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CHANGE OF ACCOUNTING PERIOD

OMB No 1545-0047

Form **990**

**Return of Organization Exempt From Income Tax**

**2013**

Department of the Treasury  
Internal Revenue Service

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

Do not enter Social Security numbers on this form as it may be made public.  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

Open to Public Inspection

**A** For the 2013 calendar year, or tax year beginning **SEP 1, 2013** and ending **DEC 31, 2013**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>HALIFAX REGIONAL DEVELOPMENT FOUNDATION INC.</b>		<b>D</b> Employer identification number <b>54-1801459</b>
	Doing Business As		<b>E</b> Telephone number <b>434-517-3183</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>154,030.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>SOUTH BOSTON, VA 24592</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
	<b>F</b> Name and address of principal officer: <b>CHRIS A. LUMSDEN SAME AS C ABOVE</b>		<b>H(c)</b> Group exemption number
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: <b>WWW.HRHS.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: <b>1996</b>	<b>M</b> State of legal domicile: <b>VA</b>

Part I Summary		Prior Year	Current Year
<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO PROMOTE COMMUNITY HEALTH AND TO DEVELOP FUNDRAISING AND SUPPORT FOR HALIFAX REGIONAL HOSPITAL.</b>			
<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
<b>3</b> Number of voting members of the governing body (Part VI, line 1a)		<b>3</b>	<b>5</b>
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)		<b>4</b>	<b>0</b>
<b>5</b> Total number of individuals employed in calendar year 2013 (Part V, line 2a)		<b>5</b>	<b>0</b>
<b>6</b> Total number of volunteers (estimate if necessary)		<b>6</b>	<b>5</b>
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12		<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34		<b>7b</b>	<b>0.</b>
<b>Revenue</b>			
<b>8</b> Contributions and grants (Part VIII, line 1h)		<b>715,284.</b>	<b>139,671.</b>
<b>9</b> Program service revenue (Part VIII, line 2g)		<b>0.</b>	<b>0.</b>
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		<b>37,260.</b>	<b>14,359.</b>
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 10e)		<b>418.</b>	<b>0.</b>
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		<b>752,962.</b>	<b>154,030.</b>
<b>Expenses</b>			
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<b>731,116.</b>	<b>275,427.</b>
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0.</b>	<b>0.</b>
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<b>0.</b>	<b>0.</b>
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0.</b>	<b>0.</b>
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>0.</b>		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		<b>9.</b>	<b>464.</b>
<b>18</b> Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)		<b>731,125.</b>	<b>275,891.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12		<b>21,837.</b>	<b>&lt;121,861.&gt;</b>
<b>Net Assets or Fund Balances</b>		<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>20</b> Total assets (Part X, line 16)		<b>1,315,542.</b>	<b>1,283,851.</b>
<b>21</b> Total liabilities (Part X, line 26)		<b>41,741.</b>	<b>143,231.</b>
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20		<b>1,273,801.</b>	<b>1,140,620.</b>

**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.

<b>Sign Here</b> Signature of officer: <i>Stewart R. Nelson</i> <b>STEWART R. NELSON, CFO</b> Type or print name and title	Date: <b>11/14/2014</b>
<b>Paid Preparer Use Only</b> Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____ Check if self-employed: <input type="checkbox"/> 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

SCANNED DEC 17 2014

917-20-22 21

HALIFAX REGIONAL DEVELOPMENT FOUNDATION  
INC.

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**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line 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 \$ 143,283. including grants of \$ 142,819. ) (Revenue \$ )  
HALIFAX REGIONAL COMMUNITY PARTNERSHIP PROGRAM

REFER TO SCHEDULE O.

4b (Code ) (Expenses \$ 77,147. including grants of \$ 77,147. ) (Revenue \$ )  
HOSPICE FUND

REFER TO SCHEDULE O.

4c (Code ) (Expenses \$ 36,800. including grants of \$ 36,800. ) (Revenue \$ )  
HALIFAX REGIONAL DENTAL CLINIC

REFER TO SCHEDULE O.

4d Other program services (Describe in Schedule O)  
(Expenses \$ 18,661. including grants of \$ 18,661. ) (Revenue \$ )

4e Total program service expenses 275,891.

**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>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
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>		X
4 <b>Section 501(c)(3) organizations.</b> 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>		X
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>		X
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>		X
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>		X
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>		X
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>		X
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>	X	
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>		X
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>		X
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>		X
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>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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>		X
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>		X
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>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
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>		X
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>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

HALIFAX REGIONAL DEVELOPMENT FOUNDATION

INC.

Form 990 (2013)

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
<b>22</b> Did the organization report more than \$5,000 of grants or 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>	X	
<b>23</b> 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>	X	
<b>24a</b> 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 25a</i>		X
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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>		X
<b>b</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>		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>		X
<b>27</b> 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>		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>c</b> 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>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
<b>32</b> 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>		X
<b>33</b> 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>		X
<b>34</b> 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>	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
<b>b</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>		X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
<b>37</b> 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>		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

**Note.** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V

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

Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	5		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent.		
	0		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?	X	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	a The governing body?	X	
<b>8b</b>	b Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 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 - 434 517-3183**  
**2204 WILBORN AVENUE, SOUTH BOSTON, VA 24592**

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROBERT A. BROERMANN TREASURER	0.20 51.80		X	X				0.	1,256,843.	161,559.
(2) CAROL C. THOMAS VICE CHAIRMAN	1.00 5.00	X		X				0.	0.	0.
(3) DAVID H. WHITE, JR. CHAIRMAN	1.00 5.00	X		X				0.	0.	0.
(4) JAMES H. PRIEST, DDS DIRECTOR (THRU 11/13)	1.00 5.00	X						0.	0.	0.
(5) CHRIS A. LUMSDEN PRESIDENT/SECRETARY	1.00 39.00	X		X				0.	576,496.	22,745.
(6) SAID B. ISKANDER, MD BOARD MEMBER (EFF 11/13)	1.00 5.00	X						0.	0.	0.
(7) STEWART R. NELSON CHIEF FINANCIAL OFFICER	1.00 39.00			X				0.	379,411.	12,271.
(8) THOMAS S. KLUGE CHIEF OPERATING OFFICER	1.00 39.00				X			0.	319,323.	22,699.



HALIFAX REGIONAL DEVELOPMENT FOUNDATION  
INC.

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**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line 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 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>			
	<b>b</b> Membership dues	<b>1b</b>			
	<b>c</b> Fundraising events	<b>1c</b>			
	<b>d</b> Related organizations	<b>1d</b> 10,000.			
	<b>e</b> Government grants (contributions)	<b>1e</b>			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 129,671.			
	<b>g</b> Noncash contributions included in lines 1a-1f \$				
	<b>h Total.</b> Add lines 1a-1f		139,671.		
<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>			
	<b>b</b> _____				
	<b>c</b> _____				
	<b>d</b> _____				
	<b>e</b> _____				
	<b>f</b> All other program service revenue				
	<b>g Total.</b> Add lines 2a-2f				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		14,359.		14,359.
	<b>4</b> Income from investment of tax-exempt bond proceeds				
	<b>5</b> Royalties				
	<b>6 a</b> Gross rents	(i) Real (ii) Personal			
	<b>b</b> Less. rental expenses				
	<b>c</b> Rental income or (loss)				
	<b>d</b> Net rental income or (loss)				
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities (ii) Other			
	<b>b</b> Less: cost or other basis and sales expenses				
	<b>c</b> Gain or (loss)				
	<b>d</b> Net gain or (loss)				
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	<b>a</b>			
	<b>b</b> Less direct expenses	<b>b</b>			
	<b>c</b> Net income or (loss) from fundraising events				
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>			
<b>b</b> Less: direct expenses	<b>b</b>				
<b>c</b> Net income or (loss) from gaming activities					
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>				
<b>b</b> Less. cost of goods sold	<b>b</b>				
<b>c</b> Net income or (loss) from sales of inventory					
<b>Miscellaneous Revenue</b>		<b>Business Code</b>			
<b>11 a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> All other revenue					
<b>e Total.</b> Add lines 11a-11d					
<b>12 Total revenue.</b> See instructions.		154,030.	0.	0.	14,359.

332009  
10-29-13

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HALIFAX REGIONAL DEVELOPMENT FOUNDATION

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**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 or note to any line 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	269,280.	269,280.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	6,147.	6,147.		
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 Sch 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	464.	464.		
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	275,891.	275,891.	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  if following SOP 98-2 (ASC 958-720)

HALIFAX REGIONAL DEVELOPMENT FOUNDATION

Form 990 (2013)

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**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	37,729.	<b>1</b>	125,691.
	<b>2</b> Savings and temporary cash investments	638,669.	<b>2</b>	613,653.
	<b>3</b> Pledges and grants receivable, net	80,808.	<b>3</b>	80,808.
	<b>4</b> Accounts receivable, net		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		<b>5</b>	
	<b>6</b> 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 instr) Complete Part II of Sch L		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	<b>10a</b>		
	<b>b</b> Less: accumulated depreciation	<b>10b</b>		<b>10c</b>
	<b>11</b> Investments - publicly traded securities	480,546.	<b>11</b>	429,206.
	<b>12</b> Investments - other securities See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11	77,790.	<b>15</b>	34,493.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	1,315,542.	<b>16</b>	1,283,851.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	<117,257.>	<b>17</b>	16,346.
	<b>18</b> Grants payable	80,808.	<b>18</b>	80,808.
	<b>19</b> Deferred revenue		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> 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		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> 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	78,190.	<b>25</b>	46,077.
	<b>26 Total liabilities.</b> Add lines 17 through 25	41,741.	<b>26</b>	143,231.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	371,524.	<b>27</b>	0.
	<b>28</b> Temporarily restricted net assets	902,277.	<b>28</b>	1,140,620.
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances	1,273,801.	<b>33</b>	1,140,620.	
<b>34</b> Total liabilities and net assets/fund balances	1,315,542.	<b>34</b>	1,283,851.	

Form 990 (2013)

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	154,030.
2	Total expenses (must equal Part IX, column (A), line 25)	2	275,891.
3	Revenue less expenses Subtract line 2 from line 1	3	<121,861.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,273,801.
5	Net unrealized gains (losses) on investments	5	<11,320.>
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	1,140,620.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line 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		X
b 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	X	
c 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.	X	
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?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2013)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

**2013**

Open to Public Inspection

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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?
 

	Yes	No
(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?		X
(ii) A family member of a person described in (i) above?		X
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		X
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in 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	
HALIFAX REGIONAL HOS	54-0648699	3	X						72,000.
<b>Total</b>	<b>1</b>								<b>72,000.</b>

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

Schedule A (Form 990 or 990-EZ) 2013

**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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11 Total support.</b> Add lines 7 through 10						

**12** Gross receipts from related activities, etc. (see instructions) 12

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

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

**14** Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 14 %

**15** Public support percentage from 2012 Schedule A, Part II, line 14 15 %

**16a 33 1/3% support test - 2013.** 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 - 2012.** 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 - 2013.** 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 - 2012.** 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>13 Total support.</b> (Add 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 section 501(c)(3) organization, check this box and stop here

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

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	<b>15</b>		%
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15	<b>16</b>		%

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

<b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>		%
<b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17	<b>18</b>		%

**19a 33 1/3% support tests - 2013.** 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 - 2012.** 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

HALIFAX REGIONAL DEVELOPMENT FOUNDATION

**Part IV** **Supplemental Information.** 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).

SCHEDULE A, PART IV

ON JULY 1, 2013, SENTARA HEALTHCARE BECAME THE SOLE MEMBER OF  
HALIFAX REGIONAL HOSPITAL, INC., THE 501(C)(3) SOLE MEMBER OF THE FILING  
ORGANIZATION. AS SENTARA HEALTHCARE'S BOOKS ARE MAINTAINED ON A CALENDAR  
YEAR BASIS, THE ORGANIZATION'S FINANCIAL REPORTING PERIOD HAS BEEN CHANGED  
TO A CALENDAR YEAR-END.

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

OMB No 1545-0047

**2013**

**Open to Public Inspection**

▶ **Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

- Purpose(s) of conservation easements held by the organization (check all that apply).
 

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
- Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year
 

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_
- Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No
- In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
  - If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.
 

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items.
 

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

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

3 Using the organization's 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:

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

	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	902,277.	1,304,628.	1,225,984.	1,214,574.	1,133,467.
b Contributions	511,195.	315,911.	614,039.	390,056.	280,422.
c Net investment earnings, gains, and losses	3,039.	<15,404.>	30,580.	36,496.	65,015.
d Grants or scholarships	275,427.	702,849.	565,883.	415,057.	264,305.
e Other expenditures for facilities and programs					
f Administrative expenses	464.	9.	92.	85.	25.
g End of year balance	1,140,620.	902,277.	1,304,628.	1,225,984.	1,214,574.

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  100.00 %

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:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. 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 VII Investments - Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15)	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO AFFILIATES	46,077.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25)	46,077.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

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.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

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.**

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.

**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

**Part XIII** Supplemental Information (continued)

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

**Part XIII** Supplemental Information (continued)

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.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization **HALIFAX REGIONAL DEVELOPMENT FOUNDATION** Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

Employer identification number  
**54-1801459**

**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 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

**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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC 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)	15,363.	0.			GRANT FOR THE CENTER OF NURSING EXCELLENCE
SOUTHSIDE HEALTH SERVICES, INC. 2204 WILBORN AVENUE SOUTH BOSTON, VA 24592	54-1417772		17,661.	0.			MEDICATION ASSISTANCE PROGRAM
CLARKSVILLE ENRICHMENT CENTER 1567 NOBLIN FARM ROAD CLARKSVILLE, VA 23927	20-2772136	501(C)(3)	20,000.	0.			SUPPORT OF FACILITY EXPANSION PROJECT
HALIFAX COUNTY CHAMBER OF COMMERCE PO BOX 339 SOUTH BOSTON, VA 24592	54-0641363	501(C)(6)	5,500.	0.			SPONSORSHIP
ESTES COMMUNITY CENTER 316 N. MAIN STREET CHASE CITY, VA 23924	52-1238450	501(C)(3)	20,000.	0.			SUPPORT AND EDUCATION FOR COMMUNITY HEALTH & WELLNESS
CHARLOTTE COUNTY ADULT LEARNING CENTER - PO BOX 286 - CHARLOTTE COURT HOUSE, VA 23923	54-1512357	501(C)(3)	10,000.	0.			FINANCIAL SUPPORT OF ADULT LITERACY PROGRAMS

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.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2013)

HALIFAX REGIONAL DEVELOPMENT FOUNDATION

Schedule I (Form 990) 54-1801459 Page 1

INC.

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
FINE ARTS CENTER PRESERVATION PO BOX 8141 CLARKSVILLE, VA 23927	54-1023969	501(C)(3)	10,000.	0.			GENERAL FINANCIAL SUPPORT OF PROGRAMS
MACCALLUM MORE GARDENS & MUSEUM 603 HUDGINS STREET CHASE CITY, VA 23924	52-1327994	501(C)(3)	10,200.	0.			GENERAL FINANCIAL SUPPORT OF PROGRAMS
MECKLENBURG YMCA 1567 NOBLIN FARM ROAD CLARKSVILLE, VA 23927	54-1351309	501(C)(3)	10,000.	0.			SUPPORT OF ADULT AND CHILDRENS PROGRAMS
HALIFAX COUNTY RESCUE SQUAD PO BOX 183 SOUTH BOSTON, VA 24592	23-7396622	501(C)(3)	6,668.	0.			SUPPORT OF COMMUNITY HEALTH SERVICES
NORTH HALIFAX VOLUNTEER FIRE DEPARTMENT - 4201 LEDA GROVE ROAD - NATHALIE, VA 24577	54-1532503	501(C)(3)	6,666.	0.			GENERAL FINANCIAL SUPPORT
DOMINION HEALTH MEDICAL ASSOCIATES 2204 WILBORN AVENUE SOUTH BOSTON, VA 24592	54-1060357		36,800.	0.			FUNDING FOR HALIFAX REGIONAL DENTAL CLINIC
HALIFAX REGIONAL HOSPITAL 2204 WILBORN AVENUE SOUTH BOSTON, VA 24592	54-0648699	501(C)(3)	72,000.	0.			HOSPICE SUPPORT

Schedule I (Form 990)

**HALIFAX REGIONAL DEVELOPMENT FOUNDATION  
INC.**

Schedule I (Form 990) (2013) **54-1801459** Page 2

**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
CANCER CARE GRANT	1	1,000.	0.		
HOSPICE PATIENTS	259	5,147.	0.		

**Part IV** Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information

**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.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No 1545-0047

**2013**

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

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 indemnification 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 on 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 directors, trustees, and officers, including 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 section 501(c)(3) and 501(c)(4) organizations 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?  
**b** Any related organization?  
If "Yes" to line 5a or 5b, describe in Part III.

**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?  
**b** Any related organization?  
If "Yes" to line 6a or 6b, describe in Part III.

**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

**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

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

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2013



HALIFAX REGIONAL DEVELOPMENT FOUNDATION  
INC.

Part III Supplemental Information

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 .

PART I, LINE 3:

THE ORGANIZATION RELIED ON A RELATED ORGANIZATION THAT USED

ONE OR MORE METHODS LISTED ON LINE 3 TO ESTABLISH THE TOP MANAGEMENT

OFFICIAL'S COMPENSATION.

PART I, LINE 4B:

ROBERT BROERMANN PARTICIPATED IN THE SENTARA CAPITAL

ACCUMULATION ACCOUNT PLAN. PARTICIPATION IS LIMITED TO A SELECT GROUP OF

CORPORATE EXECUTIVES AS APPROVED BY SENTARA HEALTHCARE'S BOARD OF

DIRECTOR'S COMPENSATION COMMITTEE. TERMS OF THE PLAN CHANGED EFFECTIVE

JANUARY 1, 2009, WHEREBY VESTING OF CONTRIBUTIONS MADE ON OR AFTER THAT

DATE NOW OCCURS ON THE EARLIER OF FIVE YEARS FOR EACH YEARS' CONTRIBUTIONS

OR AGE 55 WITH 10 YEARS OF SERVICE. UNDER THE OLD TERMS, VESTING OF

CONTRIBUTIONS MADE PRIOR TO JANUARY 1, 2009 OCCURS ON THE EARLIEST OF

ASSIGNED DISTRIBUTION DATE, DEATH, INVOLUNTARY TERMINATION WITHOUT CAUSE OR

COMPLETION OF TWO-YEAR NON-COMPETE AFTER VOLUNTARY TERMINATION (REGARDLESS

OF ORIGINAL ASSIGNED DISTRIBUTION DATE).

**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 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2013**

Open to Public  
Inspection

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

Name of the organization **HALIFAX REGIONAL DEVELOPMENT FOUNDATION  
INC.**

Employer identification number  
**54-1801459**

**PART III, LINE 1, ORGANIZATION'S MISSION**

**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.**

**FORM 990, PART III, LINE 4A, 4B, 4C, PROGRAM SERVICE ACCOMPLISHMENTS**

**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.;**

**FOR ADMINISTERING GIFTS, GRANTS AND CONTRIBUTIONS FOR HALIFAX REGIONAL**

**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 HALIFAX REGIONAL HEALTH**

**SYSTEM, INC'S ENDOWMENT FUNDS AND FOR MANAGEMENT OF THE AFFILIATED**

**GROUPS' EDUCATIONAL ASSISTANCE PROGRAM.**

**HALIFAX REGIONAL COMMUNITY PARTNERSHIP PROGRAM**

**AS A CORNERSTONE ORGANIZATION IN OUR REGION, HALIFAX REGIONAL TAKES**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  
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Schedule O (Form 990 or 990-EZ) (2013)

Name of the organization **HALIFAX REGIONAL DEVELOPMENT FOUNDATION  
INC.**

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**54-1801459**

SERIOUSLY ITS RESPONSIBILITY TO BE AN ACTIVE CORPORATE CITIZEN. THE HEALTH SYSTEM CONTRIBUTES TO VARIOUS ORGANIZATIONS THAT SHARE ITS MISSION TO PROMOTE GOOD HEALTH AND WELLNESS AND TO HELP IMPROVE THE QUALITY OF LIFE OF ALL AGES. AS PART OF THE HEALTH SYSTEM'S CONTINUED ACTIVE COMMUNITY INVOLVEMENT, THE HALIFAX REGIONAL COMMUNITY PARTNERSHIP PROGRAM WAS ESTABLISHED IN FY05 TO ENABLE HALIFAX REGIONAL HEALTH SYSTEM TO MAXIMIZE ITS RESOURCES TO PROVIDE THE GREATEST BENEFIT TO CITIZENS IN SOUTHSIDE VIRGINIA. GUIDELINES FOR REQUESTS HELP ANSWER IMPORTANT QUESTIONS THAT ENABLE THE PROGRAM TO DISPERSE RESOURCES IN THE MOST EFFECTIVE MANNER. IN SHORT YEAR 13 \$140,828.82 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 R.I.S.E BEREAVEMENT PROGRAMS, STAFF, PATIENT AND FAMILY EDUCATION, MARKETING AND EDUCATIONAL MATERIALS, SPECIAL PROJECTS SUCH AS THE C.A.R.E. CHANNEL FOR HOSPITALIZED PATIENTS, AND ITEMS SUCH AS CDS AND DVDS USED IN MUSIC THERAPY. HOSPICE FUNDS ALSO PAY THE SALARIES OF A PART TIME CLERICAL SUPPORT PERSON, PART TIME CHAPLAIN AND A PART-TIME BEREAVEMENT COORDINATOR. HOSPICE DOES NOT DISCRIMINATE ON THE ABILITY TO PAY.

#### HALIFAX REGIONAL DENTAL CLINIC

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Name of the organization **HALIFAX REGIONAL DEVELOPMENT FOUNDATION  
INC.**

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**54-1801459**

**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 VISITED FOR CHECKUPS, FILLINGS, EXTRACTIONS OR OTHER DENTAL WORK. IN FACT, THE CLINIC HAS PROVIDED MORE THAN 8,095 APPOINTMENTS SINCE IT OPENED FOR MORE THAN 2,547 PATIENTS. IN SHORT YEAR 13, 67% OF THE NEW PATIENTS SEEN DURING THOSE 4 MONTHS WERE EITHER LOW-TO-MODERATE-INCOME (LMI) PATIENTS OR PATIENTS COVERED BY MEDICAID, INDICATING THAT THEY, TOO, ARE LOW INCOME (326 OF THE 489 NEW PATIENTS). ADDITIONALLY, 71% OF THE TOTAL PATIENT VISITS CONDUCTED DURING THE SHORT YEAR PROVIDED DENTAL CARE TO LMI OR MEDICAID-COVERED PATIENTS. CURRENTLY, 69% OF THE 2,500+ PATIENTS ENROLLED IN THE CLINIC ARE EITHER LMI OR MEDICAID-COVERED.**

**FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:**

**MEDICATION ASSISTANCE PROGRAM**

**WITH FUNDING SUPPORT FROM THE VIRGINIA HEALTH CARE FOUNDATION, THE CHASTAIN HOME AND THE HALIFAX REGIONAL DEVELOPMENT FOUNDATION,**

**MEDASSIST OF HALIFAX PROVIDES MEDICATION ASSISTANCE TO LOW INCOME,**

Name of the organization **HALIFAX REGIONAL DEVELOPMENT FOUNDATION  
INC.**

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**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 SHORT YEAR 13,838 PATIENTS WERE  
ASSISTED TO FILL 2814 REQUESTS FOR PRESCRIPTIONS TOTALING  
\$1,814,010.28, WITH AN AVERAGE PRESCRIPTION COST OF \$644.64 - WELL  
BEYOND THE MEANS OF EVEN WELL-EMPLOYED PATIENTS.  
EXPENSES \$ 17,661. INCLUDING GRANTS OF \$ 17,661. REVENUE \$ 0.**

**CANCER CARE FUND**

**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. IN SY13, THE CANCER CARE FUND  
PROVIDED \$1,000 TO 1 INDIVIDUAL FOR SCREENINGS. THE PROGRAM IS  
ADMINISTERED AND PROMOTED BY HALIFAX REGIONAL HOSPITAL, INC.**

Name of the organization HALIFAX REGIONAL DEVELOPMENT FOUNDATION INC.	Employer identification number 54-1801459
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EXPENSES \$ 1,000. INCLUDING GRANTS OF \$ 1,000. REVENUE \$ 0.

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.

DIRECTORS/TRUSTEES/OFFICERS/KEY EMPLOYEES OF THE ORGANIZATION MAY ALSO  
SERVE AS DIRECTORS/TRUSTEES/OFFICERS OF RELATED TAXABLE ENTITIES WITHIN THE  
SENTARA HEALTHCARE SYSTEM. SEE SCHEDULE R FOR A LISTING OF TRANSACTIONS  
THE ORGANIZATION HAD WITH THESE RELATED TAXABLE ENTITIES.

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION HAD ONE CLASS OF MEMBER, THE SOLE MEMBER  
BEING HALIFAX REGIONAL HOSPITAL, INC., A VIRGINIA NONSTOCK CORPORATION  
DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.

FORM 990, PART VI, SECTION A, LINE 7A:

AS THE 501(C)(3) SOLE MEMBER OF THE ORGANIZATION, HALIFAX  
REGIONAL HOSPITAL, INC. HAD THE POWER TO APPOINT MEMBERS OF THE BOARD OF  
DIRECTORS, SUBJECT TO RATIFICATION BY ITS 501(C)(3) SOLE MEMBER, SENTARA  
HEALTHCARE.

FORM 990, PART VI, SECTION A, LINE 7B:

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Name of the organization **HALIFAX REGIONAL DEVELOPMENT FOUNDATION  
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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 ANY  
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.

FORM 990, PART VI, SECTION B, LINE 11:

THE RETURN IS PREPARED BY SENTARA CORPORATE TAX DEPARTMENT,

BASED ON INFORMATION PROVIDED BY ORGANIZATION AND IN CONSULTATION WITH

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Name of the organization **HALIFAX REGIONAL DEVELOPMENT FOUNDATION  
INC.**

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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 PRIOR TO FILING WITH THE IRS.

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.

FORM 990, PART VI, SECTION B, LINE 15:

THE ORGANIZATION SEEKS TO PAY REASONABLE COMPENSATION UNDER

IRC SECTION 4958 TO ATTRACT AND RETAIN THE APPROPRIATE CALIBER OF EMPLOYEES

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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.

TREASURER: THE TREASURER ALSO SERVES AS THE CFO/SENIOR VICE PRESIDENT OF THE SENTARA HEALTHCARE SYSTEM ("SENTARA"). SENTARA FOLLOWED PROCESSES AND PROCEDURES SET FORTH IN ITS GOVERNING DOCUMENTS TO ENSURE COMPLIANCE WITH ITS OBLIGATIONS AS A 501(C)(3) HEALTHCARE ORGANIZATION TO PAY DISQUALIFIED PERSONS REASONABLE COMPENSATION. SUCH PROCESSES AND PROCEDURES ARE INTENDED TO ESTABLISH THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER THE INTERNAL REVENUE CODE SECTION 4958 REGULATIONS.

THE COMPENSATION PHILOSOPHY OF THE SYSTEM AS A WHOLE IS TO BASE OVERALL COMPENSATION AND BENEFITS FOR EXECUTIVES ON NOT-FOR-PROFIT MARKET

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COMPARABLES, ADJUSTED AS APPLIED TO EACH EXECUTIVE, TAKING INTO  
CONSIDERATION THE INDIVIDUAL SKILLS, EXPERIENCE, TENURE AND PERFORMANCE OF  
THE EXECUTIVE BEING COMPENSATED AND OVERALL PERFORMANCE OF THE  
ORGANIZATION.

IN LINE WITH THIS PHILOSOPHY, THE SYSTEM PERFORMED SUBSTANTIAL DUE  
DILIGENCE AS TO MARKET COMPARABLES. THE SYSTEM'S COMPENSATION COMMITTEE,  
WHICH CONSISTS OF SYSTEM BOARD MEMBERS WITHOUT CONFLICTS OF INTERESTS,  
ENGAGED AN OUTSIDE CONSULTANT, WHO REPORTS TO THE COMPENSATION COMMITTEE,  
TO CONDUCT A STUDY ASSESSING THE COMPETITIVENESS OF TOTAL COMPENSATION  
(INCLUDING CASH COMPENSATION, BENEFITS AND PERQUISITES) OF ITS SENIOR  
EXECUTIVES PRIOR TO MAKING DECISIONS REGARDING ANNUAL BASE SALARY  
ADJUSTMENTS, APPROVING INCENTIVE AWARDS, OR CONSIDERING PROGRAMMATIC  
CHANGES. THE STUDY COMPARED THE COMPENSATION OF THE SYSTEM'S SENIOR  
EXECUTIVES TO COMPENSATION DATA FROM MULTIPLE PUBLISHED SURVEY SOURCES  
BASED ON THE SENIOR EXECUTIVE'S FUNCTIONAL RESPONSIBILITY. IN CONDUCTING  
THE STUDY, THE CONSULTANT TARGETED OTHER NOT-FOR-PROFIT HEALTH SYSTEMS OF  
SIMILAR SIZE BASED ON NET REVENUE AND COMPLEXITY. FOR HEALTH PLAN  
POSITIONS, HEALTH PLANS WITH SIMILAR PREMIUMS, OR MEMBERS, WERE TARGETED.  
THE CONSULTANT ALSO CONDUCTS A REVIEW OF THE ORGANIZATION'S PERFORMANCE  
RELATIVE TO A GROUP OF NOT-FOR-PROFIT HEALTH SYSTEMS OF COMPARABLE SIZE AND  
SCOPE OF OPERATIONS EVERY YEAR.

THE MOST RECENT STUDY COMPARED SENTARA'S PERFORMANCE TO 29 NOT-FOR-PROFIT  
HEALTHCARE SYSTEMS BASED ON NET REVENUE GROWTH, OPERATING MARGIN, BOND  
RATING, AND QUALITATIVE PERFORMANCE MEASURES BASED ON RANKINGS FROM SDI'S  
NATIONAL TOP INTEGRATED HEALTH NETWORKS. OVERALL, THE CONSULTANT  
DETERMINED THAT SENTARA'S PAY WAS ALIGNED WITH ITS RELATIVE PERFORMANCE.

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THE COMPENSATION STUDY WAS PRESENTED TO THE SYSTEM'S COMPENSATION COMMITTEE, WHICH MADE ITS COMPENSATION DECISIONS BASED ON A) ITS REVIEW AND ANALYSIS OF THE PERFORMANCE OF BOTH THE ORGANIZATION AND ITS SENIOR EXECUTIVES AND, B) A REASONABLENESS OF COMPENSATION ANALYSIS AND OPINION FROM AN EXTERNAL EXPERT IN THE COMPENSATION OF EXECUTIVES IN THE TAX-EXEMPT HEALTH CARE FIELD. THE COMMITTEE'S BASES FOR ITS DECISIONS WERE DOCUMENTED IN COMMITTEE MINUTES TAKEN DURING THE MEETING AND THEN CIRCULATED FOR REVIEW AND APPROVAL. ALL DECISIONS REGARDING COMPENSATION WERE MADE BY THE COMMITTEE, WHICH CONSISTS OF SYSTEM BOARD MEMBERS WITHOUT CONFLICT OF INTERESTS.

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.

FORM 990, PART VI, LINES 1A AND 1B, BOARD MEMBER INDEPENDENCE

THE ORGANIZATION'S BOARD OF DIRECTORS IS APPOINTED BY HALIFAX REGIONAL HOSPITAL, INC., THE 501(C)(3) SOLE MEMBER OF THE ORGANIZATION. APPOINTMENTS ARE SUBJECT TO RATIFICATION BY SENTARA HEALTHCARE, THE 501(C)(3) SOLE MEMBER OF HALIFAX REGIONAL HOSPITAL, INC. THE GOVERNING BOARD OF SENTARA HEALTHCARE IS A COMMUNITY-BASED BOARD COMPRISED OF 16 VOTING MEMBERS, 12 OF WHICH ARE CONSIDERED INDEPENDENT, AS DEFINED IN THE FORM 990 INSTRUCTIONS.

STATEMENT FILED PURSUANT TO TREASURY REGULATION SEC. 1.6038-2(J)(3):

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09-04-13

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Name of the organization HALIFAX REGIONAL DEVELOPMENT FOUNDATION  
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THE TAXPAYER IS A MEMBER OF THE SENTARA HEALTHCARE ("SHC")  
CONTROLLED GROUP. SHC, EIN 52-1271901, OWNS BAY PRIMEX INSURANCE  
COMPANY, LTD., A CONTROLLED FOREIGN CORPORATION. SHC FURNISHES ALL  
INFORMATION REQUIRED OF THE TAXPAYER BY IRC SECTION 6038 AND THE  
REGULATIONS THEREUNDER WITH RESPECT TO BAY PRIMEX INSURANCE COMPANY,  
LTD. 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 SHC'S FORM 990 RETURN OF ORGANIZATION  
EXEMPT FROM INCOME TAX.

IN ADDITION, ONE MEMBER OF THE SHC CONTROLLED GROUP 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 HALIFAX REGIONAL HOSPITAL, 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 THE  
ORGANIZATION'S FORM 990 RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX.



HALIFAX REGIONAL DEVELOPMENT FOUNDATION  
INC.

Schedule R (Form 990)

54-1801459

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
HALIFAX REGIONAL PROPERTIES, INC. - 54-1801463, 2204 WILBORN AVENUE, SOUTH BOSTON, VA 24592	HLTH/WELFARE	VIRGINIA	501(C)(3)	11A_TYPE I	HALIFAX REGIONAL HOSPITAL	X	
SENTARA HEALTHCARE - 52-1271901 6015 POPLAR HALL DRIVE NORFOLK, VA 23502	HEALTH CARE	VIRGINIA	501(C)(3)	LN7_NORMALGO	N/A		X
SENTARA PRINCESS ANNE HOSPITAL - 52-1277419 6015 POPLAR HALL DRIVE NORFOLK, VA 23502	HEALTH CARE	VIRGINIA	501(C)(3)	LN3_HOSPITAL	SENTARA HOSPITALS	X	
SENTARA HOSPITALS - 54-1547408 6015 POPLAR HALL DRIVE NORFOLK, VA 23502	HEALTH CARE	VIRGINIA	501(C)(3)	LN3_HOSPITAL	SENTARA HEALTHCARE	X	
SENTARA MEDICAL GROUP - 54-1217184 6015 POPLAR HALL DRIVE NORFOLK, VA 23502	HEALTH CARE	VIRGINIA	501(C)(3)	LN9_MORETHAN	SENTARA HEALTHCARE	X	
SENTARA ENTERPRISES - 54-1917649 6015 POPLAR HALL DRIVE NORFOLK, VA 23502	HEALTH CARE	VIRGINIA	501(C)(3)	LN9_MORETHAN	SENTARA HEALTHCARE	X	
SENTARA LIFE CARE CORP - 54-1217183 6015 POPLAR HALL DRIVE NORFOLK, VA 23502	HEALTH CARE	VIRGINIA	501(C)(3)	LN9_MORETHAN	SENTARA HEALTHCARE	X	
MPB, INC. - 54-1346393 6015 POPLAR HALL DRIVE NORFOLK, VA 23502	TITLE HOLDING COMPANY	VIRGINIA	501(C)(2)		SENTARA ENTERPRISES	X	
OPTIMA HEALTH PLAN - 54-128337 6015 POPLAR HALL DRIVE NORFOLK, VA 23502	HMO	VIRGINIA	501(C)(3)	11A - I	SENTARA HEALTHCARE	X	
POTOMAC HOSPITAL CORP OF PRINCE WILLIAM - 54-0853898, 6015 POPLAR HALL DRIVE, NORFOLK, VA 23502	HEALTH CARE	VIRGINIA	501(C)(3)	LN3_HOSPITAL	SENTARA HEALTHCARE	X	
SENTARA RMH MEDICAL CENTER - 54-0506331 2010 HEALTH CAMPUS DRIVE HARRISONBURG, VA 22801	HEALTH CARE	VIRGINIA	501(C)(3)	LN3_HOSPITAL	SENTARA HEALTHCARE	X	
VALLEY WELLNESS CENTER - 52-1309257 501 STONE SPRING ROAD HARRISONBURG, VA 22801	PREVENTATIVE HEALTH/REHAB	VIRGINIA	501(C)(3)	LN9_MORETHAN	ROCKINGHAM MEMORIAL HOSPITAL	X	



HALIFAX REGIONAL DEVELOPMENT FOUNDATION

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
MANAGEMENT SERVICES, LLC - 54-1365012, 814 GREENBRIER CIRCLE, CHESAPEAKE, VA 23320	HLTH MGT SV	VA	N/A	N/A	N/A	N/A			N/A			N/A
OBICI REAL ESTATE HOLDINGS, LLC - 26-1749881, 6015 POPLAR HALL DRIVE, NORFOLK, VA 23502	RE RENTAL	VA	N/A	N/A	N/A	N/A			N/A			N/A
PRINCESS ANNE AMB SURG MGT, LLC - 20-4920880, 1975 GLENN MITCHELL, STE 300, VA BEACH, VA 23456	HEALTH CARE	VA	N/A	N/A	N/A	N/A			N/A			N/A
VA BEACH AMBULATORY SURGERY CENTER - 54-1448218, 1700 WILL O WISP DRIVE, VA BEACH, VA 23454	HEALTH CARE	VA	N/A	N/A	N/A	N/A			N/A			N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
SOUTHSIDE HEALTH SERVICES, INC. - 54-1417772 2204 WILBORN AVENUE	HEALTH SERVICES	VA	N/A	C CORP	N/A	N/A	N/A		X
SOUTH BOSTON, VA 24592 DOMINION HEALTH MEDICAL ASSOCIATES, LTD. - 54-1060357, 2204 WILBORN AVENUE, SOUTH BOSTON, VA 24592	PHYS PRACTICE	VA	N/A	C CORP	N/A	N/A	N/A		X
SENTARA HOLDINGS, INC. - 54-1555638 6015 POPLAR HALL DRIVE NORFOLK, VA 23502	HOLDING COMPANY	VA	N/A	C CORP	N/A	N/A	N/A		X
SENTARA HEALTH PLANS, INC. - 52-2368125 6015 POPLAR HALL DRIVE NORFOLK, VA 23502	RPA	VA	N/A	C CORP	N/A	N/A	N/A		X
OPTIMA HEALTH GROUP - 54-1473382 6015 POPLAR HALL DRIVE NORFOLK, VA 23502	HMO	VA	N/A	C CORP	N/A	N/A	N/A		X

HALIFAX REGIONAL DEVELOPMENT FOUNDATION  
INC.

Schedule R (Form 990)

54-1801459

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(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) Disproportion- ate 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	
AMER HEALTH EVAL CTR-WMSBG, LLC - 26-3761741, 739 THIMBLE SHOALS, STE 105, NEWPORT NEWS, VA 23606	HEALTH CARE	VA	N/A	N/A	N/A	N/A			N/A		N/A	N/A
CANCER CENTERS OF VA, LLC - 20-1338518, 5900 LAKE WRIGHT DRIVE, NORFOLK, VA 23502	HEALTH CARE	VA	N/A	N/A	N/A	N/A			N/A		N/A	N/A
HAMPTON ROADS LITHOTRIPSY, LLC - 20-0942600, 225 CLEARFIELD AVE, VIRGINIA BEACH, VA 23462	HEALTH CARE	VA	N/A	N/A	N/A	N/A			N/A		N/A	N/A
HEALTHCARE PERFORMANCE IMPROVEMENT, LLC - 20-4024074, 5041 CORPORATE WOODS DR, STE 180, VIRGINIA RADIOLOGY SERVICES OF HAMPTON ROADS, L.C - 54-1774472, 814 GREENBRIER CIRCLE, STE L, CHESAPEAKE, VA 23320	CONSULTING	VA	N/A	N/A	N/A	N/A			N/A		N/A	N/A
SENTARA OBICI AMBULATORY SURGERY, LLC - 26-0144898, 2750 GODWIN BLVD, SUFFOLK, VA 23434	HEALTH CARE	VA	N/A	N/A	N/A	N/A			N/A		N/A	N/A
ST LUKES PROPERTIES LLC - 27-2774684, 6015 POPLAR HALL DRIVE, NORFOLK, VA 23502	MOB RENTAL	VA	N/A	N/A	N/A	N/A			N/A		N/A	N/A
POTOMAC INOVA HEALTHCARE ALLIANCE LLC - 54-1802733, 8110 GATEHOUSE RD, STE 400W, FALLS CHURCH, VA 22042	HEALTHCARE	VA	N/A	N/A	N/A	N/A			N/A		N/A	N/A
CAREPLEX WEST, LLC - 20-2738977, 18000 W. SARAH LANE, STE 250, BROOKFIELD, WI 53045	RENTAL RE	WI	N/A	N/A	N/A	N/A			N/A		N/A	N/A

HALIFAX REGIONAL DEVELOPMENT FOUNDATION  
INC.

Schedule R (Form 990)

54-1801459

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(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) Disproportion- ate 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	
PORT WARWICK II, LLC - 20-2739075, 18000 WEST SARAH LANE, STE 250, BROOKFIELD, WI 53045	RENTAL RE	WI	N/A	N/A	N/A	N/A			N/A		N/A	N/A
OPACC I, LLC - 39-2021431 18000 WEST SARAH LANE, STE 250 BROOKFIELD, WI 53045	RENTAL RE	WI	N/A	N/A	N/A	N/A			N/A		N/A	N/A
ORTHOPAEDIC HOSPITAL MANAGEMENT LLC - 27-4185117, 3000 COLISEUM DRIVE, HAMPTON, VA 23666	MGT SVCS	VA	N/A	N/A	N/A	N/A			N/A		N/A	N/A
CAREPLEX ORTHOPAEDIC ASC, LLC - 27-1867311, 3000 COLISEUM DRIVE, HAMPTON, VA 23666	HEALTH CARE	VA	N/A	N/A	N/A	N/A			N/A		N/A	N/A
PORT WARWICK III, LLC - 61-1499371, 18000 WEST SARAH LANE, STE 250, BROOKFIELD, WI 53045	RENTAL RE	WI	N/A	N/A	N/A	N/A			N/A		N/A	N/A
VALIANCE HEALTH, LLC - 54-1866081, 3190 PEOPLE'S DRIVE, HARRISONBURG, VA 22801	HEALTH CARE	VA	N/A	N/A	N/A	N/A			N/A		N/A	N/A
PHYSICAL THERAPY @ ACAC, LLC - 26-0080717, 501 ALBEMARLE SQUARE, CHARLOTTEVILLE, VA 22901	HEALTH CARE	VA	N/A	N/A	N/A	N/A			N/A		N/A	N/A
NORTHERN VIRGINIA HOME CARE, LLC - 45-3940053, 601 SOUTH CARLIN SPRINGS RD, ARLINGTON, VA 22204	HOME CARE	VA	N/A	N/A	N/A	N/A			N/A		N/A	N/A
MNS SUPPLY CHAIN NETWORK, LLC - 45-4235238, 2085 FRONTIS PLAZA BLVD, WINSTON SALEM, NC 27103	GPO	DE	N/A	N/A	N/A	N/A			N/A		N/A	N/A



HALIFAX REGIONAL DEVELOPMENT FOUNDATION  
INC.

Schedule R (Form 990)

54-1801459

**Part IV** Continuation of 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
OPTIMA HEALTH INSURANCE COMPANY - 54-1642752 6015 POPLAR HALL DRIVE NORFOLK, VA 23502	HEALTH INSURANCE	VA	N/A	C CORP	N/A	N/A	N/A		X
OPTIMA BEHAVIORAL HEALTH SERVICES - 62-1382666, 6015 POPLAR HALL DRIVE, NORFOLK, VA 23502	MENTAL HEALTH SVCS	VA	N/A	C CORP	N/A	N/A	N/A		X
SENTARA VENTURES, INC. - 54-1688615 6015 POPLAR HALL DRIVE NORFOLK, VA 23502	HOLDING COMPANY	VA	N/A	C CORP	N/A	N/A	N/A		X
SMG INNOVATIONS, INC. - 20-3730331 6015 POPLAR HALL DRIVE NORFOLK, VA 23502	HEALTH CARE	VA	N/A	C CORP	N/A	N/A	N/A		X
SENTARA OBICI PROFESSIONAL CENTER - 54-1445865, 6015 POPLAR HALL DRIVE, NORFOLK, VA 23502	RE RENTAL	VA	N/A	C CORP	N/A	N/A	N/A		X
SENTARA STRATEGIC SOLUTIONS, INC. - 54-1020941, 6015 POPLAR HALL DRIVE, NORFOLK, VA 23502	HEALTH CARE	VA	N/A	C CORP	N/A	N/A	N/A		X
POTOMAC VENTURES CORP - 54-1441420 2300 OPITZ BLVD WOODBRIDGE, VA 22191	PHARMACY	VA	N/A	C CORP	N/A	N/A	N/A		X
ROCKINGHAM HEALTH SERVICES, INC. - 54-1721387, 2010 HEALTH CAMPUS DRIVE, HARRISONBURG, VA 22801	CONTRACTING SVCS	VA	N/A	C CORP	N/A	N/A	N/A		X
MARTHA JEFFERSON MEDICAL ENTERPRISES, INC. - 54-1841528, 500 MARTHA JEFFERSON DRIVE, CHARLOTTESVILLE, VA 22911	MEDICAL BILLING SVCS	VA	N/A	C CORP	N/A	N/A	N/A		X
BAY PRIMEX INSURANCE COMPANY, LTD - 98-0704114, P.O. BOX 1051, GRAND CAYMAN, CAYMAN ISLANDS KYI-1102	INSURANCE	CAYMAN ISLANDS	N/A	C CORP	N/A	N/A	N/A		X

HALIFAX REGIONAL DEVELOPMENT FOUNDATION  
INC.

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on 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		X
1b	X	
1c	X	
1d		X
1e		X
1f		X
1g		X
1h		X
1i		X
1j		X
1k		X
1l		X
1m		X
1n		X
1o		X
1p		X
1q		X
1r	X	
1s		X

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

(1)	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				



**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

**PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:**

**NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:**

HEALTHCARE PERFORMANCE IMPROVEMENT, LLC

EIN: 20-4024074

5041 CORPORATE WOODS DR, STE 180

VIRGINIA BEACH, VA 23462

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

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

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

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).  
Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return See instructions	Name of exempt organization or other filer, see instructions <b>HALIFAX REGIONAL DEVELOPMENT FOUNDATION INC.</b>	Employer identification number (EIN) or <b>54-1801459</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>2204 WILBORN AVENUE</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>SOUTH BOSTON, VA 24592</b>	

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

**01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

**STEWART R. NELSON**

• The books are in the care of **2204 WILBORN AVENUE - SOUTH BOSTON, VA 24592**  
Telephone No. **434 517-3183** Fax No. **434 517-3721**

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 17, 2014**.

5 For calendar year \_\_\_\_\_, or other tax year beginning **SEP 1, 2013**, and ending **DEC 31, 2013**.

6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

7 State in detail why you need the extension

**THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.**

<b>8a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$	<b>0.</b>
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$	<b>0.</b>
<b>c Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	<b>8c</b>	\$	<b>0.</b>

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

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

Signature **▶**

Title **▶ CPA**

Date **▶**