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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
2012
Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 09-01-2012, 2012, and ending 08-31-2013

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 \$ 764,004

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 TO PROMOTE COMMUNITY HEALTH AND TO DEVELOP FUNDRAISING AND 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 2012 (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)	586,236	715,284
	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)	35,381	37,260
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-7,578	418
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	614,039	752,962
	14 Benefits paid to or for members (Part IX, column (A), line 4)	565,883	731,116
	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)	92	9
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	565,975	731,125
19 Revenue less expenses Subtract line 18 from line 12	48,064	21,837	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	1,418,359	1,315,542
	22 Net assets or fund balances Subtract line 21 from line 20	113,731	41,741
		1,304,628	1,273,801

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: STEWART R NELSON CFO
 Date: 2014-07-15
 Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no	

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

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 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 \$ 328,403 including grants of \$ 328,394) (Revenue \$)
 HALIFAX REGIONAL COMMUNITY PARTNERSHIP PROGRAMREFER TO SCHEDULE O

4b (Code) (Expenses \$ 139,658 including grants of \$ 139,658) (Revenue \$)
 HOSPICE FUNDREFER TO SCHEDULE O

4c (Code) (Expenses \$ 114,067 including grants of \$ 114,067) (Revenue \$)
 HALIFAX REGIONAL DENTAL CLINICREFER TO SCHEDULE O

(Code) (Expenses \$ 49,559 including grants of \$ 49,559) (Revenue \$)
 MEDICATION ASSISTANCE PROGRAMWITH 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 FY13, 1,223 PATIENTS RECEIVED MEDICATIONS VALUED AT \$5,611,020

(Code) (Expenses \$ 27,000 including grants of \$ 27,000) (Revenue \$)
 CANCER CARE FUNDTHE CANCER CARE FUND WAS ESTABLISHED TO PROVIDE ASSISTANCE TO UNINSURED AND UNDERINSURED PATIENTS WHO MEET THE MEDICAL CRITERIA FOR SCREENING FOR BREAST CANCER AND/OR COLON CANCER IN FY13, THE CANCER CARE FUND PROVIDED \$27,000 TO 27 INDIVIDUALS FOR SCREENINGS THE PROGRAM IS ADMINISTERED AND PROMOTED BY HALIFAX REGIONAL HOSPITAL, INC

(Code) (Expenses \$ 67,438 including grants of \$ 67,438) (Revenue \$)
 PROJECT PRIMEPRIME (PUBLIC RALLY FOR INDIVIDUAL MEDICAL EDUCATION), WHICH BEGAN 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 FY13 APPROXIMATELY \$67,000 IN SCHOLARSHIPS WAS AWARDED TO 53 INDIVIDUALS - 27 STUDENTS PURSUING NURSING EDUCATION AND 26 PEOPLE ENTERING CLINICAL AND/OR BUSINESS EDUCATION PROGRAMS (SCHOLARSHIP APPLICATIONS ARE AVAILABLE ON THE HEALTH SYSTEM'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, INC

(Code) (Expenses \$ 5,000 including grants of \$ 5,000) (Revenue \$)
 DR JESSE J BATES SCHOLARSHIP PROGRAMTHIS 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 FY13, THE BATES SCHOLARSHIP PROVIDED \$5,000 IN SCHOLARSHIP FUNDS TO SIX 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









4d Other program services (Describe in Schedule O)
 (Expenses \$ 148,997 including grants of \$ 148,997) (Revenue \$)

4e Total program service expenses 731,125

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 for escrow or custodial account liability, 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"/>	Yes	
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 and XII</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 and XII 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, Parts I and IV</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 United States? <i>If "Yes," complete Schedule F, Parts 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 United States? <i>If "Yes," complete Schedule F, Parts 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 (see instructions)</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 hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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, line 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 lines 24b through 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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <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 direct or indirect 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, Part II, III, or IV, and Part V, line 1</i> 	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <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 11b 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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	Yes	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (5), 1b (3), 2 (Yes), 3 (No), 4 (Yes), 5 (No), 6 (Yes), 7a (Yes), 7b (Yes), 8a (Yes), 8b (Yes), 9 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (No), 10b, 11a (Yes), 11b, 12a (Yes), 12b (No), 12c (Yes), 13 (Yes), 14 (Yes), 15a (No), 15b (No), 16a (No), 16b.

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.
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 during the tax year.
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 (434) 517-3183

Part VIII Statement of Revenue

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

		(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 _____ 26,813					
	d Related organizations 1d _____ 124,525					
	e Government grants (contributions) 1e _____					
	f All other contributions, gifts, grants, and similar amounts not included above 1f _____ 563,946					
	g Noncash contributions included in lines 1a-1f \$ _____					
	h Total. Add lines 1a-1f ▶	715,284				
Program Service Revenue	2a _____ Business Code _____					
	b _____					
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f ▶					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶	37,260			37,260	
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
	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) ▶					
	8a Gross income from fundraising events (not including \$ 26,813 of contributions reported on line 1c) See Part IV, line 18 a					
		b Less direct expenses b	11,460			
c Net income or (loss) from fundraising events ▶		418			418	
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 ▶					
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 ▶					
Miscellaneous Revenue	Business Code					
11a _____						
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d ▶						
12 Total revenue. See Instructions ▶	752,962	0	0	37,678		

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)

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	548,020	548,020		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	183,096	183,096		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	FEES	9	9		
b					
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	731,125	731,125	0	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	30,357	1	37,729
	2 Savings and temporary cash investments	189,285	2	638,669
	3 Pledges and grants receivable, net	23,375	3	80,808
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a		
	b Less accumulated depreciation	10b		10c
	11 Investments—publicly traded securities		11	480,546
	12 Investments—other securities. See Part IV, line 11	1,122,683	12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	52,659	15	77,790
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,418,359	16	1,315,542	
Liabilities	17 Accounts payable and accrued expenses		17	-117,257
	18 Grants payable	82,333	18	80,808
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	31,398	25	78,190
	26 Total liabilities. Add lines 17 through 25	113,731	26	41,741
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	371,524
	28 Temporarily restricted net assets	1,304,628	28	902,277
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), 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	1,304,628	33	1,273,801	
34 Total liabilities and net assets/fund balances	1,418,359	34	1,315,542	

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	752,962
2	Total expenses (must equal Part IX, column (A), line 25)	2	731,125
3	Revenue less expenses Subtract line 2 from line 1	3	21,837
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,304,628
5	Net unrealized gains (losses) on investments	5	-52,664
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,273,801

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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited 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 separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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
3b	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

2012

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.

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 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 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 - Non-functionally integrated
- 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 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 monetary support
			Yes	No	Yes	No	Yes	No	
(A) HALIFAX REGIONAL HOSPITAL INC	540648699	3	Yes						56,000
Total									56,000

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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)						
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 2012 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2012. 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 ▶		
b 33 1/3% support test—2011. 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—2012. 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—2011. 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 year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's 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 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2012.** 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—2011.** 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.** 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).

Facts And Circumstances Test

Explanation

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2012

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

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 3 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors...?, 6 Did the organization inform all grantees...?

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

Form with multiple sections: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution..., 3 Number of conservation easements modified..., 4 Number of states where property subject to conservation easement is located..., 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement..., 9 In Part XIII, describe how the organization reports...

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

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.

Form with multiple sections: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report..., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

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

3 Using the organization's acquisition, 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 XIII

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 XIII and complete the following table

	Amount
1c	
1d	
1e	
1f	

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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	1,304,628	1,225,984	1,214,574	1,133,467	1,143,472
b Contributions	315,911	614,039	390,056	280,422	162,263
c Net investment earnings, gains, and losses	-15,404	30,580	36,496	65,015	46,611
d Grants or scholarships	702,849	565,883	415,057	264,305	218,833
e Other expenditures for facilities and programs					
f Administrative expenses	9	92	85	25	46
g End of year balance	902,277	1,304,628	1,225,984	1,214,574	1,133,467

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a** Board designated or quasi-endowment
- b** Permanent endowment
- c** Temporarily restricted endowment 100.000 %
The percentages in lines 2a, 2b, and 2c should equal 100%

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 XIII 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 through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				0

Part XI 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 XIII)	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 XIII)	4b	
c	Add lines 4a and 4b		4c
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5

Part XII 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 XIII)	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 XIII)	4b	
c	Add lines 4a and 4b		4c
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5

Part XIII 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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	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 CONSISTS 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 NON-PROFIT 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 SCHOLARSHIPS 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 THE THOMAS C CROWELL, JR , MEMORIAL LIBRARY FUND PROVIDES EDUCATIONAL MATERIALS FOR THE LIBRARY OF HALIFAX REGIONAL HOSPITAL THE MEDICATION ASSISTANCE PROGRAM (MEDASSIST) PROVIDES ASSISTANCE TO UNINSURED AND UNDERINSURED PATIENTS TO OBTAIN PRESCRIPTION MEDICATIONS AT REDUCED OR NO COST THE PROGRAM IS ADMINISTERED THROUGH DOMINION HEALTH GROUP AND DOMINION HEALTH MEDICAL ASSOCIATES APPLICANTS ARE REQUIRED TO SUBMIT FINANCIAL INFORMATION TO SUPPORT THE NEED FOR ASSISTANCE ON A PERIODIC BASIS FUNDS ARE USED TO COVER THE EXPENSES OF THE PROGRAM THE HOSPICE FUND WAS ESTABLISHED TO PROVIDE ASSISTANCE TO TERMINALLY ILL PATIENTS WHO ARE UNABLE TO AFFORD GOODS AND SERVICES NECESSARY FOR THE PROVISION OF END-OF-LIFE MEDICAL SERVICES THE PROGRAM IS ADMINISTERED BY HALIFAX HOME HEALTH AND HOSPICE THE CANCER CARE FUND WAS ESTABLISHED TO PROVIDE ASSISTANCE TO UNINSURED AND UNDERINSURED PATIENTS WHO MEET THE MEDICAL CRITERIA FOR SCREENING FOR BREAST CANCER AND/OR COLON CANCER THE PROGRAM IS ADMINISTERED BY HALIFAX REGIONAL HOSPITAL
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	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 HRPS 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

2012

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. Form 990-EZ filers are not required to complete this part.

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 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 email 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... 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

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>GALA EVENT</u> (event type)	(event type)	(total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	38,273			38,273
	2 Less Contributions	26,813			26,813
	3 Gross income (line 1 minus line 2)	11,460			11,460
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	800			800
	7 Food and beverages	7,084			7,084
	8 Entertainment	1,500			1,500
	9 Other direct expenses	1,658			1,658
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				
11 Net income summary Combine line 3, column (d), and line 10 ▶					418

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))
		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 _____

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 Enter 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 of the third party

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 Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation
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Schedule I (Form 990)

OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

2012

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

Attach to Form 990

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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?
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. Part II can be duplicated 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

See Additional Data Table

Table with 8 columns: (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, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. The table is currently empty.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 10
3 Enter total number of other organizations listed in the line 1 table 3

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.

Part III can be duplicated 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	6	28,914			
(2) SCHOLARSHIPS	58	72,438			
(3) CANCER CARE GRANT	27	27,000			
(4) HOSPICE PATIENTS	256	54,744			

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	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 UNRELATED ORGANIZATION RECEIVING MORE THAN \$5,000 IS REQUIRED TO PROVIDE A FORM W-9 AND AN INTERNAL REVENUE SERVICE DETERMINATION LETTER 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

Software ID:
Software Version:
EIN: 54-1801459
Name: HALIFAX REGIONAL DEVELOPMENT FOUNDATION INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
SOUTHERN VIRGINIA HIGHER EDUCATION CENTER 820 BRUCE STREET SOUTH BOSTON, VA 24592	14-1931584	501(C)(3)	139,194				GRANT FOR THE CENTER NURSING EXCELLENCE
YMCA OF SOUTH BOSTON HALIFAX COUNTY 650 HAMILTON BLVD SOUTH BOSTON, VA 24592	54-0951231	501(C)(3)	20,250				FAMILY, YOUTH, & CHILDRENS SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
COMMUNITY ARTS CENTER FOUNDATION 700 BRUCE STREET SOUTH BOSTON, VA 24592	54-1795927	501(C)(3)	30,000				SPONSORSHIP
SOUTHSIDE HEALTH SERVICES INC 2204 WILBORN AVENUE SOUTH BOSTON, VA 24592	54-1417772		51,084				MEDICATION ASSISTANCE PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
HALIFAX COUNTY CANCER ASSOCIATION 60 SOUTH MAIN STREET HALIFAX, VA 24558	54-0848343	501(C)(3)	6,000				ANNUAL WALK FOR HOPE AND ASSISTANCE WITH CANCER SUPPLIES
HALIFAX COUNTY CHAMBER OF COMMERCE PO BOX 339 SOUTH BOSTON, VA 24592	54-0641363	501(C)(6)	5,500				SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
HALIFAX COUNTY PUBLIC SCHOOLS EDUCATION FOUNDATION PO BOX 1114 HALIFAX, VA 24558	20-2098518	501(C)(3)	10,300				DONATION FOR MINI-GRANT PROGRAM
HALIFAX EDUCATIONAL FOUNDATION 820 BRUCE STREET SOUTH BOSTON, VA 24592	54-1866278	501(C)(3)	50,000				SUPPORT FOR STUDENT EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
MENTOR ROLE MODEL PROGRAM PO BOX 1435 SOUTH BOSTON, VA 24592	54-1812117	501(C)(3)	5,250				GENERAL FINANCIAL SUPPORT OF PROGRAMS
TRI-COUNTY CAA HEAD START PROGRAM 1176 HUELL MATTHEWS HIGHWAY SOUTH BOSTON, VA 24592	54-0805926	501(C)(3)	15,000				SUPPORT OF HEAD START PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
TURBEVILLE FIRE DEPARTMENT 1020 MELON ROAD SOUTH BOSTON, VA 24592	54-1249603	501(C)(3)	8,719				GENERAL FINANCIAL SUPPORT
DOMINION HEALTH MEDICAL ASSOCIATES 2204 WILBORN AVENUE SOUTH BOSTON, VA 24592	54-1060357		114,067				FUNDING FOR HALIFAX REGIONAL DENTAL CLINIC

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
HALIFAX REGIONAL HOSPITAL 2204 WILBORN AVENUE SOUTH BOSTON, VA 24592	54-0648699	501(C)(3)	56,000				HOSPICE SUPPORT

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2012

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ 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 Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items
- | | |
|---|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e g , maid, chauffeur, chef) |

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

- a** The organization? **5a** No
- b** Any related organization? **5b** No

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

- a** The organization? **6a** No
- b** Any related organization? **6b** No

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III **7** No

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8** No

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**

	Yes	No
1b		
2		
4a		No
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is 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, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(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 as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CHRIS A LUMSDEN CEO (THRU 6/30)/PRES/SEC (EFF 7/1/13)	(i)	0	0	0	0	0	0	0
	(ii)	320,800	30,000	42,855	2,501	18,609	414,765	0
(2) STEWART R NELSON CHIEF FINANCIAL OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	216,062	20,000	23,341	2,804	1,851	264,058	0
(3) THOMAS S KLUGE CHIEF OPERATING OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	190,429	10,000	23,341	-4,037	18,375	238,108	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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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

2012

**Open to Public
Inspection**

Name of the organization
HALIFAX REGIONAL DEVELOPMENT FOUNDATION INC

Employer identification number

54-1801459

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	PART III, LINE 1	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
PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, LINE 4A, 4B, 4C	<p>HALIFAX REGIONAL DEVELOPMENT FOUNDATION, INC (FOUNDATION) IS ORGANIZED TO PROMOTE THE GENERAL HEALTH AND WELFARE OF THE COMMUNITY AND IS RESPONSIBLE FOR THE DEVELOPMENT OF FUNDRAISING EFFORTS AND IMPROVEMENT OF COMMUNITY SUPPORT FOR HALIFAX REGIONAL HOSPITAL, INC ("THE HOSPITAL"), FOR ADMINISTERING GIFTS, GRANTS AND CONTRIBUTIONS FOR THE HOSPITAL AND ITS SUBSIDIARIES ("THE HEALTH SYSTEM") AND FOR PROVIDING OTHER SERVICES THAT ARE EXCLUSIVELY CHARITABLE, EDUCATIONAL OR SCIENTIFIC IN NATURE. THE FOUNDATION IS ALSO RESPONSIBLE FOR MANAGING THE INVESTMENT OF THE HOSPITAL'S ENDOWMENT FUNDS AND FOR MANAGEMENT OF THE HEALTH SYSTEM'S EDUCATIONAL ASSISTANCE PROGRAM. HALIFAX REGIONAL COMMUNITY PARTNERSHIP PROGRAM AS A CORNERSTONE ORGANIZATION IN OUR REGION, THE HEALTH SYSTEM 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 THE 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 FY13 \$328,394 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. 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 RISE BEREAVEMENT PROGRAMS, STAFF, PATIENT AND FAMILY EDUCATION, MARKETING AND EDUCATIONAL MATERIALS, SPECIAL PROJECTS SUCH AS THE CARE 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 FY13 HOSPICE RECEIVED CONTRIBUTIONS OF \$97,140. DISBURSEMENTS IN FY13 TOTALED \$150,700. HALIFAX REGIONAL DENTAL CLINIC HALIFAX REGIONAL DENTAL CLINIC (HRDC), WHICH OPENED IN FEBRUARY 2013, WAS BUILT TO GIVE CHILDREN A FUN, EASY EXPERIENCE AT THE DENTIST, WITH PLENTY TO KEEP THEM BUSY AS THEY HAVE THEIR APPOINTMENT. HRDC WAS BUILT AS A PARTNERSHIP WITH THE GENEROUS SUPPORT OF THE VIRGINIA DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT, THE VIRGINIA TOBACCO COMMISSION, AND OTHER PARTNERING ORGANIZATIONS. CONTINUE OPERATING SUPPORT IS PROVIDED BY THE VIRGINIA HEALTH CARE FOUNDATION, WHICH FUNDS SAFETY NET AND COMMUNITY MEDICAL AND DENTAL SERVICES THROUGHOUT THE COMMONWEALTH. HRDC IS ONE OF ONLY A FEW LOCAL PRACTICES THAT WILL ACCEPT MEDICAID PAYMENT FOR SERVICES. THE CLINIC HOPES TO REACH OUT TO MORE THAN 2,400 KIDS ANNUALLY WHEN IT IS RUNNING AT FULL CAPACITY. DURING THE FIRST YEAR OF SERVICE, MORE THAN 1,900 PEOPLE HAVE VISITED FOR CHECKUPS, FILLINGS, EXTRACTIONS OR OTHER DENTAL WORK. IN FACT, THE CLINIC HAS PROVIDED MORE THAN 4,400 APPOINTMENTS SINCE IT OPENED. IN FY13, FUNDS USED TO FUND THE CLINIC TOTALED \$114,067.</p>

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	DAVID H WHITE, JR AND CHRIS A LUMSDEN HAVE A BUSINESS RELATIONSHIP THE ORGANIZATION'S OFFICERS AND DIRECTORS SERVED TOGETHER ON THE BOARDS OF OTHER TAXABLE ORGANIZATIONS WITHIN THE SENTARA HEALTHCARE SYSTEM ("THE SYSTEM"), AS WELL AS JOINT VENTURES IN WHICH THE SYSTEM HAD AN OWNERSHIP INTEREST SEE SCHEDULE R FOR A LISTING OF SUCH ENTITIES

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 4	EFFECTIVE JULY 1, 2013, HALIFAX REGIONAL HOSPITAL, INC ("HRH"), A 501(C)(3) AFFILIATE, REPLACED HALIFAX REGIONAL HEALTH SYSTEM, INC ("HRHS") AS SOLE MEMBER OF THE ORGANIZATION THE MEMBER CHANGE OCCURRED IN ACCORDANCE WITH THE APRIL 23, 2013 AFFILIATION AGREEMENT AMONG HRHS, HRH, AND SENTARA HEALTHCARE ("SENTARA"), A 501(C)(3) ORGANIZATION, WHEREBY SENTARA REPLACED HRHS AS THE SOLE MEMBER OF HRH AS A RESULT OF THE AFFILIATION, THE ORGANIZING AND GOVERNING DOCUMENTS OF THE ORGANIZATION WERE CHANGED IN THE FOLLOWING MANNER -HRH REPLACED HRHS AS SOLE MEMBER OF THE ORGANIZATION -THE NUMBER OF DIRECTORS ON THE BOARD WAS CHANGED FROM FIVE TO NO LESS THAN THREE DIRECTORS ARE STILL APPOINTED BY THE SOLE MEMBER BUT NOW MUST BE RATIFIED BY SENTARA -AS SOLE MEMBER OF HRH, SENTARA HAS THE EXCLUSIVE AUTHORITY TO DIRECT AND MANAGE THE OEPRATIONS AND AFFAIRS OF THE ORGANIZATION AND TO MAKE ALL DECISIONS REGARDING ITS BUSINESS, SUBJECT TO OVERSIGHT BY THE HRH BOARD AS AND TO THE EXTENT SET FORTH IN THE AFFILIATION AGREEMENT SENTARA HAS ALSO BEEN GRANTED CERTAIN RESERVED POWERS, AS OUTLINED IN THE AFFILIATION AGREEMENT, WHEREBY HRH WILL NOT PERMIT THE ORGANIZATION TO TAKE OR ALLOW CERTAIN ACTIONS WITHOUT THE PRIOR WRITTEN CONSENT OF SENTARA SEE PART VI SECTION A LINE 7B FOR FURTHER INFORMATION -DURING THE COVENANT PERIOD, AS DEFINED IN THE AFFILIATION AGREEMENT, ANY ALTERATION, AMENDMENT, RESTATEMENT OR REPEAL OF ANY GOVERNING DOCUMENTS, THE ADOPTION OF ANY NEW GOVERNING DOCUMENTS, OR ANY ACTION TO BE TAKEN AS THE MEMBER UNDER THE GOVERNING DOCUMENTS REQUIRE THE APPROVAL OF A MAJORITY OF CLASS A DIRECTORS OF HRH, VOTING AS A SEPARATE CLASS, AND OF SENTARA

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION HAD ONE CLASS OF MEMBER EFFECTIVE JULY 1, 2013, THE SOLE MEMBER WAS HALIFAX REGIONAL HOSPITAL, INC , A VIRGINIA NONSTOCK CORPORATION DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE THE ORGANIZATION'S SOLE MEMBER PRIOR TO JULY 1, 2013 WAS HALIFAX REGIONAL HEALTH SYSTEM, INC , A VIRGINIA NONSTOCK CORPORATION DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7A	PRIOR TO JULY 1, 2013, THE DATE OF AFFILIATION WITH THE SENTARA HEALTHCARE SYSTEM, MEMBERS OF THE GOVERNING BODY WERE ELECTED BY THE ORGANIZATION'S FORMER SOLE MEMBER, HALIFAX REGIONAL HEALTH SYSTEM, INC EFFECTIVE JULY 1, 2013, HALIFAX REGIONAL HOSPITAL, INC REPLACED HALIFAX REGIONAL HEALTH SYSTEM, INC AS SOLE MEMBER OF THE ORGANIZATION AND APPOINTED MEMBERS OF THE GOVERNING BODY IN ACCORDANCE WITH THE APRIL 23, 2013 AFFILIATION AGREEMENT WITH SENTARA HEALTHCARE

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7B	<p>SENTARA HEALTHCARE ("SENTARA"), IN ITS CAPACITY AS THE 501(C)(3) SOLE MEMBER OF HALIFAX REGIONAL HOSPITAL, INC ("HRH"), THE SOLE MEMBER OF THE ORGANIZATION, HAS RESERVED THE EXCLUSIVE RIGHT, POWER AND AUTHORITY TO MAKE DECISIONS FOR AND ON BEHALF OF THE ORGANIZATION WITH RESPECT TO THE APPROVAL OR ADOPTION OF ANY PLAN OF MERGER OR CONSOLIDATION, ANY SALE, LEASE, EXCHANGE, MORTGAGE, PLEDGE OR OTHER DISPOSITION OF ALL, OR SUBSTANTIALLY ALL, THE PROPERTY AND ASSETS OF THE ORGANIZATION, AND THE VOLUNTARY DISSOLUTION OR LIQUIDATION OF THE ORGANIZATION, REVOCATION OF AN SUCH VOLUNTARY DISSOLUTION PROCEEDINGS, OR ANY DECISION TO FILE A PETITION REQUESTING OR CONSENTING TO AN ORDER FOR RELIEF UNDER THE FEDERAL BANKRUPTCY LAWS OR SIMILAR STATE LAWS FOR THE ORGANIZATION ELECTION OF THE ORGANIZATION'S GOVERNING BODY IS ALSO SUBJECT TO RATIFICATION BY SENTARA FINALLY, SPECIAL APPROVAL BY HRH'S GOVERNING BODY IS REQUIRED FOR CERTAIN OTHER ACTIONS OF THE ORGANIZATION THESE INCLUDE A CHANGE IN THE ORGANIZATION'S MISSION, THE ESTABLISHMENT OF, AND APPOINTMENT OF MEMBERS TO, ANY COMMITTEES WHICH WILL HAVE ANY OF THE AUTHORITY OF THE HRH GOVERNING BODY, AND ANY ALTERATION, AMENDMENT, RESTATEMENT OR REPEAL OF ANY GOVERNING DOCUMENTS, THE ADOPTION OF ANY NEW GOVERNING DOCUMENTS, OR ANY ACTION TO BE TAKEN AS THE MEMBER UNDER THE GOVERNING DOCUMENTS FINAL AUTHORITY FOR THE ESTABLISHMENT OF ALL POLICY PERTAINING TO THE ORGANIZATION FOR ITS OPERATION, MAINTENANCE AND DEVELOPMENT, AND FOR THE ATTAINMENT OF ITS OBJECTIVES, IS VESTED IN THE GOVERNING BODY OF HRH, AND SUBJECT TO RATIFICATION AND APPROVAL BY SENTARA</p>

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE RETURN IS PREPARED BY ORGANIZATION'S CORPORATE TAX DEPARTMENT, BASED ON INFORMATION PROVIDED BY ORGANIZATION AND IN CONSULTATION WITH ORGANIZATION STAFF. THE DRAFT PREPARED BY CORPORATE 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
	FORM 990, PART VI, SECTION B, LINE 12C	THE CONFLICT OF INTEREST QUESTIONNAIRE IS DISTRIBUTED TO EACH BOARD MEMBER IN JANUARY EVERY YEAR THE QUESTIONNAIRE MUST BE COMPLETED BY ALL MEMBERS A REPORT OF THE DISCLOSED POTENTIAL CONFLICTS IS PRESENTED BY THE SOLE MEMBER'S BOARD CHAIRMAN TO ITS BOARD IN EXECUTIVE SESSION ANNUALLY IF IT IS DETERMINED BY THE SOLE MEMBER'S 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 SOLE MEMBER'S BOARD SECRETARY, BOARD PRESIDENT, AND MEDICAL STAFF PRESIDENT, THE MATTER WILL BE REVIEWED AND ADDRESSED BY THE SOLE MEMBER'S 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 SOLE MEMBER'S EXECUTIVE COMMITTEE, A RECOMMENDATION WILL BE MADE TO REMOVE THE AFFECTED BOARD MEMBER FROM THE BOARD IN SUCH CASE WHERE REMOVAL IS RECOMMENDED, SUCH REMOVAL PROCEDURES OUTLINED IN THE CORPORATE BYLAWS WILL BE FOLLOWED THE RESPONSES TO THE ANNUAL CONFLICT OF INTEREST QUESTIONNAIRE ARE RETAINED BY THE SOLE MEMBER'S BOARD SECRETARY

Identifier	Return Reference	Explanation
		<p>THE ORGANIZATION SEEKS TO PAY REASONABLE COMPENSATION UNDER IRC SECTION 4958 TO ATTRACT AND RETAIN THE APPROPRIATE CALIBER OF EMPLOYEES DEDICATED TO CARRYING OUT ITS TAX-EXEMPT MISSION. THE SOLE MEMBER OF THE ORGANIZATION PERIODICALLY CONDUCTS A REVIEW TO DETERMINE THE GOING FAIR MARKET COMPENSATION RANGES FOR COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS. THE SOLE MEMBER SETS COMPENSATION WITHIN THE RANGE OF THE GOING MARKET RATE. NO INDIVIDUAL HAVING A CONFLICT OF INTEREST IS PERMITTED TO PARTICIPATE IN THE REVIEW OR DECISION. THE SOLE MEMBER MAINTAINS RECORDS REGARDING COMPENSATION. THE SOLE MEMBER'S BOARD CHAIRMAN ALSO SERVES AS THE CHAIRMAN OF ITS EXECUTIVE (COMPENSATION) COMMITTEE, COORDINATING WITH THE CHIEF EXECUTIVE OFFICER/PRESIDENT TO REVIEW ANNUAL PERFORMANCE AND COMPARATIVE MARKET INFORMATION FOR THE POSITION OF CHIEF EXECUTIVE OFFICER (CEO)/PRESIDENT, CHIEF OPERATING OFFICER (COO), AND CHIEF FINANCIAL OFFICER (CFO). A RECOMMENDATION IS PRESENTED TO THE EXECUTIVE COMMITTEE BY ITS CHAIRMAN. THE EXECUTIVE COMMITTEE TAKES ACTION ON THE RECOMMENDATION. THE SOLE MEMBER'S FULL BOARD OF DIRECTORS IS MADE AWARE THAT ITS EXECUTIVE COMMITTEE HAS TAKEN ACTION ON COMPENSATION FOR THE CEO/PRESIDENT, COO, AND CFO WITH DETAILS AVAILABLE FOR THEIR REVIEW UPON REQUEST. THIS PROCESS WAS LAST UNDERTAKEN DURING THE TAX YEAR.</p>

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, 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
	FORM 990, PART VII, SECTION A	THE EFFECTIVE DATE OF THE ORGANIZATION'S AFFILIATION WITH SENTARA HEALTHCARE, ITS NEW 501(C)(3) SOLE MEMBER, WAS JULY 1, 2013 SINCE THE COMPENSATION REQUIRED TO BE REPORTED IN PART VII SECTION A IS FROM THE 2012 CALENDAR YEAR, AND SENTARA HEALTHCARE WAS NOT RELATED TO THE ORGANIZATION AT ANY TIME DURING 2012, NO RELATED COMPENSATION HAS BEEN REPORTED IN PART VII SECTION FOR BOARD MEMBER AND TREASURER ROBERT BROERMANN, WHO IS AN EMPLOYED OFFICER OF SENTARA HEALTHCARE.

Identifier	Return Reference	Explanation
CHANGE IN AFS OVERSIGHT PROCESS	FORM 990, PART XII, LINE 2C	DURING THE YEAR, THE ORGANIZATION AFFILIATED WITH THE SENTARA HEALTHCARE SYSTEM, WHO ASSUMED RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS AND SELECTED THE INDEPENDENT ACCOUNTANT

Identifier	Return Reference	Explanation
STATEMENT FILED PURSUANT TO TREASURY REGULATION SEC 1 6038-2(J)(3)		HALIFAX REGIONAL HOSPITAL, INC ("HRH"), THE TAXPAYER'S 501(C)(3) SOLE MEMBER, OWNS A NON-CONTROLLING INTEREST IN VIRGINIA SOLUTIONS SPC, LTD , A CONTROLLED FOREIGN CORPORATION ALL INFORMATION REQUIRED OF THE TAXPAYER BY IRC SECTION 6038 AND THE REGULATIONS THEREUNDER WITH RESPECT TO VIRGINIA SOLUTIONS SPC, LTD IS FURNISHED BY HRH, EIN 54-0648699 THEREFORE, PURSUANT TO TREASURY REGULATION SEC 1 6038-2(J)(2), THE TAXPAYER IS EXCEPTED FROM PROVIDING SUCH INFORMATION THE REQUIRED INFORMATION IS E-FILED WITH HRH'S FORM 990 RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2012

**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" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) 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" to 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 entity?	
						Yes	No
See Additional Data Table							

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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	
See Additional Data Table												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
See Additional Data Table									

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

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

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

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

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

- r** Other transfer of cash or property to related organization(s)
- s** 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		No
1o		No
1p		No
1q		No
1r	Yes	
1s		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-s)	(c) Amount involved	(d) Method of determining amount involved
(1) HALIFAX REGIONAL HOSPITAL INC	C	94,525	CORP BOOKS/REC
(2) HALIFAX REGIONAL HOSPITAL INC	B	56,000	CORP BOOKS/REC
(3) HALIFAX REGIONAL HOSPITAL INC	R	55,914	CORP BOOKS/REC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
SOUTHSIDE HEALTH SERVICES INC 2204 WILBORN AVENUE SOUTH BOSTON, VA 24592 54-1417772	HEALTH SERVICES	VA	N/A	C				Yes	
DOMINION HEALTH MEDICAL ASSOCIATES LTD 2204 WILBORN AVENUE SOUTH BOSTON, VA 24592 54-1060357	PHYS PRACTICE	VA	N/A	C				Yes	
SENTARA HOLDINGS INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1555638	HOLDING COMPANY	VA	N/A	C				Yes	
SENTARA HEALTH PLANS INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 52-2368125	TPA	VA	N/A	C				Yes	
OPTIMA HEALTH GROUP 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1473382	HMO	VA	N/A	C				Yes	
OPTIMA HEALTH INSURANCE COMPANY 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1642752	HEALTH INSURANCE	VA	N/A	C				Yes	
OPTIMA BEHAVIORAL HEALTH SERVICES 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 62-1382666	MENTAL HEALTH SVCS	VA	N/A	C				Yes	
SENTARA VENTURES INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1688615	HOLDING COMPANY	VA	N/A	C				Yes	
SMG INNOVATIONS INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 20-3730331	HEALTH CARE	VA	N/A	C				Yes	
SENTARA OBICI PROFESSIONAL CENTER 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1445865	RE RENTAL	VA	N/A	C				Yes	
SENTARA STRATEGIC SOLUTIONS INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1020941	HEALTH CARE	VA	N/A	C				Yes	
POTOMAC VENTURES CORP 2300 OPITZ BLVD WOODBRIIDGE, VA 22191 54-1441420	PHARMACY	VA	N/A	C				Yes	
ROCKINGHAM HEALTH SERVICES INC 2010 HEALTH CAMPUS DRIVE HARRISONBURG, VA 22801 54-1721387	CONTRACTING SVCS	VA	N/A	C				Yes	
MARTHA JEFFERSON MEDICAL ENTERPRISES INC 500 MARTHA JEFFERSON DRIVE CHARLOTTESVILLE, VA 22911 54-1841528	MEDICAL BILLING SVCS	VA	N/A	C				Yes	
BAY PRIMEX INSURANCE COMPANY LTD PO BOX 1051 GRAND CAYMAN KY1-1102 CJ 98-0704114	INSURANCE	CJ	N/A	C				Yes	