



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**
 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
2011
Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 09-01-2011 and ending 08-31-2012

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization
 HALIFAX REGIONAL DEVELOPMENT FOUNDATION INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite
 2204 WILBORN AVENUE

City or town, state or country, and ZIP + 4
 SOUTH BOSTON, VA 24592

D Employer identification number
 54-1801459

E Telephone number
 (434) 517-3183

G Gross receipts \$ 623,967

F Name and address of principal officer
 CHRIS A LUMSDEN
 2204 WILBORN AVENUE
 SOUTH BOSTON, VA 24592

H(a) Is this a group return for affiliates? Yes No

H(b) Are all affiliates included? Yes No
 If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) () (Insert no) 4947(a)(1) or 527

J Website: ▶ www.hrhs.org

K Form of organization Corporation Trust Association Other ▶ **L** Year of formation 1996 **M** State of legal domicile VA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities HALIFAX REGIONAL DEVELOPMENT FOUNDATION, INC IS ORGANIZED TO PROMOTE THE GENERAL HEALTH/WELFARE OF THE COMMUNITY, DEVELOP FUNDRAISING EFFORTS AND IMPROVE COMMUNITY SUPPORT FOR HALIFAX REGIONAL HOSPITAL		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	5
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	3
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	5
	7a 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
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	395,943	586,236
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	30,558	35,381
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-5,888	-7,578
		420,613	614,039
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	415,057	565,883
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ ⁰		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	84	92
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	415,141	565,975
	19 Revenue less expenses Subtract line 18 from line 12	5,472	48,064
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	1,263,197	1,418,359
	21 Total liabilities (Part X, line 26)	37,213	113,731
	22 Net assets or fund balances Subtract line 21 from line 20	1,225,984	1,304,628

Part II Signature Block

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

Sign Here

Signature of officer: _____ Date: 2013-07-11

STEWART R NELSON CHIEF FINANCIAL OFFICER
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed

Firm's name (or yours if self-employed), address, and ZIP + 4: KPMG LLP
 1676 International Drive
 McLean, VA 22102

Preparer's taxpayer identification number (see instructions): _____
 EIN: _____
 Phone no: (703) 286-8000

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III Yes No

1 Briefly describe the organization's mission
 HALIFAX REGIONAL DEVELOPMENT FOUNDATION, INC IS ORGANIZED TO PROMOTE THE GENERAL HEALTH/WELFARE OF THE COMMUNITY, DEVELOP FUNDRAISING EFFORTS AND IMPROVE COMMUNITY SUPPORT FOR HALIFAX REGIONAL HOSPITAL FOR MORE INFORMATION, SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
 If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
 If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 370,357 including grants of \$ 370,357) (Revenue \$)
 HALIFAX REGIONAL COMMUNITY PARTNERSHIP PROGRAM AS A CORNERSTONE ORGANIZATION IN OUR REGION, HALIFAX REGIONAL TAKES SERIOUSLY ITS RESPONSIBILITY TO BE AN ACTIVE CORPORATE CITIZEN THE HEALTH SYSTEM CONTRIBUTES TO VARIOUS ORGANIZATIONS THAT SHARE ITS MISSION TO PROMOTE GOOD HEALTH AND WELLNESS AND TO HELP IMPROVE THE QUALITY OF LIFE OF ALL AGES AS PART OF THE HEALTH SYSTEM'S CONTINUED ACTIVE COMMUNITY INVOLVEMENT, THE HALIFAX REGIONAL COMMUNITY PARTNERSHIP PROGRAM WAS ESTABLISHED IN FY05 TO ENABLE HALIFAX REGIONAL HEALTH SYSTEM TO MAXIMIZE ITS RESOURCES TO PROVIDE THE GREATEST BENEFIT TO CITIZENS IN SOUTHSIDE VIRGINIA GUIDELINES FOR REQUESTS HELP ANSWER IMPORTANT QUESTIONS THAT ENABLE THE PROGRAM TO DISPERSE RESOURCES IN THE MOST EFFECTIVE MANNER IN FY12 \$370,357 WAS DONATED TO SUPPORT COMMUNITY PROGRAMS IN OUR SERVICE AREA ADDITIONALLY, HUNDREDS OF HEALTH EDUCATION BROCHURES AND GIVEAWAYS WERE PROVIDED TO COMMUNITY ORGANIZATIONS TO HELP SUPPORT THEIR EVENTS AND PROGRAMS

4b (Code) (Expenses \$ 125,299 including grants of \$ 125,232) (Revenue \$)
 HOSPICE FUND HALIFAX REGIONAL HOSPICE IS THE RECIPIENT OF MANY GENEROUS DONATIONS FROM THE COMMUNITY MEMORIALIZING OR HONORING FAMILY AND FRIENDS HOSPICE ALSO HOSTS AN ANNUAL GALA FUNDRAISING EVENT FUNDS RAISED THROUGH DONATIONS AND THE GALA ARE USED TO SUPPORT UNFUNDED PATIENT CARE, THE VOLUNTEER AND R I S E BEREAVEMENT PROGRAMS, STAFF, PATIENT AND FAMILY EDUCATION, MARKETING AND EDUCATIONAL MATERIALS, SPECIAL PROJECTS SUCH AS THE C A R E CHANNEL FOR HOSPITALIZED PATIENTS, AND ITEMS SUCH AS CDS AND DVDS USED IN MUSIC THERAPY HOSPICE FUNDS ALSO PAY THE SALARIES OF A PART TIME CLERICAL SUPPORT PERSON, PART TIME CHAPLAIN AND A PART-TIME BEREAVEMENT COORDINATOR HOSPICE DOES NOT DISCRIMINATE ON THE ABILITY TO PAY IN FY12 HOSPICE RECEIVED CONTRIBUTIONS OF \$136,206 DISBURSEMENTS IN FY12 TOTALED \$125,299

4c (Code) (Expenses \$ 51,130 including grants of \$ 51,130) (Revenue \$)
 MEDICATION ASSISTANCE PROGRAM WITH FUNDING SUPPORT FROM THE VIRGINIA HEALTH CARE FOUNDATION, THE CHASTAIN HOME AND THE HALIFAX REGIONAL DEVELOPMENT FOUNDATION, MEDASSIST OF HALIFAX PROVIDES MEDICATION ASSISTANCE TO LOW INCOME, UNINSURED AND UNDERINSURED RESIDENTS IN HALIFAX AND MECKLENBURG COUNTIES MEDASSIST OF HALIFAX COLLABORATES WITH OTHER HEALTHCARE PROVIDERS AND AGENCIES IN THE AREA TO IDENTIFY INDIVIDUALS WHO CAN BENEFIT FROM THIS SERVICE THIS PROGRAM PROVIDES PARTICIPANTS A STABLE PROCESS FOR RECEIVING LIFE SUSTAINING AND/OR PREVENTIVE MEDICATIONS HALIFAX COUNTY HAS A HIGHER INCIDENCE THAN THE STATE MEDIAN FOR HEALTH CONDITIONS FOR WHICH HOSPITALIZATIONS CAN BE PREVENTED WITH CONSISTENT, AVAILABLE AMBULATORY CARE AND GOOD PATIENT COMPLIANCE WITH TREATMENT/SELF-PROTOCOLS, INCLUDING HYPERTENSION, ASTHMA AND DIABETES COMPLIANCE WITH PRESCRIBED COURSES OF MEDICATION IMPROVES THE QUALITY OF LIFE FOR PATIENTS, WHILE DECREASING THE NUMBER OF HOSPITAL VISITS OF PATIENTS WHO RETURN DUE TO INABILITY TO COMPLY EMERGENCY DEPARTMENT VISITS PRECIPITATED BY CONDITIONS WHICH COULD HAVE BEEN MANAGED WITH COMPLIANCE WITH THE PRESCRIBED MEDICATION REGIMEN ARE EXPECTED TO ALSO BE REDUCED THIS PROGRAM IS ADMINISTERED THROUGH THE HALIFAX REGIONAL DEVELOPMENT FOUNDATION, INC DURING FY12, 1,314 PATIENTS RECEIVED MEDICATIONS VALUED AT \$5,394,657 76 4D OTHER PROGRAM SERVICES - REFER ALSO TO ATTACHMENT 4 PROJECT PRIMATE SCHOLARSHIP ENDOWMENT FUND PROJECT PRIME (PUBLIC RALLY FOR INDIVIDUAL MEDICAL EDUCATION), BEGUN 28 YEARS AGO WITH CONTRIBUTIONS FROM INDIVIDUALS AND BUSINESSES IN THE AREA, PROVIDES FINANCIAL ASSISTANCE TO THOSE IN THE REGION WHO WANT TO PURSUE A CAREER IN A HEALTHCARE OR A HEALTHCARE-RELATED FIELD IN FY12 APPROXIMATELY \$28,000 IN SCHOLARSHIPS WAS AWARDED TO 52 INDIVIDUALS - 28 STUDENTS PURSUING NURSING EDUCATION AND 24 PEOPLE ENTERING CLINICAL AND/OR BUSINESS EDUCATION PROGRAMS (SCHOLARSHIP APPLICATIONS ARE AVAILABLE ON HALIFAX REGIONAL'S WEB SITE, BEGINNING IN JANUARY OF EACH YEAR, FOR THOSE IN THE REGION WHO HAVE BEEN ACCEPTED INTO ACCREDITED EDUCATIONAL PROGRAMS AND WHO DESIRE FINANCIAL ASSISTANCE TO PURSUE THEIR STUDIES) PROJECT PRIME IS ADMINISTERED AND PROMOTED BY HALIFAX REGIONAL HOSPITAL DR JESSE J BATES SCHOLARSHIP PROGRAM THIS PROGRAM WAS STARTED IN 2002 IN HONOR OF DR JESSE J BATES, ONE OF TWELVE PHYSICIANS ON HALIFAX REGIONAL HOSPITAL'S MEDICAL STAFF WHEN THE HOSPITAL OPENED IN 1953 IN FY12, THE BATES SCHOLARSHIP PROVIDED \$7,250 IN SCHOLARSHIP FUNDS TO EIGHT GRADUATING HIGH SCHOOL SENIORS FROM THE HALIFAX REGIONAL HEALTH SYSTEM SERVICE AREA THE PURPOSE OF THE SCHOLARSHIP IS TO ENCOURAGE HIGH SCHOOL SENIORS TO SEEK EDUCATION TO FILL CRITICAL HEALTHCARE VACANCIES AND ACQUIRE SKILLS FOR USE WITH TECHNOLOGICALLY ADVANCED EQUIPMENT AND TREATMENT THERAPIES THE SCHOLARSHIP ENDOWMENT FUND RECEIVES DONATIONS FROM THE COMMUNITY AND THE LATE DR BATES' FAMILY THIS SCHOLARSHIP IS ADMINISTERED AND PROMOTED BY HALIFAX REGIONAL HOSPITAL

(Code) (Expenses \$ 11,340 including grants of \$ 11,315) (Revenue \$)
 SCHOLARSHIP ENDOWMENT FUND

(Code) (Expenses \$ 7,250 including grants of \$ 7,250) (Revenue \$)
 DR J J BATES SCHOLARSHIP PROGRAM

(Code) (Expenses \$ 599 including grants of \$ 599) (Revenue \$)
 CANCER CARE FUND

4d Other program services (Describe in Schedule O)
 (Expenses \$ 19,189 including grants of \$ 19,164) (Revenue \$)

4e Total program service expenses \$ 565,975

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> <input checked="" type="checkbox"/>	Yes	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		No
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 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		No
6	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? <i>If "Yes," complete Schedule D, Part I.</i> <input checked="" type="checkbox"/>		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> <input checked="" type="checkbox"/>		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> <input checked="" type="checkbox"/>		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> <input checked="" type="checkbox"/>		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> <input checked="" type="checkbox"/>	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> <input checked="" type="checkbox"/>		No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> <input checked="" type="checkbox"/>	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> <input checked="" type="checkbox"/>		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> <input checked="" type="checkbox"/>		No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> <input checked="" type="checkbox"/>		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> <input checked="" type="checkbox"/>	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i>		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Part II and IV.</i>		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? <i>If "Yes," complete Schedule F, Part III and IV.</i>		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> <input checked="" type="checkbox"/>		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i> <input checked="" type="checkbox"/>	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> <input checked="" type="checkbox"/>		No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements.		

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, sub-questions (1a, 1b, etc.), and Yes/No columns. Includes questions 1a through 14b regarding Form 1096, W-2G forms, employee reporting, foreign accounts, and charitable trusts.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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

Section 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		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		No
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official		No
15b	Other officers or key employees of the organization		No
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the States with which a copy of this Form 990 is required to be filed
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 STEWART R NELSON
 2204 WILBORN AVENUE
 South Boston, VA 24592
 (434) 517-3183

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees 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, or 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 nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) HABIB BASSIL SECRETARY	1 0	X		X				0	59,600	0
(2) J AUBREY HOUGHTON TREASURER	1 0	X		X				0	0	0
(3) DAVID H WHITE JR CHAIRMAN	1 0	X		X				0	0	0
(4) CAROL C THOMAS VICE CHAIRMAN	1 0	X		X				0	0	0
(5) JAMES PRIEST DDS BOARD MEMBER (BEGINING 11/11)	1 0	X						0	0	0
(6) JAMES WITKO MD BOARD MEMBER (THROUGH 11/11)	1 0	X						0	10,365	0
(7) STEWART R NELSON CHIEF FINANCIAL OFFICER	1 0			X				0	274,150	27,595
(8) CHRIS A LUMSDEN CHIEF EXECUTIVE OFFICER	1 0			X				0	416,917	39,911
(9) THOMAS S KLUGE CHIEF OPERATING OFFICER	1 0				X			0	230,282	42,802

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a						
	b	Membership dues 1b						
	c	Fundraising events 1c			40,444			
	d	Related organizations 1d			140,300			
	e	Government grants (contributions) 1e						
	f	All other contributions, gifts, grants, and similar amounts not included above 1f			405,492			
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f ▶		586,236				
Program Service Revenue	2a	_____ Business Code _____						
	b	_____						
	c	_____						
	d	_____						
	e	_____						
	f	All other program service revenue						
	g	Total. Add lines 2a-2f ▶		0				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) ▶	35,381	0	0	35,381		
	4	Income from investment of tax-exempt bond proceeds ▶	0					
	5	Royalties ▶	0					
	6a	Gross rents	(i) Real					
			(ii) Personal					
			b	Less rental expenses				
			c	Rental income or (loss)				
	d	Net rental income or (loss) ▶						
	7a	Gross amount from sales of assets other than inventory	(i) Securities					
			(ii) Other					
			b	Less cost or other basis and sales expenses				
			c	Gain or (loss)				
	d	Net gain or (loss) ▶	0					
	8a	Gross income from fundraising events (not including \$ 40,444 of contributions reported on line 1c) See Part IV, line 18	a	2,350				
			b	Less direct expenses b	9,928			
c			Net income or (loss) from fundraising events ▶	-7,578		0	-7,578	
9a	Gross income from gaming activities See Part IV, line 19	a						
		b	Less direct expenses b					
		c	Net income or (loss) from gaming activities ▶	0				
10a	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 ▶	0				
Miscellaneous Revenue		Business Code						
11a	_____							
b	_____							
c	_____							
d	All other revenue							
e	Total. Add lines 11a-11d ▶		0					
12	Total revenue. See Instructions ▶		614,039	0	0	27,803		

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	442,724	442,724		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	123,159	123,159		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	0			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	0			
c	Accounting	0			
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	0			
12	Advertising and promotion	0			
13	Office expenses	0			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0			
23	Insurance	0			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	FEES	92	92	0	0
b					
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	565,975	565,975	0	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	78,526	1	30,357
	2 Savings and temporary cash investments	101,241	2	189,285
	3 Pledges and grants receivable, net	0	3	23,375
	4 Accounts receivable, net	0	4	0
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	0	9	0
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D			
	b Less accumulated depreciation	0	10c	
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities See Part IV, line 11	1,069,879	12	1,122,683
	13 Investments—program-related See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets See Part IV, line 11	13,551	15	52,659
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,263,197	16	1,418,359	
Liabilities	17 Accounts payable and accrued expenses	0	17	0
	18 Grants payable	0	18	82,333
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	37,213	25	31,398
	26 Total liabilities. Add lines 17 through 25	37,213	26	113,731
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	0	27	0
	28 Temporarily restricted net assets	1,225,984	28	1,304,628
	29 Permanently restricted net assets	0	29	0
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	1,225,984	33	1,304,628	
34 Total liabilities and net assets/fund balances	1,263,197	34	1,418,359	

Part 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	614,039
2	Total expenses (must equal Part IX, column (A), line 25)	2	565,975
3	Revenue less expenses Subtract line 2 from line 1	3	48,064
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,225,984
5	Other changes in net assets or fund balances (explain in Schedule O)	5	30,580
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,304,628

Part 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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2011

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
HALIFAX REGIONAL DEVELOPMENT FOUNDATION INC

Employer identification number
54-1801459

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 **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 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
 - 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 it 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 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?
- h Provide the following information about the supported organization(s)

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

(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 col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
(A) HALIFAX REGIONAL HOSPITAL	540648699	03	Yes						565,975
Total									565,975

Part II Support Schedule for Organizations Described in IRC 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						
4 Total. 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)						
6 Public Support. 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 (Explain in Part IV.) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 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))	14	
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test—2010. If the organization did not check the 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 <input type="checkbox"/>		
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 <input type="checkbox"/>		
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 <input type="checkbox"/>		
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 <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in IRC 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 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 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						
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

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 first, second, third, fourth, or fifth tax year as a 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	

- 19a 33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2010.** 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
- 20 Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

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

Facts And Circumstances Test

Explanation

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2011

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization HALIFAX REGIONAL DEVELOPMENT FOUNDATION INC

Employer identification number 54-1801459

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1; b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	1,225,988	1,214,574	1,133,467	1,143,472	
b Contributions	614,036	390,056	280,422	162,263	
c Investment earnings or losses	30,580	36,496	65,015	46,611	
d Grants or scholarships	565,883	415,057	264,305	218,833	
e Other expenditures for facilities and programs					
f Administrative expenses	92	85	25	46	
g End of year balance	1,304,629	1,225,984	1,214,574	1,133,467	

2 Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment ▶ 56 659 %
- b** Permanent endowment ▶ 43 341 %
- c** Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (Investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c.) ▶				

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
USE OF ENDOWMENT FUND	SCHEDULE D, PART V, LINE 4	THE HALIFAX REGIONAL COMMUNITY PARTNERSHIP IS A CHARITABLE PROGRAM ESTABLISHED AS PART OF HALIFAX REGIONAL HEALTH SYSTEM TO PROMOTE ALL AREAS OF HEALTH AND WELLNESS IN THE COMMUNITIES WE SERVE, INCLUDING PHYSICAL, MENTAL, VOCATIONAL, EMOTIONAL, INTELLECTUAL AND SPIRITUAL WELL-BEING. THE CHARITABLE GIVING COMMITTEE CONSIST OF NO LESS THAN THREE AND NO MORE THAN FIVE MEMBERS, WITH ONE MEMBER SERVING AS CHAIR AND ONE MEMBER SERVING AS THE COORDINATOR. CONTRIBUTIONS CAN ONLY BE GIVEN TO ORGANIZATIONS THAT (1) TIE DIRECTLY WITH PROMOTING A HEALTHY LIFESTYLE AND AWARENESS OF HEALTH ISSUES, (2) PROMOTE KEY COMMUNITY GOALS AND FILL IMPORTANT UNMET NEEDS AS IDENTIFIED BY ELECTED OFFICIALS AND LEADERS IN THE COMMUNITY, (3) SUPPORT THE HRH PHILOSOPHY OF BEING AN EXCELLENT CORPORATE CITIZEN, (4) THAT ARE NONPROFIT ENTITIES, AND (5) THAT INCLUDE HRHS EMPLOYEES, ESPECIALLY WHEN HRHS EMPLOYEES SERVE IN LEADERSHIP ROLES. ALL REQUESTS MUST BE IN WRITING AS NO VERBAL REQUESTS WILL BE REVIEWED OR FUNDED. THE REQUEST MUST STATE THE INTENDED USE OF THE FUNDS. THE PROCESS FOR REVIEWING REQUESTS IS AS FOLLOWS: (1) ALL REQUESTS FOR CONTRIBUTIONS SHOULD BE DIRECTED TO THE COORDINATOR. (2) THE COORDINATOR WILL CONSOLIDATE THE REQUESTS AND BE READY TO PROVIDE A SUMMARY FOR THE COMMITTEE DURING MEETINGS. (3) THE CHAIR WILL PRESENT RECOMMENDATIONS FOR GIVING. (4) THE COMMITTEE WILL REVIEW THE REQUESTS AND DECIDE ON THE AMOUNT OF FUNDING. (5) THE COORDINATOR WILL ISSUE THE CHECK REQUEST TO THE ACCOUNTING DEPARTMENT AND PROVIDE AN APPROVAL LETTER WITH THE CHECK WHEN IT IS MAILED OUT. THE PROJECT PRIME SCHOLARSHIP FUND IS ADMINISTERED BY HALIFAX REGIONAL HOSPITAL TO PROVIDE FINANCIAL ASSISTANCE TO INDIVIDUALS WHO WISH TO PURSUE A CAREER IN HEALTHCARE OR A HEALTHCARE-RELATED FIELD. THE APPLICANTS MUST SUBMIT GRADES AND RECEIPTS UPON COMPLETION OF EACH SEMESTER TO VERIFY THAT THE GRANTS WERE USED AS INTENDED. THE RECIPIENT IS REQUIRED TO REPAY ANY FUNDS NOT USED OR IF THE RECIPIENT CANNOT PROVIDE RECEIPTS AND GRADES AT AN ACCEPTABLE LEVEL. THE JESSE J BATES SCHOLARSHIP PROGRAM PROVIDES SCHOLARSHIP TO GRADUATING HIGH SCHOOL SENIORS TO SEEK EDUCATION TO FILL CRITICAL HEALTHCARE VACANCIES. RECIPIENTS ARE REQUIRED TO PROVIDE DOCUMENTATION OF ACCEPTANCE INTO A PROGRAM AT THE TIME OF APPLICATION. THE FUNDS ARE MADE PAYABLE TO THE EDUCATIONAL INSTITUTIONS.
UNCERTAIN TAX POSITIONS	SCHEDULE D, PART X	THE HEALTH SYSTEM, THE HOSPITAL, THE FOUNDATION, PROPERTIES, THE WOODVIEW, AND MEADOWVIEW TERRACE ARE GENERALLY EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, AS AMENDED. HRHS IS DISREGARDED FOR FEDERAL AND STATE INCOME TAX PURPOSES AS ITS OPERATIONS ARE CONSIDERED PART OF THE HOSPITAL FOR INCOME TAX PURPOSES. DHMA AND SOUTHSIDE ARE FOR-PROFIT, TAXABLE ORGANIZATIONS. THE HEALTH SYSTEM DOES NOT BELIEVE ITS CONSOLIDATED FINANCIAL STATEMENTS INCLUDE (OR REFLECT) ANY UNCERTAIN TAX POSITIONS.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2011

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.

Name of the organization HALIFAX REGIONAL DEVELOPMENT FOUNDATION INC

Employer identification number 54-1801459

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
b Internet and e-mail solicitations
c Phone solicitations
d In-person solicitations
e Solicitation of non-government grants
f Solicitation of government grants
g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions? (Yes/No), (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<u>HOSPICE GALA</u>	_____	<u>0</u>	(Add col (a) through col (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	42,794			42,794
	2 Less Charitable contributions	40,444			40,444
	3 Gross income (line 1 minus line 2)	2,350			2,350
Direct Expenses	4 Cash prizes	1,000			1,000
	5 Non-cash prizes				
	6 Rent/facility costs	500			500
	7 Food and beverages	5,653			5,653
	8 Entertainment	1,800			1,800
	9 Other direct expenses	975			975
	10 Direct expense summary Add lines 4 through 9 in column (d). ▶				(9,928)
11 Net income summary Combine lines 3 and 10 in column (d). ▶				-7,578	

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d). ▶				()	
8 Net gaming income summary Combine lines 1 and 7 in column (d). ▶					

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," Explain _____

- 11** Does the organization operate gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a
b An outside facility	13b

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ _____

Address ▶ _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer Employee Independent contractor

- 17** Mandatory distributions
- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
------------	-----------------	-------------

Schedule I (Form 990)
 Department of the Treasury
 Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States
 Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
 Attach to Form 990

OMB No 1545-0047
2011
 Open to Public Inspection

Name of the organization
 HALIFAX REGIONAL DEVELOPMENT FOUNDATION INC

Employer identification number
 54-1801459

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) CHASE CITY COMMUNITY SERVICES INC 316 NORTH MAIN STREET CHASE CITY, VA 23924	54-1647977	501(c)(3)	20,000				GRANT FOR CHASE CITY COMMUNITY SERVICES NURSING EDUCATION
(2) SOUTHERN VIRGINIA HIGHER EDUCATION CENTER 820 BRUCE STREET SOUTH BOSTON, VA 24592	14-1931584	501(C)(3)	243,920				GRANT FOR THE CENTER FOR NURSING EXCELLENCE
(3) YMCA OF SOUTH BOSTON HALIFAX COUNTY 650 HAMILTON BLVD SOUTH BOSTON, VA 24592	54-0951231	501(C)(3)	10,000				CHILDRENS SERVICES
(4) COMMUNITY ARTS CENTER FOUNDATION 700 BRUCE STREET SOUTH BOSTON, VA 24592	54-1795927	501(C)(3)	15,000				COMMUNITY EVENT
(5) SOUTHSIDE HEALTH SERVICES INC 2204 WILBORN AVENUE AVENUE SOUTH BOSTON, VA 24558	54-1417772		51,130				MEDICATION ASSISTANCE PROGRAM
(6) HALIFAX REGIONAL HOSPITAL-CHAPLAINCY 2204 WILBORN AVENUE SOUTH BOSTON, VA 24592	54-0648699	501(C)(3)	31,105				CHAPLAIN SERVICES

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 5

3 Enter total number of other organizations listed in the line 1 table 1

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) HOSPICE FUND/MEDICAL DIRECTOR	299	20,000			
(2) SCHOLARSHIPS	74	35,300			
(3) CANCER CARE GRANT	150	3,660			
(4) EDUCATIONAL AND RELATED EXPENSES	10	8,868			
(5) HOSPICE PATIENTS	299	55,331			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
GRANT ELIGIBILITY RECORDS	SCHEDULE I, PART I, LINE 2	ALL REQUESTS MUST BE IN WRITING AS NO VERBAL REQUESTS WILL BE REVIEWED OR FUNDED THE REQUEST MUST STATE THE INTENDED USE OF THE FUNDS THE REQUESTS ARE REVIEWED BY THE RESPECTIVE COMMITTEES ANY ORGANIZATION RECEIVING MORE THAN \$5,000 IS REQUIRED TO PROVIDE A FORM W-9 ALL SCHOLARSHIP FUNDS MADE PAYABLE TO THE RECIPIENTS MUST BE SUBSTANTIATED AT THE COMPLETION OF THE COURSE BY SUBMISSION OF GRADES AND RECEIPTS FOR EXPENDITURES IF ADEQUATE GRADES AND RECEIPTS ARE NOT RECEIVED, THE RECIPIENT IS REQUIRED TO REPAY THE GRANT OTHER SCHOLARSHIP GRANTS ARE MADE PAYABLE TO THE EDUCATIONAL INSTITUTIONS

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) STEWART R NELSON	(i)	0	0	0	0	0	0	0
	(ii)	230,809	20,000	23,341	25,760	1,835	301,745	0
(2) CHRIS A LUMSDEN	(i)	0	0	0	0	0	0	0
	(ii)	344,062	30,000	42,855	31,800	8,111	456,828	0
(3) THOMAS S KLUGE	(i)	0	0	0	0	0	0	0
	(ii)	196,941	10,000	23,341	24,630	18,172	273,084	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
NONE		

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization
HALIFAX REGIONAL DEVELOPMENT FOUNDATION INC

Employer identification number

54-1801459

Identifier	Return Reference	Explanation
ORGANIZATIONs MISSION	PART III, LINE 1	THE PURPOSE OF HALIFAX REGIONAL HEALTH SYSTEM IS TO PROVIDE THE HIGHEST QUALITY CARE BASED ON THE HEALTHCARE NEEDS OF THE PEOPLE WE SERVE. HALIFAX REGIONAL DEVELOPMENT FOUNDATION, INC IS ORGANIZED AND OPERATED EXCLUSIVELY FOR THE BENEFIT OF, TO PERFORM THE FUNCTIONS OF, OR TO CARRY OUT THE PURPOSES OF HALIFAX REGIONAL HOSPITAL, INC. THE FUNCTIONS TO BE PERFORMED BY THE CORPORATION ARE TO SOLICIT, RECEIVE, AND ADMINISTER GIFTS, GRANTS, CONTRIBUTIONS AND DONATIONS FOR HALIFAX REGIONAL HOSPITAL, INC OR PROVIDE SUCH OTHER SERVICES THAT ARE REQUESTED BY HALIFAX REGIONAL HOSPITAL, INC AND TO CARRY OUT OTHER EXCLUSIVELY CHARITABLE, EDUCATIONAL AND SCIENTIFIC PURPOSES OF HALIFAX REGIONAL HOSPITAL, INC.

Identifier	Return Reference	Explanation
FAMILY AND BUSINESS RELATIONSHIPS	PART VI, LINE 2	DAVID WHITE AND CHRIS LUMSDEN HAVE A BUSINESS RELATIONSHIP

Identifier	Return Reference	Explanation
MEMBERS	PART VI, LINE 6 & 7	<p>PER THE ORGANIZATION'S BYLAWS, ARTICLE III, THE ORGANIZATION HAS A SOLE MEMBER, HALIFAX REGIONAL HEALTH SYSTEM, INC , A VIRGINIA NON-STOCK, NOT-FOR-PROFIT CORPORATION ARTICLE IV, SECTION 4 4, NOTES THAT ANY MEMBER OF THE BOARD OF DIRECTORS MAY BE REMOVED BY THE CORPORATION'S SOLE MEMBER AND ARTICLE IV, SECTION 4 5, NOTES THAT BOARD OF DIRECTOR VACANCIES ARE FILLED BY THE CORPORATION'S SOLE MEMBER PER THE BYLAWS, ARTICLE IX, THE ORGANIZATION'S SOLE MEMBER, HALIFAX REGIONAL HEALTH SYSTEM, INC , HAS THE POWER TO APPROVE THE FOLLOWING ACTIONS OF THE CORPORATION (I) THE ADOPTION OR AMENDMENT OF THE ARTICLES OF INCORPORATION AND BYLAWS, (II) THE ELECTION OF THE CORPORATION'S BOARD OF DIRECTORS, (III) THE MERGER OF THE CORPORATION INTO ANOTHER ORGANIZATION OR THE ACQUISITION AND DISPOSAL OF ASSETS OF THE CORPORATION OTHER THAN IN THE ORDINARY COURSE OF BUSINESS, (IV) THE BORROWING OF FUNDS FROM THIRD PARTIES, (V) THE ADOPTION OF BUSINESS PLANS, BUDGETS AND DISTRIBUTION OF FUNDS, (VI) THE APPROVAL OF FINANCIAL STATEMENTS, (VII) THE APPOINTMENT OF THE CORPORATION'S CEO AND EXTERNAL AUDITORS, (VIII)THE RECEIPT AND APPROVAL OF AUDIT REPORTS, (IX) THE APPROVAL OF COMPENSATION PLANS, AND (X) THE CREATION OR ACQUISITION OF ANY SUBSIDIARIES</p>

Identifier	Return Reference	Explanation
FORM 990 REVIEW	PART VI, LINE 11B	THE RETURN IS PREPARED BY ORGANIZATION' INDEPENDENT ACCOUNTING FIRM, BASED ON INFORMATION PROVIDED BY ORGANIZATION AND IN CONSULTATION WITH ORGANIZATION STAFF. THE DRAFT PREPARED BY THE ACCOUNTING FIRM IS THEN CAREFULLY REVIEWED BY ORGANIZATION MANAGEMENT AND STAFF. CHANGES ARE MADE AS APPROPRIATE. THE FINAL VERSION IS MADE AVAILABLE TO ALL MEMBERS OF THE BOARD OF TRUSTEES PRIOR TO FILING WITH THE IRS.

Identifier	Return Reference	Explanation
CONFLICT OF INTEREST POLICY	PART VI, LINE 12C	<p>ALL MEMBERS OF THE BOARD ARE ALSO MEMBERS OF THE BOARD OF DIRECTORS OF HALIFAX REGIONAL HEALTH SYSTEM THE CONFLICT OF INTEREST QUESTIONNAIRE IS DISTRIBUTED TO EACH MEMBER OF THE HALIFAX REGIONAL HEALTH SYSTEM BOARD IN JANUARY EVERY YEAR THE QUESTIONNAIRE MUST BE COMPLETED BY ALL MEMBERS A REPORT OF THE DISCLOSED POTENTIAL CONFLICTS IS PRESENTED BY THE CHAIRMAN OF THE BOARD OF DIRECTORS TO THE BOARD IN EXECUTIVE SESSION ANNUALLY IF IT IS DETERMINED BY THE BOARD SECRETARY, BOARD PRESIDENT, AND MEDICAL STAFF PRESIDENT THAT AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST EXISTS, THE CIRCUMSTANCES OF THE CONFLICT OF INTEREST SHALL BE SET FORTH IN DETAIL BY THE AFFECTED PARTY SUBSEQUENTLY, WHEN A RESOLUTION CANNOT BE FOUND TO THE SATISFACTION OF THE BOARD SECRETARY, BOARD PRESIDENT, AND MEDICAL STAFF PRESIDENT, THE MATTER WILL BE REVIEWED AND ADDRESSED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS A RECOMMENDATION WILL BE MADE TO THE AFFECTED PARTY ON HOW TO REMOVE THE CONFLICT IF THE CONFLICT CANNOT BE RESOLVED TO THE SATISFACTION OF THE EXECUTIVE COMMITTEE, A RECOMMENDATION WILL BE MADE TO REMOVE THE AFFECTED BOARD MEMBER FROM THE BOARD OF DIRECTORS IN SUCH CASE WHERE REMOVAL IS RECOMMENDED, PROVISIONS OF 4 6 OF THE CORPORATE BYLAWS WILL BE FOLLOWED THE RESPONSES TO THE ANNUAL CONFLICT OF INTEREST QUESTIONNAIRE ARE RETAINED BY THE SECRETARY TO THE BOARD OF DIRECTORS</p>

Identifier	Return Reference	Explanation
OFFICER COMPENSATION REVIEW	PART VI, LINE 15 A/B	HALIFAX REGIONAL HEALTH SYSTEM SEEKS TO PAY REASONABLE COMPENSATION UNDER SECTION 4958 TO ATTRACT AND RETAIN THE APPROPRIATE CALIBER OF EMPLOYEES DEDICATED TO CARRYING OUT THE EXEMPT MISSION. LIKEWISE, HALIFAX REGIONAL DEVELOPMENT FOUNDATION, INC SEEKS TO PAY REASONABLE COMPENSATION UNDER SECTION 4958 TO ATTRACT AND RETAIN THE APPROPRIATE CALIBER OF EMPLOYEES DEDICATED TO CARRYING OUT THE EXEMPT MISSION. THE CHAIRMAN OF THE BOARD OF DIRECTORS ALSO SERVES AS CHAIRMAN OF THE EXECUTIVE (COMPENSATION) COMMITTEE, COORDINATING WITH THE CHIEF EXECUTIVE OFFICER TO REVIEW ANNUAL PERFORMANCE AND COMPARATIVE MARKET INFORMATION FOR THE POSITION OF CHIEF EXECUTIVE OFFICER (CEO), CHIEF OPERATING OFFICER (COO), AND CHIEF FINANCIAL OFFICER (CFO). A RECOMMENDATION IS PRESENTED TO THE EXECUTIVE COMMITTEE BY THE CHAIRMAN. THE EXECUTIVE COMMITTEE TAKES ACTION ON THE RECOMMENDATION. THE FULL BOARD OF DIRECTORS IS MADE AWARE THAT THE EXECUTIVE COMMITTEE HAS TAKEN ACTION OF COMPENSATION FOR THE CEO, COO, AND CFO WITH DETAILS AVAILABLE FOR THEIR REVIEW UPON REQUEST.

Identifier	Return Reference	Explanation
DOCUMENT REVIEW POLICY	PART VI, LINE 19	THE ORGANIZATION CURRENTLY MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

Identifier

Return Reference

Explanation

OTHER CHANGES IN NET ASSETS

PART XI, LINE 5

UNREALIZED GAIN ON INVESTMENTS \$30,580

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME HABIB BASSIL TITLE SECRETARY HOURS 5

Identifier

Return Reference

Explanation

HOURS DEVOTED FOR RELATED ORGANIZATION

FORM 990 PART VII

NAME J AUBREY HOUGHTON TITLE TREASURER HOURS 5

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME DAVID H WHITE JR TITLE CHAIRMAN HOURS 5

Identifier**Return Reference****Explanation**

HOURS DEVOTED FOR RELATED ORGANIZATION

FORM 990 PART VII

NAME CAROL C THOMAS TITLE VICE CHAIRMAN HOURS 5

Identifier

**Return
Reference**

Explanation

HOURS DEVOTED FOR RELATED
ORGANIZATION

FORM 990 PART
VII

NAME JAMES PRIEST, DDS TITLE BOARD MEMBER (BEGINING 11/11)
HOURS 5

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JAMES WITKO MD TITLE BOARD MEMBER (THROUGH 11/11) HOURS 5

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME STEWART R NELSON TITLE CHIEF FINANCIAL OFFICER HOURS 36

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME CHRIS A LUMSDEN TITLE CHIEF EXECUTIVE OFFICER HOURS 36

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME THOMAS S KLUGE TITLE CHIEF OPERATING OFFICER HOURS 36

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2011

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
HALIFAX REGIONAL DEVELOPMENT FOUNDATION INC

Employer identification number
54-1801459

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) HALIFAX REGIONAL HOSPITAL INC 2204 WILBORN AVENUE SOUTH BOSTON, VA 24592 54-0648699	HEALTHCARE	VA	501(C)(3)	3	HRHS	Yes	
(2) HALIFAX REGIONAL LONG TERM CARE INC 103 ROSE HILL DRIVE SOUTH BOSTON, VA 24592 54-6074529	SENIOR CARE	VA	501(C)(3)	11A TYPE I	HRHS	Yes	
(3) CLARKSVILLE SENIOR CARE LLC 184 BUFFALO ROAD CLARKSVILLE, VA 23927 54-1957066	SENIOR CARE	VA	501(C)(3)	11A TYPE I	HRHS	Yes	
(4) HALIFAX REGIONAL PROPERTIES INC 2204 WILBORN AVENUE SOUTH BOSTON, VA 24592 54-1801463	HLTH/WELFARE	VA	501(C)(3)	11A TYPE I	HRHS	Yes	
(5) HALIFAX REGIONAL HEATLH SYSTEM INC 2204 WILBORN AVENUE SOUTH BOSTON, VA 24592 54-1801466	HEALTHCARE	VA	501(C)(3)	11B TYPE II	NA		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) SOUTHSIDE HEALTH SERVICES INC 2204 WILBORN AVENUE SOUTH BOSTON, VA 24592 54-1417772	HEALTH SERVIC	VA	NA	C Corp			
(2) DOMINION HEALTH MEDICAL ASSOCIATES LTD 2204 WILBORN AVENUE SOUTH BOSTON, VA 24592 54-1060357	PHYS PRACTICE	VA	NA	C Corp			

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Sale of assets to related organization(s)
- g** Purchase of assets from related organization(s)
- h** Exchange of assets with related organization(s)
- i** Lease of facilities, equipment, or other assets to related organization(s)

- j** Lease of facilities, equipment, or other assets from related organization(s)
- k** Performance of services or membership or fundraising solicitations for related organization(s)
- l** Performance of services or membership or fundraising solicitations by related organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- n** Sharing of paid employees with related organization(s)

- o** Reimbursement paid to related organization(s) for expenses
- p** Reimbursement paid by related organization(s) for expenses

- q** Other transfer of cash or property to related organization(s)
- r** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b	Yes	
1c	Yes	
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m		No
1n	Yes	
1o	Yes	
1p		No
1q		No
1r		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) HALIFAX REGIONAL HOSPITAL INC	c	140,000	COST
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier**Return Reference****Explanation****Schedule R (Form 990) 2011**

Additional Data

Software ID:

Software Version:

EIN: 54-1801459

Name: HALIFAX REGIONAL DEVELOPMENT FOUNDATION INC

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses \$ 11,340 including grants of \$ 11,315) (Revenue \$)
SCHOLARSHIP ENDOWMENT FUND
(Code) (Expenses \$ 7,250 including grants of \$ 7,250) (Revenue \$)
DR J J BATES SCHOLARSHIP PROGRAM

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses \$ 599 including grants of \$ 599) (Revenue \$)
CANCER CARE FUND