activities that have not previously been reported to the IRS?<br>If "Yes," attach a detailed description of the activities.                                                                                                                                                                           |     | X  |
| 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes                                                                                                              |     | X  |
| 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?                                                                                                                                                                                                                                            |     | X  |
| b If "Yes," has it filed a tax return on Form 990-T for this year?                                                                                                                                                                                                                                                                        |     |    |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?<br>If "Yes," attach the statement required by General Instruction T.                                                                                                                                                                     |     | X  |
| 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either<br>• By language in the governing instrument, or<br>• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?       | X   |    |
| 7 Did the foundation have at least \$5,000 in assets at any time during the year?<br>If "Yes," complete Part II, col (c), and Part XV.                                                                                                                                                                                                    | X   |    |
| 8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> MI                                                                                                                                                                                                         |     |    |
| b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation                                                                                                                             | X   |    |
| 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV                                                                                    |     | X  |
| 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses                                                                                                                                                                                                     |     | X  |

N/A

Form 990-PF (2010)

M2-3



JPMorgan Chase Bank, N A  
Michigan/Florida Markets  
P O Box 659754  
San Antonio, TX 78265-9754

FD2 4 November 2010

October 30, 2010 through November 30, 2010

Account Number 000235001362120

### CUSTOMER SERVICE INFORMATION

If you have any questions about your statement, please contact your Customer Service Professional.



00002344 DDA 021 142 33510 - NNNNNNNNNN T 1 00000000 68

C S HARDING FOUNDATION  
111 E COURT ST SUITE 3D  
FLINT MI 48502-1649



### CHECKING SUMMARY

Chase BusinessClassic

|                        | INSTANCES | AMOUNT     |
|------------------------|-----------|------------|
| Beginning Balance      |           | \$6,354.81 |
| Deposits and Additions | 1         | 1,000.00   |
| Checks Paid            | 1         | - 450.00   |
| Electronic Withdrawals | 1         | 1,000.00   |
| Ending Balance         | 3         | \$5,904.81 |

Your monthly service fee was waived because you maintained an average checking balance of \$5,000 or more during the statement period.

### DEPOSITS AND ADDITIONS

| DATE                         | DESCRIPTION       | AMOUNT     |
|------------------------------|-------------------|------------|
| 11/10                        | Deposit 790045053 | \$1,000.00 |
| Total Deposits and Additions |                   | \$1,000.00 |

### CHECKS PAID

| CHECK NUMBER      | DATE PAID | AMOUNT   |
|-------------------|-----------|----------|
| 1022              | 11/01     | \$450.00 |
| Total Checks Paid |           | \$450.00 |

### ELECTRONIC WITHDRAWALS

R

F02 December 2010



JPMorgan Chase Bank, N A  
Michigan/Florida Markets  
P O Box 659754  
San Antonio, TX 78265-9754

December 01, 2010 through December 31, 2010

Account Number 000235001362120

**CUSTOMER SERVICE INFORMATION**

If you have any questions about your statement, please contact your Customer Service Professional.



00002380 DDA 021 142 00111 - NNNNNNNNNN T 1 000000000 68

C S HARDING FOUNDATION  
111 E COURT ST SUITE 3D  
FLINT MI 48502-1649



**CHECKING SUMMARY**

Chase BusinessClassic

|                        | INSTANCES | AMOUNT              |
|------------------------|-----------|---------------------|
| Beginning Balance      |           | \$5,904.81          |
| Deposits and Additions | 1         | 1,000.00            |
| Electronic Withdrawals | 1         | <del>1,000.00</del> |
| Ending Balance         | 2         | \$5,904.81          |

Your monthly service fee was waived because you maintained an average checking balance of \$5,000 or more during the statement period.

**DEPOSITS AND ADDITIONS**

| DATE                         | DESCRIPTION | AMOUNT     |
|------------------------------|-------------|------------|
| 12/10                        | Deposit     | \$1,000.00 |
| Total Deposits and Additions |             | \$1,000.00 |

**ELECTRONIC WITHDRAWALS**

**DAILY ENDING BALANCE**

| DATE  | AMOUNT     |
|-------|------------|
| 12/10 | \$6,904.81 |
| 12/15 | 5,904.81   |

R

F02 March 2011



JPMorgan Chase Bank, N A  
Michigan/Florida Markets  
P O Box 659754  
San Antonio, TX 78265 - 9754

March 01, 2011 through March 31, 2011

Account Number **000235001362120**

### CUSTOMER SERVICE INFORMATION

If you have any questions about your statement, please contact your Customer Service Professional.



00001911 DDA 021 142 09111 - NNNNNNNNNNN T 1 000000000 68

C S HARDING FOUNDATION  
111 E COURT ST SUITE 3D  
FLINT MI 48502-1649



### CHECKING SUMMARY

Chase BusinessClassic

|                        | INSTANCES | AMOUNT              |
|------------------------|-----------|---------------------|
| Beginning Balance      |           | \$5,904.81          |
| Deposits and Additions | 1         | 6,000 00            |
| Electronic Withdrawals | 1         | <del>6,000.00</del> |
| Ending Balance         | 2         | \$5,904.81          |

*ASB*

Your monthly service fee was waived because you maintained an average checking balance of \$5,000 or more during the statement period.

### DEPOSITS AND ADDITIONS

| DATE                         | DESCRIPTION       | AMOUNT     |
|------------------------------|-------------------|------------|
| 03/07                        | Deposit 754069747 | \$6,000.00 |
| Total Deposits and Additions |                   | \$6,000.00 |

### ELECTRONIC WITHDRAWALS

### DAILY ENDING BALANCE

| DATE  | AMOUNT      |
|-------|-------------|
| 03/07 | \$11,904.81 |
| 03/15 | 5,904.81    |

R



JPMorgan Chase Bank, N.A.  
Michigan/Florida Markets  
P.O. Box 659754  
San Antonio, TX 78265-9754

June 01, 2011 through June 30, 2011  
Account Number 000235001362120

### CUSTOMER SERVICE INFORMATION

If you have any questions about your statement, please contact your Customer Service Professional.



00001748 DDA 021 142 18211 - NNNNNNNNNN T 1 000000000 68

C S HARDING FOUNDATION  
111 E COURT ST SUITE 3D  
FLINT MI 48502-1649



### CHECKING SUMMARY

Chase BusinessClassic

|                        | INSTANCES | AMOUNT      |
|------------------------|-----------|-------------|
| Beginning Balance      |           | \$5,904.81  |
| Deposits and Additions | 1         | 10,000.00   |
| Electronic Withdrawals | 1         | - 10,000.00 |
| Ending Balance         | 2         | \$5,904.81  |

Your monthly service fee was waived because you maintained an average checking balance of \$5,000 or more during the statement period.

### DEPOSITS AND ADDITIONS

| DATE                         | DESCRIPTION       | AMOUNT      |
|------------------------------|-------------------|-------------|
| 06/13                        | Deposit 898309160 | \$10,000.00 |
| Total Deposits and Additions |                   | \$10,000.00 |

### ELECTRONIC WITHDRAWALS

### DAILY ENDING BALANCE

| DATE  | AMOUNT      |
|-------|-------------|
| 06/13 | \$15,904.81 |
| 06/15 | 5,904.81    |