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SCANNED AUG 3 0 2013

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047 Open to Public Inspection

A	or the	2012 calendar year, or tax year beginning MAY 1, 2012 and endin	ng DEC	31, 20	12	
	Check if	C Name of organization				cation number
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	Addre _chang					
F	Name chang			4 5	E	174402
X	Initial		Vaurta E			
- -	_return ∏Termı		i/Suite E	Telephone nu		
H	⊥ated ∏Amen	dod!			13-	807-9159
H	Ireturn ☐Applic	City, town, or post office, state, and ZIP code		Gross receipts \$		419,179.
_	⊥tiön pendii	COLUMBIA, SC 29204	H((a) Is this a gro	•	
		F Name and address of principal officer.KEN TROGDON		for affiliates		Yes X No
_		3830 FOREST DR STE 218, COLUMBIA, SC 292	`	(b) Are all affiliat		
		empt status: X 501(c)(3) 501(c)() ((Insert no.) 4947(a)(1) or (527	If "No," atta	ch a	list (see instructions)
		te: WWW.HARBORPATH.ORG		(c) Group exen		
			Year of fo	ormation: 201	. 2 N	State of legal domicile: SC
Pa	art I	Summary				
ě		Briefly describe the organization's mission or most significant activities: PLEASE	SEE I	DESCRIPT	OI	N ON
Governance		SCHEDULE O				
Ë	2	Check this box if the organization discontinued its operations or disposed of	f more tha	an 25% of its n	et aș	sets
Š	3	Number of voting members of the governing body (Part VI, line 1a)			3	6
ن ھ	4	Number of independent voting members of the governing body (Part VI, line 1b)			4	5
es	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)			5	4
Activities &	6	Total number of volunteers (estimate if necessary)			6	0
Ę	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			7a	0.
_	b	Net unrelated business taxable income from Form 990.T, line 34			7b	0.
		SS.		Prior Year		Current Year
0	8	Contributions and grants (Part VIII, line 1h)			Ì	419,179.
Revenue	9	Program service revenue (Part VIII, line 2g)		-		0.
Š		Investment income (Part VIII, column (A), lines 3, 4, and 7d)				0.
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	_		T	419,179.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		-		0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)				0.
ģ		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)				140,959.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)			1	0.
be	l	Total fundraising expenses (Part IX, column (D), line 25) 47,480.				
ũ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		···· ··· ··· ··· ··· ··· ··· ··· ··· ·		213,015.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)				353,974.
	19	Revenue less expenses. Subtract line 18 from line 12				65,205.
Net Assets or Fund Balances			Beginn	ing of Current Y	ear	End of Year
ets	20	Total assets (Part X, line 16)	- ognin	or carront 1		84,984.
A B	21	Total liabilities (Part X, line 26)	_			19,779.
ĘĘ	22	Net assets or fund balances Subtract line 21 from line 20		 _		65,205.
	irt II	Signature Block	. '			03,203.
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and s	statements	and to the hest	of my	knowledge and helief it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of which pre			o,	Allowedge and belief, it is
			<u> </u>	uny miorridage:		
Sig	•	Signature of officer		Date		
Her		KEN TROGDON, PRESIDENT TON 1 POR		7-25	- 2	10/3
	•	Type or print name and title				<u> </u>
		Print/Type preparer's name Preparer's signature	Date	Chec	k 「	PTIN
Paid		DAVID L. SPLITTGERBER		24-2013 self-		
	arer	Firm's name DERRICK, STUBBS & STITH, L.L.P.	<u>- </u>			57-0306533
-	Only	Firm's address 508 HAMPTON STREET 1ST FLOOR		Firm's EIN	.	31-0300333
-50	Jy	COLUMBIA, SC 29201		Dhone se	01	03-799-5810
May	the IF	RS discuss this return with the preparer shown above? (see instructions)		T HOUSE HO.	0 (X Yes No
						IANITES I IND

LHA For Paperwork Reduction Act Notice, see the separate instructions.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form **990** (2012)

Part IV	Chacklie	+ <u>~</u> f	Peguired	Schedules
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1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other thian a private foundation)? If "Yes," complete Schedule B, Schedule B, Schedule of Contributions? Did the organization required to complete Schedule B, Schedule of Contributions? Did the organization required more of the order or indirect products of the organization of the organization of the organization and the organization of the organization of the organization of the organization of the organization as offered in the organization as offered in organization of the organization as offered in organization as offered in organization as offered in organization organization as offered in organization as offered in organization organiz				Yes	No
2 Is the organization equired to complete Schedule 0, Schedule 6, Schedule 6 (Contributions) 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 II Section 501(s)3 organizations. Exhibit the organization engage in lobbying activities, or have a section 501(s)9 election in effect duming the tax year? If 'Yes, 'complete Schedule C, Part II Is the organization as action 501(s)9, 501(s)5, or 501(s)6, or 5	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3		If "Yes," complete Schedule A	1		
section 501(kg) arganizations. Did the organization engage in lobbying activities, or have a section 501(kg) election in effect duming the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(e), 5	2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
4. Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? If "Yes," complete Schedule C, Part II is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 96-19? If "Yes," complete Schedule C, Part III is the organization related in a power of the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the night to provide advice on the distribution or investment or an amount for investments and funds or accounts for which donors have the night to provide advice on the distribution or investments and the environments to preserve open space, the environments and program amounts not steed in Part X, inc 21, for escrow or custodial account flability, serve as a custodian for amounts not lated in Part X, inc 21, for escrow or custodial account flability, serve as a custodian for amounts not lated organization, directly or through a related organization, nicely if Yes," complete Schedule D, Part V if the organizations and part in Yes, "complete Schedule D, Part V if the organization or port of an amount for investments - program related in Part X, line 102 if Yes," complete Schedule D, Part X iii to the availability of the organization report an amount for other subsities in Part X, line 15 fit Yes," complete Schedule D, Part X iii to Yes, "complete Schedule D, Part X iii to Yes, "complete Schedule D, Part	3	· · · · · · · · · · · · · · · · · · ·			
dump the tax year? If "Yes," complete Schedule C, Part II Is the organization a section StrO(c)(4), 501(c)(5), or So1(c)(6), or So1(c)(6), or So1(c)(6), or So1(c)(6), or So1(c)(6), or So1(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advised on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part III Did the organization receive or hold a conservation esseriment, including easements to preserve open space, the environment, histonic land areas, or historic structures? If "Yes," complete Schedule D, Part III Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization report an amount in Part X, line 12, for escrow or custodial account flability, 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," complete Schedule D, Part IVI Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quise-indowments, or provide credit organization, hold assets in temporarily restricted endowments, permanent endowments, or quise-indowments, or provide credit organization, hold assets in temporarily restricted endowments, permanent endowments, or quise-indowments, or provide credit organization, hold assets in temporarily restricted endowments, permanent endowments, or quise-indowments, or quise-indowments, or quise-indowents, organization, asset and a mount for investments - other securities in Part X, line 10? If yes, "complete Schedule D, Part X V, III Did the organization report an amount for investments - other securities in Part X, line 1			3		<u> </u>
5 is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98:192 if "Yes," complete Schedule C, Part III 7 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the night to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the night to provide advice on the distribution or investment of a mounts in such funds or accounts for which donors have the night to provide advice on the distribution or investments such funds or accounts for which donors have the night to provide advice on the distribution or investments or such that such that assets? If "Yes," complete Schedule D, Part III 8 Did the organization report an amount for Part X, line 21, for escrive or custodial account liability, serve as a custodian for amounts not listed in Part X in provide a redict counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part VIII 9 Did the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part VII 10 Did the organization report an amount for investments - other securities in Part X, line 107 If "Yes," complete Schedule D, Part VII 11b Unit to erganization report an amount for investments - program related in Part X, line 107 If "Yes," complete Schedule D, Part XII 11c VIII to dit the organization report an amount for other liabilities in Part X, line 107 If "Yes," complete Schedule D, Part XII 11d VIII to dit the organization report an amount for other liabilities in Part X, line 107 If "Yes," complete Schedule D, Part XII and IV 11d th	4				
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## *Yes,* complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments, or pussi-endowments, or pussi-endowmen	9				
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	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			

Form 990 (2012) HARBORPATH
Part IV Checklist of Required Schedules (continued)

If "Yes," complete Schedule R, Part V, line 2				-	
United States on Part IX. column (A), Ine 17 If "Yes," complete Schedule I, Parts I and II 20 Did the organization report ments #8,500 of grants and other assistance to individuals in the United States on Part IX. column (A), Ine 27 If "Yes," complete Schedule I, Parts I and III 22 X 23 Did the organization answer "Yes" to Part VII, Section A, Ine 3, 4, or 5 about compensation of the organization's current and former officers, directors, insistes, key employees, and highest compensated employees? If "Yes," complete Schedule J Ad Intel 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 24 through 24d and complete Schedule J Williams and a secretary and a secret				Yes	Ņο
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 21 if 1º/es, "complete Schedule I, Part I and III and officers, directors, trustees, key employees, and highest compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 1º/es, "complete Schedule K If 1º/es," organization have a tax-exempt bond is sue with an outstanding principal amount of more than \$10,000 as of the last day of the year, that was sued after Docember 31, 2002? If 1º/es, "answer lines 24b through 24d and complete Schedule K If 1º/es," go to line 25 24a	21				
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23 but the organization answer "Yes" to Part VII, Section A, line 3.4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J and the organization have a tax exempt bond size with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was insued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25 24d	22		İ		
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Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 35a X 35a X 35a X 35b 35b 36b 37 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 37 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 38 38 X Note. All Form 990 filers are required to complete Schedule O 38 X	•		34	1	x
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within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 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 X Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O 38 X		• • • • • • • • • • • • • • • • • • • •	-		_=_
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 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O 38 X		·	35b		
If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O 38 X	36				
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 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O 38 X		-	36		Х
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O 38 X	37	·			
Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O 38 X			37		Х
Note. All Form 990 filers are required to complete Schedule O	38		i		
		· · · · · · · · · · · · · · · · · · ·	38	<u>_x</u>	
			Form	990 (2012)

	990 (2012) HARBORPATH 45-51/4	402	<u> </u>	age 5
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V		,	<u>لــــا</u>
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			ļ
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	_X_	ļ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 4		}	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	-		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	L	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		,	
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for 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		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a _		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			•
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	-		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	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		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			ļ. <u>-</u> .
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 1		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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		
9	Sponsoring organizations maintaining donor advised funds.			ŀ
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	ļ	
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12		İ	ŀ
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders . 11a			1
þ	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	, , , , , , , , , , , , , , , , , , , ,	12a		
b	· · · · · · · · · · · · · · · · · · ·			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		-	
а		13a		ļ
	Note. See the instructions for additional information the organization must report on Schedule O.			
b				
	organization is licensed to issue qualified health plans			
С				
14a		14a		X
<u> </u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

	Check if Schedule O contains a response to any question in this Part VI					X
Sec	tion A. Governing Body and Management					
_					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	(5		
	If there are material differences in voting rights among members of the governing body, or if the governing					İ
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	5	5	ŀ	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	hip with	any other			
_	officer, director, trustee, or key employee?	•	•	2		x
3	Did the organization delegate control over management duties customarily performed by or under	the dire	ct supervision			
•	of officers, directors, or trustees, or key employees to a management company or other person?			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form	990 w	s filed?	4	-	Х
5	Did the organization become aware during the year of a significant diversion of the organization's a		.5	5		X
6	Did the organization have members or stockholders?			6		X
_	Did the organization have members, stockholders, or other persons who had the power to elect or	annoint	one or	-	<u> </u>	<u> </u>
7a	more members of the governing body?	арропп	Offic of	7a		x
	Are any governance decisions of the organization reserved to (or subject to approval by) members	stockh	olders or	1a	 	
b		, SIUCKII	oluers, or	7b		X
_	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the	roar by th	o following:	70		Α.
8		real by ti	ie following.		- ₋	}
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?		_4 4L	8b	<u> </u>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be received any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be received and the section A.	eacned	at the			.
800	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<u>Πουσπου</u>	- O-d-1	9	-	X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal	Revenu	e Code.)		V	NI-
40-	Did the augustical have lead shorters business or officers?			40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	abaata	a affiliates	10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such	cnapter	s, amilates,	405		
	and branches to ensure their operations are consistent with the organization's exempt purposes?		filmer the forms	10b	х	<u> </u>
	Has the organization provided a complete copy of this Form 990 to all members of its governing be	oay bero	re filing the form?	11a		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				· ·	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	-
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ri			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes," a	escribe	1		
	in Schedule O how this was done			12c	-	X
13	Did the organization have a written whistleblower policy?			13		X
14	Did the organization have a written document retention and destruction policy?			14		X
15	Did the process for determining compensation of the following persons include a review and appro	•	ndependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	17				
a	The organization's CEO, Executive Director, or top management official	•		15a	X	7,
b	Other officers or key employees of the organization			15b	 	Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			1		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement v	vith a			,_
	taxable entity during the year?		•	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the organization of the evaluation of the organization of the evaluation of the organization of the					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	anızatıo	n's			
	exempt status with respect to such arrangements?			16b	<u> </u>	
	tion C. Disclosure		-			
17	List the states with which a copy of this Form 990 is required to be filed ►SC				_	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	FI (Sect	ion 501(c)(3)s only)	availab	ie	
	for public inspection. Indicate how you made these available. Check all that apply.		to at the Ci			
	Own website Another's website X Upon request Other (expla		•			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents,	conflict	or interest policy, ar	id finar	ncial	
	statements available to the public during the tax year.					
20	State the name, physical address, and telephone number of the person who possesses the books	and rec	ords of the organiza	ition:		
	DEANNE REASE - 803-807-9159					
77200	3830 FOREST DRIVE, COLUMBIA, SC 29204					

Form 990 (2012)	HARBORPATH		45-5174402	Page
Part VII Compensatio	n of Officers, Directors,	Trustees, Key Employees,	Highest Compensated	

Part VII	Compensation of Officers, Director	s, Trustees, Ke	y Employees, I	Highest Compensate	þ¢
	Employees, and Independent Contr	actors			

Check if Schedule O contains a response to any question in this Part VII

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.

- 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, if any. 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 neither the organization n		orga	nıza			npe	nsat			
(A)	(B)	l		((C)			(D)	(E)	(F)
Name and Title	Average	(40		Pos heck		than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	ıs bot x/trus	h an	compensation	compensation	amount of
	week		- a	u a u	II BCIC	#/uus	1.00)	from	from related	other
	(list any	ieg						the	organizations	compensation
	hours for related	5	8			Sign		organization	(W-2/1099-MISC)	from the
	organizations	nste	E		8	튵		(W-2/1099-MISC)		organization and related
	below	la E	tona		를	탏	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			Organization o
(1) MURRAY PENNER, BSW	10.00		_		<u> </u>					
CHAIRMAN		X						0.	0.	0.
(2) ROBA WHITELEY	10.00									
VICE CHAIR		X						0.	0.	0.
(3) DONNA R CRYER, JD	1.00		İ							
SECRETARY/TREASURER		X			<u> </u>			0.	0.	0.
(4) PHILL WILSON	1.00									
TRUSTEE		X				<u> </u>		0.	0.	0.
(5) DONNA E. SWEET, MD, AAHIVS, MACP	1.00				ŀ					
TRUSTEE		X			<u> </u>			0.	0.	0.
(6) KEN TROGDON	40.00	}							_ 1	
PRESIDENT		X		X		_		65,385.	0.	0.
										- · · · · · -
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Parl	VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	ees,	and	d Hi	ghes	t C	Compensated Employee	s (continued)			
	(A) Name and title	(B) Average hours per week	(do box	not c	(C Posi heck i ss pe	tion more		ne i an	(D) Reportable compensation from	(E) Reportable compensation from related	1	(F) Estima amoun othe	t of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	C)	ompens from t organiza and rela organiza	ation he ation ated
<u>-</u>													
			_	_									
C	Sub-total Total from continuation sheets to Part Total (add lines 1b and 1c)	/II, Section A					* * *		65,385. 0. 65,385.		0.		0.
2	Total number of individuals (including but compensation from the organization	not limited to th	ose	liste	ed al	bov	e) wh	o r	eceived more than \$100	,000 of reportable)	1	0
3	Did the organization list any former office line 1a? <i>If</i> "Yes," complete Schedule J for For any individual listed on line 1a, is the	such individual										Yes	No X
5	and related organizations greater than \$1 Did any person listed on line 1a receive or rendered to the organization? If "Yes," co	50,000? If "Yes, accrue compe	" co nsat	mple ion f	ete S rom	Sche any	e <i>dule</i> unr	JI	for such individual			5	X
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest of the organization. Report compensation for	-	-								pensatio	on from	
	(A) Name and business		eai_	enui	ng v	VILII	OI_W		(B) Description of s		Con	(C)	on .
	HEALTH, LLC TIMBER LANE, BASKING		UV.	0.	792	20			DESIGN AND B			19,	
					-								

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Form 990 (2012) HARBORPATH
Part VIII Statement of Revenue

Total revenue Total revenue Total revenue Total revenue Total revenue Total revenue Total Add Ines 1211 Business Code Total Add Ines 2221 All other program service revenue Total Add Ines 2221 Total Crease See Instructions Total Add Ines 2221 Total Crease See Instructions Total Add Ines 2221 Total Crease See Instructions Total Add Ines 2221 Total Crease See Instructions Total Add Ines 2221 Total Crease See Instructions Total Crease See Instructions Total Crease See Instructions Total Crease See Instructions Total Crease See Instructions Total Crease See Instructions Total Crease See Instructions Total Crease See Instructions Total Crease See Instructions Total Crease See Instructions Total Crease See Instructions Total Crease See Instructions Total Crease See Instructions Total Crease See Instructions Total Crease See Instructions Total Crease See Instructions Total Crease See Instructions Total Crease See Instructions Total			Check if Schedule O cont	ains a response	o any question ir	this Part VIII			. 🗀
Total, Add lines 1a 1 a Federated campaigns b Membership duses the file of Fundameng events delighted organizations delighted				<u></u>		(A)	Related or exempt function	Unrelated business	Revenue excluded from tax under
Business Code Business Code Business Code	ts s	1 a	Federated campaigns	1a					
Business Code Business Code Business Code	퉏		· -						İ
Business Code Business Code Business Code	۾ چي		·						
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Business Code Business Code Business Code	물탕			·	419,119.				!
Business Code Business Code Business Code	o E	•		1a-1f \$		410 170			
2 a b d d d d d d d d d d d d d d d d d d	0 8	<u>n</u>	Total. Add lines 1a-11	,	Promoso Coda	417,177.			I I
Total. Add lines 2a2! 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) f Net a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) d Net gain or (loss) e Gain or (loss) d Net gain or (loss) f Net gain or (loss) b Less direct expenses c Net income or (loss) from fundraising events (not including \$		_			Business Code				1
Total. Add lines 2a2! 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) f Net a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) d Net gain or (loss) e Gain or (loss) d Net gain or (loss) f Net gain or (loss) b Less direct expenses c Net income or (loss) from fundraising events (not including \$	je				-				
Total. Add lines 2a2! 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) f Net a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) d Net gain or (loss) e Gain or (loss) d Net gain or (loss) f Net gain or (loss) b Less direct expenses c Net income or (loss) from fundraising events (not including \$	le è.	_							
Total. Add lines 2a2! 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) f Net a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) d Net gain or (loss) e Gain or (loss) d Net gain or (loss) f Net gain or (loss) b Less direct expenses c Net income or (loss) from fundraising events (not including \$	en S	С							
Total. Add lines 2a2! 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) f Net a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) d Net gain or (loss) e Gain or (loss) d Net gain or (loss) f Net gain or (loss) b Less direct expenses c Net income or (loss) from fundraising events (not including \$	e a	d							
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3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) 6 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Less. direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Less. cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a.11d 12 Total revenue. See instructions.	<u>-</u>	f	All other program service reve	enue		. .			
other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) c Gain or (loss) B a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) B a Gross income from fundraising events (not including \$		g							
4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 4 Net gain or (loss) b Royalties (ii) Securities (iii) Other Other		3	Investment income (including	dividends, intere	st, and				
6 a Gross rents b Less: rental expenses c Rental income or (loss) d Not rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Not gain or (loss) 8 a Gross income from fundraising events (not including \$			·		· · -				
(i) Real (ii) Personal (ii) Personal (ii) Personal (ii) Personal (ii) Personal (ii) Personal (ii) Personal (ii) Personal (ii) Personal (ii) Personal (ii) Personal (ii) Personal (ii) Personal (ii) Personal (ii) Personal (ii) Personal (ii) Personal (ii) Personal (ii) Personal (iii) Personal Personal (iii) Personal Personal (iii) Personal Personal (iii) Personal Personal Personal (iii) Personal Personal Personal Personal Personal Personal Personal Personal Personal Personal Personal Personal Person		4	Income from investment of tax	x-exempt bond p	roceeds 🕨				
6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) 8 a Gross income from fundraising events (not including \$		5	Royalties						
b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gam or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$				(ı) Real	(ii) Personal			*	
C Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$		6 a	Gross rents					v	*
d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less, direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less, cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b C d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions. O Securities (ii) Other O Securities (iii) O		b	Less: rental expenses						
7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a b Less direct expenses b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less, direct expenses b c Net income or (loss) from gaming activities. See Part IV, line 19 a b Less, direct expenses b c Net income or (loss) from gaming activities. See Part IV, line 19 a b Less, direct expenses b c Net income or (loss) from gaming activities. See Part IV, line 19 a b Less, direct expenses b c Net income or (loss) from gaming activities. See Part IV, line 19 a b Less, direct expenses b c Net income or (loss) from gaming activities. See Part IV, line 19 a b Less, direct expenses b c Net income or (loss) from gaming activities. See Part IV, line 19 a b Less, direct expenses b c Net income or (loss) from gaming activities. See Part IV, line 19 a b Less, direct expenses b c Net income or (loss) from gaming activities. See Part IV, line 19 a b Less, direct expenses b c Net income or (loss) from gaming activities. See Part IV, line 19 a b Less, direct expenses b c Net income or (loss) from gaming activities. See Part IV, line 19 a b Less, direct expenses b c Net income or (loss) from gaming activities. See Part IV, line 19 a b Less, direct expenses b c Net income or (loss) from gaming activities. See Part IV, line 19 a b Less, direct expenses b c Net income or (loss) from gaming activities. See Part IV, line 19 a b Less, direct expenses b c Net income or (loss) from gaming activities. See Part IV, line 19 a a b Less, direct expenses b c Net income or (loss) from gaming activities. See Part IV, line 19 a a b Less direct expenses b c Net income or (loss) from gaming activities. See Part IV, line 19 a a b Less direct expenses or line 19 a d Less direct expenses or line 19 a d Less direct expenses or line 19 a d Less direct ex		С	Rental income or (loss)					•	1
assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less. direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory. less returns and allowances a b Less. cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b 0 c d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions. 419,179. 0. 0. 0.		d	Net rental income or (loss)		>				
b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$		7 a	Gross amount from sales of	(i) Securities	(II) Other			•	
and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$			assets other than inventory					t 6	
C Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a b Less direct expenses b c Net income or (loss) from fundraising events 9 a Gross income from garning activities. See Part IV, line 19 a b Less, direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less, cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total, Add lines 11a.11d Total revenue. See instructions. 419,179. 0.0. 0.0.		b	Less: cost or other basis						
d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a			and sales expenses						
8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		С	Gain or (loss)						1
8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		d	Net gain or (loss)		•				
Including \$ of contributions reported on line 1c). See Part IV, line 18				a events (not					1
contributions reported on line 1c). See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less. direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less. cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions.		_		•				.*	,
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c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less, direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less, cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total, Add lines 11a-11d 12 Total revenue. See instructions.	ě							,	
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10 a Gross sales of inventory, less returns and allowances a b Less, cost of goods sold b C Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a	1			_					'
and allowances b Less. cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions.	1								
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Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a·11d ▶ 12 Total revenue. See instructions. ▶ 419,179. 0. 0. 0.			_						İ
11 a	ł	C			Business Os d				
b	}				Business Code				·
c d All other revenue e Total. Add lines 11a-11d ► 12 Total revenue. See instructions. ► 419,179. 0. 0. 0.									
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12 Total revenue. See instructions. ► 419,179. 0. 0. 0.	1	d							
				• •	· [110 170		^	0
		ə	TOTAL TEVENUE. SEE INSTRUCTIONS.				ı <u>V •</u>	<u> </u>	

Form 990 (2012) HARBORPATH Part IX Statement of Functional Expenses

	Check if Schedule O contains a responsion tinclude amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1	Grants and other assistance to governments and		expenses	general expenses	expenses
'	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
2	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,		_		
3	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
-	trustees, and key employees	65,385.	31,058.	8,173.	26,154
6	Compensation not included above, to disqualified				
_	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	64,650.	27,476.	27,476.	9,698
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	·			
10	Payroll taxes	10,924.	4,403.	3,368.	3,153
11	Fees for services (non-employees):				
а	Management				
b	Legal . L	22,498.		22,498.	
c	Accounting	1,680.		1,680.	
d	Lobbying .				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	62.	50.	12.	
12	Advertising and promotion				
13	Office expenses	8,524.	6,819.	1,705.	
14	Information technology	5,119.	5,119.		
15	Royalties				
16	Occupancy	15,696.	7,848.	7,848.	
17	Travel	25,377.	8,451.	8,451.	8,475
18	Payments of travel or entertainment expenses			+	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest .		··· -		
21	Payments to affiliates	2 542	2 542		
22	Depreciation, depletion, and amortization	3,542.	3,542.	2 060	
23	Insurance	2,969.		2,969.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	SYSTEM AND CALL CENTER	119,675.	119,675.	-	
b	SUPPLIES	4,821.	4,821.		<u></u>
c	OFFICE EQUIPMENT	2,907.	2,907.		
d	PHARMACY	145.	145.		
e	All other expenses	====			
25	Total functional expenses. Add lines 1 through 24e	353,974.	222,314.	84,180.	47,480
26	Joint costs. Complete this line only if the organization	<u> </u>	•		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here I if following SOP 98-2 (ASC 958-720)				

		Check if Schedule O contains a response to an	y questi	on in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	71,920.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and fe					
		trustees, key employees, and highest compens	ated em	ployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqual	ified per	sons (as defined under			
		section 4958(f)(1)), persons described in section	n 4958(c	(3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 501	(c)(9) voluntary			
		employees' beneficiary organizations (see instr)	. Comple	ete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7_			
Ass	8	Inventories for sale or use				8_	
-	9	Prepaid expenses and deferred charges	•			9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	16,606.			
	b	Less: accumulated depreciation	10b	3,542.	0.	10c	13,064.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	_		15		
	16	Total assets. Add lines 1 through 15 (must equ	4)	0.	16	84,984.	
	17	Accounts payable and accrued expenses		17	19,779.		
	18	Grants payable			18		
	19	Deferred revenue		_		19	
	20	Tax-exempt bond liabilities				20	
es	21	Escrow or custodial account liability. Complete			· · · · · · · · · · · · · · · · · · ·	21	
Liabilities	22	Loans and other payables to current and forme					
į		key employees, highest compensated employe	es, and	disqualified persons.	!		
_		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrel		•		23	
	24	Unsecured notes and loans payable to unrelate	-			24	
	25	Other liabilities (including federal income tax, pa	•				
		parties, and other liabilities not included on line	S 17-24).	Complete Part X of			
	000	Schedule D	•	• • • • • •	0.	25	19,779.
	26	Total liabilities. Add lines 17 through 25	B) abad	k here X and	<u> </u>	26	13,113.
.		Organizations that follow SFAS 117 (ASC 95		k here LX and			
ĕ	07	complete lines 27 through 29, and lines 33 as Unrestricted net assets	na 34.				65,205.
lan	27	Temporarily restricted net assets		-		27 28	03,203.
B	28 29	Permanently restricted net assets		-			
Ę	29	Organizations that do not follow SFAS 117 (A	18C 050	\ chack bara	. <u></u>	29	
Ē		and complete lines 30 through 34.	430 936	, check here			
ts o	30	Capital stock or trust principal, or current funds				30	
SSe	31	Paid-in or capital surplus, or land, building, or ea		t fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in				32	
2	33	Total net assets or fund balances	.50,710, 0		0.	33	65,205.
	34	Total liabilities and net assets/fund balances	F	0.	34	84,984.	

	990 (2012) HARBORPATH	<u>45-517</u>	4402	Pag	_{le} 12
Pai	t XI Reconciliation of Net Assets	•	-		
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	419	, 1	79.
2	Total expenses (must equal Part IX, column (A), line 25)	2	353		
3	Revenue less expenses. Subtract line 2 from line 1	3			05.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			0.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	65	5,2	05.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				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.			j
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a	1 1		i
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				j
b	Were the organization's financial statements audited by an independent accountant?		2b		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	te basis,		İ	;
	consolidated basis, or both				1
	Separate basis Consolidated basis Both consolidated and separate basis				1
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			į
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.		Ī	!
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt	-	1	
	Act and OMB Circular A-133?		3a		<u> X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	iired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form 9	990 (2012)

SCHEDULE A

Department of the Treasury

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization Employer identification number HARBORPATH 45-5174402 Part I 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.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives. (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 c Type III - Functionally integrated **b** Type II Type III - Non-functionally integrated 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 organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s). (vi) Is the (iv) is the organization (v) Did you notify the (vii) Amount of monetary (i) Name of supported (ii) EIN (iii) Type of organization organization in col. in col. (i) listed in your organization in col. organization (described on lines 1-9 support (i) organized in the U.S.? above or IRC section governing document? (i) of your support? (see instructions)) Yes No Yes Yes

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support					-	
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and		_				
	membership fees received. (Do not						
	ınclude any "unusual grants.")					419,179.	419,179.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities				-		
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3					419,179.	419,179.
	The portion of total contributions		-			/	
_	by each person (other than a						
	governmental unit or publicly				ŀ		
	supported organization) included						
	on line 1 that exceeds 2% of the				-		
	amount shown on line 11,						
	column (f)				1		41,616.
6	Public support. Subtract line 5 from line 4						377,563.
	ction B. Total Support			<u> </u>	1		377,303.
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4		(2) = 0.00	1972919	(6) 2311	419,179.	419,179.
8	Gross income from interest,					113,11,30	11 3/1130
	dividends, payments received on			!			
	securities loans, rents, royalties					1	
	and income from similar sources						
a	Net income from unrelated business						
,	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain		-				
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						419,179.
	Gross receipts from related activities,	etc. (see instruction	ons)	I	l	12	1 17,175.
	First five years. If the Form 990 is for			d fourth or fifth ta	ax vear as a section		
	organization, check this box and stop	-	, o., oooona,	a, 1001111, 01 1111111	ax your do a ocom	3.1 00 1 (0)(0)	▶X
Sec	ction C. Computation of Publ		rcentage				
14	Public support percentage for 2012 (I	ine 6, column (f) di	vided by line 11, o	column (f))		14	%
15	Public support percentage from 2011	Schedule A, Part	II, line 14	.,,		15	%
16a	33 1/3% support test - 2012. If the o	rganization did no	t check the box o	n line 13, and line	14 is 33 1/3% or i		
	stop here. The organization qualifies					,	▶□
b	33 1/3% support test - 2011. If the o	rganization did no	t check a box on	line 13 or 16a, and	I line 15 is 33 1/39	6 or more, check th	is box
	and stop here. The organization quali					•	▶□
17a	10% -facts-and-circumstances test	•	• •	•	e 13, 16a, or 16b.	and line 14 is 10% (or more.
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						▶□
h	10% -facts-and-circumstances test	•	•		•	17a, and line 15 is 1	0% or
~	more, and if the organization meets the						
	organization meets the "facts-and-circ						
18	Private foundation. If the organization						
	ato rodination, il tilo organizatio	onoon a			., 5.100K tillo box	and doo manachoris	

Schedule A (Form 990 or 990-EZ) 2012 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support	now, please comp	piete Fait II.j				
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ- ization'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 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6) Section B. Total Support						<u> </u>
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6			.			
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						-
b Unrelated business taxable income			-			
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thu	d, fourth, or fifth to	ax year as a secti	on 501(c)(3) organiz	ation,
check this box and stop here		·	<u></u>		<u> </u>	▶□
Section C. Computation of Publi	c Support Pe	rcentage				
15 Public support percentage for 2012 (li			column (f))		15	9
16 Public support percentage from 2011					16	9
Section D. Computation of Inves						_
17 Investment income percentage for 20	12 (line 10c, colur	mn (f) divided by lii	ne 13, column (f))		17	9
18 Investment income percentage from 2	011 Schedule A,	Part III, line 17			18	9
19a 33 1/3% support tests - 2012. If the	organization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box an	nd stop here. The	organization qual	ifies as a publicly s	supported organi	zation	. ▶□
b 33 1/3% support tests - 2011. If the line 18 is not more than 33 1/3%, chec	_					and
20 Private foundation. If the organization		•	·		•	

Sched						RBORP.											<u>-5174402</u>	
Part		pplem	ental l	Inform	nati	on. Com	plete this	s par	t to prov	vide t	he ex	planations	requi	red by F	art II, line	e 10; Pa	art II, line 17a c	or 17b;
	and	Part III,	line 12.	Also co	mple	ete this pa	art for an	y add	ditional	inforr	nation	ı. (See ıns	tructio	ns).				
THE	ORGA	NIZA'	<u>TION</u>	WAS	F	ORMED	MAY	_1_	, 20	12	so	THIS	IS	THE	INIT	LAL	FILING	OF
THE	FORM	990	AND	IS	Α	SHORT	-YEAI	R F	RETU	RN.	•							
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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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Inspection

Name of the organization

Employer identification number

	<u> HARBORPATH</u>		45-5174402
Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
•	• •	waters that the second hold in denor advised	fundo
5	Did the organization inform all donors and donor advisors in	•	
_	are the organization's property, subject to the organization's	_	Yes No
6	Did the organization inform all grantees, donors, and donor a		-
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose co	
Do.	impermissible private benefit?		Yes No
Pa			t IV, line 7
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or e		ncally important land area
	Protection of natural habitat	Preservation of a certifie	d historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	
	listed in the National Register		. 2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the oi	rganization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	nodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	, and enforcing conservation easements duri	ng the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during the	e year > \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)((4)(B)(i)
	and section 170(h)(4)(B)(ii)?	•	└── Yes └── No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense st	atement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes the	e organization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections o	-	er Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	•	•
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherance	e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS	•	·
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public	service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X	•	> \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial ga	aın, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		▶ \$

	dule D (Form 990) 2012 HARBORP									Page 2
Par	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures,	or Other	Simila	r Asse	ts (contini	ıed)
3	Using the organization's acquisition, accession	on, and other record	ls, chec	k any of the	following tha	at are a sigi	nificant u	ise of its	collection	items
	(check all that apply).									
а	Public exhibition	d		Loan or exc	hange progr	ams				
b	Scholarly research	е	, 🗀	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explai	n how ti	hey further t	he organizati	ion's exem	pt purpo:	se in Par	t XIII.	
5	During the year, did the organization solicit or									
	to be sold to raise funds rather than to be ma							[_	Yes	☐ No
Par	t IV Escrow and Custodial Arrang					"Yes" to Fo	orm 990,	Part IV, I		
***************************************	reported an amount on Form 990, Par			Ū						
1a	Is the organization an agent, trustee, custodia	an or other intermed	tiary for	contribution	s or other as	ssets not in	cluded			
	on Form 990, Part X?		•						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowina	table:					_	
_	3	-							Amount	
С	Beginning balance						1c			
d	Additions during the year				•		1d			
-	Distributions during the year						1e			
f	Ending balance				•		1f			
2a	Did the organization include an amount on Fo	orm 990. Part X. line	21?		•				Yes	No
	If "Yes," explain the arrangement in Part XIII	·		on has been	provided in	Part XIII				
Par							,			
	· .	(a) Current year		nor year	(c) Two yea			ears back	(e) Four y	ears back
1a	Beginning of year balance	(-)	1-7		10,		.,		(0)	, , , , , , , , , , , , , , , , , , ,
b	Contributions									
c	Net investment earnings, gains, and losses									-
d	Grants or scholarships									
e	Other expenditures for facilities			-						
•	and programs									
f	Administrative expenses			-						
a	End of year balance									
2	Provide the estimated percentage of the curr	ent vear end baland	e (line 1	a. column (a	i)) held as.	I				-
а	Board designated or quasi-endowment	•	%	J , . (.	,,					
b	Permanent endowment	%								
c	Temporarily restricted endowment ▶	<u></u> %								
-	The percentages in lines 2a, 2b, and 2c shou									
За	Are there endowment funds not in the posses	•	ation th	at are held a	nd administe	ered for the	organiza	ation		
	by:	J					- 3		- T	res No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations				•		•	• •	3a(ii)	
ь	If "Yes" to 3a(ii), are the related organizations	listed as required o	n Sche	dule R?	•	•			3b	
4	Describe in Part XIII the intended uses of the	•				•				
Par	t VI Land, Buildings, and Equipm								_	
	Description of property	(a) Cost or o		T	or other	(c) Acc	umulated	.	(d) Book	value
		basis (investr		1	(other)		eciation	İ	,_,	
1a	Land									
b	Buildings									
	Leasehold improvements							<u> </u>		
	Equipment	16.	606.				3,54	2.	13	,064.
	Other									
	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990, Part	X, colur	nn (B), line 1	0(c))			ightharpoonup	13	,064.

<u>Sche</u>	dule D	(Form 990) 2012	<u> HARBORPATH</u>					<u> 5174402 Page 4</u>
<u>Par</u>	t XI	Reconciliation of	f Revenue per Audite	d Financial Statemer	<u>nts Wi</u>	th Revenue per	Retur	<u>n</u>
1	Total r	evenue, gains, and oth	er support per audited finar	icial statements			1_1_	
2	Amou	nts included on line 1 b	ut not on Form 990, Part VI	II, line 12:			ŀ	
а	Net ur	realized gains on inves	stments		2a		ŀ	
b	Donate	ed services and use of	facilities .		2b			
С	Recov	enes of prior year grant	ts		2c			
d	Other	(Describe in Part XIII)			2d			
е	Add lır	nes 2a through 2d					2e	
3	Subtra	act line 2e from line 1	·				3	
4	Amou	nts included on Form 9	90, Part VIII, line 12, but not	t on line 1				
а			luded on Form 990, Part VIII		4a			
b	Other	(Describe in Part XIII.)			4b			
С	Add III	nes 4a and 4b					4c	
5	Total r	evenue. Add lines 3 an	d 4c. (This must equal Form	990, Part I, line 12.)		·	5	
Pai			f Expenses per Audite		nts W	ith Expenses pe	r Retu	urn
1	Total e	expenses and losses pe	er audited financial statemei	nts			1	
2	Amou	nts included on line 1 b	ut not on Form 990, Part IX	, line 25:				
а	Donat	ed services and use of	facilities		2a			
b	Prior y	ear adjustments			2b			
С	Other	losses			2c			
d	Other	(Describe in Part XIII)			2d			
е	Add III	nes 2a through 2d					2e	
3	Subtra	act line 2e from line 1					3	
4	Amou	nts included on Form 9	90, Part IX, line 25, but not	on line 1:				
а	Invest	ment expenses not inc	luded on Form 990, Part VIII	I, line 7b	4a			
b	Other	(Describe in Part XIII.)			4b			
С	Add lii	nes 4a and 4b					4c	
5	Total e	expenses. Add lines 3 a	and 4c. (This must equal For	m 990, Part I, line 18.)			. 5	
Pai	t XIII	Supplemental In	formation					
			escriptions required for Part nd Part XII, lines 2d and 4b.					2b; Part V, line 4; Part
	<u> </u>							

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

HARBORPATH

Employer identification number 45-5174402

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
HARBORPATH IS A NON-PROFIT ORGANIZATION DEDICATED TO HELPING UNINSURED
LIVING WITH HIV/AIDS GAIN ACCESS TO FREE MEDICATIONS OFFERED BY PATIENT
ASSISTANCE PROGRAMS (PAPS) BY CREATING A SINGLE PLACE FOR APPLICATION
AND MEDICATION FULFILLMENT.
FORM 990, PART VI, SECTION B, LINE 11: A DRAFT OF THE FORM 990 WILL BE
REVIEWED BY THE PRESIDENT PRIOR TO FILING AND THE BOARD REVIEWS THE FORM
990 BEFORE IT IS FILED.
FORM 990, PART VI, SECTION B, LINE 15A: COMPENSATION ARRANGEMENTS BASED ON
SIMILARLY SITUATED ORGANIZATIONS FOR SIMILAR SERVICES, CURRENT COMPENSATION
SURVEYS COMPILED BY INDEPENDENT FIRMS, AND ACTUAL WRITTEN OFFERS FROM
SIMILARLY SITUATED ORGANIZATIONS WERE ALL UTILIZED IN DETERMINING
COMPENSATION FOR THE PRESIDENT.
FORM 990, PART VI, SECTION C, LINE 19: AVAILABLE UPON REQUEST.
FORM 990, SECTION B, LINE 13 & 14
ADOPTION OF WRITTEN POLICIES.
EFFECTIVE JULY 2013, THE BOARD ADOPTED A WRITTEN WHISTLEBLOWER POLICY
AND DOCUMENT RETENTION AND DESTRUCTION POLICY.

Form **8868**

(Rev January 2013)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev. 1-2013)

If you a	re tiling for an Automatic 3-Month Extension, complet	te only Pa	irt I and check this box			. ▶ 🔼
If you a	re filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of	this form)		
Do not co	implete Part II unless you have already been granted a	an automa	itic 3-month extension on a previous	sly filed Fo	rm 8868.	
Electroni	c filing (e-file). You can electronically file Form 8868 if y	you need a	a 3-month automatic extension of tin	ne to file (6	6 months for	a corporation
equired t	o file Form 990-T), or an additional (not automatic) 3-moi	nth extens	sion of time. You can electronically f	ile Form 88	868 to reques	st an extension
of time to	file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for	Transfers A	Associated W	/ith Certain
Personal	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions) For more details of	on the elec	ctronic filing o	of this form,
visit www	urs.gov/efile and click on e-file for Chanties & Nonprofits	ì				
Part I	Automatic 3-Month Extension of Time	e. Only s	submit original (no copies ne	eded).		
A corpora	tion required to file Form 990-T and requesting an autor	matic 6-mo	onth extension - check this box and	complete		
Part I only						▶ □
	corporations (including 1120-C filers), partnerships, REM ome tax returns.	IICs, and t	rusts must use Form 7004 to reques	st an exten	sion of time	
Type or	Name of exempt organization or other filer, see instru	ictions.		Employe	r identificatioi	n number (EIN) or
print						
Eila bu tha	HARBORPATH				<u>45-51</u>	<u> 74402 </u>
File by the due date for	Number, street, and room or suite no. If a P O. box, s	ee instruc	tions	Social se	curity numbe	r (SSN)
filing your return See	3830 FOREST DRIVE SUITE 218	8				
instructions	City, town or post office, state, and ZIP code. For a for COLUMBIA, SC 29204	oreign add	lress, see instructions.			
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			. 01
Applicati	on	Return	Application			Return
ls For		Code	Is For			Code
	or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990		02	Form 1041-A			08
	0 (ındıvıdual)	03	Form 4720		•	09
Form 990		04	Form 5227			10
	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	-T (trust other than above)	06	Form 8870			12
	DEANNE REASE	-l				
• The bo	ooks are in the care of > 3830 FOREST DR	IVE -	COLUMBIA, SC 2920	4		
	one No. ► 803-807-9159		FAX No.	<u> </u>		
•	organization does not have an office or place of business	s in the Ur				▶ □
	s for a Group Return, enter the organization's four digit			If this is fo	r the whole a	roup, check this
box ▶ [7	ich a list with the names and ElNs o		-	-
	quest an automatic 3-month (6 months for a corporation		·			
			tion return for the organization name		The extension	'n
ıs fo	or the organization's return for:	J				
▶	calendar year or					
▶ [X tax year beginning MAY 1, 2012	. an	d ending <u>DEC 31, 2012</u>		_	
			<u> </u>		_	
2 If th	e tax year entered in line 1 is for less than 12 months, c Change in accounting period	check reas	on. X Initial return	Fınal retur	n	
	is application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any			
	refundable credits. See instructions.			3a	\$	<u> </u>
b If th	is application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and			
esti	mated tax payments made. Include any prior year overp	payment a	llowed as a credit.	3b	\$	0.
	ance due. Subtract line 3b from line 3a. Include your pa	_				
by ı	using EFTPS (Electronic Federal Tax Payment System).	See instru	ctions.	3c	\$	0.
^atian	If you are going to make an electronic fund withdrawal v	with this E	orm 9969, see Form 9463 FO and F	orm 8870.	EO for noveme	ant instructions

LHA

For Privacy Act and Paperwork Reduction Act Notice, see instructions.