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Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>Wisconsin Society for Respiratory Care</u> Doing Business As _____ Number and street (or P.O. box if mail is not delivered to street address) <u>PO Box 26005</u> City or town, state or country, and ZIP + 4 <u>Milwaukee WI 53226-0005</u>
	D Employer identification number <u>23-7052871</u> E Telephone number <u>(262) 687-4327</u>
	G Gross receipts \$ <u>85,474</u>
	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list (see instructions)
	H(c) Group exemption number <u>9212</u>
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(6) () (insert no.) <u>4947(a)(1)</u> or <u>527</u>	
J Website: <u>WWW.WSRCONLINE.ORG</u>	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <u> </u>	
L Year of formation <u> </u> M State or legal domicile <u>WI</u>	

Part I Summary

1 Briefly describe the organization's mission or most significant activities <u>Service Respiratory care Professionals through education</u>		
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
3 Number of voting members of the governing body (Part VI line 1a)	<u>6</u>	
4 Number of independent voting members of the governing body (Part VI line 1b)	<u>6</u>	
5 Total number of employees (Part V line 2a)	<u> </u>	
6 Total number of volunteers (estimate if necessary)	<u> </u>	
7a Total gross unrelated business revenue from Part VIII, column (C) line 12	<u> </u>	
7b Net unrelated business taxable income from Form 990-T, line 34	<u>0</u>	
REVENUE	8 Contributions and grants (Part VIII, line 1h)	<u> </u>
	9 Program service revenue (Part VIII line 2g)	<u>88,293</u>
	10 Investment income (Part VIII column (A) lines 3, 4, and 7d)	<u>3,029</u>
	11 Other revenue (Part VIII, column (A) lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>1,900</u>
	12 Total revenue -- add lines 8 through 11 (must equal Part VIII column (A), line 12)	<u>93,222</u>
EXPENSES	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u> </u>
	14 Benefits paid to or for members (Part IX column (A), line 4)	<u> </u>
	15 Salaries, other compensation, employee benefits (Part IX, column (A) lines 5-10)	<u> </u>
	16a Professional fundraising fees (Part IX column (A), line 11e)	<u> </u>
	16b Total fundraising expenses (Part IX column (B) line 25)	<u> </u>
17 Other expenses (Part IX column (A) lines 11a-11c, 11f-24f)	<u>69,412</u>	
18 Total expenses -- add lines 13-17 (must equal Part IX, column (A), line 25)	<u>69,412</u>	
19 Revenue less expenses. Subtract line 18 from line 12	<u>23,810</u>	
NET ASSETS OR FUND BALANCES	20 Total assets (Part X, line 2a)	<u>125,925</u>
	21 Total liabilities (Part X, line 2b)	<u>105,848</u>
	22 Net assets or fund balances. Subtract line 21 from line 20	<u>125,925</u>

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	<u>Herbert a Laib</u>	<u>4-14-10</u>	
	Signature of officer	Date	
	<u>Herbert Laib</u>	<u>treasurer</u>	
	Type or print name and title		
Paid Preparer's Use Only	Preparer's signature <u>M J Lewis</u>	Date <u>03-22-2010</u>	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), <u>Lewis Family Enterprises Inc dba</u>	EIN <u>26-0335541</u>	Preparer's identifying number (see instr.) <u>P00545576</u>
	address, and ZIP + 4 <u>800 S Main Rice Lake, WI 54868</u>	Phone no <u>(715) 234-2212</u>	

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes ☒ No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2009)

Part III Statement of Program Service Accomplishments**1** Briefly describe the organization's mission:

Service Respiratory care Professionals through education

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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 68,506 including grants of \$ _____) (Revenue \$ _____)
See attachment #1**4b** (Code _____) (Expenses \$ 13,285 including grants of \$ _____) (Revenue \$ _____)**4c** (Code _____) (Expenses \$ 30,101 including grants of \$ _____) (Revenue \$ _____)**4d** Other program services (Describe in Schedule O):(Expenses \$ 3,865 including grants of \$ _____) (Revenue \$ _____)**4e** Total program service expenses ▶ \$ 115,757

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If Yes complete Schedule A		X
2 Is the organization required to complete Schedule B, Schedule of Contributors?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If Yes, complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If Yes, complete Schedule C Part II	N/A	
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If Yes, complete Schedule C Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If Yes complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space the environment historic land areas or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art historical treasures or other similar assets? If Yes complete Schedule D Part III		X
9 Did the organization report an amount in Part X line 21 serve as a custodian for amounts not listed in Part X or provide credit counseling debt management credit repair or debt negotiation services? If Yes complete Schedule D Part IV		X
10 Did the organization directly or through a related organization, hold assets in term permanent or quasi-endowments? If Yes, complete Schedule D, Part V		X
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII IX or X as applicable		X
• Did the organization report an amount for land, buildings and equipment in Part X line 10? If Yes, complete Schedule D Part VI		
• 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? If Yes complete Schedule D, Part VII		
• 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? If Yes, complete Schedule D, Part VIII		
• 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? If Yes, complete Schedule D, Part IX		
• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D Part X		
• 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? If "Yes," complete Schedule D, Part X		
12 Did the organization obtain separate independent audited financial statements for the tax year? If Yes, complete Schedule D Parts XI XII and XIII		X
12A Was the organization included in consolidated independent audited financial statements for the tax year? If Yes, completing Schedule D, Parts XI XII and XIII is optional	Yes	No
	12A	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If Yes complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising business, and program service activities outside the United States? If Yes complete Schedule F, Part I		X
15 Did the organization report on Part IX column (A) line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		X
16 Did the organization report on Part IX column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F Part III		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If Yes, complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I Parts I and II		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX column (A) line 2? If "Yes," complete Schedule I Parts I and III		X
23 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? If "Yes" complete Schedule J		X
24a 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? If "Yes" answer lines 24b through 24d and complete Schedule K. If "No" go to line 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? N/A		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? N/A		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? N/A		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes" complete Schedule L Part I		X
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? If "Yes" complete Schedule L Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes" complete Schedule L Part III		X
28 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)		
a A current or former officer, director, trustee, or key employee? If "Yes" complete Schedule L Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes" complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes" complete Schedule N Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes" complete Schedule N Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R Parts II, III, IV, and V line 1		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes" complete Schedule R Part V line 2		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes" complete Schedule R, Part V, line 2		X
37 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? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI lines 11 and 19?		X

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns. Enter -0- if not applicable.	1a	0
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	0
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions).	2b	N/A
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
b	If 'Yes,' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.	3b	N/A
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If 'Yes,' enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If 'Yes' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	N/A
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	N/A
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b	N/A
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If 'Yes,' indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization, during the year, receive any funds directly or indirectly to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	X
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	X
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.	12b	

Part VI

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	1a	6
b Enter the number of voting members that are independent	1b	6
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?	2	X
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?	3	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
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.	9a	X

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X
11a Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13.	12a	X
b Are officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done.	12c	
13 Does the organization have a written whistleblower policy?	13	X
14 Does the organization have a written document retention and destruction policy?	14	X
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?	15a	X
b Other officers or key employees of the organization?	15b	X
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?	16a	X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed: **NONE**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☐ Upon request

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **See attachment #2**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees. See instructions for definition of key employee.

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☒ Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		INDIVIDUAL	DIRECTOR	TRUSTEE	INSTITUTIONAL	OFFICER	KEY EMPLOYEE			
Greg Spindler President EL					X			0	0	0
Marshall Dunning Secretary					X			0	0	0
Herb Laib Treasurer					X			0	0	0
Lem Lampro Vice President					X			0	0	0
David Cooksey President					X			0	0	0
Deborah Hendrickson								0	0	0
Jeanne Zurawski Home Care								0	0	0
Barb O'Leary Home Care								0	0	0
Bob Milisch ByLaws								0	0	0
Mary Bandler Education CH								0	0	0
PJ Lane Past Pres								0	0	0
Bill Pupanek Delegate								0	0	0
Randolph Lipchik Medical Advisor								0	0	0
Mary McDermott Public Relations								0	0	0
Jennifer Horkan Public Relations								0	0	0
Theresa Meinen Membership								0	0	0
Terry Miller								0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		INDIVIDUAL DIRECTOR	INSTITUTIONAL TRUSTEE	OFFICER	KEY EMPLOYEE	HIGHEST COMPENSATED EMPLOYEE	FORMER				
Membership								0	0	0	
Laura Grennier								0	0	0	
Legislative		X						0	0	0	
Anne Flatten								0	0	0	
Nominations		X						0	0	0	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►

- 3 Did the organization list any **former** officer, director or trustee, key employee or highest compensated employee on line 1a? If "Yes" complete Schedule J for such individual
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

- 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

- 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►

Part VIII Statement of Revenue				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
OTHER SIMILAR AMOUNTS	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants & similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f		\$			
h Total. Add lines 1a-1f							
PROGRAM SERVICE REVENUE			Business Code				
	2a	annual convention		79,385	79,385		
	b	dues and memberships		3,300	3,300		
	c	misc		779	779		
	d						
	e						
	f	All other program service revenue					
g Total. Add lines 2a-2f				83,464			
OTHER REVENUE	3	Investment income (including dividends, interest, and other similar amounts)		2,010	2,010		
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross Rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)					
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c)					
		See Part IV line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events					
9a	Gross income from gaming activities See Part IV, line 19	a					
b	Less direct expenses	b					
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances	a					
b	Less cost of goods sold	b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See instructions		85,474	85,474			

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) but are not required to complete columns (B), (C), and (D)

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV line 21				
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments organizations and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors trustees and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management	430	430		
b Legal				
c Accounting	1,500		1,500	
d Lobbying	13,285	13,285		
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	430	430		
12 Advertising and promotion	30,101	30,101		
13 Office expenses	2,365	2,365		
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal state, or local public officials				
19 Conferences conventions and meetings	68,506	68,506		
20 Interest				
21 Payments to affiliates				
22 Depreciation depletion, and amortization				
23 Insurance				
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a _____				
b _____				
c _____				
d _____				
e _____				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	116,617	115,117	1,500	
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet		(A) Beginning of year		(B) End of year
ASSETS	1 Cash -- non-interest bearing	65,817	1	25,679
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a		
	b Less accumulated depreciation	10b	10c	
	11 Investments -- publicly traded securities	60,108	11	80,169
	12 Investments -- other securities. See Part IV, line 11		12	
	13 Investments -- program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	125,925	16	105,848	
LIABILITIES	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25		26	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	125,925	27	105,848
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	125,925	33	105,848
	34 Total liabilities and net assets/fund balances	125,925	34	105,848

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990 ☒ Cash ☐ Accrual ☐ Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

	Yes	No
2a		X
2b		X
2c		X
3a		X
3b		

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to lines 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?

N/A

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both

☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

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

N/A

PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

Attachment 1: Form 990 Page 2, Part III

Open to Public Inspection	For calendar year 2009, or tax period beginning , and ending		
Name of Organization Wisconsin Society for Respiratory Care		Employer Identification Number 23-7052871	
Part III - Statement of Program Service Accomplishments			
Code	Expenses	68,506	including Grants of Revenue
Exempt Purpose Achievements			
Educational conference and open to all members - serves approximately 750 respiratory care professionals			

PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

Attachment 1: Form 990 Page 2, Part III

Open to Public Inspection	For calendar year 2009, or tax period beginning , and ending
------------------------------	--

Name of Organization Wisconsin Society for Respiratory Care	Employer Identification Number 23-7052871
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Part III - Statement of Program Service Accomplishments

Code	Expenses	13,285	including Grants of	Revenue
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Exempt Purpose Achievements

Legislation action monitoring the following: Licensure, credentialing, state and national issues

PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

Attachment 1: Form 990 Page 2, Part III

Open to Public Inspection	For calendar year 2009, or tax period beginning , and ending .		
Name of Organization Wisconsin Society for Respiratory Care		Employer Identification Number 23-7052871	
Part III - Statement of Program Service Accomplishments			
Code	Expenses	30,101	including Grants of Revenue
Exempt Purpose Achievements			
publications, membership, promotions and scholarships and memberships			

PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

Attachment 1: Form 990 Page 2, Part III

Open to Public Inspection	For calendar year 2009, or tax period beginning , and ending .		
Name of Organization Wisconsin Society for Respiratory Care		Employer Identification Number 23-7052871	
Part III - Statement of Program Service Accomplishments			
Code	Expenses	3,865	including Grants of Revenue
Exempt Purpose Achievements			
marketing, operating and accounting expenses			

BOOKS ARE IN CARE OF

Attachment 2: Form 990 Page 6, Part VI, Section C, Line 20

Open to Public Inspection	For calendar year 2009 or tax period beginning , and ending
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Name of Organization Wisconsin Society for Respiratory Care	Employer Identification Number 23-7052871
--	--

Part VI - Line 91a

Individual Name

or

Business Name

HERBERT Laib

Street Address

524 FOX RIVER Hills Dr
WATERFORD WI 53185

U S Address

Zip code

SEE

City

ABOVE

State

or

Foreign Address

City

Province or State

Country

Postal code

Phone Number

Fax Number