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

Name of the organization

**Public Charity Status and Public Support** 

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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2009 Creen to Public Inspection

Employer identification number

OMB No. 1646-0047

	SOUTHERN NURSING RESEARCH SOCIETY	57-0924059
Part I	Reason for Public Charity Status (All organizations must complete this part.) See instruction	19.
The orga	nization is not a private foundation because it is: (For lines 1 through 11, check only one box.)	0
1 🛄	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).	. VA
2 🗀	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)	V
з 🗀	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)(	<b>V</b> (iii). Enter the hospital's name $X\setminus \gamma$
	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.)	000011
6 <u> </u>	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).	χ <sub>κ</sub>
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 X	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, member	ship fees, and gross receipts from
	activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of	fits support from gross investment
-	norma and unrelated husiness tayable income flass section 511 tay) from husinesses applicad by the c	• • • • • •

_		See section 509(e)(2). (Complete Part III.)
10 🗀	_]	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
11	J	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or
		more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that
		describes the type of supporting organization and complete lines 11e through 11h.
	_	a Type I b Type II c Type III · Functionally integrated d Type III · Other
•		By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than
		foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

T	If th	te organization received a written determination from the IRS that it is a Type I, Type II, or Type III			
	aup	porting organization, check this box	*** *********		
9	Sh	ce August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?			
	(1)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below,		Yes	No
		the governing body of the supported organization?	1160		

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

Provide the following information about the supported organization(s).

(I) Name of supported organization	(11) EIN	U. F GOOM ON BROWNSON	(Iv) is the organization in col. (i) listed in your governing document?	organization in col	(vi) is the organization in col. (i) organized in the U.S.?	(VII) Amount of Support

No

Yes

(see instructions))

<b></b>				
·				
Total				3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-

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

Schedule A (Form 990 or 990-EZ) 2009

No

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_	edule A (Form 990 or 990 EZ) 2009  IT I Support Schedule for (Complete only if you checke			Sections 170	(b)(1)(A)(iv) and	d 170(b)(1)(A)(vi	Page 2
Sec	ction A. Public Support	<u> </u>	· · · · · · · · · · · · · · · · · · ·		<del></del>		<del></del>
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	<b>(c)</b> 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions, and				14	112-11	
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf					1	
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions	gggataya xgqqoq		88 72 72 88 8 C 18 S		HEMMAN MINISTER	
	by each person (other than a						
	governmental unit or publicly			86 a ay a 23 a 2 8 8 a a a ay a 23 a 2 8		13. 30. 10. 20. 20. 20. 20. 20. 20. 20. 20. 20. 2	
	supported organization) included	RESTREAM TO THE STATE OF THE ST					
	on line 1 that exceeds 2% of the						
	amount shown on line 11,			The state of the s		**************************************	
	column (f)		1.). 71.11.73.100.00.00.35.35 1183.95.00.14.818.99.810		an factorial some SS		
В	Public support. Support line 5 from line 4.						
Se	ction B. Total Support						
Cak	endar year (or fiscal year beginning in)🏲	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross moome from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	·					
	and income from similar sources				, '		
8	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on		,				
10	Other Income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)	1 12 2 3 3 3 3 5 5 7 5 1	programme control to the control of				
11			***************************************	1120 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		HESTERNA P	
12	Gross receipts from related activities.	• •	,			12	<u> </u>
13	First five years. If the Form 990 is for			d, fourth, or fifth ta	ax year as a section	n <b>50</b> 1(c)(3)	
20	organization, check this box and stor	here					
44	ction C. Computation of Publ	ic Support Pe	rcentage			<del></del>	
	Public support percentage for 2009 (			column (f))		14	<u>%</u>
15						15	
108	33 1/3% support test - 2009. If the o	rganization did not	t check the box on	line 13, and line 1	14 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies						▶□
	33 1/3% support test - 2008. If the o	rganization did not	Check a box on II	. 41		or more, check this	box
170	and stop here. The organization qual						. •
. , 4	10% -facts-and-circumstances tes	t - ZUUB-II THE OFGE	anization did not ci	Heck a dox on line	13, 16a, or 16b, a	no line 14 is 10% or	more,
	and if the organization meets the "fac	test The accessor	ces test, check ()	is oox shd stop h	rere. Explain in Par	t IV how the organiz	ation
j.	meets the 'facts and circumstances'	test. The organiza	uon quaimes as e	publicly supported	organization		▶∟
	10% -facts-and-circumstances tes	· - zuuo.ii (ne orga	MILZERION GIO NOT CI	neck a dox on line	13, 16a, 16b, or 1	7a, and line 15 is 10	% or
	more, and if the organization meets the	THE THETS AND CIPCU	mstances test, cl	TECK TRIS BOX AND I	stop nere. Explain	in Part IV how the	, —
18	organization meets the 'facts-and-circ Private foundation. If the organization	ounstances Test.	ine organization o	iuaimes as a public	ciy aupported orga	nization	. •
<del></del> -	in manuality ii. II tile oldsiiissio	II AIG BOT CUSCK 8	оох ол ime 13, 16i	a, 100, 1/a, or 17b	2. Check this box a	no see instructions	

Schedule A (Form 990 or 990-EZ) 2009

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Sch	edule A (Form 990 or 990-EZ) 2009 S	OUTHERN N	URSING RE	SEARCH SO	CIETY	57-092	405 <u>9 Page 3</u>
P,	iff III Support Schedule for C	Organizations	Described In	Section 509(a)	(2) (Complete only	If you checked the hi	ox on line 9 of Part I.
Se	ction A. Public Support			·		n you onconou (no on	
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and				1,1		
	membership fees received. (Do not						
	include any "unusual grants.")	148,587.	73,273.	84,573.	79,545.	74,953.	460,931.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the	50 750	4// 070				
_	organization's tax-exempt purpose	59,750.	164,070.	211,507.	257,061.	200,724.	893,112.
3	Gross receipts from activities that					1	
	are not an unrelated trade or bus-						
_	iness under section 513						
•	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf		,				
5	The value of services or facilities					<del></del>	<del></del>
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	208,337.	237,343.	296,080.	336,606.	275,677.	1354043.
7	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						. 0.
ļ	Amounts included, on times 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			ا مستقیم دول این	-		0.
(	Add lines 7a and 7b				<del></del>		0.
8	Public support (Subsection 7s from (mp.8.)		45 de de 25 de 16		93311077(83L)		1354043.
Se	ction B. Total Support				<u> </u>		
	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(ർ) 2008	(e) 2009	(f) Total
	Amounts from line 8	208,337.	237,343.	296,080.	336,606.	275,677.	1354043.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,392.	1,555.	2,145.	<22,226.	> 3,031.	<14,103.
ŧ	Unrelated business taxable income						1,7,10,0,0
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	1,392.	1,555.	2,145.	<22,226.	> 3,031.	<14,103.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part IV )		6,411.	7,442.	3,500.	3,829.	21,182.
13	Total support (Add lines 9, 10c, 11, and 12.)	209,729.	245,309.	305,667.	317,880.	282.537.	1361122
14	First five years. If the Form 990 is for	the organization's	first, second, third	I, fourth, or fifth ta	x year as a section	n 501(c)(3) organiza	ation.
Se c	tion C. Computation of Publi	c Support Per	centage				. •
15	Public support percentage for 2009 (II	ne 8. column (f) di	vided by line 13, o	olumn (f))		15	99.48 %
10 20-	Public support percentage from 2008	Schedule A, Part I	II, line 15	********		16	99.91 %
9 <b>8</b> (	ction D. Computation of Inves	tment Income	Percentage				
ı (	investment income percentage for 20	09 (line 10c, colum	in (f) divided by line	13, column (f))		17	00 %
( <b>Ö</b>  0	investment income percentage from 2	2008 Schedule A, F	Part III, line 17	****		18	20
70	33 1/3% support tests - 2009. If the	organization did no	of check the box o	n line 14. and line	15 is more than 33	3 1/3%, and line 1:	is not
	THREE CLEAN AS A CONCRETE THE PART OF	DOTOR BANK The					
h	more than 33 1/3%, check this box an 33 1/3% support tests - 2008. If the allow 18 to a set the set than 18 to a set t	Areanimies and	organization qualifi	es as a publicly su	pported organizat	ilon	. ▶\\

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 old not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2009