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Form 990-EZ

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Lax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2012

Open to Public Inspection

10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 Net assets or fund balances at end of year Combine lines 18 through 20 22 1 Net assets or fund balances at end of year Combine lines 18 through 20	Α	For the 2012 calenda		endar year, or tax year beginning , 2012, and ending			, 20							
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RC Check ► If the organization is not a section 509(a)(3) supporting organization or section 527 organization and its gross receipts are normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. L Add lines \$5, 60, and 7b, to line 9 to determine gross receipts if gross receipts are \$200,000 or more, or if total assests (Part III, line 25, column (8) below) are \$500,000 or more, file Form 990-EZ or \$33,200 for \$32,200 for \$100,000 for more, or if total assests (Part III, line 25, column (8) below) are \$500,000 or more, file Form 990-EZ or \$200,000 or more, or if total assests (Part III, line 25, column (8) below parts \$500,000 or more, file Form 990-EZ or \$200,000 or more, or if total assests (Part III, line 25, column (8) below parts \$500,000 or more, file Form 990-EZ or \$200,000 or more, or if total assests (Part III, line 25, column (8) below parts \$500,000 or more, file Form 990-EZ or \$200,000 or more, or if total assests (Part III, line 25, 200,000 or more, or if total assests (Part III, line 25, 200,000 or more, or if total assests (Part III, line 25, 200,000 or more, or if total assests or Part III, line 25, 200,000 or more, or if total assests or Part III, line 25, 200,000 or more, or if total assests or Part III, line 25, 200,000 or more and total assests or inventions, grants, and smillar amounts received \$1.000 or inventions and assess or or other basis and sales expenses \$1.000 or inventions and sales or or other basis and sales expenses \$1.000 or inventions (900,000 or more file form part III) and the part III or invention (900,000 or inventions) and sales or or other basis and sales expenses (900,000 or more file form part III) and the part III or invention (900,000 or inventions) and sales of invention (900,000 or inventions) and sales of invention (900,000 or inventions) and sales of invention (900,000 or inventions) and sal	ŀ	Websit	e: 🕨											
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c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 For Paperwork Reduction Act Notice, see the separate instructions.								-						
8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 33, 201 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 11 2, 144 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 263, 52 10 Other changes in net assets or fund balances (explain in Schedule O) 20 Net assets or fund balances at end of year Combine lines 18 through 20 21 Net assets or fund balances at end of year Combine lines 18 through 20 22 For Paperwork Reduction Act Notice, see the separate instructions.				3	<u>ــــــ</u>			4_						
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 For Paperwork Reduction Act Notice, see the separate instructions.		C	-	* *	•			-						
10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 196, 02: For Paperwork Reduction Act Notice, see the separate instructions.		8		,			_							
11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 22 For Paperwork Reduction Act Notice, see the separate instructions.	_			···-	• • • • • • • •	• • • • •			33,208					
Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 For Paperwork Reduction Act Notice, see the separate instructions.				• • •		• • • • •			84,413					
Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 For Paperwork Reduction Act Notice, see the separate instructions.			•		<u></u>	· · · · · ·		-	2,148					
14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 For Paperwork Reduction Act Notice, see the separate instructions.	ų	, 12		1	··· RFC	FIVE	y	\rightarrow	7,970					
16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 Separate instructions. 16 1,64 17 100,70 18 (67,49) 19 (67,49) 19 263,520 20 21 196,022 21 196,022 22 196,022	ě	13				بابط لا احلا	' - : : : : :							
16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 Separate instructions. 16 1,64 17 100,70 18 (67,49) 19 (67,49) 19 263,520 20 21 196,022 21 196,022 22 196,022	9	3 14		16	5			14						
17 Total expenses. Add lines 10 through 16	ú	ີງ 15	•	[1	≨∤ ⋅⊦₽₽ ⋅(U 41. ZUI3		15	4,530					
18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 20 For Paperwork Reduction Act Notice, see the separate instructions. 18 (67, 49) 19 263, 520 20 21 196, 023 Form 990-EZ (2012		16	•		· <u> </u>	· · · · · ·	<u>∵</u>]≅¦···		1,645					
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 For Paperwork Reduction Act Notice, see the separate instructions. 19 263,520 20 21 196,022 Form 990-EZ (2012	-				··· (ጎ/ጌነጉ	FN:H		17	100,706					
For Paperwork Reduction Act Notice, see the separate instructions.	u				ייטעע	بر براب	<u></u>	18	(67,498					
For Paperwork Reduction Act Notice, see the separate instructions.	Jet Accete	19	Net assets of	or fund balances at beginning of year (from line 27, column (A)) (must agree	with		A. F. T.						
For Paperwork Reduction Act Notice, see the separate instructions.		2	end-of-year	figure reported on prior year's return) · · · · · · · · · · ·		• • • • • •	• • • • • •	19	263,520					
For Paperwork Reduction Act Notice, see the separate instructions.		20						20						
	_	21	Net assets of	or fund balances at end of year Combine lines 18 through 20			>	21	196,022					
			vork Reducti	ion Act Notice, see the separate instructions.					Form 990-EZ (2012)					

Form 990-EZ (2012) RICHMOND PETERSBURG NURS	ING SERVICE		54-(721	586 Page 2
Part II Balance Sheets (see the instructions for Part II)			~ ,		_
Check if the organization used Schedule O to respond to	any question in this Par	<u>t II </u>	<u> </u>	· · ·	· · · · · · · · · · · · · · · · · · ·
•		(A)	Beginning of year	 	(B) End of year
22 Cash, savings, and investments	• • • • • • • • • • • •	• • • • •	263,520	22	196,022
23 Land and buildings		 	0	23	0
24 Other assets (describe in Schedule O)			0	24	0
25 Total Assets			263,520	25	196,022
 Total liabilities (describe in Schedule O) Net assets or fund balances (line 27 of column (B) must agree w 			0	26	0
Part III Statement of Program Service Accomplis		trustions for Do	263,520	27	196,022 Expenses
Check if the organization used Schedule O to respond to	•		· · · · · · · · · · · · · · · · · · ·	(Bar	quired for section
What is the organization's primary exempt purpose? FIN SUPPORT				┥`	(c)(3) and 501(c)(4)
vitat is the digularization's printary exempt purpose.	CHRIST SCI NU	KOING SEKV	·		inizations and section
Describe the organization's program service accomplishments for each				-	7(a)(1) trusts, optional
as measured by expenses. In a clear and concise manner, describe the persons benefited, and other relevant information for each program title		number of		}	others)
28 NURSING SERVICES, SUPPLIES TO INDIVIDUALS				101 0	, and the same of
MONOTING BERNICHS, BOTTERED TO INDIVIDUME					
					
(Grants \$ 58,553) If this amount inc	dudes foreign grants, cl	neck here · ·	▶ 🏻	28a	0
29 NURSES TRAINING	<u> </u>			1	
				}	
(Grants \$ 25,860) If this amount inc	cludes foreign grants, cl	heck here	▶ 🏻	29a	0
30		***			
(Grants \$) If this amount inc	cludes foreign grants, cl	heck here · ·	▶ 🔲	30a	i
31 Other program services (describe in Schedule O) · · · · · · ·					
(Grants \$) If this amount inc	cludes foreign grants, cl	heck h <u>er</u> e	<u>.</u> ▶ 🔲	31a	1
32 Total program service expenses (add lines 28a through 31a)	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · ·	▶	32	0
Part IV List of Officers, Directors, Trustees, and Key Employ	rees List each one ever	n if not compens	ated (see the instruc	tions f	for Part IV)
Check if the organization used Schedule O to respond to	any question in this Pa	art IV · · ·	· · · · · · · · · · · · · · · · · · ·		<u> </u>
	(b) Average	(c) Reportable	(d) Health benefit		(e) Estimated amount of
(a) Name and title	hours per week	compensation (Form W-2/1099-MI	contributions to em SC) benefit plans, ar		other compensation
	devoted to position	(if not paid, ente	r -0-) deferred compens	ation	
VIRGINIA WOODY	_				_
SEC-TREAS	8	7,	200	0	0
SHELLY RANDOLPH					_
TRUSTEE	0			0	0
JOY REGES	_				•
PRESIDENT	4		0	0	0
HEATHER WOODMAN					^
ASS'T SECRETARY	0			0	0
		 			
		ŀ			
		Į.		ļ	1
		}			
		-			
			_		<u> </u>
		1			

Form 990-EZ (2012)

FFA

	instructions for Part √) Check if the organization used Schedule O to respond to any question in this Part V			
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	34		Х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	-	\vdash	
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
h	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
		330		
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			1 77
	Topolong, and proxy tax requirements during the year. In 1995, complete conceded C,1 art in	35c	 	X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			,,
	during the year? If "Yes," complete applicable parts of Schedule N	36	<u> </u>	X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions \Delta	. '		
	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were		'	
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations Enter		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	1		
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	1		
	section 4911 ▶, section 4912 ▶, section 4955 ▶	1		-
ь	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit		-	
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been	1	İ	
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		Х
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on	100	 	 ``
·	organization managers or disqualified persons during the year under sections 4912,	Ì		
	4955, and 4958 • • • • • • • • • • • • • • • • • • •	ŀ		
			Ì	}
u	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c			1
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter		ł	,,
	transaction? If "Yes," complete Form 8886-T	40e	L	<u>X</u>
41	List the states with which a copy of this return is filed VA			
42 a	The organization's books are in care of VIRGINIA WOODY Telephone no 804-4		<u>133</u>	
	Located at ► 1000 HEATHSVILLE CTC GLEN ALLEN, VA ZIP+4 ► 23060			
þ	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	}	Yes	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country		ļ	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	}		! !
	and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country	- 		_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here		▶	· [
	and enter the amount of tax-exempt interest received or accrued duning the tax year			
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		T	T
	completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			1
	completed instead of Form 990-EZ	44b		X
С	Did the organization receive any payments for indoor tanning services during the year?	44c	 	X
		740	+	+~
a	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			
45	, , , , , , , , , , , , , , , , , , ,	44d	+	+
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	—	X
45 b	, , , , , , , , , , , , , , , , , , , ,	1		
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	,		1
	Form 990-EZ (see instructions)	45b	Щ	<u> X</u>

Form 9	1990-EZ (2012) RICHMOND PETERSBURG NURSING SERVICE	54-0721	586	_ F	age 4
				Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition				
	to candidates for public office? If "Yes," complete Schedule C, Part I		46		X
Par	art VI Section 501(c)(3) organizations only				
	All Section 501(c)(3) organizations must answer questions 47-49b and 52, and	d complete the tabl	les for	lines	;
	50 and 51	•			
	Check if the organization used Schedule O to respond to any question in this F	Part VI			. П
				Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax				110
••	year? If "Yes," complete Schedule C, Part II		47		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		48		X
	•		<u> </u>		
49 a	, ,		49a		X
b			49b	L	<u> </u>
50	Complete this table for the organization's five highest compensated employees (other than officers, directors				
	employees) who each received more than \$100,000 of compensation from the organization. If there is none	, enter "None "			_
) Health benefits,			
	(a) Name and title of each employee continuous per week compensation	ributions to employee (e fit plans, and deferred) Estimate other co		
	paid more than \$100,000 devoted to position (Forms W-2/1099-MISC)	compensation	0.110. 00	пропос	
NON	NTP				
110111					
					_
f	Total number of other employees paid over \$100,000	· · · · · · · · · · · · · · · · · · ·			
51	Complete this table for the organization's five highest compensated independent contractors who each recei	ved more than			
•	\$100,000 of compensation from the organization. If there is none, enter "None"	704			
	Troc, or or compensation not the organization in those to home, offer those				
(a)	(a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service	(c) Co	mpensatio	n	
NON	NE				
	d. Tetal number of other independent contractors and page 20100 000				
	Total number of other independent contractors each receiving over \$100,000				
52	Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1)				
	nonexempt charitable trusts must attach a completed Schedule A · · · · · · · · · · · · · · · · · ·	<u></u>	X Yes	<u> </u>	No
Under	er penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my known	wledge and belief, it is			
true, c	correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge		_		
	Misginial Woodes	1/31/13			
Sig	gn Signature of officer	Date			
Her					
	Type or print name and title				
	Print/Type preparer's name Preparer's suggestive Date		TIN	-	
		Crieck Las "			
Paid	d ROBERT W GRIGSBY		01075	538	
Prep	parer Firm's name ROBERT W GRIGSBY	Firm's EIN			
Use	e Only Firm's address 215 CULPEPER ROAD				
	HENRICO VA 23229	Phone no 804-282	2-3063	3	
Mav	y the IRS discuss this return with the preparer shown above? See Instructions		Yes		No
EEA			Form 99		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support,

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

OMB No 1545-0047

2012

Open to Public Inspection

vame	or the	organization							Employer	identificatioi	number		
		ND PETERSBURG								721586			
Pa	rt i	Reason for P	ublic Charity	Status (All organiz	ations m	ust com	plete this	part)	See instr	uctions			
The	o <u>rg</u> ar			se it is (For lines 1 throu	-	•	•						
1		A church, convention	of churches, or as	sociation of churches de	scribed in s	ection 17	0(b)(1)(A)(i).					
2		A school described in	section 170(b)(1)	(A)(ii). (Attach Schedule	:Ε)								
3		A hospital or a coope	rative hospital serv	rice organization describe	ed in sectio	n 170(b)(ʻ	1)(A)(iii).						
4		A medical research o	rganization operate	ed in conjunction with a h	nospital des	cribed in s	ection 170	(b)(1)(A)(iii). Enter t	he			
		hospital's name, city,	and state			_		_					
5		An organization opera	ated for the benefit	of a college or university	owned or	perated b	y a govern	mental un	it described	d in			
		section 170(b)(1)(A)	(iv). (Complete Par	rt II)									
6		A federal, state, or loc	cal government or	governmental unit descri	bed in sect	ion 170(b))(1)(A)(v).						
7	X	An organization that r	normally receives a	substantial part of its su	pport from	a governm	ental unit o	or from the	general p	ublic			
		described in section	170(b)(1)(A)(vi). (Complete Part II)									
8		A community trust de	scribed in section	170(b)(1)(A)(vi). (Comp	lete Part II	١							
9		An organization that r	normally receives ((1) more than 33 1/3% o	fits support	from cont	ributions, n	nembersh	ip fees, and	d gross			
		receipts from activitie	s related to its exe	mpt functions - subject to	certain ex	ceptions, a	and (2) no r	nore than	33 1/3% o	fits			
		support from gross in	vestment income a	and unrelated business to	axable inco	ne (less s	ection 511	tax) from I	businesses	;			
		acquired by the organ	nization after June	30, 1975 See section 5	09(a)(2). (C	omplete P	art III)						
10		An organization organ	nized and operated	exclusively to test for po	ublic safety	See secti	on 509(a)(4).					
11		An organization organ	nized and operated	exclusively for the bene	fit of, to per	form the fu	unctions of,	or to carr	y out the				
		purposes of one or m	ore publicly suppor	rted organizations descri	bed in sect	on 509(a)	(1) or section	on 509(a)(2) See se	ction			
		509(a)(3) Check the	box that describes	the type of supporting o	rganızatıon	and comp	lete lines 1	1e through	n 11h				
		a 🗌 Typel	b 🗌 Type	ell c 🗌 Type	III-Function	ally integra	ated	d 🗌	Type III-	Non-funtio	nally inte	egrated	l
е		By checking this box,	I certify that the or	ganızatıon is not controll	ed directly	or indirectly	y by one or	more disc	qualified pe	rsons			
		other than foundation	managers and oth	ner than one or more pub	olicly suppo	ted organi	zations des	scribed in	section 50	9(a)(1)			
		or section 509(a)(2)											
f		If the organization red	ceived a written det	termination from the IRS	that it is a	Гуре I, Тур	e II, or Typ	e III supp	orting				_
		organization, check the			• • • • •				• • • • •			• • •	• • ∟
g		=	6, has the organiza	ation accepted any gift o	r contributio	n from any	y of the						
		following persons?											
			-	controls, either alone or	•	h persons	described	ın (ıı) and				Yes	No
		* * *		ne supported organizatio	n? ·				• • • • •		11g(ı)	ļ	
		(ii) A family member	•	``							11g(II)	<u> </u>	
				n described in (i) or (ii) at					• • • • •		11g(m)	l
_ h				the supported organizati	T		1		T		1		
	(ı) Na	ame of supported organization	(II) EIN	(iii) Type of organization (described on lines 1-9	(iv) is the or in col (i) list	-	(v) Did you the organi		(vi) li organizati		(vii) Amoi	unt of mo support	netary
		•		above or IRC section	governing d		col (ı) o	f your	(ı) organız	ed in the		ооррол	
				(see instructions))	76		supp			S ?	-		
<u> </u>			· · · · · · · · · · · · · · · · · · ·		Yes	No	Yes	No	Yes	No			
(A)									ļ				
(B)										 			
(D)													
(C)					 				 				
(0)													
(D)										 	<u> </u>		
(-,													
(E)					1		<u> </u>						
. ,													
						1	1	ı	1	1	•		

990 or 990-EZ) 2012 RICHMOND PETERSBURG NURSING SERVICE 54-0721586
Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under
Part III If the organization fails to qualify under the tests listed below, please complete Part III)

	lion A. Fublic Support		т -				
Calen	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	2,340	2,470	2,400	2,820	2,725	12,755
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3 · · · · ·	2,340	2,470	2,400	2,820	2,725	12,755
5	The portion of total contributions by		*	ź			
	each person (other than a	and to					
	governmental unit or publicly	, i	\$. · · ·	* * *	<i>′</i>		
	supported organization) included on	-		٦			
	line 1 that exceeds 2% of the amount			·			
	shown on line 11, column (f)						
6	Public support Subtract line 5 from line 4		× 3	12	y >9%		12,755
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4 · · · · · · · ·	2,340	2,470	2,400	2,820	2,725	12,755
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,753	989	674	584	483	5,483
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10 .	9.1	* :-	, ži,			18,238
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13	First five years If the Form 990 is for the organization, check this box and stop here		<u></u>	n, or fifth tax year a	s a section 501(c)(3	3) • • • • • • • • • • • • • • • • • • •	> 🗆
Sec	tion C. Computation of Public S						
14	Public support percentage for 2012 (line 6,			f)) · · · · ·			69.94 %
15	Public support percentage from 2011 Scheen						59.93 %
16a	33 1/3% support test - 2012. If the organiz						▶ 171
	box and stop here. The organization qualifi			••			▶ 🏻
b	33 1/3% support test - 2011. If the organiz check this box and stop here. The organization						▶ □
17a	10%-facts-and-circumstances test - 2012	2. If the organization	did not check a bo	ox on line 13, 16a,	or 16b, and line 14	IS	
	10% or more, and if the organization meets						
	Part IV how the organization meets the "fac	ts-and-circumstand	es" test. The organ	nization qualifies as	a publicly supporte	ed	
	organization						▶ 🔲
b	10%-facts-and-circumstances test - 2011					е	
	15 is 10% or more, and if the organization r						
	Explain in Part IV how the organization mee	ets the "facts-and-c	rcumstances" test	The organization of	qualifies as a public	ly	. 🗖
	supported organization						▶ ⊔
18	Private foundation. If the organization did						
	instructions		· · · · · · · · ·				
FFA						Schedule A (Form	n 990 or 990-EZ) 2012

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

RICHMOND PETERSBURG	NURSING SERVICE	54-0721586
01. List of gra	ants and similar amounts paid (Part I, line	e 10)
ACTIVITY	NURSING SERVICES & SUPPLIES	
GRANTEE	INDIVIDUALS LESS THAN \$5,000	
RELATIONSHIP	NONE	
AMOUNT	58,553	· · · · · · · · · · · · · · · · · · ·
0		
ACTIVITY	NURSES TRAINING	
GRANTEE	INDIVIDUALS LESS THAN \$5,000	
RELATIONSHIP	NONE	
AMOUNT	25,860	
0		
02. Description	of other expenses (Part I, line 16)	
DESCRIPTION	AMOUNT	
OFFICE	897	
MISC	748	
		