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Form **990**  
 Department of the Treasury  
 Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047  
2015  
**Open to Public Inspection**

**A For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization HALIFAX REGIONAL DEVELOPMENT FOUNDATION INC Doing business as _____ Number and street (or P O box if mail is not delivered to street address) Room/suite 2204 WILBORN AVENUE _____ City or town, state or province, country, and ZIP or foreign postal code SOUTH BOSTON, VA 24592 <b>F</b> Name and address of principal officer CHRIS A LUMSDEN 2204 WILBORN AVENUE SOUTH BOSTON, VA 24592	<b>D</b> Employer identification number 54-1801459 <b>E</b> Telephone number (434) 517-3183 <b>G</b> Gross receipts \$ 351,783
<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>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>H(c)</b> Group exemption number ▶ _____
<b>J</b> Website: ▶ WWW HRHS ORG		<b>L</b> Year of formation 1996 <b>M</b> State of legal domicile VA
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ _____		

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities TO PROMOTE COMMUNITY HEALTH AND TO DEVELOP FUNDRAISING AND SUPPORT FOR HALIFAX REGIONAL HOSPITAL		
<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>	4
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	1
<b>5</b>	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>5</b>	0
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	4
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	430,398	303,688
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	27,453	26,891
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	989	9,321
		458,840	339,900
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	589,222	677,115
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <sup>0</sup>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	93	317
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	589,315	677,432	
<b>19</b> Revenue less expenses Subtract line 18 from line 12	-130,475	-337,532	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	1,196,820	1,199,651
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	172,367	520,991
	1,024,453	678,660	

**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	2016-11-11			
		Date			
	STEWART R NELSON CFO				
	Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no			

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

Part III Statement of Program Service Accomplishments

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

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 [X] 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 [X] 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 \$ 677,432 including grants of \$ 677,115 ) (Revenue \$ )
HALIFAX REGIONAL DEVELOPMENT FOUNDATION, INC (HRDF) 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 SENTARA HALIFAX REGIONAL HOSPITAL, INC , FOR ADMINISTERING GIFTS, GRANTS AND CONTRIBUTIONS FOR THE HOSPITAL AND FOR PROVIDING OTHER SERVICES THAT ARE EXCLUSIVELY CHARITABLE, EDUCATIONAL OR SCIENTIFIC IN NATURE THE FOUNDATION IS ALSO RESPONSIBLE FOR MANAGING THE INVESTMENT OF SENTARA HALIFAX REGIONAL HOSPITAL, INC'S ENDOWMENT FUNDS AND FOR MANAGEMENT OF THE AFFILIATED GROUPS' EDUCATIONAL ASSISTANCE PROGRAM SEE ALSO SCHEDULE O

4b (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

4e Total program service expenses 677,432

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and financial reporting.

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

<b>21</b>	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	<b>21</b>	Yes	
<b>22</b>	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	<b>22</b>	Yes	
<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> . . . . .	<b>23</b>	Yes	
<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> . . . . .	<b>24a</b>		No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>		
<b>c</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>24c</b>		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>		
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) 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> . . . . .	<b>25a</b>		No
<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> . . . . .	<b>25b</b>		No
<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 "Yes," complete Schedule L, Part II</i> . . . . .	<b>26</b>		No
<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> . . . . .	<b>27</b>		No
<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> . . . . .	<b>28a</b>		No
<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> . . . . .	<b>28b</b>		No
<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> . . . . .	<b>28c</b>		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>		No
<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> . . . . .	<b>30</b>		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>		No
<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> . . . . .	<b>32</b>		No
<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> . . . . .	<b>33</b>		No
<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> . . . . .	<b>34</b>	Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>	Yes	
<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> . . . . .	<b>35b</b>	Yes	
<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> . . . . .	<b>36</b>		No
<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> . . . . .	<b>37</b>		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	Yes	

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

Table with columns for question numbers (1a-14b), Yes/No boxes, and numerical input fields. Questions cover topics like Form 1096, Form W-2G, Form W-3, foreign accounts, prohibited tax shelter transactions, and charitable contributions.

**Part VI Governance, Management, and Disclosure**

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

Check if Schedule O contains a response 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		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent		
<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?	Yes	
<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?		No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
<b>6</b>	Did the organization have members or stockholders?	Yes	
<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?	Yes	
<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?	Yes	
<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?	Yes	
<b>8b</b>	b Each committee with authority to act on behalf of the governing body?	Yes	
<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		No

**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?		No
<b>10b</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?	Yes	
<b>11b</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	Yes	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
<b>13</b>	Did the organization have a written whistleblower policy?		No
<b>14</b>	Did the organization have a written document retention and destruction policy?		No
<b>15a</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?		No
<b>15b</b>	a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		No
<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?		No
<b>16b</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 ▶

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- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website    Another's website    Upon request    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, address, and telephone number of the person who possesses the organization's books and records  
 ▶ STEWART R NELSON 2204 WILBORN AVENUE SOUTH BOSTON, VA 24592 (434) 517-3183





**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>1a</b>	Federated campaigns . . . . . <b>1a</b> _____					
	<b>b</b>	Membership dues . . . . . <b>1b</b> _____					
	<b>c</b>	Fundraising events . . . . . <b>1c</b> 26,375					
	<b>d</b>	Related organizations . . . . . <b>1d</b> 82,000					
	<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> 195,313					
	<b>g</b>	Noncash contributions included in lines 1a-1f \$ _____					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . <b>▶</b>	303,688				
<b>Program Service Revenue</b>	<b>2a</b>	_____ Business Code _____					
	<b>b</b>	_____					
	<b>c</b>	_____					
	<b>d</b>	_____					
	<b>e</b>	_____					
	<b>f</b>	All other program service revenue					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . . <b>▶</b>					
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . . <b>▶</b>	26,891			26,891	
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . . <b>▶</b>					
	<b>5</b>	Royalties . . . . . <b>▶</b>					
	<b>6a</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>▶</b>				
	<b>7a</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>▶</b>				
	<b>8a</b>	Gross income from fundraising events (not including \$ 26,375 of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b>	21,204				
		<b>b</b>	Less direct expenses . . . . . <b>b</b>	11,883			
		<b>c</b>	Net income or (loss) from fundraising events . . . . . <b>▶</b>	9,321			9,321
	<b>9a</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>▶</b>				
	<b>10a</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>▶</b>				
	Miscellaneous Revenue	Business Code					
<b>11a</b>	_____						
	<b>b</b>	_____					
	<b>c</b>	_____					
	<b>d</b>	All other revenue . . . . .					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . <b>▶</b>					
<b>12</b>	<b>Total revenue.</b> See Instructions . . . . . <b>▶</b>	339,900	0	0	36,212		

**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
<b>1</b>	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 . . . . .	587,707	587,707		
<b>2</b>	Grants and other assistance to domestic individuals See Part IV, line 22 . . . . .	89,408	89,408		
<b>3</b>	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 . . . . .				
<b>4</b>	Benefits paid to or for members . . . . .				
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .				
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b>	Other salaries and wages . . . . .				
<b>8</b>	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .				
<b>9</b>	Other employee benefits . . . . .				
<b>10</b>	Payroll taxes . . . . .				
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management . . . . .				
<b>b</b>	Legal . . . . .				
<b>c</b>	Accounting . . . . .				
<b>d</b>	Lobbying . . . . .				
<b>e</b>	Professional fundraising services See Part IV, line 17				
<b>f</b>	Investment management fees . . . . .				
<b>g</b>	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .				
<b>12</b>	Advertising and promotion . . . . .				
<b>13</b>	Office expenses . . . . .				
<b>14</b>	Information technology . . . . .				
<b>15</b>	Royalties . . . . .				
<b>16</b>	Occupancy . . . . .				
<b>17</b>	Travel . . . . .				
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b>	Conferences, conventions, and meetings . . . . .				
<b>20</b>	Interest . . . . .				
<b>21</b>	Payments to affiliates . . . . .				
<b>22</b>	Depreciation, depletion, and amortization . . . . .				
<b>23</b>	Insurance . . . . .				
<b>24</b>	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 )				
<b>a</b>	FEES	317	317		
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>	All other expenses				
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24e	677,432	677,432	0	0
<b>26</b>	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	67,540	<b>1</b>	61,667
	<b>2</b> Savings and temporary cash investments . . . . .	613,653	<b>2</b>	613,653
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<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 instructions) Complete Part II of Schedule 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 . . . . .	458,611	<b>11</b>	464,139
	<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 . . . . .	57,016	<b>15</b>	60,192
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	1,196,820	<b>16</b>	1,199,651	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .		<b>17</b>	
	<b>18</b> Grants payable . . . . .		<b>18</b>	250,000
	<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 . . . . .	172,367	<b>25</b>	270,991
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	172,367	<b>26</b>	520,991
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .		<b>27</b>	
	<b>28</b> Temporarily restricted net assets . . . . .	1,024,453	<b>28</b>	678,660
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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 . . . . .	1,024,453	<b>33</b>	678,660	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	1,196,820	<b>34</b>	1,199,651	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	339,900
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	677,432
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-337,532
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	1,024,453
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-8,261
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	678,660

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>2b</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	Yes	
<b>2c</b>	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

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

**Public Charity Status and Public Support**

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.

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

**2015**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**Employer identification number**  
54-1801459

**Part I 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 (Form 990 or 990-EZ))
- 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
  - f Enter the number of supported organizations . . . . . 1
  - g 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 (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) HALIFAX REGIONAL HOSPITAL INC	540648699		Yes		677,115	0
<b>Total</b>					677,115	

**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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 VI.)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	
<b>15</b> Public support percentage for 2014 Schedule A, Part II, line 14	<b>15</b>	
<b>16a 33 1/3% support test—2015.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 33 1/3% support test—2014.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2015.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2014.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in 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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 VI.)						
<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 2015 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15	<b>16</b>	

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

<b>17</b> Investment income percentage for <b>2015</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2014</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2015.** 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—2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	Yes	
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		No
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		No
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		No
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		No
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		No
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		No
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).		No
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		No
<b>b</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		No
<b>c</b> Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		No
<b>10a</b> Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.		No
<b>b</b> Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		No
<b>b</b> A family member of a person described in (a) above?		No
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		No

**Part IV Supporting Organizations** (continued)**Section B. Type I Supporting Organizations**

- 1** Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year?  
*If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?  
*If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*

	Yes	No
<b>1</b>	Yes	
<b>2</b>		No

**Section C. Type II Supporting Organizations**

- 1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?  
*If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*

	Yes	No
<b>1</b>		

**Section D. All Type III Supporting Organizations**

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization?  
*If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).*
- 3** By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?  
*If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.*

	Yes	No
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)
- a**  The organization satisfied the Activities Test. Complete **line 2** below.
- b**  The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c**  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2** Activities Test **Answer (a) and (b) below.**

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive?  
*If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in?  
*If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3** Parent of Supported Organizations **Answer (a) and (b) below.**
- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

	Yes	No
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

**Section A - Adjusted Net Income**

	(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>	
<b>2</b> Recoveries of prior-year distributions	<b>2</b>	
<b>3</b> Other gross income (see instructions)	<b>3</b>	
<b>4</b> Add lines 1 through 3	<b>4</b>	
<b>5</b> Depreciation and depletion	<b>5</b>	
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b> Other expenses (see instructions)	<b>7</b>	
<b>8</b> <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	

**Section B - Minimum Asset Amount**

	(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>	
<b>a</b> Average monthly value of securities	<b>1a</b>	
<b>b</b> Average monthly cash balances	<b>1b</b>	
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b> <b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b> <b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI) _____		
<b>2</b> Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b> Subtract line 2 from line 1d	<b>3</b>	
<b>4</b> Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b> Multiply line 5 by 0.35	<b>6</b>	
<b>7</b> Recoveries of prior-year distributions	<b>7</b>	
<b>8</b> <b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	

**Section C - Distributable Amount**

		Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b> Enter 85% of line 1	<b>2</b>	
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b> Income tax imposed in prior year	<b>5</b>	
<b>6</b> <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) <input type="checkbox"/>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in Part VI) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
<b>9</b> Distributable amount for 2015 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2015</b>	<b>(iii) Distributable Amount for 2015</b>
<b>1</b> Distributable amount for 2015 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> From 2013. . . . .			
<b>e</b> From 2014. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<b>i</b> Carryover from 2010 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2015 from Section D, line 7			
\$ _____			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
<b>6</b> Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2016.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b>			
<b>b</b>			
<b>c</b> Excess from 2013. . . . .			
<b>d</b> From 2014. . . . .			
<b>e</b> From 2015. . . . .			

**Part VI Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

<b>Facts And Circumstances Test</b>

Return Reference	Explanation

**SCHEDULE D**  
(Form 990)

**Supplemental Financial Statements**

OMB No 1545-0047  
**2015**  
Open to Public Inspection

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

Information about Schedule D (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 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
<b>1</b> Total number at end of year		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> Aggregate value at end of year		
<b>5</b> 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
<b>6</b> 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" on Form 990, Part IV, line 7.

**1** Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

**2** 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 Year
<b>a</b> Total number of conservation easements	
<b>b</b> Total acreage restricted by conservation easements	
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	
<b>d</b> Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	

**3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

**4** Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

**5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

**6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  
▶ \_\_\_\_\_

**7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  
▶ \$ \_\_\_\_\_

**8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

**9** 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" on Form 990, Part IV, line 8.

**1a** 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

**b** 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) Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

**2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

**a** Revenue included on 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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

	Amount
<b>c</b> Beginning balance	<b>1c</b>
<b>d</b> Additions during the year	<b>1d</b>
<b>e</b> Distributions during the year	<b>1e</b>
<b>f</b> Ending balance	<b>1f</b>

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  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
<b>1a</b> Beginning of year balance . . . . .	1,024,453	1,140,620	902,277	1,304,628	1,225,984
<b>b</b> Contributions . . . . .	303,688	407,248	511,195	315,911	614,039
<b>c</b> Net investment earnings, gains, and losses . . . . .	18,630	41,761	3,039	-15,404	30,580
<b>d</b> Grants or scholarships . . . . .	677,115	589,222	275,427	702,849	565,883
<b>e</b> Other expenditures for facilities and programs . . . . .	-9,321	-24,139			
<b>f</b> Administrative expenses . . . . .	317	93	464	9	92
<b>g</b> End of year balance . . . . .	678,660	1,024,453	1,140,620	902,277	1,304,628

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

- a** Board designated or quasi-endowment ▶
  - b** Permanent endowment ▶
  - c** Temporarily restricted endowment ▶ 100 000 %
- The percentages on 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
<b>3a(i)</b>		No
<b>3a(ii)</b>		No
<b>3b</b>		

- b** If "Yes" on 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
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements . . . . .				
<b>d</b> Equipment . . . . .				
<b>e</b> 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' on 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		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12 )		

**Part VIII Investments—Program Related.** Complete if the organization answered 'Yes' on 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
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )		

**Part IX Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) INTEREST RECEIVABLE	58,976
(2) DUE FROM AFFILIATES	1,216
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 )	60,192

**Part X Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
Federal income taxes	
DUE TO AFFILIATES	270,991
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	270,991

**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' on Form 990, Part IV, line 12a.

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

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

**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

Return Reference	Explanation
PART V, LINE 4	<p>THE HALIFAX REGIONAL COMMUNITY PARTNERSHIP IS A CHARITABLE PROGRAM ESTABLISHED 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 HALIFAX REGIONAL HOSPITAL INC ("HRH") PHILOSOPHY OF BEING AN EXCELLENT CORPORATE CITIZEN, (4) THAT ARE NON-PROFIT ENTITIES, AND (5) THAT INCLUDE HRH SYSTEM EMPLOYEES, ESPECIALLY WHEN THESE EMPLOYEES SERVE IN LEADERSHIP ROLES ALL REQUESTS MUST BE IN WRITING AS NO VERBAL REQUESTS WILL BE REVIEWED OR FUNDED THE REQUEST MUST STATE THE INTENDED USE OF THE FUNDS THE PROCESS FOR REVIEWING REQUESTS IS AS FOLLOWS (1) ALL REQUESTS FOR CONTRIBUTIONS SHOULD BE DIRECTED TO THE COORDINATOR (2) THE COORDINATOR WILL CONSOLIDATE THE REQUESTS AND BE READY TO PROVIDE A SUMMARY FOR THE COMMITTEE DURING MEETINGS (3) THE CHAIR WILL PRESENT RECOMMENDATIONS FOR GIVING (4) THE COMMITTEE WILL REVIEW THE REQUESTS AND DECIDE ON THE AMOUNT OF FUNDING (5) THE COORDINATOR WILL ISSUE THE CHECK REQUEST TO THE ACCOUNTING DEPARTMENT AND PROVIDE AN APPROVAL LETTER WITH THE CHECK WHEN IT IS MAILED OUT THE PROJECT PRIME SCHOLARSHIP FUND IS ADMINISTERED BY HALIFAX REGIONAL HOSPITAL TO PROVIDE FINANCIAL ASSISTANCE TO INDIVIDUALS WHO WISH TO PURSUE A CAREER IN HEALTHCARE OR A HEALTHCARE-RELATED FIELD THE APPLICANTS MUST SUBMIT GRADES AND RECEIPTS UPON COMPLETION OF EACH SEMESTER TO VERIFY THAT THE GRANTS WERE USED AS INTENDED THE RECIPIENT IS REQUIRED TO REPAY ANY FUNDS NOT USED OR IF THE RECIPIENT CANNOT PROVIDE RECEIPTS AND GRADES AT AN ACCEPTABLE LEVEL THE JESSE J BATES SCHOLARSHIP PROGRAM PROVIDES SCHOLARSHIPS TO GRADUATING HIGH SCHOOL SENIORS TO SEEK EDUCATION TO FILL CRITICAL HEALTHCARE VACANCIES RECIPIENTS ARE REQUIRED TO PROVIDE DOCUMENTATION OF ACCEPTANCE INTO A PROGRAM AT THE TIME OF APPLICATION THE FUNDS ARE MADE PAYABLE TO THE EDUCATIONAL INSTITUTIONS THE THOMAS C CROWELL, JR, MEMORIAL LIBRARY FUND PROVIDES EDUCATIONAL MATERIALS FOR THE LIBRARY OF HALIFAX REGIONAL HOSPITAL THE MEDICATION ASSISTANCE PROGRAM (MEDASSIST) PROVIDES ASSISTANCE TO UNINSURED AND UNDERINSURED PATIENTS TO OBTAIN PRESCRIPTION MEDICATIONS AT REDUCED OR NO COST THE PROGRAM IS ADMINISTERED THROUGH DOMINION HEALTH GROUP AND DOMINION HEALTH MEDICAL ASSOCIATES APPLICANTS ARE REQUIRED TO SUBMIT FINANCIAL INFORMATION TO SUPPORT THE NEED FOR ASSISTANCE ON A PERIODIC BASIS FUNDS ARE USED TO COVER THE EXPENSES OF THE PROGRAM THE HOSPICE FUND WAS ESTABLISHED TO PROVIDE ASSISTANCE TO TERMINALLY ILL PATIENTS WHO ARE UNABLE TO AFFORD GOODS AND SERVICES NECESSARY FOR THE PROVISION OF END-OF-LIFE MEDICAL SERVICES THE PROGRAM IS ADMINISTERED BY HALIFAX HOME HEALTH AND HOSPICE</p>

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2015

Open to Public Inspection

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

Attach to Form 990 or Form 990-EZ

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at 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 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

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

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

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. Includes rows 1-10 and a Total row.

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

**Part II Fundraising Events.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a)Event #1	(b)Event #2	(c)Other events	(d)
		<b>GALA</b> (event type)	(event type)	(total number)	Total events (add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .	47,579			47,579
	<b>2</b> Less Contributions . . . . .	26,375			26,375
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	21,204			21,204
<b>Direct Expenses</b>	<b>4</b> Cash prizes . . . . .	1,000			1,000
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .	700			700
	<b>7</b> Food and beverages . . . . .	8,813			8,813
	<b>8</b> Entertainment . . . . .	250			250
	<b>9</b> Other direct expenses . . . . .	1,120			1,120
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				11,883
	<b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶				9,321

**Part III Gaming.**

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

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

**9** Enter the state(s) in which the organization conducts gaming activities \_\_\_\_\_

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

**b** If "No," explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

**b** If "Yes," explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**11** Does the organization conduct gaming activities with nonmembers?  Yes  No

**12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

**13** Indicate the percentage of gaming activity conducted in

<b>a</b>	The organization's facility	<b>13a</b>	%
<b>b</b>	An outside facility	<b>13b</b>	%

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

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

**c** If "Yes," enter name and address of the third party

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer                       Employee                       Independent contractor

**17** Mandatory distributions

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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

Return Reference	Explanation
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Schedule I (Form 990)

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

OMB No 1545-0047

2015

Open to Public Inspection

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

Attach to Form 990.

Information about Schedule I (Form 990) and its instructions is at 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 General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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

Table with 8 columns: (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. Row 1 contains 'See Additional Data Table'.

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

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22  
 Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) HOSPICE PATIENTS	273	62,103			
(2) SCHOLARSHIPS	57	27,305			

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

Return Reference	Explanation
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

**Additional Data**

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

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
YMCA OF SOUTH BOSTON AND HALIFAX COUNTY 690 HAMILTON BLVD SOUTH BOSTON, VA 24592	54-0951231	501(C)(3)	280,000				OPERATING FUNDS AND FOR PURCHASE OF EQUIPMENT
COMMUNITY ARTS CENTER FOUNDATION INC 700 BRUCE STREET SOUTH BOSTON, VA 24592	54-1795927	501(C)(3)	16,000				SUPPORT OF THE CACF/PRIZERY SUMMER THEATRE
HALIFAX COUNTY PUBLIC SCHOOLS FOUNDATION PO BOX 1114 HALIFAX, VA 24558	20-2098518	501(C)(3)	6,300				SUPPORT FOR TEACHER MINI-GRANTS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DOMINION HEALTH MEDICAL ASSOCIATES 2204 WILBORN AVENUE SOUTH BOSTON, VA 24592	54-1060357		108,167				FUNDING FOR HALIFAX REGIONAL DENTAL CLINIC
HALIFAX REGIONAL HOSPITAL 2204 WILBORN AVENUE SOUTH BOSTON, VA 24592	54-0648699	501(C)(3)	96,000				HOSPICE SUPPORT
SOUTHSIDE HEALTH SERVICES INC 2204 WILBORN AVENUE SOUTH BOSTON, VA 24592	54-1417772		52,990				MEDICATION ASSISTANCE PROGRAM

**Schedule J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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.**

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

OMB No 1545-0047

**2015**

**Open to Public Inspection**

Name of the organization  
HALIFAX REGIONAL DEVELOPMENT FOUNDATION  
INC

**Employer identification number**  
54-1801459

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<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)		
<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)									
<p><b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</p>	<b>1b</b>									
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	<b>2</b>									
<p><b>3</b> 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.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<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				
<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									
<p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</p> <p><b>a</b> Receive a severance payment or change-of-control payment?</p>	<b>4a</b>	No								
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	<b>4b</b>	Yes								
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4c</b>	No								
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p>										
<p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p><b>a</b> The organization?</p>	<b>5a</b>	No								
<p><b>b</b> Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	<b>5b</b>	No								
<p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p><b>a</b> The organization?</p>	<b>6a</b>	No								
<p><b>b</b> Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	<b>6b</b>	No								
<p><b>7</b> For persons listed on 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.</p>	<b>7</b>	No								
<p><b>8</b> Were any amounts reported on 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.</p>	<b>8</b>	No								
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	<b>9</b>									

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ROBERT A BROERMANN DIRECTOR/TREASURER	(i)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
	(ii)	738,225	556,761	1,007,240	12,518	18,370	2,333,114	563,900
2 MICHAEL V GENTRY DIRECTOR/VICE CHAIR	(i)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
	(ii)	531,073	314,662	71,214	94,139	14,356	1,025,444	53,841
3 CHRIS A LUMSDEN DIR/PRESIDENT/SEC(EFF 5/15)	(i)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
	(ii)	366,160	0	2,932	40,231	39,243	448,566	0
4 THOMAS S KLUGE CHIEF OPERATING OFFICER	(i)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
	(ii)	211,910	0	24,083	32,811	7,017	275,821	0
5 STEWART R NELSON CHIEF FINANCIAL OFFICER	(i)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
	(ii)	252,884	0	24,402	32,695	1,313	311,294	0

**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.

Return Reference	Explanation
PART I, LINE 3	SENTARA HEALTHCARE, THE 501(C)(3) SOLE MEMBER OF HALIFAX REGIONAL HOSPITAL, INC , THE ORGANIZATION'S SOLE MEMBER, ESTABLISHED THE COMPENSATION OF THE ORGANIZATION'S TOP MANAGEMENT OFFICIAL THROUGH THE USE OF AN INDEPENDENT COMPENSATION CONSULTANT AND A COMPENSATION STUDY
PART I, LINE 4B	ROBERT BROERMANN, MICHAEL GENTRY, AND CHRIS LUMSDEN 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). DURING 2015 THE FOLLOWING CORPORATE EXECUTIVES RECEIVED VESTED DISTRIBUTIONS UNDER THE PLAN: ROBERT BROERMANN (\$948,055), MICHAEL GENTRY (\$64,851), AND CHRIS LUMSDEN (\$1,522 ). THESE AMOUNTS HAVE BEEN REPORTED IN COLUMN (B)(III) OF SCHEDULE J, PART II.

**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.

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

**2015**

**Open to Public  
Inspection**

Name of the organization  
HALIFAX REGIONAL DEVELOPMENT FOUNDATION  
INC

**Employer identification number**

54-1801459

Return Reference	Explanation
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

Return Reference	Explanation
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS	<p>SENTARA HEALTHCARE I SENTARA HEALTHCARE - YOUR NOT FOR PROFIT HEALTHCARE PARTNER SENTARA HEALTHCARE BASED IN NORFOLK, VA, CELEBRATES MORE THAN 127 YEARS IN RELENTLESS PURSUIT OF ITS MISSION TO IMPROVE HEALTH EVERY DAY THROUGH INNOVATION, COMPASSION AND COMMUNITY BENEFIT SENTARA IS A FULLY-INTEGRATED NOT-FOR-PROFIT SYSTEM WITH NEARLY 300 SITES OF CARE OF WHICH THERE ARE 12 HOSPITALS IN VIRGINIA AND NORTH CAROLINA, INCLUDING A LEVEL I TRAUMA CENTER WITH NIGHTINGALE REGIONAL AIR AMBULANCE AND THE NATIONALLY-RANKED SENTARA HEART HOSPITAL THE SENTARA FAMILY INCLUDES FOUR MEDICAL GROUPS, AMBULATORY CAMPUSES, POST-ACUTE CARE SERVICES, THE PHYSICIAN-LED SENTARA QUALITY CARE NETWORK, THE ACCREDITED SENTARA CANCER NETWORK, THE SENTARA COLLEGE OF HEALTH SCIENCES, OPTIMA HEALTH PLAN MEMBERS IN VIRGINIA, ALABAMA AND OHIO, AND A TEAM OF PROFESSIONALS NEARLY 30,000 STRONG SENTARA PROUDLY INCLUDES ADVANCED IMAGING CENTERS, NURSING AND ASSISTED LIVING CENTERS, PHYSICAL THERAPY AND REHABILITATION SERVICES, HOME HEALTH AND HOSPICE, AND GROUND MEDICAL TRANSPORTATION SENTARA IS STRATEGICALLY FOCUSED ON CONTINUOUS IMPROVEMENT IN QUALITY, SAFETY, CLINICAL OUTCOMES AND THE PATIENT EXPERIENCE AND PURSUES KEY CLINICAL GOALS THROUGH HIGH-PERFORMANCE TEAMS ACROSS THE ENTERPRISE EFFORTS ARE CENTERED ON PROVIDING THE RIGHT CARE IN THE RIGHT SETTING AT THE RIGHT TIME AND ADDING VALUE TO THE COMMUNITIES WE SERVE WE STRIVE TO SERVE ALL IN THE COMMUNITIES WE SERVE THROUGH HEALTH OUTREACH PROGRAMS, EDUCATION, AND FINANCIAL SUPPORT OF OTHER NOT FOR PROFIT ORGANIZATIONS WITH SIMILAR HEALTH MISSIONS II COMMITMENT TO THE COMMUNITY A SENTARA HAS PROVIDED MUCH IN THE WAY OF COMMUNITY BENEFIT AND CHARITY CARE ON AN ANNUAL BASIS IN 2015, SENTARA COMMUNITY BENEFIT REACHED \$335,510,000 SENTARA PROVIDED \$276,309,000 IN UNCOMPENSATED PATIENT CARE, \$19,687,000 IN MEDICAL EDUCATION, AND \$39,514,000 IN COMMUNITY PROGRAMS B SENTARA IS PROUD OF THE MISSION-DRIVEN WORK OF THE THREE SENTARA FOUNDATIONS THESE FOUNDATIONS RAISED MONEY TO SUPPORT THE CLINICAL NEEDS OF THE SYSTEM AND PROVIDED FUNDING THROUGH GRANTS AND DIRECT CONTRIBUTIONS TO COMMUNITY ORGANIZATIONS THAT HAVE SIMILAR INTERESTS IN COMMUNITY HEALTH NEEDS SENTARA FOUNDATION-HAMPTON ROADS FUNDED 38 COMMUNITY GRANTS IN 2015 TOTALING \$585,000, AND THE RMH FOUNDATION FUNDED SEVEN COMMUNITY HEALTH PROGRAMS WITH GRANTS TOTALING ALMOST \$118,000 THE MARTHA JEFFERSON HOSPITAL FOUNDATION ESTABLISHED A NEW PALLIATIVE CARE OUTPATIENT CLINIC AND FUNDED TWO 3D MAMMOGRAPHY UNITS WITHIN THEIR COMMUNITY ALL THREE FOUNDATIONS RALLIED AROUND SUPPORT FOR NURSING EXCELLENCE AND INNOVATION, FUNDING 235 SCHOLARSHIPS FOR REGISTERED NURSES WHO ARE PURSUING THEIR BACHELORS OF SCIENCE IN NURSING SENTARA MADE A \$100,000 CONTRIBUTION TO THE NORTHEAST ACADEMY OF AEROSPACE AND ADVANCED TECHNOLOGIES (NEAAT) IN ELIZABETH CITY, NORTH CAROLINA THE MONEY IS THE FIRST GIFT TO THE NEW CHARTER SCHOOL AND WILL BE ALLOCATED OVER THREE YEARS THE NORTH CAROLINA STATE BOARD OF EDUCATION APPROVED THE SCHOOL IN DECEMBER 2014, AND IT WAS SLATED TO OPEN IN AUGUST 2015 WITH A GOAL OF WORKFORCE DEVELOPMENT FOR NORTHEAST NORTH CAROLINA AND AN AID TO PHYSICIAN RECRUITMENT SEVERAL YEARS AGO, SENTARA ESTABLISHED THE HOPE (HELPING OVERCOME PERSONAL EMERGENCY) FUND, WHICH IS AN EMERGENCY FINANCIAL RESOURCE FOR SENTARA EMPLOYEES THAT ARE EXPERIENCING CATASTROPHIC HARDSHIP OR LOSS THROUGH NO FAULT OF THEIR OWN SENTARA EMPLOYEES WHO RECEIVE AID FROM THE HOPE FUND HAVE FACED DEVASTATING CRISES SUCH AS FIRE, DEATH, NATURAL DISASTERS, OR SERIOUS PERSONAL OR FAMILY ILLNESS IN 2015, THE HOPE FUND AWARDED \$143,000 TO SENTARA EMPLOYEES IN CRISES ACROSS THE SYSTEM MTI TRANSPORT, LLC, DONATED A RETIRED GROUND TRANSPORT AMBULANCE TO THE ONE ELEUTHERA FOUNDATION IN THE BAHAMAS TO RAISE AWARENESS OF BREAST CANCER IN A COUNTRY WITH A HIGH RATE OF BREAST CANCER PAINTED PINK AND NAMED AFTER A SENTARA EMPLOYEE WITH BREAST CANCER, "MISS VICKI", THE AMBULANCE MADE HER WAY TO THE BAHAMAS IN 2015 TO SUPPORT THE NEEDS OF THIS COMMUNITY C COMMUNITY HEALTH INITIATIVES SENTARA AND OPTIMA HEALTH HAVE LONG BEEN COMMITTED TO PROVIDING HEALTH AND PREVENTION SERVICES TO THE COMMUNITIES WE SERVE THROUGH MANY CHANNELS INCLUDING THE SENTARA HEALTHCARE COMMUNITY HEALTH AND PREVENTION ORGANIZATION WITHIN SENTARA BELOW ARE SOME KEY HIGHLIGHTS OF THE EFFORTS IN OUR COMMUNITIES IN 2015 - HEALTH IMPROVEMENT EVENTS WERE OFFERED TO CHURCHES, EMPLOYER GROUPS INCLUDING SENTARA HEALTHCARE AND HAMPTON ROADS SANITATION DISTRICT, COMMUNITY HEALTH CENTERS AND OTHER COMMUNITY LOCATIONS INCLUDING THE POCKET EKG PROGRAM AND THE SENTARA LIVING PROGRAM - CONTINUED TO OFFER PROGRAMS SUCH AS EATING FOR LIFE, WALKABOUT WITH HEALTHY EDGE, HEALTH HABITS, HEALTHY YOU, MEDITATION, TAICHI AND YOGA - THE FLU PATROL ADMINISTERED AT TOTAL OF 7,785 IMMUNIZATIONS 7,010 WERE GIVEN TO OPTIMA HEALTH INSURED GROUPS THROUGHOUT VIRGINIA THE REMAINDER WAS DELIVERED TO CHURCHES AND OTHER COMMUNITY GROUPS - BIRTHDAY CARD REMINDERS FOR PREVENTIVE HEALTH SCREENINGS WERE DELIVERED TO ADULT MEMBERS OF OPTIMA HEALTH, OHIOHEALTH PLAN MEMBERS AND CHILDREN - THE TOBACCO CESSATION PROGRAM DISTRIBUTED OVER 385 QUIT KITS TO PROMOTE THE GREAT AMERICAN SMOKEOUT PATIENTS DISCHARGED FROM SENTARA VIRGINIA BEACH GENERAL HOSPITAL AND SENTARA HEART HOSPITAL WERE CONTACTED FOUR WEEKS AFTER THEIR HOSPITAL DISCHARGE FOR TOBACCO CESSATION FOLLOW-UP - AS PART OF THE SENTARA BENEFIT ENROLLMENT PROCESS, 18,462 EMPLOYEES COMPLETED A HEALTH RISK ASSESSMENT IN CONJUNCTION WITH THE MISSION HEALTH PROGRAM - FINALLY, WEBMD BECAME THE NEW HEALTH COACHING AND HEALTH EDUCATION PORTAL PARTNER IN JANUARY 2015 14,788 MEMBERS HAVE REGISTERED ON WEBMD'S PORTAL AND OF THOSE, 11,680 MEMBERS ARE ACTIVELY ENGAGED SENTARA HOSTS A NUMBER OF COMMUNITY EVENTS RAISING AWARENESS AROUND KEY HEALTH AWARENESS MONTHS ONE GOOD EXAMPLE IS THE FOCUS ON COLON CANCER DON'T SIT ON COLON CANCER THROUGH THE SENTARA CANCER NETWORK, WE HOSTED A 5K AT SENTARA PRINCESS ANNE HOSPITAL IN VIRGINIA BEACH THROUGH SENTARA HEART, WE PROMOTED THE "28 DAYS OF HEART" IN FEBRUARY, 2015 IN SUPPORT OF HEART HEALTH AWARENESS ONLINE PROMOTIONS, RADIO ADS, SCREENINGS AND MORE WERE CONDUCTED TO RAISE AWARENESS OF HEART DISEASE THROUGHOUT THE COMMUNITIES WE SERVE IN VIRGINIA AND NORTH CAROLINA III GROWTH IN SENTARA HEALTHCARE SINCE THE BEGINNING, SENTARA HAS REACHED OUT TO OTHER INDUSTRY LEADERS AND JOINED FORCES TO EXTEND QUALITY HEALTHCARE AND SERVICES TO MORE PEOPLE IN RECENT YEARS, WE HAVE GROWN IN VIRGINIA AND IN OTHER STATES, NORTH CAROLINA, ALABAMA AND OHIO, BY SEEKING PARTNERSHIPS WITH SUCCESSFUL HOSPITALS AND HEALTH SYSTEMS THAT SHARE OUR DEDICATION TO EXCELLENCE, VALUE, QUALITY AND CUSTOMER FOCUS OUR GROWTH IN 2015 INCLUDED THE FOLLOWING A SENTARA ADVANTEDGE OPTIMA HEALTH, THE INSURANCE ARM OF SENTARA HEALTHCARE, FORMED SENTARA ADVANTEDGE, A PROGRAM THAT ESTABLISHES STRATEGIC HEALTH PLAN PARTNERSHIPS - ALABAMA AND OHIO BEING THE FIRST TWO STATES REPRESENTING GROWTH OUTSIDE OF VIRGINIA B SENTARA PRATT MEDICAL GROUP SENTARA PARTNERED WITH PRATT MEDICAL CENTER TO FORM SENTARA PRATT MEDICAL GROUP WITH 32 PROVIDERS AND 7 LOCATIONS IN THE AREAS OF FREDERICKSBURG, STAFFORD, KING GEORGE, AND DAHLGREN, SENTARA NOW HAS A PRESENCE IN THE GREATER FREDERICKSBURG MARKET SENTARA PRATT ALSO BRINGS AN ADDITIONAL IMAGING CENTER INTO THE SENTARA HEALTHCARE NETWORK C SENTARA QUALITY CARE NETWORK (SQCN) THE SENTARA QUALITY CARE NETWORK EXPANDED ITS NETWORK TO COVER THE HARRISONBURG, VIRGINIA AREA IN 2015 WITH THE CREATION OF THE SHENANDOAH REGIONAL SERVICE ORGANIZATION SQCN NOW INCLUDES 2,754 PROVIDERS AND 30,647 PATIENTS ACROSS VIRGINIA IV NEW INITIATIVES A CLINICAL PERFORMANCE IMPROVEMENT IN 2015, SENTARA DESIGNED AND IMPLEMENTED A CLINICAL PERFORMANCE IMPROVEMENT (CLINICAL PI) INITIATIVE TO EXECUTE ON THE "ALWAYS IMPROVING" INITIATIVE WITHIN SENTARA THESE EFFORTS PROVIDED A STRUCTURE TO DRIVE CHANGE AND CREATED A PROCESS FOR RAPID CYCLE IMPLEMENTATION THE SYSTEM-WIDE INITIATIVE PRODUCED SIGNIFICANT PROGRESS IN 5 AREAS OF CLINICAL FOCUS B ICD-10 SENTARA SUCCESSFULLY TRANSITIONED FROM THE ICD-9 CODING SYSTEM TO THE ICD-10 CODING SYSTEM ON OCTOBER 1, 2015 THIS WAS AN ADOPTION THAT TOOK PLACE THROUGHOUT THE U S HEALTHCARE INDUSTRY SENTARA BEGAN ITS ICD-10 JOURNEY IN 2011 WITH SIGNIFICANT INVESTMENTS IN TECHNOLOGY, TOOLS AND TRAINING FOR STAFF AND PROVIDERS ACROSS THE COMPANY V OFFERING NEW PROCEDURES AND TECHNOLOGIES CLINICAL BREAKTHROUGHS SENTARA INTRODUCED MANY NEW CLINICAL BREAKTHROUGHS THAT BENEFITED THE PATIENT IN MANY AREAS OF CARE, INCLUDING ORTHOPEDICS, NEUROSCIENCES AND CARDIAC</p>

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>A ORTHOPEDICS SENTARA NORTHERN VIRGINIA MEDICAL CENTER WAS HOME TO THE FIRST STEMLESS TOTAL SHOULDER REPLACEMENT PROCEDURE IN THE DC/METRO AREA ORTHOPAEDICS HOSPITAL AT SENTARA CAREPLEX WAS THE FIRST IN HAMPTON ROADS WHERE ORTHOPEDIC SURGEONS USE NAVIO - A ROBOTIC ASSISTED TECHNOLOGY FOR KNEE REPLACEMENTS NOT REQUIRING A CT SCAN A NEUROSURGEON AT SENTARA PRINCESS ANNE HOSPITAL WAS THE FIRST IN SOUTHERN VIRGINIA BEACH TO USE THE MAZOR ROBOTICS RENAISSANCE GUIDANCE SYSTEM THAT ALLOWS FOR ROBOTIC ASSISTED SPINE SURGERY FOR SPINE FUSIONS AND REDUCES THE USE OF RADIATION BY REDUCING CONTINUOUS FLUOROSCOPY DURING SURGERY B NEUROSCIENCES SENTARA CAREPLEX HOSPITAL AND SENTARA PRINCESS ANNE HOSPITAL OFFERED A NEW PROCEDURE IN HAMPTON ROADS USING SPENOCATH - A DEVICE USED IN AN INTERVENTIONAL RADIOLOGY PROCEDURE FOR MIGRAINE TREATMENT THROUGH THE NOSE C CARDIAC SENTARA HEART HOSPITAL WAS THE FIRST IN HAMPTON ROADS TO OFFER A PROCEDURE USING THE WATCHMAN DEVICE-AN ALTERNATIVE TO LONG-TERM BLOOD THINNING MEDICATION THERAPY FOR STROKE RISK REDUCTION IN PATIENTS WITH NON-VALVULAR ATRIAL FIBRILLATIONS VI EXPANDING PARTNERSHIPS A IN OCTOBER, 2015, SENTARA BECAME AN INVESTMENT PARTNER OF MEDSTREAMING, A COMPANY WHOSE DATA AGGREGATION TOOL HAS LONG BEEN USED IN SENTARA VASCULAR SERVICES MEDSTREAMING'S TECHNOLOGY ENABLES PROVIDERS TO AGGREGATE DATA FROM MULTIPLE DATA SOURCES AND ASSIMILATE THAT DATA TO PROVIDE DIAGNOSIS AND TREATMENT RECOMMENDATIONS FASTER AND MORE ACCURATELY B IN 2015, SENTARA BEGAN WORKING WITH WELLPAPPER INC WELLPAPPER IS DEVELOPING GROUNDBREAKING DIGITAL TOOLS, THROUGH THEIR PROPRIETARY INTELLECTUAL PROPERTY, SUCH AS A DIGITAL "APP" THAT CAN HELP MONITOR MIGRAINES WELLPAPPER IS WORKING WITH SENTARA TO DEPLOY THE MIGRAINE APP, AND OTHER APPS FOR OTHER CONDITIONS ARE ON THE HORIZON C SENTARA CONTINUES ITS EFFORTS TO GROW AND INTEGRATE MDLIVE INTO THE COMMUNITIES WE SERVE, THROUGH OUR EMPLOYEES, AND THROUGH MEMBERS INSURED THROUGH OPTIMA MDLIVE DELIVERS REAL-TIME MEDICAL CONSULTATIONS VIA TELEPHONE AND ONLINE VIDEO THROUGH AN ESTABLISHED NETWORK OF PHYSICIANS PATIENTS USE THE MDLIVE VIRTUAL CONSULT PLATFORM TO CONSULT DIRECTLY WITH A LICENSED SENTARA PHYSICIAN OR PARTNER PHYSICIAN WHO CAN DIAGNOSE LOW-ACUITY ILLNESSES, PROVIDE CARE AND PRESCRIBE MEDICATIONS AS APPROPRIATE VII EXPANDING EDUCATIONAL OPPORTUNITIES SENTARA IS COMMITTED TO ALWAYS IMPROVING-INCLUDING ENCOURAGING REGISTERED NURSES (RNS) TO CONTINUE PURSUING EDUCATIONAL OPPORTUNITIES CONTINUOUS LEARNING WILL ADVANCE THE CARE SENTARA NURSES DELIVER TO OUR PATIENTS AND ALLOW THEM TO ADVANCE IN THEIR CAREERS IN 2015, SENTARA MARKED FURTHER PROGRESS TOWARD ACHIEVING OUR GOAL OF 80% OF SENTARA NURSES HAVING A BSN BY 2020 IN 2015 SENTARA HAS 54.2% OF ITS NURSING WORKFORCE HOLDING A BSN OR HIGHER DEGREE SENTARA IS MOVING THE NEEDLE ON THIS MEASURE AND THE SENTARA FOUNDATIONS ARE AN ENORMOUS SUPPORT ALL SENTARA FOUNDATIONS RALLIED AROUND ADVANCING NURSING EDUCATION BY FUNDING 235 SCHOLARSHIPS IN 2015 FOR RNS WHO ARE PURSUING THEIR BSN VIII RESEARCH RESEARCH IS ANOTHER WAY SENTARA IS ALWAYS IMPROVING HERE ARE A FEW EXAMPLES OF OUR WORK WITHIN THE RESEARCH REALM A SENTARA PARTNERED WITH CUPRON AND EOS SURFACES IN 2013 TO LAUNCH THE WORLD'S LARGEST CLINICAL TRIAL TO TEST THE EFFECTIVENESS OF COPPER-INFUSED HARD SURFACES AND LINENS IN PREVENTING HOSPITAL-ACQUIRED INFECTIONS SENTARA EXPANDED THE USE OF THE COPPER-INFUSED LINENS AND SURFACES BEYOND SENTARA LEIGH HOSPITAL AND A SMALL AREA OF SENTARA NORFOLK GENERAL HOSPITAL MATERIALS ARE NOW AT 5 SENTARA HOSPITAL LOCATIONS PLUS ONE SENTARA NURSING CENTER THIS WILL ALLOW US TO EXPAND THE REACH OF THE CURRENT RESEARCH STUDY THAT IS TESTING THE EFFECTIVENESS OF THESE MATERIALS IN A CLINICAL SETTING EARLY RESULTS OF THE RESEARCH ARE EXPECTED IN 2016, WHICH WILL ENABLE SENTARA TO CHART A COURSE FOR FURTHER USE THROUGHOUT SENTARA B CARDIAC THROUGH THE SENTARA CARDIOVASCULAR RESEARCH INSTITUTE, CARDIOLOGISTS AND UNIQUELY TRAINED REGISTERED NURSE RESEARCH COORDINATORS MAKE SIGNIFICANT STRIDES IN ADVANCING THE UNDERSTANDING AND TREATMENT OF THE NO. 1 KILLER IN AMERICA CARDIOVASCULAR DISEASE AS THE PREEMINENT CARDIAC RESEARCH INSTITUTE IN THE MID-ATLANTIC REGION, SENTARA HEART WORKS COLLABORATIVELY WITH LOCAL INSTITUTIONS, GOVERNMENT AGENCIES AND BIOMEDICAL COMPANIES ON NATIONALLY AND INTERNATIONALLY RECOGNIZED CLINICAL RESEARCH TRIALS WE FOCUS OUR EFFORTS ON DISCOVERING MORE EFFECTIVE CARDIOVASCULAR TREATMENTS AND PROTOCOLS WHILE ELIMINATING THOSE THAT ARE POTENTIALLY HARMFUL OR NOT AS BENEFICIAL OUR ULTIMATE GOAL IS TO PROVIDE ENHANCED CLINICAL CARE THAT ADVANCES PATIENT OUTCOMES AND IMPROVES THE OVERALL HEALTH OF OUR COMMUNITY OUR RESEARCH TOUCHES ON EVERY ASPECT OF HEART CARE, INCLUDING MEDICAL DEVICES, HEART FAILURE, ELECTROPHYSIOLOGY, CARDIAC SURGERY, CARDIAC INTERVENTIONAL PROCEDURES, STRUCTURAL HEART DISEASE, AND THE MEDICAL MANAGEMENT OF CORONARY ARTERY DISEASE RISK FACTORS SUCH AS DIABETES AND HIGH CHOLESTEROL COLLECTIVELY, OUR RESEARCH NURSES COORDINATE MORE THAN 80 CLINICAL TRIALS AT ANY GIVEN TIME, SHEPHERDING PARTICIPANTS THROUGH THE ENTIRE TRIAL PROCESS, PROVIDING CARE DURING PERIODS OF NEED, AND TIRELESSLY ADVOCATING FOR THEIR PATIENTS' WELL-BEING C CANCER WITHIN THE SENTARA CANCER NETWORK, CLINICIANS AND ACADEMIC RESEARCHERS WORK TOGETHER TO ELEVATE CARE FOR PATIENTS THIS COLLABORATIVE PHILOSOPHY FOSTERS INNOVATION IN THE NETWORK AND DRIVES ACCESS TO CLINICAL TRIAL OPTIONS FOR OUR PATIENTS MEDICAL ONCOLOGISTS IN THE SENTARA CANCER NETWORK COMMUNITIES ARE ESPECIALLY INSTRUMENTAL IN CONNECTING PATIENTS WITH CLINICAL TRIALS - HELPING TO ACHIEVE THE COMMISSION ON CANCER'S PRINCIPLE TO DELIVER QUALITY CARE CLOSE TO HOME THERE ARE PROMISING CLINICAL TRIALS BEING CONDUCTED ALL OVER THE COUNTRY FOR PATIENTS WITH CANCER, AND MANY OF THESE ARE ACCESSIBLE TO PATIENTS IN THE SENTARA CANCER NETWORK OPPORTUNITIES TO PARTICIPATE IN CLINICAL TRIALS HAVE OPENED UP PATIENT CARE OPTIONS, INCLUDING ACCESS TO CUTTING-EDGE MEDICINE OUR PARTICIPATION IN CLINICAL TRIALS ALSO CONTRIBUTES TO CANCER LAB RESEARCH VIA TISSUE DONATION, RETROSPECTIVE CHART STUDIES ON CONTROL GROUPS AND PARTICIPATION OUR CLINICAL TRIALS INCLUDE EFFICACY AND SAFETY TRIALS FOR INVESTIGATIONAL BIOLOGICS, COMBINATION TRIALS FOR ONCOLOGY DRUGS, SURGICAL AND RADIATION THERAPY RESEARCH TRIALS, ADJUVANT AND MAINTENANCE DRUG TRIALS, POSTOPERATIVE ONCOLOGY OPTIONS, AND RETROSPECTIVE CHART REVIEWS IX BUILDING FOR THE FUTURE A SENTARA NORTHERN VIRGINIA MEDICAL CENTER, LOCATED IN WOODBRIDGE, VIRGINIA, COMPLETED CONSTRUCTION ON ITS NEW SURGERY CENTER, TOOK POSSESSION IN DECEMBER 2015 AND BEGAN PERFORMING SURGERIES IN JANUARY 2016 SENTARA NORTHERN VIRGINIA MEDICAL CENTER ALSO LAUNCHED A CARDIAC ELECTROPHYSIOLOGY PROGRAM AND THE CONSTRUCTION OF A DEDICATED ELECTROPHYSIOLOGY LAB IS UNDERWAY WITH A JULY 2016 COMPLETION TARGET DATE THE WEIGHT LOSS SURGERY SERVICE AT SENTARA NORTHERN VIRGINIA MEDICAL CENTER ACHIEVED THE DESIGNATION AS A BLUE DISTINCTION CENTER+ FOR BARIATRIC SURGERY BY ANTHEM, INC THIS, ALONG WITH RECEIVING THE AETNA INSTITUTE OF QUALITY (IOQ) BARIATRIC PROGRAM AND CIGNA 3 STAR BARIATRIC CENTER, DEMONSTRATES A PROVEN TRACK RECORD FOR DELIVERING FEWER COMPLICATIONS AND READMISSIONS THAN FACILITIES WITHOUT THESE DESIGNATIONS B SENTARA RMH MEDICAL CENTER, LOCATED IN HARRISONBURG, VIRGINIA, BROKE GROUND ON THE NEW SENTARA TIMBERWAY HEALTH CENTER THIS NEW CENTER WILL BE A COMBINATION OF THE CURRENT TIMBERVILLE HEALTH CARE LOCATION AND SPRINGBROOK FAMILY MEDICINE IN BROADWAY THE CENTER WILL ALSO OFFER X-RAY, LABORATORY AND REHABILITATION SERVICES THIS NEW, LARGER, MORE COMPREHENSIVE CENTER WILL TRULY MEET THE NEEDS OF THE COMMUNITY IN A SINGLE LOCATION SENTARA RMH MEDICAL CENTER COMPLETED CONSTRUCTION OF THE SENTARA RMH ORTHOPEDIC CENTER AND OPENED TO PATIENTS THE SENTARA RMH SCHOOL OF HISTOTECHNOLOGY HELD ITS FIRST GRADUATION CEREMONY ON JUNE 3, 2015 THE FIRST CLASS CONSISTED OF EIGHT STUDENTS, FOUR OF THEM GOING ON TO WORK AT SENTARA HOSPITALS SENTARA RMH MEDICAL CENTER IS THE ONLY HOSPITAL IN THE SENTARA SYSTEM THAT HAS A SCHOOL OF HISTOTECHNOLOGY, AND THERE IS ONLY ONE OTHER HOSPITAL-BASED HTL SCHOOL IN THE UNITED STATES SIX STUDENTS HAVE ENROLLED IN THE SECOND CLASS WITH GRADUATION SCHEDULED FOR JUNE, 2016</p>

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>C SENTARA MARTHA JEFFERSON HOSPITAL, LOCATED IN CHARLOTTESVILLE, VIRGINIA, PARTNERED WITH THE REGION 10 COMMUNITY SERVICES BOARD TO OPEN THE PETERSON HEALTH CENTER REGION 10 COMMUNITY SERVICES BOARD IS PART OF A STATEWIDE NETWORK OF 40 COMMUNITY SERVICES BOARDS WORKING TO PROVIDE MENTAL HEALTH, INTELLECTUAL DISABILITY AND SUBSTANCE USE SERVICES IN CENTRAL VIRGINIA THE PETERSON HEALTH CENTER OPENED IN DOWNTOWN CHARLOTTESVILLE TO PROVIDE PREVENTATIVE CARE, INCLUDING VACCINES AND PHYSICALS, TREATMENT OF ACUTE ILLNESSES, DIABETES AND HIGH BLOOD PRESSURE MANAGEMENT, WOMEN'S HEALTH SERVICES AND GERIATRIC MEDICINE FIRST TO SENTARA, SENTARA MARTHA JEFFERSON HOSPITAL INTRODUCED A NEW ONLINE TOOL WHERE PATIENTS CAN "CHECK-IN" TO THE EMERGENCY ROOM BY "APPOINTMENT", THUS PROVIDING A FAR IMPROVED CUSTOMER EXPERIENCE THIS NEW ONLINE TECHNOLOGY IS BEING USED FOR THE EMERGENCY ROOM AT THE SENTARA MARTHA JEFFERSON HOSPITAL AND AT THE EMERGENCY ROOM ON THE OUTPATIENT CAMPUS, SENTARA MARTHA JEFFERSON OUTPATIENT CARE CENTER SENTARA MARTHA JEFFERSON HOSPITAL INTRODUCED 3D-MAMMOGRAPHY IN 2015, WHICH MAKES IT POSSIBLE FOR RADIOLOGISTS TO SEE INSIDE THE BREST IN GREATER DETAIL AND DETECT CANCERS THAT MAY HAVE OTHERWISE BEEN OBSCURED D HAMPTON ROADS (SOUTHEASTERN VIRGINIA) I SENTARA BROKE GROUND ON A MEDICAL OFFICE BUILDING LOCATED IN CHESAPEAKE, VIRGINIA, CALLED SENTARA EDINBURGH SLATED TO OPEN IN LATE 2016, SERVICES INCLUDE URGENT CARE, PRIMARY CARE, IMAGING, PHYSICAL THERAPY AND A YMCA II SENTARA LEIGH HOSPITAL, LOCATED IN NORFOLK, VIRGINIA, OPENED ITS 5-STORY WEST TOWER IN 2015 AND BEGAN CONSTRUCTION ON THE FINAL PHASE OF ITS EIGHT YEAR ON-SITE RENOVATION, A TWO-STORY ATRIUM FEATURING PATIENT CHECK-IN AND MEETING SPACE III GROWING AS A MEDICAL DESTINATION CENTER, SENTARA NORFOLK GENERAL HOSPITAL, LOCATED IN NORFOLK, VIRGINIA, CONTINUED TO INTRODUCE AND/OR EXPAND ITS QUATERNARY SERVICES, TOTALING 17 PROGRAMS IN 2015 ALONE, SENTARA NORFOLK GENERAL HOSPITAL CARED FOR 30 MORE OUT OF AREA PATIENTS THAN IN 2014 FROM AREAS OUTSIDE OF HAMPTON ROADS SENTARA NORFOLK GENERAL HOSPITAL RECEIVED APPROVAL FROM SENTARA LEADERSHIP TO EMBARK ON A FIVE-YEAR, \$199.4 MILLION EXPANSION AND MODERNIZATION PROJECT THE PLAN WILL ADD FLOORS, WINGS, EXPAND AND MODERNIZE 23 OPERATING ROOMS, CONSOLIDATE ICU BEDS ON TWO NEW FLOORS, EXPAND THE EMERGENCY ROOM, CREATE A STATE-OF-THE-ART NEONATAL INTENSIVE CARE UNIT AND ADD A ROOFTOP HELIPAD FOR NIGHTINGALE, SENTARA'S AIR AMBULANCE, AND OTHER MEDICAL HELICOPTERS ADDITIONALLY, SENTARA NORFOLK GENERAL CELEBRATED ITS 30TH ANNIVERSARY AS A LEVEL I TRAUMA CENTER IV SENTARA VIRGINIA BEACH GENERAL HOSPITAL, LOCATED IN VIRGINIA BEACH, VIRGINIA, LAUNCHED SENTARA TO HOME, A STOREFRONT AND PATIENT SERVICES ENABLING PATIENTS TO GO HOME WITH THEIR MEDICATIONS AND OTHER POST-DISCHARGE NEEDS FULFILLED PRIOR TO LEAVING THE HOSPITAL A TRANSITION SPECIALIST ENSURES THAT EACH PATIENT HAS DISCHARGE FOLLOW UP NEEDS ADDRESSED SENTARA VIRGINIA BEACH GENERAL LAUNCHED A BACK AND NECK PROGRAM FOR SPINE SURGERY CASES THIS SPECIALIZED PROGRAM BRINGS TOGETHER A TEAM INCLUDING EXPERT SURGEONS WITH CARING AND SPECIALLY TRAINED NURSES, THERAPISTS AND OTHER HEALTH PROFESSIONALS THE GOAL IS TO PROVIDE SEAMLESS, COORDINATED CARE THAT REDUCES PAIN AND GETS PATIENTS BACK TO THEIR ACTIVITIES AS SOON AS POSSIBLE ADDITIONALLY, SENTARA VIRGINIA BEACH GENERAL HOSPITAL CELEBRATED ITS 50TH ANNIVERSARY OF PROVIDING QUALITY CARE TO THE COMMUNITY V SENTARA CAREPLEX HOSPITAL, LOCATED IN HAMPTON, VIRGINIA, FILED A CERTIFICATE OF PUBLIC NEED APPLICATION TO THE COMMONWEALTH OF VIRGINIA TO REESTABLISH OBSTETRIC SERVICES VI SENTARA OBICI HOSPITAL, LOCATED IN SUFFOLK, VIRGINIA, FILED A CERTIFICATE OF PUBLIC NEEDS APPLICATION FOR TEN ADDITIONAL INPATIENT PSYCHIATRIC BEDS AND RECEIVED APPROVAL IN FEBRUARY 2016 A REAL BREAKTHROUGH FOR IDENTIFYING AND VIEWING TUMORS NEAR MOVING ORGANS, A 4D CT IS NOW AVAILABLE AT SENTARA OBICI HOSPITAL VII SENTARA PRINCESS ANNE HOSPITAL, LOCATED IN VIRGINIA BEACH, VIRGINIA, DESIGNATED A PEDIATRIC TRACK IN THE EMERGENCY DEPARTMENT WITH A SEPARATE WAITING AREA, KID-FRIENDLY COLORS AND GRAPHICS IN PATIENT ROOMS, AND SPECIALLY-TRAINED STAFF PROGRAM DEVELOPMENT WAS COMPLETED AND IMPLEMENTATION IS UNDERWAY FOR THE DEAN ORNISH INTENSIVE CARDIAC REHABILITATION PROGRAM AIMED AT REVERSING HEART DISEASE VIII SENTARA WILLIAMSBURG REGIONAL MEDICAL CENTER, LOCATED IN WILLIAMSBURG, VIRGINIA, OFFERS A NEW PEDIATRIC OBSERVATION UNIT IN THE EMERGENCY ROOM ADDITIONALLY, THEY OPENED AN OUTPATIENT REHABILITATION SITE AT THE YMCA IN GLOUCESTER, VIRGINIA IX SENTARA KITTY HAWK, AN OUTPATIENT CAMPUS LOCATED IN KITTY HAWK, NORTH CAROLINA, OBTAINED A NEW LARGE-BORE MRI, INTRODUCED PRIMARY CARE IN EDENTON, NORTH CAROLINA, LAUNCHED A SINGLE/LOCAL PRIMARY CARE CALL CENTER TO THE REGION, AND PREPARED FOR THE OPENING OF A NEW SENTARA URGENT CARE THAT OFFICIALLY OPENED ON JANUARY 4, 2016 E SOUTH BOSTON/HALIFAX FEBRUARY 2, 2015 MARKED THE INTRODUCTION OF THE SENTARA BRAND INTO THE HALIFAX SERVICE AREA SENTARA HALIFAX REGIONAL HOSPITAL, LOCATED IN SOUTH BOSTON, VIRGINIA, NEARED COMPLETION OF A MAJOR EXPANSION OF TWO NURSING CARE CENTERS, SENTARA MEADOWVIEW TERRACE AND SENTARA WOODVIEW, WITH OCCUPANCY TAKING PLACE IN MAY 2016 ADDITIONALLY, CAPITAL FUNDING WAS APPROVED TO INTRODUCE EPIC, THE ELECTRONIC MEDICAL RECORD USED THROUGHOUT SENTARA, PLANNED FOR 2017 PRIMARY CARE GROWTH AND SERVICE DELIVERY ENHANCEMENTS WERE A TOP PRIORITY FOR SENTARA'S MEDICAL GROUP IN THE HALIFAX SERVICE AREA THE SENTARA CLARKSVILLE FAMILY MEDICINE CLINIC EXPANDED ITS PHYSICAL LOCATION AND OTHER PRIMARY CARE OFFICES BEGAN OFFERING EXPANDED OFFICE HOURS TO ALLOW FOR GREATER PATIENT ACCESS SPECIALTY CARE SERVICES, INCLUDING CARDIAC AND GENERAL SURGERY SERVICES, WERE ADDED TO THE SENTARA PRIMARY CARE CLINICS, AS IT WAS RECOGNIZED THAT ALL PATIENTS CANNOT MAKE THEIR WAY TO SENTARA HALIFAX REGIONAL HOSPITAL OR SPECIALIST OFFICES IN SOUTH BOSTON FOR THESE SPECIALIZED SERVICES F SENTARA ENTERPRISES SENTARA ENTERPRISES CONTINUES TO FOCUS ON IMPROVING QUALITY, AND THIS WAS DEMONSTRATED IN 2015 WITH SENTARA ENTERPRISES HAVING AN ACCREDITATION SURVEY WITH ZERO DEFICIENCIES G SENTARA LIFE CARE SENTARA LIFE CARE IS COMPRISED OF ASSISTED LIVING CENTERS, NURSING HOMES, MOBILE MEALS AND THE PROGRAM FOR THE ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE) IN 2015, SENTARA LIFE CARE ADOPTED THE USE OF COPPER INFUSED LINENS AT ONE OF THE NURSING CENTERS JUST AS HAS BEEN IMPLEMENTED AT FIVE SENTARA HOSPITALS, THIS MATERIAL IMPLEMENTATION WILL ENABLE SENTARA TO MEASURE THE EFFECTIVENESS IN PREVENTING HOSPITAL-ACQUIRED INFECTIONS OUR NURSING HOME IN BARCO, NORTH CAROLINA TRANSFORMED A RESIDENT WING TO SERVE AS A MORE DEFINED INPATIENT REHABILITATION UNIT WITH A LARGER, MORE MODERN GYMNASIUM THE CONSOLIDATED UNIT WITH 23 BEDS WILL ENHANCE THE APPEAL OF SENTARA LIFE CARE - CURRITUCK FOR REHABILITATION TO RESIDENTS IN NORTHEASTERN NORTH CAROLINA SENTARA LIFE CARE BROKE GROUND ON A NEW "HOUSEHOLD" MODEL OF CARE - SENTARA NURSING AND REHABILITATION CENTER- IN CHESAPEAKE, VIRGINIA THIS NEW CENTER IS EXPECTED TO OPEN IN FALL 2016 THE DESIGN OF THE 120-BED CENTER CALLS FOR "HOUSEHOLDS" OF 20 RESIDENTS EACH, WITH A KITCHEN SERVING EACH ONE, AN OUTDOOR GARDEN SETTING AND COMMON AREAS FOR VISITING AND ACTIVITIES THERE WILL ALSO BE A 40-BED SHORT STAY PAVILION FOR POST-ACUTE REHABILITATION PATIENTS FEATURING A BISTRO WHERE PATIENTS AND FAMILIES CAN SHARE MEALS LASTLY, SENTARA LIFE CARE RELOCATED PACE (PROGRAM FOR THE ALL-INCLUSIVE CARE FOR THE ELDERLY) FROM VIRGINIA BEACH TO NORFOLK, ALLOWING US TO SERVE MORE PARTICIPANTS IN A SPACIOUS, MODERN CLINIC WITH GREATER PRIVACY AND ROOM TO GROW PACE PROVIDES TRANSPORTATION, MEALS, MEDICAL CARE AND SOCIALIZATION FOR SENIORS LIVING WITH THEIR FAMILIES, WHO QUALIFY FOR NURSING FACILITY LEVEL OF CARE PACE SITES IN NORFOLK AND PORTSMOUTH TRANSITIONED TO THE ELECTRONIC MEDICAL RECORD USED THROUGHOUT SENTARA, EPIC, CREATING A MORE SEAMLESS CONNECTION FOR MEDICAL SERVICES PARTICIPANTS MAY REQUIRE H SENTARA MEDICAL GROUP (900+ PROVIDERS IN VIRGINIA AND NORTHEASTERN NORTH CAROLINA) I EASE OF PATIENT ACCESS AND GROWING OUR SERVICES ARE MAJOR AREAS OF FOCUS FOR SENTARA MEDICAL GROUP ALL OF THE SENTARA URGENT CARE LOCATIONS OFFER AN ONLINE OPTION TO "RESERVE YOUR SPOT" WHEREBY CONSUMERS CAN GO ONLINE, IDENTIFY THE URGENT CARE MOST CONVENIENT TO THEM, RESERVE "THEIR SPOT AND SHOW UP AT THE APPOINTED TIME TO BE SEEN THUS, CONSUMERS CAN AVOID THE WAIT AND IT SETS EXPECTATIONS OF WHEN THEY WILL BE SEEN</p>

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>II SENTARA PARTNERED WITH PRATT MEDICAL CENTER TO FORM SENTARA PRATT MEDICAL GROUP WITH 32 PROVIDERS AND 7 LOCATIONS IN THE AREAS OF FREDERICKSBURG, STAFFORD, KING GEORGE AND DAHLGREN, SENTARA NOW HAS A PRESENCE IN THE GREATER FREDERICKSBURG, VIRGINIA MARKET SENTARA PRATT MEDICAL CENTER ALSO BRINGS AN ADDITIONAL IMAGING CENTER INTO THE SENTARA HEALTHCARE NETWORK III SENTARA MEDICAL GROUP HAS A MAJOR FOCUS ON CUSTOMER SERVICE IN 2015, SENTARA MEDICAL GROUP DEPLOYED A SHORTER, ONLINE AND AUTOMATED PHONE CALL SURVEY THAT PATIENTS WOULD RECEIVE ON THE HEELS OF THEIR VISIT TO A SENTARA MEDICAL GROUP PROVIDER THE CHANGE MORE THAN TRIPLED THE AMOUNT OF SURVEY RESPONSES, AND THE DATA WAS MORE REAL-TIME FOR US TO TAKE ACTION AS NECESSARY X QUALITY AND PATIENT SAFETY DISTINCTIONS A AWARD-WINNING CARE- AS ALWAYS, SENTARA IS PROUD AND HUMBLED BY THE VARIOUS AWARDS AND RECOGNITIONS THE SYSTEM RECEIVED OVER THE COURSE OF THE YEAR OUR MISSION IS TO IMPROVE HEALTH EVERY DAY TO RECEIVE AN AWARD IS SIMPLY AN ADDED ACKNOWLEDGEMENT OF OUR MISSION - DRIVEN WORK HERE ARE A FEW OF THE 2015 AWARDS AND RECOGNITIONS I FOR THE 15TH CONSECUTIVE YEAR, THE CARDIOLOGY AND HEART SURGERY PROGRAM AT SENTARA NORFOLK GENERAL HOSPITAL (SENTARA HEART HOSPITAL) WAS LISTED AMONG THE TOP 50 HEART PROGRAMS IN THE U S NEWS &amp; WORLD REPORT 'BEST HOSPITALS' EDITION AND IMPROVED ITS RANKING FROM 41ST IN 2014 TO 31ST IN 2015 THE EAR, NOSE &amp; THROAT PROGRAM AT SNGH ALSO MADE THE TOP 50 RANKING FOR THE SECOND CONSECUTIVE YEAR II SENTARA CANCER NETWORK, INCLUDING SEVEN SENTARA HOSPITALS IN THE SOUTHEASTERN VIRGINIA REGION, WAS ACCREDITED BY THE AMERICAN COLLEGE OF SURGEONS' COMMISSION OF CANCER THE SENTARA CANCER NETWORK REMAINS THE ONLY NETWORK-ACCREDITED CANCER PROGRAM IN VIRGINIA III ALL SENTARA HOSPITALS IN HAMPTON ROADS (SENTARA WILLIAMSBURG REGIONAL MEDICAL CENTER, SENTARA CAREPLEX HOSPITAL, SENTARA NORFOLK GENERAL HOSPITAL, SENTARA LEIGH HOSPITAL, SENTARA OBICI HOSPITAL, SENTARA VIRGINIA BEACH GENERAL HOSPITAL, AND SENTARA PRINCESS ANNE HOSPITAL) AND SENTARA MARTHA JEFFERSON HOSPITAL AND SENTARA RMH MEDICAL CENTER RECEIVE LEAPFROG'S HIGHEST "A" RATING FOR DELIVERING SAFE PATIENT CARE FOR 2015 IV SENTARA COMPLETED THE TRANSITION TO DNV HEALTHCARE FOR ACCREDITATION AT ALL SENTARA HOSPITALS WITH SUCCESSFUL SURVEYS AT SENTARA HALIFAX REGIONAL HOSPITAL AND SENTARA ALBEVARLE MEDICAL CENTER V SENTARA LEIGH HOSPITAL FAMILY MATERNITY CENTER RECEIVED THE ADVANCE FOR NURSES 2015 BEST NURSING TEAM RUNNER UP STATUS THIS WAS ONE OF SIX TEAMS REPRESENTED ACROSS THE NATION VI SENTARA MARTHA JEFFERSON HOSPITAL MEDICAL GROUP PRACTICES RECEIVED THE NCQA CERTIFICATION TO BECOME PATIENT CENTERED MEDICAL HOMES MEDICAL HOMES PROVIDE PATIENT-CENTERED CARE THAT EMPHASIZES CARE COORDINATION AND COMMUNICATION AND WORKS TO GIVE PATIENTS THE HEALTHCARE EXPERIENCE THEY EXPECT MEDICAL HOMES CAN ALSO LEAD TO IMPROVED QUALITY AND DECREASED COSTS VII TEN SENTARA HOSPITALS WERE RECOGNIZED WITH THE PLATINUM AWARD BY THE AMERICAN COLLEGE OF CARDIOLOGY FOR CONSISTENT HIGH PERFORMANCE IN TREATING HEART ATTACK PATIENTS VIII THE INTENSIVE CARE UNIT AT SENTARA MARTHA JEFFERSON HOSPITAL RECEIVED THE SILVER BEACON AWARD FOR EXCELLENCE FROM THE AMERICAN ASSOCIATION OF CRITICAL CARE NURSES B SENTARA LEIGH HOSPITAL BECAME THE LATEST HOSPITAL WITHIN THE SENTARA FAMILY TO EARN THE NURSING MAGNET DESIGNATION FROM THE AMERICAN NURSES CREDENTIALING CENTER MAGNET SPEAKS TO A SUPPORTIVE WORKING ENVIRONMENT FOR NURSES AND SUPERIOR CLINICAL CARE BASED ON STRICT CRITERIA THAT MAGNET HOSPITALS MUST MEET C SENTARA IMPROVED VITAL CLINICAL COMMUNICATION WITH ALL PATIENTS BY DEPLOYING THE LANGUAGE ACCESS NETWORK ACROSS THE ENTERPRISE TO ADDRESS COMMUNICATION NEEDS FOR PATIENTS WHO ARE DEAF OR HARD OF HEARING, BLIND OR VISION-IMPAIRED, WITH LIMITED ENGLISH PROFICIENCY OR WHO CANNOT READ THIS NEW TECHNOLOGY IMPROVES THE PATIENT AND FAMILY EXPERIENCE WHILE ENSURING THAT ALL SENTARA SITES OF CARE REMAIN COMPLIANT WITH THE AMERICANS WITH DISABILITIES ACT AND OTHER FEDERAL CIVIL RIGHT REGULATIONS XI OPTIMA HEALTH A GROWTH OPTIMA HEALTH ESTABLISHED SENTARA ADVANTEDGE, A PROGRAM THAT ESTABLISHED STRATEGIC HEALTH PLAN PARTNERSHIPS - ALABAMA AND OHIO BEING THE FIRST TWO STATES REPRESENTING OPTIMA GROWTH OUTSIDE OF VIRGINIA AS OF JANUARY 1, 2015, SENTARA ADVANTEDGE BEGAN SERVICE AS THE THIRD PARTY ADMINISTRATOR (TPA) FOR ABOUT 30,500 OHIOHEALTH EMPLOYEES IN ALABAMA, SENTARA ADVANTEDGE BEGAN CONTRACTING WITH PROVIDERS FOR THE FIRST REGIONAL CARE ORGANIZATION (RCO) IN ALABAMA, WITH INITIAL PLANS TO COVER MORE THAN 180,000 MEDICAID ENROLLEES ACROSS 23 COUNTIES IN 2016 IN ADDITION, OPTIMA DESIGNED A NEW PRODUCT CALLED, OPTIMA HEALTH SELECT, FOR INDIVIDUAL MEMBERS OPTIMA HEALTH SELECT OFFERS AN EXCLUSIVELY SENTARA QUALITY CARE NETWORK (SQCN) NETWORK TO MEMBERS LIVING IN VIRGINIA BEACH, NORFOLK, PORTSMOUTH AND CHESAPEAKE AND LAUNCHED IN JANUARY 2016 B POPULATION HEALTH ANALYTICS TO MEET THE NEEDS OF UNDERSTANDING THE POPULATIONS WE SERVE, OPTIMA HEALTH IMPLEMENTED ENHANCED POPULATION HEALTH ANALYTICS CAPABILITIES TO SUPPORT OPTIMA'S STRATEGIC PARTNERSHIPS AND VALUE BASED REIMBURSEMENT MODELS AND TO PROVIDE MEANINGFUL PROVIDER REPORTING C QUALITY THERE ARE MANY EXAMPLES OF HOW OPTIMA HEALTH IS FOCUSED ON ENHANCING THE QUALITY OF CARE IT PROVIDES FOR MEMBERS ONE SHINING EXAMPLE IS THE PRODUCT CALLED LIVONGO TM DIABETES PATIENTS WHO ARE OPTIMA HEALTH MEMBERS NOW HAVE A NEW HAND-HELD WIRELESS DEVICE THAT MONITORS THEIR BLOOD SUGAR AND OTHER VITALS THIS DATA IS STORED SECURELY IN THE CLOUD AND CAN BE ACCESSED REAL TIME BY PROVIDERS AND CERTIFIED DIABETES EDUCATORS TO COACH AND GUIDE THE MEMBER AS NEEDED ADDITIONALLY, OPTIMA HEALTH AIMS TO IMPROVE ITS COMMUNICATION AND CONNECTIVITY WITH MEMBERS TO ENHANCE THE QUALITY OF CARE WE PROVIDE AND TO PROVIDE BETTER CUSTOMER SERVICE IN 2014 AND CARRIED ON IN 2015, OPTIMA FAMILY CARE (MEDICAID MANAGED CARE) PARTNERED WITH TRACFONE AND VOXIVA TO TAKE ADVANTAGE OF A FEDERAL PROGRAM TO PROVIDE MORE THAN 10,000 OPTIMA FAMILY CARE MEMBERS WITH CELL PHONES THESE PHONES HELP MEMBERS STAY IN TOUCH WITH THEIR PROVIDERS AND RECEIVE TEXT REMINDERS FOR WELL-BABY EXAMS AND OTHER SERVICES MEMBERS ARE LIMITED TO 250 MINUTES PER MONTH AND CALLS TO MEMBER SERVICES DO NOT COUNT AGAINST THEIR MINUTES THIS HAS BEEN A CREATIVE WAY FOR OPTIMA HEALTH TO HELP ENSURE BETTER OUTCOMES FOR MEDICAID FAMILIES AND LOWER COSTS OF CARE XII CONCLUSION SENTARA HEALTHCARE IS COMMITTED TO IMPROVING HEALTH EVERY DAY WE DO SO BY PROVIDING QUALITY CARE THROUGH EXPERT PROVIDERS, USING CUTTING-EDGE TECHNOLOGY, DEPLOYING MEDICAL BREAKTHROUGHS, AND PROVIDING EXCELLENT CUSTOMER SERVICE - ALL WITH A CONSTANT FOCUS ON INNOVATION WE LOOK FORWARD TO ANOTHER YEAR OF GROWTH AND INNOVATION IN 2016</p>

<b>Return Reference</b>	<b>Explanation</b>
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 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

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION'S SOLE MEMBER WAS HALIFAX REGIONAL HOSPITAL, INC , A VIRGINIA NONSTOCK CORPORATION DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE BOARD OF DIRECTORS, WHICH SERVED AS THE ORGANIZATION'S GOVERNING BODY, WAS ELECTED BY HALIFAX REGIONAL HOSPITAL, INC, THE 501(C)(3) SOLE MEMBER OF THE ORGANIZATION, SUBJECT TO RATIFICATION BY ITS 501(C)(3) SOLE MEMBER, SENTARA HEALTHCARE

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	<p>SENTARA HEALTHCARE ("SENTARA"), IN ITS CAPACITY AS THE 501(C)(3) SOLE MEMBER OF HALIFAX REGIONAL HOSPITAL, INC ("HRH"), THE SOLE MEMBER OF THE ORGANIZATION, HAS RESERVED THE EXCLUSIVE RIGHT, POWER AND AUTHORITY TO MAKE DECISIONS FOR AND ON BEHALF OF THE ORGANIZATION WITH RESPECT TO THE APPROVAL OR ADOPTION OF ANY PLAN OF MERGER OR CONSOLIDATION, ANY SALE, LEASE, EXCHANGE, MORTGAGE, PLEDGE OR OTHER DISPOSITION OF ALL, OR SUBSTANTIALLY ALL, THE PROPERTY AND ASSETS OF THE ORGANIZATION, AND THE VOLUNTARY DISSOLUTION OR LIQUIDATION OF THE ORGANIZATION, REVOCATION OF 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</p>

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 11	THE RETURN WAS PREPARED BY SENTARA CORPORATE TAX DEPARTMENT, BASED ON INFORMATION PROVIDED BY ORGANIZATION AND IN CONSULTATION WITH ORGANIZATION STAFF. THE DRAFT PREPARED BY CORPORATE WAS THEN CAREFULLY REVIEWED BY ORGANIZATION MANAGEMENT AND STAFF. CHANGES WERE MADE AS APPROPRIATE. THE FINAL VERSION WAS MADE AVAILABLE TO ALL MEMBERS OF THE BOARD PRIOR TO FILING WITH THE IRS.

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 12C	DIRECTORS, BOARD-NOMINATED OFFICERS, AND KEY EMPLOYEES SUBMIT AN ANNUAL CONFLICT OF INTEREST QUESTIONNAIRE AND CERTIFY TO THE COMPLETION AND ACCURACY OF THE INFORMATION DISCLOSED THE ORGANIZATION'S GOVERNING BOARD OR APPROPRIATE COMMITTEE MONITORS TRANSACTIONS INVOLVING DISCLOSED POTENTIAL CONFLICTS OF INTEREST, TO ENSURE THAT THEY ARE REASONABLE AND AT ARM'S LENGTH

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>AS PART OF THE SENTARA HEALTHCARE SYSTEM ("THE SYSTEM"), THE ORGANIZATION 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 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 31 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 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 THIS PROCESS WAS USED TO ESTABLISH COMPENSATION FOR THE ORGANIZATION'S VICE CHAIRMAN AND TREASURER, WHO ALSO SERVE AS CORPORATE VICE PRESIDENT AND SENIOR VICE PRESIDENT/CFO OF THE SYSTEM, RESPECTIVELY THE PROCESS WAS LAST UNDERTAKEN DURING THE TAX YEAR FOR THE POSITIONS LISTED THE OUTSIDE MARKET STUDY DESCRIBED ABOVE WAS ALSO USED TO ESTABLISH COMPENSATION FOR THE ORGANIZATION'S PRESIDENT, WHO IS CONSIDERED THE TOP MANAGEMENT OFFICIAL OF THE ORGANIZATION RESULTS WERE PRESENTED TO SENIOR EXECUTIVES OF THE SYSTEM FOR REVIEW AND APPROVAL RATHER THAN THE SYSTEM'S COMPENSATION COMMITTEE</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE CONSOLIDATED FINANCIAL STATEMENTS FOR SENTARA HEALTHCARE AND SUBSIDIARIES WERE MADE PUBLICLY AVAILABLE THROUGH THE USE OF DAC BOND (DISCLOSURE DISSEMINATION AGENT) AND CAN BE FOUND ON THE INTERNET AT WWW.DACBOND.COM. THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICTS OF INTEREST POLICY ARE GENERALLY NOT MADE AVAILABLE TO THE PUBLIC.

<b>Return Reference</b>	<b>Explanation</b>
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 18 VOTING MEMBERS, 17 OF WHICH ARE CONSIDERED INDEPENDENT, AS DEFINED IN THE FORM 990 INSTRUCTIONS

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, LINE 13	WHISTLEBLOWER POLICY THE ORGANIZATION HAD A WRITTEN WHISTLEBLOWER POLICY WHICH WAS APPROVED BY THE BOARD OF DIRECTORS OF SENTARA HEALTHCARE, THE PARENT ORGANIZATION OF THE SENTARA HEALTHCARE SYSTEM

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, LINE 14	DOCUMENT RETENTION POLICY THE ORGANIZATION HAD A WRITTEN POLICY FOR DOCUMENT RETENTION AND DESTRUCTION WHICH WAS APPROVED BY SENIOR LEADERS OF THE SENTARA HEALTHCARE SYSTEM

Return Reference	Explanation
STATEMENT FILED PURSUANT TO TREASURY REGULATION SEC 1 6038-2(J)(3)	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 AN INTEREST IN MEDSTREAMING LLC (FKA MEDSTREAMING HOLDINGS LLC) WHICH OWNS AN INTEREST IN A FOREIGN CORPORATION ALL INFORMATION REQUIRED OF THE TAXPAYER BY IRC SECTION 6038 AND THE REGULATIONS THEREUNDER WITH RESPECT TO MEDSTREAMING LLC IS FURNISHED BY MEDSTREAMING LLC, EIN 45-1573625 THEREFORE, PURSUANT TO TREASURY REGULATION 1 6038-2(J)(2), THE TAXPAYER IS EXCEPTED FROM PROVIDING SUCH INFORMATION THE REQUIRED INFORMATION IS E-FILED BY MEDSTREAMING LLC

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2015**

**Open to Public  
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**

▶ **Attach to Form 990.**

▶ **Information about Schedule R (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 Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
See Additional Data Table							

**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	
See Additional Data Table												

**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
See Additional Data Table									

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<b>(1)</b> DOMINION HEALTH MEDICAL ASSOCIATES LTD	B	108,167	CORP BOOKS/REC
<b>(2)</b> SENTARA SOUTHSIDE HEALTH SERVICES INC	B	52,990	CORP BOOKS/REC



**Part VII** **Supplemental Information**

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

<b>Return Reference</b>	<b>Explanation</b>
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**Additional Data**

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

**Form 990, Schedule R, Part II - 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 entity?	
						Yes	No
SENTARA HEALTHCARE 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 52-1271901	HEALTH CARE	VA	501(C)(3)	LN7_NORMALGOVTSUPPOR	N/A		No
HALIFAX REGIONAL HEALTH SYSTEM 2204 WILBORN AVE SOUTH BOSTON, VA 24592 54-1801466	HEALTH CARE	VA	501(C)(3)	11B TYPE II	N/A		No
CLARKSVILLE SENIOR CARE LLC 2204 WILBORN AVENUE SOUTH BOSTON, VA 24592 54-1957066	SENIOR CARE	VA	501(C)(3)	11A TYPE I	HALIFAX REGIONAL HOSPITAL	Yes	
HALIFAX REGIONAL HOSPITAL INCORPORATED 2204 WILBORN AVENUE SOUTH BOSTON, VA 24592 54-0648699	HEALTHCARE	VA	501(C)(3)	LN3_HOSPITALCOOPINSE	SENTARA HEALTHCARE		No
HALIFAX REGIONAL LONG TERM CARE INC 103 ROSE HILL DRIVE SOUTH BOSTON, VA 24592 54-6074529	SENIOR CARE	VA	501(C)(3)	11A TYPE I	HALIFAX REGIONAL HOSPITAL	Yes	
SENTARA HALIFAX REGIONAL PROPERTIES INC 2204 WILBORN AVENUE SOUTH BOSTON, VA 24592 54-1801463	HLTH/WELFARE	VA	501(C)(3)	11A TYPE I	HALIFAX REGIONAL HOSPITAL	Yes	
SENTARA PRINCESS ANNE HOSPITAL 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 27-3208969	HEALTH CARE	VA	501(C)(3)	LN3_HOSPITALCOOPINSE	SENTARA HOSPITALS	Yes	
SENTARA HOSPITALS 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1547408	HEALTH CARE	VA	501(C)(3)	LN3_HOSPITALCOOPINSE	SENTARA HEALTHCARE	Yes	
SENTARA MEDICAL GROUP 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1217184	HEALTH CARE	VA	501(C)(3)	LN9_MORETHAN30PCTCON	SENTARA HEALTHCARE	Yes	
SENTARA ENTERPRISES 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1917649	HEALTH CARE	VA	501(C)(3)	LN9_MORETHAN30PCTCON	SENTARA HEALTHCARE	Yes	
SENTARA LIFE CARE CORP 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1217183	HEALTH CARE	VA	501(C)(3)	LN9_MORETHAN30PCTCON	SENTARA HEALTHCARE	Yes	
MPB INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1346393	TITLE HOLDING COMPANY	VA	501(C)(2)		SENTARA ENTERPRISES	Yes	
OPTIMA HEALTH PLAN 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1283337	HMO	VA	501(C)(3)	11A - I	SENTARA HEALTHCARE	Yes	
POTOMAC HOSPITAL CORP OF PRINCE WILLIAM 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-0853898	HEALTH CARE	VA	501(C)(3)	LN3_HOSPITALCOOPINSE	SENTARA HEALTHCARE	Yes	
SENTARA RMH MEDICAL CENTER 2010 HEALTH CAMPUS DRIVE HARRISONBURG, VA 22801 54-0506331	HEALTH CARE	VA	501(C)(3)	LN3_HOSPITALCOOPINSE	SENTARA HEALTHCARE	Yes	
VALLEY WELLNESS CENTER 501 STONE SPRING ROAD HARRISONBURG, VA 22801 52-1309257	PREVENTATIVE HEALTH/REHAB	VA	501(C)(3)	LN9_MORETHAN30PCTCON	SENTARA RMH MEDICAL CENTER	Yes	
MJH FOUNDATION 500 MARTHA JEFFERSON DRIVE CHARLOTTESVILLE, VA 22911 54-1401357	INVEST/MGT SVCS FOR MARTHA JEFFERSON HOSPITAL	VA	501(C)(3)	11A - I	MARTHA JEFFERSON HOSPITAL	Yes	
MARTHA JEFFERSON HOSPITAL FOUNDATION 500 MARTHA JEFFERSON DRIVE CHARLOTTESVILLE, VA 22911 30-0041113	FUNDRAISING	VA	501(C)(3)	11A - I	MARTHA JEFFERSON HOSPITAL	Yes	
MARTHA JEFFERSON HOSPITAL 500 MARTHA JEFFERSON DRIVE CHARLOTTESVILLE, VA 22911 54-0261840	HEALTH CARE	VA	501(C)(3)	LN3_HOSPITALCOOPINSE	SENTARA HEALTHCARE	Yes	





Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) SENTARA HOLDINGS INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1555638	HOLDING COMPANY	VA	N/A	C				Yes	
(1) SENTARA HEALTH PLANS INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 52-2368125	TPA	VA	N/A	C				Yes	
(2) OPTIMA HEALTH GROUP 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1473382	HMO	VA	N/A	C				Yes	
(3) OPTIMA HEALTH INSURANCE COMPANY 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1642752	HEALTH INSURANCE	VA	N/A	C				Yes	
(4) OPTIMA BEHAVIORAL HEALTH SERVICES 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 62-1382666	MENTAL HEALTH SVCS	VA	N/A	C				Yes	
(5) SENTARA VENTURES INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1688615	HOLDING COMPANY	VA	N/A	C				Yes	
(6) SENTARA OBICI PROFESSIONAL CENTER 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1445865	RE RENTAL	VA	N/A	C				Yes	
(7) SENTARA STRATEGIC SOLUTIONS INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1020941	HEALTH CARE	VA	N/A	C				Yes	
(8) SENTARA HEALTH PLANS OF OHIO INC 4417 CORPORATION LANE VIRGINIA BEACH, VA 23462 47-1509408	TPA	OH	N/A	C				Yes	
(9) SENTARA HEALTH INSURANCE CO OF NC 4417 CORPORATION LANE VIRGINIA BEACH, VA 23462 47-1888140	HEALTH INSURANCE	NC	N/A	C				Yes	
(10) SENTARA HEALTH PLANS OF NC INC 4417 CORPORATION LANE VIRGINIA BEACH, VA 23462 46-5510421	TPA	NC	N/A	C				Yes	
(11) SENTARA SOUTHSIDE HEALTH SERVICES INC 2204 WILBORN AVENUE SOUTH BOSTON, VA 24592 54-1417772	HEALTH SERVICES	VA	N/A	C				Yes	
(12) DOMINION HEALTH MEDICAL ASSOCIATES LTD 2204 WILBORN AVENUE SOUTH BOSTON, VA 24592 54-1060357	PHYS PRACTICE	VA	N/A	C				Yes	
(13) SMG INNOVATIONS INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 20-3730331	HEALTH CARE	VA	N/A	C				Yes	
(14) POTOMAC VENTURES CORP 2300 OPITZ BLVD WOODBIDGE, VA 22191 54-1441420	PHARMACY	VA	N/A	C				Yes	

**Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(16) ROCKINGHAM HEALTH SERVICES INC 2010 HEALTH CAMPUS DRIVE ROCKINGHAM, VA 22801 54-1721387	CONTRACTING SVCS	VA	N/A	C				Yes	
MARTHA JEFFERSON MEDICAL (1) ENTERPRISES INC 500 MARTHA JEFFERSON DRIVE CHARLOTTESVILLE, VA 22911 54-1841528	MEDICAL BILLING SVCS	VA	N/A	C				Yes	
(2) BAY PRIMEX INSURANCE COMPANY LTD PO BOX 1051 GRAND CAYMAN KY1-1102 CJ 98-0704114	INSURANCE	CJ	N/A	C				Yes	
ALBEMARLE PHYSICIAN SERVICES- (3) SENTARA INC 1144 NORTH ROAD STREET ELIZABETH CITY, NC 27909 26-4592192	PHYS PRACTICE	NC	N/A	C				Yes	