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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

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 and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $500,000 and total assets less than $1,250,000 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

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning , and ending

B Check if applicable
- [X] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Termination
- [ ] Amended return
- [ ] Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
SOUTH CAROLINA SOCIETY FOR RESPIRATORY CARE

Number and street (or P O box, if mail is not delivered to street address) Room/suite
121 SPRINGFIELD DRIVE

City or town, state or country, and ZIP + 4
WEST COLUMBIA SC 29169

D Employer identification number
23-7092114

E Telephone number
803-936-7511

F Group Exemption Number ▶

- Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method [X] Cash [ ] Accrual Other (specify) ▶

I Website: ▶ WWW.SCSRC.COM

J Tax-exempt status (check only one) — [X] 501(c) (6) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

H Check ▶ [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ▶ [ ] if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 71,440

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	10,370
	2	Program service revenue including government fees and contracts	2	51,461
	3	Membership dues and assessments SEE STATEMENT 1	3	9,574
	4	Investment income	4	35
	5a	Gross amount from sale of assets other than inventory 5a		
	b	Less cost or other basis and sales expenses 5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from **gaming**, check here ▶ [ ]		
	a	Gross revenue (not including $ _____ of contributions reported on line 1) 6a		
	b	Less direct expenses other than fundraising expenses 6b		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	7a	Gross sales of inventory, less returns and allowances 7a		
	b	Less cost of goods sold 7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe ▶)	8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶	9	71,440
Expenses	10	Grants and similar amounts paid (attach schedule)	10	1,200
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ▶ SEE STATEMENT 2)	16	78,511
	17	**Total expenses.** Add lines 10 through 16 ▶	17	79,711
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-8,271
	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	68,809
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶	21	60,538

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Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	68,809	22	60,538
23 Land and buildings		23	
24 Other assets (describe ▶)		24	
25 **Total assets**	68,809	25	60,538
26 **Total liabilities** (describe ▶)	0	26	0
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	68,809	27	60,538

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2009)

DAA

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose?

SEE STATEMENT 3

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 TO BENEFIT REPIRATORY THERAPIST THROUGH EDUCATION AND NETWORKING

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 28a

29 CONTRIBUTION FOR DISASTER RELIEF

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 29a

30 SCHOLARSHIPS MAY BE AWARDED TO STUDENTS STUDYING RESPIRATORY THERAPY

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 30a

31 Other program services (attach schedule)

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) ▶ 32

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

Part V Other Information (Note the statement requirements in the instructions for Part V.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr. ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	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 period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____ ; section 4912 ▶ _____ , section 4955 ▶ _____			
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b		
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X

41 List the states with which a copy of this return is filed ▶ NONE

42a The organization's books are in care of ▶ SELMA WATSON Telephone no ▶ 803-936-7511

Located at ▶ 121 SPRINGFIELD DRIVE WEST COLUMBIA, SC ZIP + 4 ▶ 29169

			Yes	No
b	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)? 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.**	42b		X
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶ _____	42c		X
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 during the tax year ▶ 43			

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

			Yes	No
46	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	46		
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization If there is none, enter "None "

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

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 received more than $100,000 of compensation from the organization If there is none, enter "None "

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over $100,000 ▶

Sign Here

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

Selma B. Watson — Signature of officer — Date: 14 May 11, 2010

SELMA WATSON — Type or print name and title — PRESIDENT

Paid Preparer's Use Only

Preparer's signature ▶ [signature] Date 05/03/10 Check if self-employed ▶ ☐ Preparer's Identifying Number (See instr)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ BURKETT BURKETT & BURKETT CPAS PA
PO BOX 2044
WEST COLUMBIA, SC 29171

EIN ▶ 57-0692602

Phone no ▶ 803-794-3712

May the IRS discuss this return with the preparer shown above? See instructions ▶ [X] Yes ☐ No

Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

Description	Amount
MEMBER DUES	$ 9,574
TOTAL	$ 9,574

Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
PROGRAM REVENUE	$
PROGRAM EXPENSE	39,969
FORUM INCOME	
WINTER FORUM EXPENSE	10,488
SPRING EXPENSE	689
EXPENSES	
MEETINGS	1,304
DELEGATE EXPENSES	6,858
DHEC EXPENSE	3,299
LEGISLATIVE CONSULTANTS	3,000
MEMBERSHIP EXPENSE	7,000
TRAVEL	2,165
CONTRIBUTION - DISASTER R	700
MISCELLANEOUS	1,706
DUES	125
BANK FEES	100
OFFICE EXPENSE	1,108
TOTAL	$ 78,511

(1)

Statement 3 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description
TO PROMOTE AWARENESS AND EDUCATION OF RESPIRATORY CARE PROFESSIONALS IN THE STATE OF SOUTH CAROLINA

(2)

SCSRC Officiary

Last Updated 3/8/2010

President	Selma Watson, RRT, RCP Work: 803-936-7511 Fax: 803-791-2642 E-mail: sbwatson@lexhealth.org 121 Springfield Dr, West Columbia, SC 29169
Past President	John Evans Florence Darlington Technical College, P.O. Box 100548, Florence, SC 29501-0548
President-elect	Scott Simms, RRT,RCP Work: 803-434-6774 6 Richland Medical Park Columbia, SC 29203
Vice President	Randy Lydick 610 Red Maple Way Clemson, SC 29631
Secretary	Darlene Fry 2720 Sunset Blvd, West Columbia, SC 29169
Treasurer	Carol Rochester, RRT, RCP The Lung Center 200 Patewood Dr, B-480 Greenville, SC 29615
Delegate	Suzi Westmoreland RRT, RCP Greenville Hospital Systems 701 Grove Road Greenville, SC 29605
Delegate	Jakki Grimball, RRT, RCP BlueChoice HealthPlan
Coastal Region Director	Debra Soliday, RRT, RCP MUSC 171 Ashley Avenue Charleston, SC 29425
Coastal Region	Jeffrey Dail, RRT, RCP jeffdailrt@yahoo.com
Midlands Region Director	Holly Lever, RRT, RCP Medical Comfort Systems 112 White Oak Lane Lexington, SC 29073
Midlands Region Jr. Director	DeeDee Brayboy, RRT, RCP Work: 803-434-6774

(3)

SCSRC Officiary

Last Updated 3/8/2010

	6 Richland Medical Park, Columbia, SC 29203
Pee Dee Region Director	Vacant
Pee Dee Region Jr. Director	Rebecca Haire, RRT, RCP Carolina Pines Regional Medical Center 1304 W. Bobo Newsom Hwy, Hartsville, SC 29550
Piedmont Region Director	Chad Bishop, RRT, RCP Greenville Hospital Systems 701 Grove Road Greenville, SC 29605
Piedmont Region Jr. Director	Edward Bolds Wallace Thomson Medical Center Union, SC

(4)