



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



Form 990-EZ

Department of the Treasury  
Internal Revenue Service

**Short Form**  
**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)**

- Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form
- The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2011

Open to Public  
Inspection

<b>A</b> For the 2011 calendar year, or tax year beginning <b>10/01</b> , 2011, and ending <b>9/30</b> , 2012												
<b>B</b> Check if applicable		<b>C</b> <b>Harbors Edge Foundation, Inc.</b> One Colley Avenue Norfolk, VA 23510										
<input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		<b>D</b> Employer identification number <b>26-2260106</b>										
		<b>E</b> Telephone number <b>(757) 616-7952</b>										
		<b>F</b> Group Exemption Number										
<b>G</b> Accounting Method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ► _____		<b>H</b> Check ► <input type="checkbox"/> if the organization is <b>not</b> required to attach Schedule B (Form 990, 990-EZ, or 990-PF)										
<b>I</b> Website: ► <b>N/A</b>												
<b>J</b> Tax-exempt status (ck only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527												
<b>K</b> Check ► <input checked="" type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization or a section 527 organization <b>and</b> its gross receipts are normally <b>not</b> more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.												
<b>L</b> Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ <b>31,448.</b>												
<b>Part I   Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (see the instructions for Part I.) Check if the organization used Schedule O to respond to any question in this Part I. <input checked="" type="checkbox"/>												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; vertical-align: top;"> <b>REVENUE</b> </td> <td style="width: 60%; vertical-align: top;">         1 Contributions, gifts, grants, and similar amounts received ... ... ...          2 Program service revenue including government fees and contracts ... ... ...          3 Membership dues and assessments ... ... ...          4 Investment income          5a Gross amount from sale of assets other than inventory            b Less cost or other basis and sales expenses            c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)          6 Gaming and fundraising events            a Gross income from gaming (attach Schedule G if greater than \$15,000)            b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)            c Less direct expenses from gaming and fundraising events            d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)          7a Gross sales of inventory, less returns and allowances            b Less cost of goods sold            c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)          8 Other revenue (describe in Schedule O)          9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5d, 6d, 7c, and 8       </td> <td style="width: 10%; vertical-align: top;">         1 <b>31,428.</b>          2          3          4 <b>20.</b>          5c          6d          7c          8          9 <b>31,448.</b> </td> </tr> <tr> <td style="vertical-align: top;"> <b>EXPENSES</b> </td> <td style="vertical-align: top;">         10 Grants and similar amounts paid (list in Schedule O) ... ... ...          11 Benefits paid to or for members: <b>03.2013</b> <b>0</b> ... ... ...          12 Salaries, other compensation, and employee benefits <b>0</b> ... ... ...          13 Professional fees and other payments to independent contractors ... ... ...          14 Occupancy, rent, utilities, and maintenance <b>0</b> ... ... ...          15 Printing, publications, postage, and shipping ... ... ...          16 Other expenses (describe in Schedule O) ... ... ...          17 <b>Total expenses.</b> Add lines 10 through 16       </td> <td style="vertical-align: top;">         10 <b>1,100.</b>          11          12          13 <b>5,025.</b>          14          15          16 <b>143.</b>          17 <b>6,268.</b> </td> </tr> <tr> <td style="vertical-align: top;"> <b>NETS</b> </td> <td style="vertical-align: top;">         18 Excess or (deficit) for the year (Subtract line 17 from line 9)          19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) ... ... ...          20 Other changes in net assets or fund balances (explain in Schedule O) ... ... ...          21 Net assets or fund balances at end of year. Combine lines 18 through 20 ... ... ...       </td> <td style="vertical-align: top;">         18 <b>25,180.</b>          19 <b>35,059.</b>          20          21 <b>60,239.</b> </td> </tr> </table>				<b>REVENUE</b>	1 Contributions, gifts, grants, and similar amounts received ... ... ... 2 Program service revenue including government fees and contracts ... ... ... 3 Membership dues and assessments ... ... ... 4 Investment income 5a Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5d, 6d, 7c, and 8	1 <b>31,428.</b> 2 3 4 <b>20.</b> 5c 6d 7c 8 9 <b>31,448.</b>	<b>EXPENSES</b>	10 Grants and similar amounts paid (list in Schedule O) ... ... ... 11 Benefits paid to or for members: <b>03.2013</b> <b>0</b> ... ... ... 12 Salaries, other compensation, and employee benefits <b>0</b> ... ... ... 13 Professional fees and other payments to independent contractors ... ... ... 14 Occupancy, rent, utilities, and maintenance <b>0</b> ... ... ... 15 Printing, publications, postage, and shipping ... ... ... 16 Other expenses (describe in Schedule O) ... ... ... 17 <b>Total expenses.</b> Add lines 10 through 16	10 <b>1,100.</b> 11 12 13 <b>5,025.</b> 14 15 16 <b>143.</b> 17 <b>6,268.</b>	<b>NETS</b>	18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) ... ... ... 20 Other changes in net assets or fund balances (explain in Schedule O) ... ... ... 21 Net assets or fund balances at end of year. Combine lines 18 through 20 ... ... ...	18 <b>25,180.</b> 19 <b>35,059.</b> 20 21 <b>60,239.</b>
<b>REVENUE</b>	1 Contributions, gifts, grants, and similar amounts received ... ... ... 2 Program service revenue including government fees and contracts ... ... ... 3 Membership dues and assessments ... ... ... 4 Investment income 5a Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5d, 6d, 7c, and 8	1 <b>31,428.</b> 2 3 4 <b>20.</b> 5c 6d 7c 8 9 <b>31,448.</b>										
<b>EXPENSES</b>	10 Grants and similar amounts paid (list in Schedule O) ... ... ... 11 Benefits paid to or for members: <b>03.2013</b> <b>0</b> ... ... ... 12 Salaries, other compensation, and employee benefits <b>0</b> ... ... ... 13 Professional fees and other payments to independent contractors ... ... ... 14 Occupancy, rent, utilities, and maintenance <b>0</b> ... ... ... 15 Printing, publications, postage, and shipping ... ... ... 16 Other expenses (describe in Schedule O) ... ... ... 17 <b>Total expenses.</b> Add lines 10 through 16	10 <b>1,100.</b> 11 12 13 <b>5,025.</b> 14 15 16 <b>143.</b> 17 <b>6,268.</b>										
<b>NETS</b>	18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) ... ... ... 20 Other changes in net assets or fund balances (explain in Schedule O) ... ... ... 21 Net assets or fund balances at end of year. Combine lines 18 through 20 ... ... ...	18 <b>25,180.</b> 19 <b>35,059.</b> 20 21 <b>60,239.</b>										
<b>BAA</b> For Paperwork Reduction Act Notice, see the separate instructions.												

Form 990-EZ (2011)

## Part II: Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part III

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments .....	36,234.22	45,410.
23	Land and buildings .....	23	
24	Other assets (describe in Schedule O) . . . . . See Schedule O . . . . .	9,182.24	26,186.
25	<b>Total assets</b> .....	<b>45,416.25</b>	<b>71,596.</b>
26	Total liabilities (describe in Schedule O) . . . . . See Schedule O . . . . .	10,357.26	11,357.
27	<b>Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21)	<b>35,059.27</b>	<b>60,239.</b>

**Part III: Statement of Program Service Accomplishments** (see the instrs for Part III.)

Check if the organization used Schedule O to respond to any question in this Part

What is the organization's primary exempt purpose? See Schedule O

What is the organization's primary exempt purpose? **See Schedule 6** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28	Support of a charitable organization that provides services that meet the recreational needs of residents of Fort Norfolk Retirement Community.		
	(Grants \$ 1,100.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a	1,100.
29	-----		
	(Grants \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a	
30	-----		
	(Grants \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O)		
	(Grants \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)		32 1,100.

**Part IV** List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Form W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Schedule Q		0.	0.	0.

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V 

	Yes	No
33		X
34		X
35a		X
35b		
35c		X
36		X
37a	0.	
37b		X
38a		X
38b	N/A	
39a	N/A	
39b	N/A	
40a		
40b		X
40c	0.	
40d	0.	
40e		X
41	List the states with which a copy of this return is filed ► <u>None</u>	

	Yes	No
42a	The organization's books are in care of ► <u>Cathy L'Heureux</u> Telephone no. ► <u>(757) 616-7948</u> Located at ► <u>One Colley Avenue Norfolk VA</u> ZIP + 4 ► <u>23510</u>	
42b		X
42c		X

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

c	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)? If 'Yes,' enter the name of the foreign country. ►	
---	--	--

	Yes	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> — Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► <u>43</u> <input type="checkbox"/> N/A <input type="checkbox"/> N/A	
44a		X
44b		X
44c		X
44d		
45a		X
45b		X
45c		

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.

	Yes	No
46		X

**Part VI** **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	47	X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	48	X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b If 'Yes,' was the related organization a section 527 organization?	49b	
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				
-----				
-----				
-----				
-----				
-----				
-----				
-----				

e Total number of other employees paid over \$100,000 ►

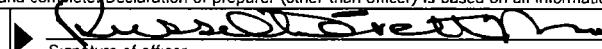
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		
-----		
-----		
-----		
-----		
-----		
-----		

e Total number of other independent contractors each receiving over \$100,000. ►

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. ►  Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>			Date		
	► Signature of officer	► Dr. Russell Evett	Co-Chairman		
Type or print name and title					
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN	
	Russell T. Shores	Russell T. Shores			P01237270
	Firm's name ► King, Shores & Preston CPAs			Firm's EIN ► 54-1643141	
Firm's address ► 2707 Brambleton Ave. SW Roanoke, VA 24015			Phone no (540) 776-0771		

May the IRS discuss this return with the preparer shown above? See instructions ►  Yes  No

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

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

Name of the organization

**Harbors Edge Foundation, Inc.**

Employer identification number

**26-2260106**

**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.)

1  A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.  
 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)  
 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.  
 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)** Enter the hospital's name, city, and state  
 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)  
 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.  
 7  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.)  
 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)  
 9  An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)  
 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.  
 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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  
 a  Type I      b  Type II      c  Type III – Functionally integrated      d  Type III – Other  
 e  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)**.  
 f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box   
 g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?  
 (ii) A family member of a person described in (i) above?  
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g (i)	X	
11g (ii)	X	
11g (iii)	X	

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Fort Norfolk Retirement Community	02-0601375	9			X		X		0.
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									0.

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

**Part II 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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.)						
2 Tax revenues levied for the organization'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						
<b>4 Total.</b> Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11 Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					<b>12</b>	

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	<b>15</b>	%

**16a 33-1/3% support test – 2011.** If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

**b 33-1/3% support test – 2010.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

**17a 10%-facts-and-circumstances test – 2011.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here**. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ►

**b 10%-facts-and-circumstances test – 2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here**. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ►

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

**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**

Calendar year (or fiscal yr beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 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 business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5..						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (Add Ins 9, 10c, 11, and 12)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) . . .	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17 . . .	18	%
<b>19a 33-1/3% support tests – 2011.</b> If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
<b>b 33-1/3% support tests – 2010.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . .		► <input type="checkbox"/>

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

**Supplemental Information to Form 990 or 990-EZ**

**2011**

**Open to Public  
Inspection**

Name of the organization

Harbors Edge Foundation, Inc.

Employer identification number

26-2260106

**Form 990-EZ, Part III - Organization's Primary Exempt Purpose**

The Organization was formed exclusively for the purpose of supporting Fort Norfolk Retirement Community, Inc. ("FNRC") and furthering the charitable purposes of FNRC by improving the lives of persons age 62 and older living in Hampton Roads, Virginia, by (i) enabling such persons to reside at the continuing care retirement community owned and operated by FNRC, or similar facilities, (ii) enabling such persons who are identified as those needing assistance to reside at quality assisted living facilities or skilled nursing facilities, (iii) enabling such persons to participate in quality programs offering services designed to meet the physical, emotional, recreational, social or health needs of such persons and/or (iv) making grants to charitable organizations exempt from federal income taxation under Section 501(c)(3) of the Internal Revenue Code that provide housing and/or services designed to meet the physical, emotional, recreational, social or health needs of such persons.

**Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts**

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? No

2011

**Schedule O - Supplemental Information****Page 2**

Harbors Edge Foundation, Inc.

26-2260106

**Form 990-EZ, Part I, Line 16**  
**Other Expenses**

Office Expenses	\$ 143.
Total	<u>\$ 143.</u>

**Form 990-EZ, Part II, Line 24**  
**Other Assets**

	<u>Beginning</u>	<u>Ending</u>
Organization Costs	\$ 9,182.	\$ 9,182.
Pledges and Grants Receivable	0.	17,004.
Total	<u>\$ 9,182.</u>	<u>\$ 26,186.</u>

**Form 990-EZ, Part II, Line 26**  
**Total Liabilities**

	<u>Beginning</u>	<u>Ending</u>
Accounts Payable and Accrued Expenses	\$ 0.	\$ 1,000.
Payable to Fort Norfolk Retirement Comm	10,357.	10,357.
Total	<u>\$ 10,357.</u>	<u>\$ 11,357.</u>

**Form 990-EZ, Part IV**  
**List of Officers, Directors, Trustees, and Key Employees**

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compensation</u>	<u>Health Benefits &amp; Contribution to EBP &amp; DC</u>	<u>Expense Account &amp; Other Allowances</u>
Dr. Russell Evett One Colley Avenue Norfolk, VA 23510	Co-Chairman 1	\$ 0.	\$ 0.	0.
Arthur Diamonstein One Colley Avenue Norfolk, VA 23510	Treasurer 1	0.	0.	0.
Harvey Lindsay, Jr. One Colley Avenue Norfolk, VA 23510	Co-Chairman 1	0.	0.	0.
G. Conoly Phillips One Colley Avenue Norfolk, VA 23510	Director 1	0.	0.	0.
Frank Kirby One Colley Avenue Norfolk, VA 23510	Director 1	0.	0.	0.

Harbors Edge Foundation, Inc.

26-2260106

**Form 990-EZ, Part IV (continued)**  
**List of Officers, Directors, Trustees, and Key Employees**

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compensation</u>	<u>Health Benefits &amp; Contribution to EBP &amp; DC</u>	<u>Expense Account &amp; Other Allowances</u>
Phyllis Tatem One Colley Avenue Norfolk, VA 23510	Director 1	\$ 0. .	\$ 0. .	0.
Gay Shulman One Colley Avenue Norfolk, VA 23510	Director 1	0. .	0. .	0.
Patricia Rawls One Colley Avenue Norfolk, VA 23510	Director 1	0. .	0. .	0.
Mary Hearring One Colley Avenue Norfolk, VA 23510	Secretary 1	0. .	0. .	0.
Jacquelin Koppens One Colley Avenue Norfolk, VA 23510	Director 1	0. .	0. .	0.
Dorothy Payne One Colley Avenue Norfolk, VA 23510	Director 1	0. .	0. .	0.
<b>Total</b>		<b>\$ 0. .</b>	<b>\$ 0. .</b>	<b>0.</b>

Application for Extension of Time To File an  
Exempt Organization Return

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ►
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only ►

*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

Enter filer's identifying number, see instructions

Type or print  File by the due date for filing your return. See instructions	Name of exempt organization or other filer, see instructions  Harbors Edge Foundation, Inc.	Employer identification number (EIN) or  <input checked="" type="checkbox"/> 26-2260106
	Number, street, and room or suite number. If a P O box, see instructions  One Colley Avenue	Social security number (SSN)  <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions  Norfolk, VA 23510	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► Cathy L'Heureux

Telephone No. ► (757) 616-7948 FAX No. ► (757) 233-6478

- If the organization does not have an office or place of business in the United States, check this box . . . . . ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . . . . . If this is for the whole group, check this box ►  . If it is for part of the group, check this box .. ►  and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 5/15, 20 13, to file the exempt organization return for the organization named above.

The extension is for the organization's return for

- calendar year 20 or
- tax year beginning 10/01, 20 11, and ending 9/30, 20 12

2 If the tax year entered in line 1 is for less than 12 months, check reason  Initial return  Final return  
 Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a \$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b \$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c \$	0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print  File by the extended due date for filing the return. See instructions	Name of exempt organization or other filer, see instructions  <b>Harbors Edge Foundation, Inc.</b>	Employer identification number (EIN) or  <b>X 26-2260106</b>
	Number, street, and room or suite number if a P O box, see instructions  <b>King, Shores &amp; Preston CPAs 2707 Brambleton Ave. SW</b>	Social security number (SSN)  <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions  <b>Roanoke, VA 24015</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

**01**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in care of ► **Cathy L 'Heureux** Telephone No. ► **(757) 616-7948** FAX No. ► **(757) 233-6478**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box ►  If it is for part of the group, check this box ►  and attach a list with the names and EINs of all members the extension is for.

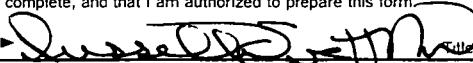
- I request an additional 3-month extension of time until 8/15, 20 13
- For calendar year   , or other tax year beginning 10/01, 20 11, and ending 9/30, 20 12
- If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period
- State in detail why you need the extension Taxpayer respectfully requests additional time to gather information necessary to file a complete and accurate tax return.

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	<b>8a</b> \$
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	<b>8b</b> \$
<b>c Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	<b>8c</b> \$

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  
BAA



► Co-Chairman

FIFZ0502L 07/29/11

Date ► **8/13/13**

Form 8868 (Rev 1-2012)