

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)**

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

OMB No 1545-0047  
2017  
**Open to Public Inspection**

**A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017**

- B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

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

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite  
 6015 POPLAR HALL DRIVE

City or town, state or province, country, and ZIP or foreign postal code  
 NORFOLK, VA 23502

**D** Employer identification number  
 54-1801459

**E** Telephone number  
 (434) 517-3183

**G** Gross receipts \$ 184,204

**F** Name and address of principal officer  
 JASON A STUDLEY  
 2204 WILBORN AVE  
 SOUTH BOSTON, VA 24592

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list (see instructions)  
**H(c)** Group exemption number ▶

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

**J** Website: ▶ WWW.SENTARA.COM

**K** Form of organization  Corporation  Trust  Association  Other ▶

**L** Year of formation 1996 **M** State of legal domicile VA

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities  
 TO PROMOTE COMMUNITY HEALTH AND TO DEVELOP FUNDRAISING AND SUPPORT FOR HALIFAX REGIONAL HOSPITAL

**2** Check this box  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)	4
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	1
<b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a)	0
<b>6</b> Total number of volunteers (estimate if necessary)	4
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	0
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	195,693	149,038
<b>9</b> Program service revenue (Part VIII, line 2g)	0	0
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	23,470	31,566
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	23,416	-15,845
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	242,579	164,759
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	384,091	165,250
<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) ▶ 0		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,763	26,376
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	387,854	191,626
<b>19</b> Revenue less expenses Subtract line 18 from line 12	-145,275	-26,867

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	1,390,405	1,540,045
<b>21</b> Total liabilities (Part X, line 26)	90,548	149,691
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	1,299,857	1,390,354

**Part II Signature Block**

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

**Sign Here**

Signature of officer \_\_\_\_\_ Date 2018-11-09  
 JASON A STUDLEY PRESIDENT  
 Type or print name and title

**Paid Preparer Use Only**

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

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission

HALIFAX REGIONAL DEVELOPMENT FOUNDATION, INC IS ORGANIZED TO PROMOTE THE GENERAL HEALTH/WELFARE OF THE COMMUNITY, DEVELOP FUNDRAISING EFFORTS AND IMPROVE COMMUNITY SUPPORT FOR HALIFAX REGIONAL HOSPITAL FOR MORE INFORMATION, SEE SCHEDULE O

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O

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

**4a** (Code ) (Expenses \$ 176,156 including grants of \$ 165,250 ) (Revenue \$ 0 )  
See Additional Data

**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 ▶ 176,156

**Part IV Checklist of Required Schedules**

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

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>		No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<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>	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>	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>	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>		No
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<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>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a 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>		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>		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>		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>		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>		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>		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>		No
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>		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>		No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		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>		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>		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>	Yes	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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>	Yes	
<b>36 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>		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>		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 . . . . .	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 ID, question text, and Yes/No response boxes. Rows include questions 1a-1c, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, and 13a-13c.

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 [X]

Section A. Governing Body and Management

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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (No); b Other officers or key employees of the organization (No); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [ ] Own website, [ ] Another's website, [X] 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: CORPORATE OFFICERS 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 (757) 455-7020





**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>	45,660				
	<b>d</b> Related organizations	<b>1d</b>					
	<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>	103,378				
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____						
	<b>h Total.</b> Add lines 1a-1f . . . . .			149,038			
<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 Total.</b> Add lines 2a-2f . . . . .						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		31,566			31,566	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties . . . . .						
	<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>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>8a</b> Gross income from fundraising events (not including \$ 45,660 of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>	3,600				
	<b>b</b> Less direct expenses . . . . .	<b>b</b>	19,445				
	<b>c</b> Net income or (loss) from fundraising events . . . . .			-15,845			-15,845
	<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>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 . . . . .							
Miscellaneous Revenue	Business Code						
<b>11a</b> _____							
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .							
<b>12 Total revenue.</b> See Instructions . . . . .			164,759	0	0	15,721	

**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	115,833	115,833		
<b>2</b> Grants and other assistance to domestic individuals See Part IV, line 22	49,417	49,417		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 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> SENTARA SERVICE EXPENSE	15,470		15,470	
<b>b</b> OTHER EXPENSES	10,906	10,906		
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	191,626	176,156	15,470	0
<b>26 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 IX

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	365,306	<b>1</b>	489,228
	<b>2</b> Savings and temporary cash investments . . . . .	1,023,883	<b>2</b>	1,050,614
	<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 . . . . .		<b>11</b>	
	<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 . . . . .	1,216	<b>15</b>	203
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	1,390,405	<b>16</b>	1,540,045	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .		<b>17</b>	
	<b>18</b> Grants payable . . . . .	981	<b>18</b>	981
	<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	89,567	<b>25</b>	148,710
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	90,548	<b>26</b>	149,691
<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	521,218	<b>27</b>	626,653
	<b>28</b> Temporarily restricted net assets . . . . .	778,639	<b>28</b>	763,701
	<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 . . . . .	1,299,857	<b>33</b>	1,390,354	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	1,390,405	<b>34</b>	1,540,045	

**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>	164,759
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	191,626
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-26,867
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	1,299,857
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-4,766
<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>	122,130
<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>	1,390,354

**Part XII Financial Statements and Reporting**

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

	Yes	No
<p><b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>		
<p><b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	<b>2a</b>	No
<p><b>b</b> Were the organization's financial statements audited by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	<b>2b</b>	Yes
<p><b>c</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?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	<b>2c</b>	Yes
<p><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?</p>	<b>3a</b>	No
<p><b>b</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</p>	<b>3b</b>	

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 54-1801459

**Name:** HALIFAX REGIONAL DEVELOPMENT FOUNDATION  
INC

Form 990 (2017)

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### Form 990, Part III, Line 4a:

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

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

**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).

**2017**

**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 12, 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university \_\_\_\_\_
- 10  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 )
- 11  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12  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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
  - 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 \_\_\_\_\_

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- 10 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		
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)**

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	139,671	430,398	303,688	195,693	149,038	1,218,488
<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</b>	<b>Total.</b> Add lines 1 through 3	139,671	430,398	303,688	195,693	149,038	1,218,488
<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)						241,497
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4						976,991

**Section B. Total Support**

	Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b>	Amounts from line 4	139,671	430,398	303,688	195,693	149,038	1,218,488
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	14,359	27,453	26,891	23,470	31,566	123,739
<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</b>	<b>Total support.</b> Add lines 7 through 10						1,342,227
<b>12</b>	Gross receipts from related activities, etc. (see instructions)					<b>12</b>	

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

<b>14</b>	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	72.790 %
<b>15</b>	Public support percentage for 2016 Schedule A, Part II, line 14	<b>15</b>	74.120 %

**16a 33 1/3% support test—2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **b 33 1/3% support test—2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **17a 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization **b 10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization **18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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</b>	<b>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</b>	<b>Public support.</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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</b>	<b>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 2017 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b>	Public support percentage from 2016 Schedule A, Part III, line 15	<b>16</b>	

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

<b>17</b>	Investment income percentage for <b>2017</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2016</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2017.** 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—2016.** 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 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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.		
	<b>1</b>		
<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).		
	<b>2</b>		
<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.		
	<b>3a</b>		
<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>3b</b>		
<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>3c</b>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	<b>4a</b>		
<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 <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	<b>4b</b>		
<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 <b>Part VI</b> 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>4c</b>		
<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 <b>Part VI</b> , 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).		
	<b>5a</b>		
<b>b</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>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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> .		
	<b>6</b>		
<b>7</b>	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	<b>7</b>		
<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 I of Schedule L (Form 990 or 990-EZ).		
	<b>8</b>		
<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> .		
	<b>9a</b>		
<b>b</b>	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9b</b>		
<b>c</b>	Did a disqualified person (as defined in line 9a) 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> .		
	<b>9c</b>		
<b>10a</b>	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	<b>10a</b>		
<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>10b</b>		

**Part IV Supporting Organizations** (continued)

		Yes	No
<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?		
<b>b</b>	A family member of a person described in (a) above?		
<b>c</b>	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	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? <i>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.</i>		
<b>2</b>	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? <i>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.</i>		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	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)? <i>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).</i>		

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

		Yes	No
<b>1</b>	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b>	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b>	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> )		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b>	Activities Test <b>Answer (a) and (b) below.</b>	Yes	No
<b>a</b>	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? <i>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.</i>		
<b>b</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? <i>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.</i>		
<b>3</b>	Parent of Supported Organizations <b>Answer (a) and (b) below.</b>		
<b>a</b>	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? <i>Provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**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 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

<b>Section A - Adjusted Net Income</b>		(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>	
<b>Section B - Minimum Asset Amount</b>		(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 .035	<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>	
<b>Section C - Distributable Amount</b>			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>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

**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 <b>Part VI</b> ) 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 <b>Part VI</b> ) See instructions	
<b>9</b> Distributable amount for 2017 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-2017</b>	<b>(iii) Distributable Amount for 2017</b>
<b>1</b> Distributable amount for 2017 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
<b>3</b> Excess distributions carryover, if any, to 2017			
<b>a</b>			
<b>b</b> From 2013. . . . .			
<b>c</b> From 2014. . . . .			
<b>d</b> From 2015. . . . .			
<b>e</b> From 2016. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2017 from Section D, line 7			
<b>\$</b>			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
<b>6</b> Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
<b>7 Excess distributions carryover to 2018.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b> Excess from 2013. . . . .			
<b>b</b> Excess from 2014. . . . .			
<b>c</b> Excess from 2015. . . . .			
<b>d</b> Excess from 2016. . . . .			
<b>e</b> Excess from 2017. . . . .			

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 54-1801459

**Name:** HALIFAX REGIONAL DEVELOPMENT FOUNDATION  
INC

**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)

**Facts And Circumstances Test**

**SCHEDULE D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**  
**► 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).**

OMB No 1545-0047  
**2017**  
**Open to Public Inspection**

**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>2a</b>	
<b>b</b> Total acreage restricted by conservation easements	<b>2b</b>	
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>	
<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	<b>2d</b>	

**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>d</b> Additions during the year     |        |
| <b>e</b> Distributions during the year |        |
| <b>f</b> Ending balance                |        |
- 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" on 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 . . . . .	778,639	678,660	1,024,453	1,140,620	902,277
<b>b</b> Contributions . . . . .	149,038	425,322	303,688	407,248	511,195
<b>c</b> Net investment earnings, gains, and losses	26,800	344	18,630	41,761	3,039
<b>d</b> Grants or scholarships . . . . .	165,250	346,135	677,115	589,222	275,427
<b>e</b> Other expenditures for facilities and programs . . . . .	15,845	-23,416	-9,321	-24,139	
<b>f</b> Administrative expenses . . . . .	9,681	2,968	317	93	464
<b>g</b> End of year balance . . . . .	763,701	778,639	678,660	1,024,453	1,140,620

- 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
- |  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b>  | No |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b> | No |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 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" on 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 . . . . .				
<b>Total.</b> 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 _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.)	

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
<b>DUE TO AFFILIATES</b>	148,710
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.)	148,710

**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 1			
<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 1:			
<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
See Additional Data Table	

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

Return Reference	Explanation

**Supplemental 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</p>

## Supplemental Information

Return Reference	Explanation
PART V, LINE 4	O 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

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

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

OMB No 1545-0047

**2017**

**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](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 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

(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
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						

- 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.

Revenue		(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>1</b>	Gross receipts . . . . .	49,260			49,260
<b>2</b>	Less Contributions . . . . .	45,660			45,660
<b>3</b>	Gross income (line 1 minus line 2) . . . . .	3,600			3,600
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .	1,000			1,000
	<b>7</b> Food and beverages . . . . .	6,985			6,985
	<b>8</b> Entertainment . . . . .	1,550			1,550
	<b>9</b> Other direct expenses . . . . .	9,910			9,910
	<b>10</b>	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶			
<b>11</b>	Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶				-15,845

**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.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		<b>1</b>	Gross revenue . . . . .		
Direct Expenses	<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>b</b>	An outside facility		%

**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 provide any additional information (see instructions).

Return Reference	Explanation
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**Schedule I  
(Form 990)**

Department of the  
Treasury  
Internal Revenue Service

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

Complete if the organization answered "Yes," 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](http://www.irs.gov/form990).

OMB No 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization  
HALIFAX REGIONAL DEVELOPMENT FOUNDATION  
INC

**Employer identification number**  
54-1801459

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

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

**Part II Grants and Other Assistance to 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

(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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

**3** Enter total number of other organizations listed in the line 1 table . . . . . **2**

**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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) HOSPICE PATIENTS	255	15,923			
(2) SCHOLARSHIPS	37	33,494			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

**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
DOMINION HEALTH MEDICAL ASSOCIATES 6015 POPLAR HALL DRIVE NORFOLK, VA 23502	54-1060357		25,313				FUNDING FOR HALIFAX REGIONAL DENTAL CLINIC
HALIFAX REGIONAL HOSPITAL 6015 POPLAR HALL DRIVE NORFOLK, VA 23502	54-0648699	501(C)(3)	32,000				HOSPICE SUPPORT

<b>Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.</b>							
<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
SOUTHSIDE HEALTH SERVICES INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502	54-1417772		58,520				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

**2017**

**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 nonfixed 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 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) TAX EXEMPT PARENT OF THE SENTARA HEALTH SYSTEM, 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 2017, THE FOLLOWING CORPORATE EXECUTIVES RECEIVED VESTED DISTRIBUTIONS UNDER THE PLAN: ROBERT BROERMANN (\$143,052), MICHAEL GENTRY (\$61,616), AND CHRIS LUMSDEN (\$2,779). 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 ServiceName of the organization  
HALIFAX REGIONAL DEVELOPMENT FOUNDATION  
INC**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).

OMB No 1545-0047

**2017****Open to Public  
Inspection****Employer identification number**

54-1801459

**990 Schedule O, Supplemental Information**

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

## 990 Schedule O, Other Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS	<p>SENTARA HEALTHCARE   SENTARA HEALTHCARE - YOUR NOT FOR PROFIT HEALTHCARE PARTNER SENTARA HEALTHCARE BASED IN NORFOLK, VA, CELEBRATES MORE THAN 129 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 AND OHIO, AND A TEAM OF PROFESSIONALS NEARLY 28,000 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 OF OUR COMMUNITIES THROUGH HEALTH OUTREACH PROGRAMS, EDUCATION, AND FINANCIAL SUPPORT OF OTHER NOT FOR PROFIT ORGANIZATIONS WITH SIMILAR HEALTH MISSIONS</p> <p>II COMMITMENT TO THE COMMUNITY A SENTARA HAS PROVIDED MUCH IN THE WAY OF COMMUNITY BENEFIT AND CHARITY CARE ON AN ANNUAL BASIS IN 2017, SENTARA COMMUNITY BENEFIT REACHED \$364,956,000 SENTARA PROVIDED \$325,197,000 IN NET UNCOMPENSATED PATIENT CARE, \$18,341,000 IN MEDICAL EDUCATION, AND \$21,418,000 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 SUPPORTS A WIDE RANGE OF PROGRAMS ACROSS HAMPTON ROADS IN 2017, THE FOUNDATION RAISED \$1.9M AND AWARDED 28 COMMUNITY GRANTS TOTALING \$622,000 TO SUPPORT ITS KEY PRIORITY AREAS THE MARTHA JEFFERSON HOSPITAL FOUNDATION IN CHARLOTTESVILLE, VIRGINIA RAISED OVER \$3.5M IN NEW GIFTS AND COMMITMENTS AND FOCUSED THEIR EFFORTS ON A HIGH-RISK BREAST PROGRAM, A FAMILY CAREGIVER SUPPORT PROGRAM AND THE CENTER FOR CLINICAL EDUCATION THE RMH FOUNDATION RAISED \$3.59M IN NEW GIFTS AND COMMITMENTS AND FOCUSED THEIR EFFORTS ON A NEW LINEAR ACCELERATOR FOR THE SENTARA RMH HAHN CANCER CENTER AND THE INSTITUTE FOR NURSING EXCELLENCE AND INNOVATION SEVERAL YEARS AGO, SENTARA ESTABLISHED THE HOPE (HELPING OVERCOME PERSONAL EMERGENCY) FUND, WHICH IS AN EMERGENCY FINANCIAL RE</p>

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FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS	<p>SOURCE 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 DEVA STATING CRISES SUCH AS FIRE, DEATH, NATURAL DISASTERS, OR SERIOUS PERSONAL OR FAMILY ILLNE SS IN 2017, THE HOPE FUND AWARDED \$147,000 TO SENTARA EMPLOYEES IN CRISES ACROSS THE SYST EM 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 2017 - 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 - SENTARA CONTINUED TO OFFER PROGRAMS SUCH AS EATING FOR LIFE, WALKABOUT WITH HEALTHY EDGE, HEALTH HABITS, HEALTHY YOU, MEDITATION, TAI CHI AND YOGA - THE FLU PATROL ADMINISTERED A TOTAL OF 5,211 IMMUNIZATIONS 4,182 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 SELF-CARE HANDBOOKS ON PLANNING A HEALTHY PREGNANCY WERE DISTRIBUTED TO OPTIMA HEALTH PLAN MEMBERS - THE TOBACCO CESSATION PROGRAM AIDED OUR HOSPITALS IN UPDATING A VIDEO AVAILABLE TO PATIENTS 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 PROCESSES, 18,849 EMPLOYEES COMPLETED A HEALTH RISK ASSESSMENT IN CONJUNCTION WITH THE MISSION HEALTH PROGRAM - FINALLY, WEBMD, WHICH SERVES AS OUR HEALTH COACHING AND HEALTH EDUCATION PORTAL PARTNER, HAS NOW 22,649 REGISTERED MEMBERS OF WHICH 16,848 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 PREVENTION DON'T SIT ON COLON CANCER THROUGH THE SENTARA CANCER NETWORK, SENTARA HOSTED A 5K AT SENTARA PRINCESS ANNE HOSPITAL IN VIRGINIA BEACH THROUGH SENTARA HEART, WE PROMOTED THE "28 DAYS OF HEART" IN FEBRUARY, 2017 IN SUPPORT OF HEART HEALTH AWARENESS ONLINE PROMOTIONS, RADIO ADS, FACEBOOK LIVE EDUCATION SESSIONS, 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</p>

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FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS	<p>IN OTHER STATES - NORTH CAROLINA 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 2017 INCLUDED THE FOLLOWING A SENTARA NORFOLK GENERAL HOSPITAL EXPERIENCED REMARKABLE GROWTH IN OUR TRANSPLANT PROGRAMS SENTARA HEART HOSPITAL PERFORMED 28 HEART TRANSPLANTS REPRESENTING A 133% INCREASE OVER 2016(12) SENTARA NORFOLK GENERAL HOSPITAL PERFORMED 101 KIDNEY TRANSPLANTS REPRESENTING A 71% INCREASE OVER 2016(59) SENTARA NORFOLK GENERAL HOSPITAL PERFORMED 7 PANCREAS TRANSPLANTS REPRESENTING A 250% INCREASE OVER 2016(2) B SENTARA, THROUGH OPTIMA HEALTH, LAUNCHED THE MANAGED LONG TERM SERVICES AND SUPPORTS PROGRAM, ALSO KNOWN AS OPTIMA HEALTH COMMUNITY CARE, THAT SERVES VIRGINIANS WITH COMPLEX HEALTH ISSUES, MANY OF WHOM REQUIRE LONG-TERM SUPPORT AS A RESULT OF AGING, CHRONIC ILLNESS OR DISABILITY 17,893 MEMBERS WERE ASSIGNED TO OPTIMA HEALTH COMMUNITY CARE BETWEEN AUGUST 1 AND DECEMBER 31 FROM SIX REGIONS ACROSS VIRGINIA THIS MODEL OF CARE FACILITATES PERSON-CENTERED CARE FEATURING BENEFITS SUCH AS COORDINATION AND MANAGEMENT OF ALL ASPECTS OF PHYSICAL HEALTH, BEHAVIORAL HEALTH, LONG-TERM CARE AND COMMUNITY-BASED SERVICES, SUPPORT OF AN INTERDISCIPLINARY CARE TEAM, ACCESS TO A CARE COORDINATOR AND REGULAR CARE ASSESSMENTS AN INDIVIDUALIZED CARE PLANS C WHILE CONTINUING TO IMPLEMENT THE 2017 SENTARA STRATEGIC PLAN, SENTARA CONTINUED ITS STRATEGIC PLANNING WORK THROUGH THE DEVELOPMENT AND APPROVAL OF TWO SERVICE LINES PLANS - HEART/VASCULAR AND NEUROSCIENCES</p>

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<p>FORM 990, PART III, LINE 4A</p>	<p>IV NEW INITIATIVES A SENTARA CONTINUED ITS FOCUS ON KEEPING THE COMPANY SAFE AND FORWARD THINKING IN THE CYBER WORLD FOR OUR SECURITY OPERATIONS CENTER, WE PARTNERED WITH IBM TO PROVIDE US WITH 24/7 MONITORING OF CYBER SECURITY THREATS UTILIZING WATSON, THIS SERVICE PROVIDES ARTIFICIAL INTELLIGENCE CAPABILITIES TO BOTH DETECT AND PRIORITIZE POTENTIAL CYBER SECURITY THREATS B ALSO IN THE REALM OF CYBER SECURITY, SENTARA IMPLEMENTED TWO FACTOR AUTHENTICATION FOR INDIVIDUALS LOGGING INTO THE SENTARA SYSTEMS EXTERNALLY THUS, SENTARA HAS SECURE REMOTE ACCESS FOR ALL WORKFORCE MEMBERS C SENTARA ESTABLISHED AN INFORMATION SECURITY STUDENT STAFFING PROGRAM IN PARTNERSHIP WITH OLD DOMINION UNIVERSITY, REGENT UNIVERSITY, THOMAS NELSON COMMUNITY COLLEGE, TIDEWATER COMMUNITY COLLEGE AND THE UNIVERSITY OF VIRGINIA THIS ALLOWS US ACCESS TO A SKILLED WORKFORCE WITH CYBER SECURITY TALENT D IN ITS THIRD YEAR, CLINICAL PERFORMANCE IMPROVEMENT (CLINICAL PI), AN INITIATIVE TO DRIVE CHANGE AND CREATE RAPID PROCESS IMPROVEMENT IN TARGETED CLINICAL AREAS, RESULTED IN SEEING POSITIVE TRENDS TOWARDS MEETING THE COMPANY'S ULTIMATE GOALS E THE VOICE OF THE CUSTOMER MODEL WAS DEVELOPED TO UNDERSTAND MORE FROM SENTARA CUSTOMERS THE MODEL IS AN OPERATIONAL DESIGN THAT ENABLES SENTARA TO INTEGRATE THE VOICE OF THE CUSTOMER INTO ALL FACETS OF BUSINESS DECISION-MAKING AND PRODUCT DEVELOPMENT F ADDRESSING THE OPIOID CRISIS IS A MAJOR FOCUS FOR SENTARA SENTARA MEDICAL GROUP LAUNCHED ONE CLICK FOR PROVIDERS TO ACCESS THE VIRGINIA PRESCRIPTION MONITORING PROGRAM (PMP) IN THE SENTARA ECARE HEALTH NETWORK VIA A GATEWAY PROGRAM SAVING TIME FOR BOTH THE PROVIDER AND PATIENT AND IMPROVING COMPLIANCE PROVIDERS ARE REQUIRED TO CONSULT THE VIRGINIA PMP BEFORE PRESCRIBING CONTROLLED DRUGS, BUT LEAVING THE ELECTRONIC MEDICAL RECORD (EMR) TO LOG INTO THE PMP ADDS EXTRA STEPS AND TIME TO THE PROCESS SENTARA CAREPLEX HOSPITAL CONTINUED A PARTNERSHIP WITH THE NEWPORT NEWS AND HAMPTON POLICE DEPARTMENTS TO TRAIN POLICE OFFICERS ON HOW TO ADMINISTER TO THE LIFE-SAVING, OVERDOSE-REVERSING NARCAN SENTARA RMH MEDICAL CENTER WAS AWARDED A FEDERAL GRANT FROM THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES OFFICE ON WOMEN'S HEALTH TO HELP PREVENT OPIOID MISUSE IN THEIR REGION V OFFERING NEW PROCEDURES AND TECHNOLOGIES CLINICAL BREAKTHROUGHS AND ADVANCEMENTS SENTARA INTRODUCED MANY NEW CLINICAL BREAKTHROUGHS AND ADVANCEMENTS THAT BENEFITED THE PATIENT IN MANY AREAS OF CARE, INCLUDING CARDIAC AND REDUCING INFECTIONS A COPPER I SENTARA DEPLOYED COPPER MATERIALS AT SENTARA HALIFAX REGIONAL HOSPITAL MAKING IT THE FINAL HOSPITAL IN THE SENTARA SYSTEM TO IMPLEMENT ALL OF OUR HOSPITALS NOW HAVE THIS INFECTION-FIGHTING AND LIFE-SAVING INNOVATION B CARDIAC I SENTARA NORFOLK GENERAL HOSPITAL WAS THE FIRST IN HAMPTON ROADS TO PERFORM "CLOT-VAC", WHICH INVOLVES THE REMOVAL OF BLOOD CLOTS IN THE HEART WITHOUT OPEN HEART SURGERY II THE ORNISH LIFESTYLE MEDICINE PROGRAM EXPANDED TO ALL</p>

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FORM 990, PART III, LINE 4A	<p>LOW FOR A SECOND COHORT WITH ENLARGED SPACE AT SENTARA PRINCESS ANNE HOSPITAL CLINICAL OUTCOMES HAVE BEEN POSITIVE FOR PARTICIPANTS RELATED TO BODY WEIGHT, BMI, TOTAL CHOLESTEROL, LDL CHOLESTEROL, SYSTOLIC BLOOD PRESSURE, HGA1C AND DEPRESSION SCORES VI 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 2017, SENTARA MARKED FURTHER PROGRESS TOWARD ACHIEVING OUR GOAL OF 80% OF SENTARA NURSES HAVING A BSN BY 2020 IN 2017 SENTARA HAD 60.4% OF ITS NURSING WORKFORCE HOLDING A BSN OR HIGHER DEGREE WITH 16.6% OF LICENSED RNS WITH A CONTRACT TO COMPLETE THEIR BSN RESEARCH RESEARCH IS ANOTHER WAY SENTARA IS ALWAYS IMPROVING HERE ARE A FEW EXAMPLES OF OUR WORK WITHIN THE RESEARCH REALM A 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 NUMBER ONE 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 B CANCER WITHIN THE SENTARA CANCER NETWORK, CLINICIANS AND ACADEMIC RESEARCHERS WORK TOGETHER TO ELEVATE CARE FOR PATIENTS THIS COLLABORATIVE PHILOSOPHY FOSTERS INNOVATION IN OUR NETWORK AND DRIVES ACCESS TO CLINICAL TRIAL OPTIONS FOR OUR PATIENTS COLLABORATIONS BETWEEN SURGICAL, RADIATION AND MEDICAL ONCOLOGISTS IN OUR SENTARA CANCER NETWORK ARE ESPECIALLY INSTRUMENTAL IN CONNECTING PATIENTS WITH CLINICAL TRIALS THROUGH COLLABORATION WITH THE NCI NATIONAL CLINICAL TRIALS NETWORK (NCTN), THE ALLIANCE FOR CLINICAL TRIALS IN ONCOLOGY AND NATIONAL RESEARCH GROUP ONCOLOGY, WE DEVELOP AND CONDUCT CLINICAL TRIALS WITH PROMISING NEW CANCER THERAPIES THE SE COLLABORATIVE EFFORTS ALLOW</p>

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FORM 990, PART III, LINE 4A	US TO UTILIZE THE BEST SCIENCE TO DEVELOP OPTIMAL TREATMENT AND PREVENTION STRATEGIES FOR CANCER, AS WELL AS RESEARCH METHODS TO ALLEVIATE SIDE EFFECTS OF CANCER AND CANCER TREATMENTS

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FORM 990, PART III, LINE 4A	<p>C ORTHOPEDICS THROUGHOUT SENTARA, WE CONTINUALLY EMBRACE THE VALUE OF GOOD CLINICAL RESEARCH AND THE DIFFERENCE IT CAN MAKE IN PATIENT CARE. ORTHOPEDIC SURGEONS WHO PRACTICE AT SENTARA FACILITIES CONTINUE TO PURSUE CLINICAL IMPROVEMENTS THROUGH CLINICAL TRIALS AND RESEARCH, BOTH AT THE LOCAL AND NATIONAL LEVELS. ACROSS THE SENTARA REGIONS, THESE SURGEONS ARE PRESENTING THEIR FINDINGS AT NATIONAL ASSOCIATION MEETINGS AND BEING PUBLISHED IN SPECIALTY TRADE JOURNALS. VII BUILDING FOR THE FUTURE: A SENTARA NORTHERN VIRGINIA MEDICAL CENTER (SNVMC), LOCATED IN WOODBRIDGE, VIRGINIA, IMPLEMENTED A SECOND CATHETERIZATION LAB FOLLOWING THE OPENING OF THE DEDICATED ELECTROPHYSIOLOGY LAB IN THE SENTARA HEART AND VASCULAR CENTER IN 2016. SNVMC EXPERIENCED AN INCREASE IN PACEMAKER VOLUME AND DIAGNOSTIC CATHETERIZATION VOLUME IN 2017 COMPARED TO 2016. ELECTROPHYSIOLOGISTS PERFORMED THE FIRST MICRA PACEMAKER IMPLANT AT SNVMC. SNVMC ADOPTED THE TECHNOLOGY FOLLOWING SENTARA HEART HOSPITAL'S ADOPTION IN 2016 AFTER FDA APPROVAL. THE MICRA PACEMAKER IS THE WORLD'S SMALLEST PACEMAKER. IT IS IMPLANTED INTO THE HEART THROUGH A VEIN IN THE LEG, THUS THERE IS NO CHEST INCISION SCAR OR BUMP. SNVMC INCREASED INPATIENT ORTHOPEDIC SURGICAL VOLUME IN 2017 COMPARED TO 2016. ORTHOPEDIC ACHIEVEMENTS ALSO INCLUDED THE INTRODUCTION OF THE FOOT &amp; ANKLE PROGRAM AND THE LAUNCH OF THE BACK &amp; NECK CENTER. B. SENTARA RMH MEDICAL CENTER (SRMH), LOCATED IN HARRISONBURG, VIRGINIA, BEGAN PERFORMING THE TAVR (TRANSCATHETER AORTIC VALVE REPLACEMENT) PROCEDURE AND CONDUCTED 24 CASES IN 2017 IN THEIR NEWLY OPENED HYBRID OR THE CARDIAC PROGRAM. C. THE PROGRAM CONTINUES TO SEE SIGNIFICANT GROWTH IN OPEN HEART SURGERY CASES, CARDIAC INTERVENTIONS AND DIAGNOSTIC CATHETERIZATIONS. SENTARA RMH MEDICAL GROUP OPENED A TRANSITION OF CARE CLINIC, WHICH IS A COLLABORATIVE EFFORT BETWEEN THE HOSPITALIST DEPARTMENT, THE MEDICAL GROUP AND HOSPITAL CASE MANAGEMENT DEPARTMENT. C. SENTARA MARTHA JEFFERSON HOSPITAL (SMJH), LOCATED IN CHARLOTTESVILLE, VIRGINIA, OPENED THE SENTARA ORTHOJOINT CENTER, WHICH HAS A SINGLE FOCUS ON THE NEEDS OF ORTHOPEDIC SURGICAL PATIENTS UNDERGOING HIP OR KNEE REPLACEMENT. THE CENTER CONCENTRATES THEIR EFFORT ON A DEDICATED TEAM APPROACH INVOLVING NURSES, ANESTHESIOLOGISTS, SURGEONS, PHYSICAL THERAPISTS AND HOME CARE. SENTARA MARTHA JEFFERSON MEDICAL GROUP EXPANDED ITS FOOTPRINT AT SENTARA SPRING CREEK FAMILY MEDICINE AND ACQUIRED THE WAYNESBORO PRIMARY CARE PRACTICE. ADDITIONALLY, THE MEDICAL GROUP IMPLEMENTED INQUICKER FOR RED PATIENTS NEEDING PRIMARY CARE FOLLOW-UP, ENABLING PATIENTS TO BE SEEN SOONER AT THE NEW 5TH STREET PRACTICE. D. HAMPTON ROADS (SOUTHEASTERN VIRGINIA). I. SENTARA PRINCESS ANNE HOSPITAL (SPAH), LOCATED IN VIRGINIA BEACH, VIRGINIA, KICKED OFF A \$35 MILLION MASTER FACILITY PLAN EXPANSION AND MODERNIZATION PROJECT. THIS PROJECT WILL ENABLE OUR CARE TEAMS TO TREAT MORE PATIENTS AND PROVIDE AN ENHANCED, PATIENT-CENTRIC EXPERIENCE. COMPLETION IS SCHEDULED FOR SEPTEMBER 2018. II.</p>

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FORM 990, PART III, LINE 4A	<p>SENTARA VIRGINIA BEACH GENERAL HOSPITAL (SVBGH), LOCATED IN VIRGINIA BEACH, VIRGINIA, STARTED OFFERING ROBOTIC-ARM ASSISTED TOTAL KNEE REPLACEMENT SURGERY USING A VIRTUAL 3D MODEL, THE ROBOTIC SYSTEM ALLOWS SURGEONS TO CREATE A PERSONALIZED SURGICAL PLAN BASED ON EACH PATIENT'S UNIQUE ANATOMY. ADDITIONALLY, SVBGH BEGAN A \$53 MILLION MODERNIZATION OF PATIENT CARE AREAS AND INFRASTRUCTURE. THREE ICUS WILL BE CONSOLIDATED INTO ONE 24-BED UNIT. SIX OPERATIONS ROOMS WILL BE REPLACED IN A NEWLY CONSTRUCTED SURGERY WING AND FOUR OTHER OPERATING ROOMS WILL BE RENOVATED. OTHER GENERAL INFRASTRUCTURE WILL BE MODERNIZED AND EMERGENCY GENERATORS WILL BE REPLACED.</p> <p>III SENTARA NORFOLK GENERAL HOSPITAL (SNGH), LOCATED IN NORFOLK, VIRGINIA, CELEBRATED THE 35TH ANNIVERSARY OF THE NIGHTINGALE AIR AMBULANCE. ADDITIONALLY, SNGH WAS THE FIRST IN HAMPTON ROADS TO PERFORM CLOT-VAC, WHICH INVOLVES THE REMOVAL OF BLOOD CLOTS WITHOUT OPEN HEART SURGERY. WOMEN'S SERVICES LEADERS AT SNGH HAD AN IDEA TO TAKE WIC-WOMEN, INFANTS AND CHILDREN, A SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN AND THEIR YOUNG CHILDREN, TO THE MOTHER DURING THEIR STAY FOR DELIVERING THEIR BABY. THIS APPROACH ALLOWED WOMEN TO IMMEDIATELY ACCESS THE BENEFITS OF WIC AS OPPOSED TO HAVING MOMS VISIT THE WIC OFFICE (REQUIRING DISTANT/INCONVENIENT TRAVEL TO THE WIC OFFICE WHILE HAVING THE DEMANDS OF BEING A NEW MOM) AFTER THEY GET HOME FROM THE HOSPITAL IN ORDER TO ACCESS THESE SAME BENEFITS OFFERED THROUGH WIC.</p> <p>IV SENTARA LEIGH HOSPITAL (SLH), LOCATED IN NORFOLK, VIRGINIA, DESIGNATED ITS 48-BED ORTHOPEDIC CENTER OF SENTARA LEIGH HOSPITAL AS THE ORTHOPEDIC HOSPITAL AT SENTARA LEIGH. THIS IS THE FIRST DESIGNATED ORTHOPEDIC HOSPITAL IN SOUTH HAMPTON ROADS AND WILL JOIN THE ORTHOPAEDIC HOSPITAL AT SENTARA CAREPLEX ON THE PENINSULA AS THE ONLY TWO IN THE HAMPTON ROADS REGION.</p> <p>V SENTARA OBICI HOSPITAL (SOH), LOCATED IN SUFFOLK, VIRGINIA, BEGAN OFFERING STEREOTACTIC RADIOSURGERY AND RADIOTHERAPY, ALLOWING RESIDENTS IN WESTERN TIDEWATER TO RECEIVE TREATMENT CLOSER TO HOME. ADDITIONALLY, SENTARA BELLE HARBOUR, AN OUTPATIENT CAMPUS ASSOCIATED WITH SENTARA OBICI HOSPITAL, BROKE GROUND ON AN 85,000 SQ FT \$33.5 MILLION BUILDING THAT WILL FEATURE AN AMBULATORY SURGERY CENTER, EXPANDED EMERGENCY DEPARTMENT, 14 OBSERVATION BEDS FOR THE EMERGENCY DEPARTMENT PATIENTS, NEW MEDICAL OFFICE SPACE AND A HELIPAD.</p> <p>VI SENTARA CAREPLEX HOSPITAL (SCH), LOCATED IN HAMPTON, VIRGINIA, INTRODUCED MATERNITY SERVICES AND HAPPILY DELIVERED ITS FIRST HAMPTON NEWBORN ON DECEMBER 31, 2017. THIS SERVICE WAS DESIGNED WITH CONSIDERABLE CONSUMER INPUT SO AS TO PROVIDE THE OPTIMAL EXPERIENCE FOR MOM AND FAMILY WHEN EXPERIENCING THIS UNIQUE AND HAPPY LIFE MILESTONE.</p> <p>VII SENTARA WILLIAMSBURG REGIONAL MEDICAL CENTER (SWRMC), LOCATED IN WILLIAMSBURG, VIRGINIA, OPENED THE SENTARA OUTPATIENT REHAB CENTER MOBILITY PARK HELPING REHAB PATIENTS OF ALL AGES WITH GAIT RELATED PROBLEMS TO HAVE MORE OPPORTUNITY TO PRACTICE THEIR WALKING SKILLS SAFELY. THE MO</p>

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FORM 990, PART III, LINE 4A	BILITY PARK, LOCATED OUTDOORS NEAR THE R F WILKINSON YMCA, WHICH HOUSES THE HOSPITAL'S LA RGEST OUTPATIENT THERAPY CENTER, IS A PROJECT FUNDED THROUGH THE AUXILIARY OF SENTARA WILL IAMSBURG VIII SENTARA ALBEMARLE MEDICAL CENTER (SAMC), LOCATED IN ELIZABETH CITY, NC, CO MPLETED ITS IMPLEMENTATION OF SENTARA ECARE (ELECTRONIC MEDICAL RECORD) SO IT IS NOW AVAIL ABLE TO PATIENTS RECEIVING HOSPITAL CARE AS WELL AS FOR PATIENTS IN OUR PHYSICIAN OFFICES THE BREAST CENTER AT SAMC RECEIVED STEREOTACTIC ACCREDITATION FROM THE AMERICAN COLLEGE O F RADIATION ONCOLOGY SAMC INTRODUCED THE SENTARA ORTHOJOINT CENTER AND THE SPORTS MEDICIN E CENTER THE SENTARA ORTHOJOINT CENTER HAS A SINGULAR FOCUS TO MEET THE NEEDS OF ORTHOPED IC SURGICAL PATIENTS UNDERGOING HIP OR KNEE REPLACEMENT

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>E SOUTH BOSTON/HALIFAX SENTARA HALIFAX REGIONAL HOSPITAL (SHRH), LOCATED IN SOUTH BOSTON, VIRGINIA, BEGAN OFFERING CT LUNG CANCER SCREENINGS TO INDIVIDUALS WHO ARE AT A HIGHER RISK OF DEVELOPING LUNG CANCER ENABLING THE EARLIER DETECTION OF CANCER SENTARA OBSTETRICS AND GYNECOLOGY OPENED IN HALIFAX OFFERING COMPREHENSIVE, HIGH-QUALITY WOMEN'S HEALTHCARE OPTIONS ON THE HOSPITAL CAMPUS WITH TWO OB/GYN PROVIDERS ON BOARD, THERE IS MORE ACCESS AND OPTIONS FOR WOMEN WHO NEED THESE SERVICES CLOSE TO HOME SHRH OPENED AN OUTPATIENT THERAPY PROGRAM AT SENTARA MEADOWVIEW TERRACE NURSING FACILITY IN CLARKSVILLE, VIRGINIA SENTARA ENTERPRISES SENTARA HOME HEALTH, HOSPICE AND INFUSION HAD A STRONG YEAR IN TERMS OF ACCREDITATION BY THE ACCREDITATION COMMISSION FOR HEALTH CARE (ACHC) ACHC HAS CMS DEEMING AUTHORITY FOR HOME HEALTH, HOSPICE, AND DURABLE MEDICAL EQUIPMENT, PROSTHETICS, ORTHOTICS AND SUPPLIES AND A QUALITY MANAGEMENT SYSTEM THAT IS ISO 9001 2015 CERTIFIED SENTARA ENTERPRISES ACHC ACCREDITATION FOR 7 HOME HEALTH LEGACY LOCATIONS, 3 NEW HOME HEALTH PROVIDERS, ALL 3 HOSPICE PROVIDERS, AND IV INFUSION SERVICES 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 2017, SENTARA LIFE CARE OPENED A NEW CARE AND REHABILITATION RESIDENCE IN CHESAPEAKE, VIRGINIA THE 120 BED FACILITY FEATURES AN INNOVATIVE "HOUSEHOLD" DESIGN WITH 20-40 RESIDENTS EACH, AND A RESIDENT-CENTERED APPROACH TO CARE SHORT-TERM REHABILITATION ADMISSIONS INCREASED COMPARED TO 2016 SENTARA LIFE CARE IMPLEMENTED A MEDICAL DIRECTOR/PCP MODEL IN THE TWO PACE (PROGRAM FOR THE ALL-INCLUSIVE CARE FOR THE ELDERLY) CENTERS PACE IS A COMPREHENSIVE HEALTH CARE AND SUPPORTIVE SERVICES PROGRAM FOR FRAIL SENIORS WHO WISH TO REMAIN IN THEIR HOMES AND COMMUNITY THE PROGRAM IS ONE THAT PROVIDES TOTAL CARE FOR PARTICIPANTS, INCLUDING COMPREHENSIVE MEDICAL AND REHABILITATIVE SERVICES, IN-HOME SERVICES AND TRANSPORTATION SENTARA MEDICAL GROUP (900+ PROVIDERS IN VIRGINIA AND NORTHEASTERN NORTH CAROLINA) SENTARA MEDICAL GROUP (SMG) COMPLETED THE 2017 SMG STRATEGIC PLAN WITH A FOCUS ON CARE DELIVERY, CUSTOMER EXPERIENCE, PROVIDER AND EMPLOYEE ENGAGEMENT AND GROWTH AND INNOVATION SMG ESTABLISHED A CENTRALIZED NURSE ADVICE LINE PILOTED AT SELECT PRACTICES TO CONNECT PATIENTS TO A TRIAGE CALL CENTER FOR HEALTHCARE ADVICE THIS PROGRAM STREAMLINES WORKFLOWS AND HELPS PATIENTS ARRANGE SAME-DAY CARE SMG RENOVATED 14 PRACTICES AND OPENED 10 NEW PRACTICE LOCATIONS ADDITIONALLY, SMG CONTINUED ITS IMPRESSIVE GROWTH IN MYCHART ENROLLEES (ELECTRONIC MEDICAL RECORD) BY EXCEEDING ITS GOAL OF 270,000 WITH A TOTAL OF 281,431 ENROLLEES VIII QUALITY AND PATIENT SAFETY DISTINCTIONS AN 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</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>AY TO RECEIVE AN AWARD IS SIMPLY AN ADDED ACKNOWLEDGEMENT OF OUR MISSION - DRIVEN WORK H ERE ARE A FEW OF THE 2017 AWARDS AND RECOGNITIONS I FOR THE 17TH CONSECUTIVE YEAR, THE C ARDIOLOGY AND HEART SURGERY PROGRAM AT SENTARA NORFOLK GENERAL HOSPITAL (SENTARA HEART HOS PITAL) WAS LISTED AMONG THE TOP 50 HEART PROGRAMS IN THE U S NEWS &amp; WORLD REPORT 'BEST HO SPITALS' RANKING #24 IN 2017 DIABETES AND ENDOCRINOLOGY AT SENTARA NORFOLK GENERAL HOSPIT AL, A SPECIALTY AT EASTERN VIRGINIA MEDICAL SCHOOL, RANKED #43 II NINE SENTARA HOSPITALS EARNED HIGHEST GRADE OF "A" FOR DELIVERING SAFE CARE FOR PATIENTS ACCORDING TO THE LEAPFR OG HOSPITAL SAFETY SCORE III SENTARA HEALTHCARE WAS NAMED 1 OF 52 GREAT HEALTH SYSTEMS T O KNOW ACCORDING TO BECKER'S HOSPITAL REVIEW AND, SENTARA HALIFAX REGIONAL HOSPITAL WAS R ANKED IN THE TOP 100 RURAL AND COMMUNITY HOSPITALS IN 2017 IV SENTARA LEIGH HOSPITAL WAS NAMED TO TRUVEN TOP 100 HOSPITALS FROM TRUVEN HEALTH ANALYTICS AND MODERN HEALTHCARE B SENTARA CAREPLEX HOSPITAL BECAME THE LATEST HOSPITAL WITHIN THE SENTARA FAMILY TO EARN THE NURSING MAGNET DESIGNATION FROM THE AMERICAN NURSES CREDENTIALING CENTER MAGNET SPEAKS T O A SUPPORTIVE WORKING ENVIRONMENT FOR NURSES AND SUPERIOR CLINICAL CARE BASED ON STRICT C RITERIA THAT MAGNET HOSPITALS MUST MEET IX OPTIMA HEALTH A PROGRAM AND PRODUCT DEVELOPM ENT OPTIMA HEALTH LAUNCHED OPTIMA HEALTH COMMUNITY CARE (OHCC), A NEW MEDICAID PRODUCT THA T SERVES VIRGINIANS WITH COMPLEX HEALTH ISSUES, MANY OF WHOM REQUIRE LONG-TERM SUPPORT AS A RESULT OF AGING, CHRONIC ILLNESS OR DISABILITY 17,893 MEMBERS WERE ASSIGNED TO OPTIMA H EALTH COMMUNITY CARE FROM AUGUST 1 - DECEMBER 31, 2017 FROM SIX REGIONS ACROSS THE COMMONW EALTH OHCC MODEL OF CARE FACILITATES PERSON-CENTERED CARE, FEATURING BENEFITS SUCH AS COO RDINATION AND MANAGEMENT OF ALL ASPECTS OF PHYSICAL HEALTH, BEHAVIORAL HEALTH, LONG-TERM C ARE AND COMMUNITY-BASED SERVICES X CONCLUSION SENTARA HEALTHCARE IS COMMITTED TO IMPROV ING HEALTH EVERY DAY WE DO SO BY PROVIDING QUALITY CARE THROUGH EXPERT PROVIDERS, USING C UTTING-EDGE TECHNOLOGY, DEPLOYING MEDICAL BREAKTHROUGHS, AND PROVIDING EXCELLENT CUSTOMER SERVICE - ALL WITH A CONSTANT FOCUS ON INNOVATION WE LOOK FORWARD TO ANOTHER YEAR OF GROW TH AND INNOVATION IN 2018</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION'S SOLE MEMBER WAS HALIFAX REGIONAL HOSPITAL, INC , A VIRGINIA NONSTOCK CORPORATION AND SECTION 501(C)(3) TAX EXEMPT ENTITY

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 7A	THE BOARD OF DIRECTORS, WHICH SERVED AS THE ORGANIZATION'S GOVERNING BODY, WAS ELECTED BY THE ORGANIZATION'S SOLE MEMBER, HALIFAX REGIONAL HOSPITAL, INC , A VIRGINIA NON-STOCK CORPORATION AND SECTION 501(C)(3) TAX EXEMPT ENTITY. THE ELECTION WAS SUBJECT TO RATIFICATION BY SENTARA HEALTHCARE, A VIRGINIA NON-STOCK CORPORATION AND THE SECTION 501(C)(3) TAX EXEMPT PARENT OF THE SENTARA HEALTH SYSTEM.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 7B	SENTARA HEALTHCARE ("SENTARA"), A VIRGINIA NONSTOCK CORPORATION AND THE 501(C)(3) TAX EXEMPT PARENT OF THE SENTARA HEALTH SYSTEM, IN ITS CAPACITY AS THE SOLE MEMBER OF HALIFAX REGIONAL HOSPITAL, INC ("HRH"), A VIRGINIA NONSTOCK CORPORATION WHICH IS A 501(C)(3) TAX EXEMPT ENTITY AND 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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 11B	THE ORGANIZATION WAS PART OF THE SENTARA HEALTH SYSTEM ("THE SYSTEM"), AND AS SUCH, USED THE SYSTEM'S IN-HOUSE TAX DEPARTMENT, HEADED BY A LICENSED CERTIFIED PUBLIC ACCOUNTANT, TO BOTH PREPARE AND REVIEW ITS FORM 990 DURING THE PREPARATION AND REVIEW PROCESS, THE TAX DEPARTMENT WORKED CLOSELY WITH OTHER SYSTEM DEPARTMENTS, SUCH AS LEGAL, COMPENSATION AND BENEFITS, COMPLIANCE, FINANCE, AND MARKETING, TO ENSURE THAT A COMPLETE AND ACCURATE RETURN WAS FILED THE PARENT OF THE SYSTEM IS SENTARA HEALTHCARE, A VIRGINIA NONSTOCK CORPORATION AND 501(C)(3) TAX EXEMPT ENTITY

**990 Schedule O, Supplemental Information**

<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

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>AS PART OF THE SENTARA HEALTH 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 RELATED 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 32 NOT-FOR-PROFIT HEALTHCARE SYSTEMS BASED ON NET REVENUE GROWTH, OPERATING MARGIN, VARIOUS CLINICAL QUALITY METRICS AND PATIENT SATISFACTION 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 T</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 15	REASURER, WHO ALSO SERVED AS SENIOR VICE PRESIDENT AND COO, AND SENIOR VICE PRESIDENT AND 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 THE PRESIDENT AND CEO OF THE SYSTEM FOR REVIEW AND APPROVAL RATHER THAN THE SYSTEM'S COMPENSATION COMMITTEE

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

<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 , A VIRGINIA NONSTOCK CORPORATION WHICH IS A 501(C)(3) TAX EXEMPT ENTITY AND SOLE MEMBER OF THE ORGANIZATION APPOINTMENTS ARE SUBJECT TO RATIFICATION BY SENTARA HEALTHCARE, A VIRGINIA NONSTOCK CORPORATION AND THE 501(C)(3) TAX EXEMPT PARENT OF THE SENTARA HEALTH SYSTEM THE GOVERNING BOARD OF SENTARA HEALTHCARE IS A COMMUNITY-BASED BOARD COMPRISED OF 19 VOTING MEMBERS, 18 OF WHICH ARE CONSIDERED INDEPENDENT, AS DEFINED IN THE FORM 990 INSTRUCTIONS

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9	RECLASS OF INTERCOMPANY ACCOUNTS TO EQUITY 122,130

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2017**

**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.

See Additional Data Table

(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

**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.

See Additional Data Table

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(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

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>	No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b> Yes	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b> Yes	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	No
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	No
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	No
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	No
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	No
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	No
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	No
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	No
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	No
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<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
(1) SENTARA SOUTHSIDE HEALTH SERVICES INC	B	58,520	CORP BOOKS/REC



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

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

**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
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 52-1271901	HEALTH CARE	VA	501(C)(3)	LINE 7	N/A		No
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1801466	HEALTH CARE	VA	501(C)(3)	LINE 7	N/A		No
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1957066	SENIOR CARE	VA	501(C)(3)	LINE 12A, I	HALIFAX REGIONAL HOSPITAL	Yes	
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-0648699	HEALTHCARE	VA	501(C)(3)	LINE 3	SENTARA HEALTHCARE		No
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-6074529	SENIOR CARE	VA	501(C)(3)	LINE 12A, I	HALIFAX REGIONAL HOSPITAL	Yes	
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1801463	HLTH/WELFARE	VA	501(C)(3)	LINE 12A, I	HALIFAX REGIONAL HOSPITAL	Yes	
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 27-3208969	HEALTH CARE	VA	501(C)(3)	LINE 3	SENTARA HOSPITALS	Yes	
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1547408	HEALTH CARE	VA	501(C)(3)	LINE 3	SENTARA HEALTHCARE	Yes	
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1217184	HEALTH CARE	VA	501(C)(3)	LINE 10	SENTARA HEALTHCARE	Yes	
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1917649	HEALTH CARE	VA	501(C)(3)	LINE 10	SENTARA HEALTHCARE	Yes	
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1217183	HEALTH CARE	VA	501(C)(3)	LINE 10	SENTARA HEALTHCARE	Yes	
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1346393	TITLE HOLDING COMPANY	VA	501(C)(2)		SENTARA ENTERPRISES	Yes	
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1283337	HMO	VA	501(C)(3)	LINE 12A, I	SENTARA HEALTHCARE	Yes	
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-0853898	HEALTH CARE	VA	501(C)(3)	LINE 3	SENTARA HEALTHCARE	Yes	
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-0506331	HEALTH CARE	VA	501(C)(3)	LINE 3	SENTARA HEALTHCARE	Yes	
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 52-1309257	PREVENTATIVE HEALTH/REHAB	VA	501(C)(3)	LINE 10	SENTARA RMH MEDICAL CENTER	Yes	
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1401357	INVEST/MGT SVCS FOR MARTHA JEFFERSON HOSPITAL	VA	501(C)(3)	LINE 12A, I	MARTHA JEFFERSON HOSPITAL	Yes	
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 30-0041113	FUNDRAISING	VA	501(C)(3)	LINE 12A, I	MARTHA JEFFERSON HOSPITAL	Yes	
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-0261840	HEALTH CARE	VA	501(C)(3)	LINE 3	SENTARA HEALTHCARE	Yes	
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 82-3610648	MEDICAID HMO	NC	501(C)(3)	LINE 10	OPTIMA HEALTH OF NORTH CAROLINA LLC	Yes	

**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
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 82-3623430	SUPPORTING ORG	NC	501(C)(3)	LINE 12A, I	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
SENTARA HOLDINGS INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1555638	HOLDING COMPANY	VA	N/A	C				Yes	
SENTARA HEALTH PLANS INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 52-2368125	TPA	VA	N/A	C				Yes	
OPTIMA HEALTH GROUP 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1473382	HMO	VA	N/A	C				Yes	
OPTIMA HEALTH INSURANCE COMPANY 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1642752	HEALTH INSURANCE	VA	N/A	C				Yes	
OPTIMA BEHAVIORAL HEALTH SERVICES 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 62-1382666	MENTAL HEALTH SVCS	VA	N/A	C				Yes	
SENTARA VENTURES INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1688615	HOLDING COMPANY	VA	N/A	C				Yes	
SENTARA OBICI PROFESSIONAL CENTER 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1445865	RE RENTAL	VA	N/A	C				Yes	
SENTARA STRATEGIC SOLUTIONS INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1020941	HEALTH CARE	VA	N/A	C				Yes	
SENTARA HEALTH PLANS OF OHIO INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 47-1509408	TPA	OH	N/A	C				Yes	
SENTARA HEALTH INSURANCE CO OF NC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 47-1888140	HEALTH INSURANCE	NC	N/A	C				Yes	
SENTARA HEALTH PLANS OF NC INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 46-5510421	TPA	NC	N/A	C				Yes	
MANAGED CARE SERVICES INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 81-5421060	ALT HEALTH DELIVERY	VA	N/A	C				Yes	
SENTARA SOUTHSIDE HEALTH SERVICES INC 2204 WILBORN AVENUE SOUTH BOSTON, VA 24592 54-1417772	HEALTH SERVICES	VA	N/A	C				Yes	
DOMINION HEALTH MEDICAL ASSOCIATES LTD 2204 WILBORN AVENUE SOUTH BOSTON, VA 24592 54-1060357	PHYS PRACTICE	VA	N/A	C				Yes	
SMG INNOVATIONS INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 20-3730331	HEALTH CARE	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
POTOMAC VENTURES CORP 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1441420	PHARMACY	VA	N/A	C				Yes	
ROCKINGHAM HEALTH SERVICES INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1721387	CONTRACTING SVCS	VA	N/A	C				Yes	
MARTHA JEFFERSON MEDICAL ENTERPRISES INC 6015 POPLAR HALL DRIVE NORFOLK, VA 22911 54-1841528	MEDICAL BILLING SVCS	VA	N/A	C				Yes	
BAY PRIMEX INSURANCE COMPANY LTD PO BOX 1051 GRAND CAYMAN KY1-1102 CJ 98-0704114	INSURANCE	CJ	N/A	C				Yes	
ALBEMARLE PHYSICIAN SERVICES-SENTARA INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 26-4592192	PHYS PRACTICE	NC	N/A	C				Yes	