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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2009

Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

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

, 20

A For the 2009 calendar year, or tax year beginning

, 2009, and ending

B Check if applicable

Address change
Name change
Initial return
Terminated
Amended return
Application pending

Please use IRS label or print or type
See Specific Instructions

C Name of organization AMERICAN ASSOCIATION FOR RESPIRATORY CARE
Doing Business As
Number and street (or P O box if mail is not delivered to street address)
9425 NORTH MACARTHUR BLVD.
Room/suite 100
City or town, state or country, and ZIP + 4
IRVING, TX 75063

D Employer identification number

95-2501102

E Telephone number

(972) 243-2272

G Gross receipts \$ 11,630,042.

H(a) Is this a group return for affiliates? Yes X NoH(b) Are all affiliates included? Yes No

If "No," attach a list (see instructions)

H(c) Group exemption number ►

I Tax-exempt status 501(c)(6) ◀ (insert no) 4947(a)(1) or 527

J Website ► WWW.AARC.ORG

K Form of organization Corporation Trust Association Other ► L Year of formation 1947 M State of legal domicile IL

Part I Summary

1 Briefly describe the organization's mission or most significant activities

THE AMERICAN ASSOCIATION FOR RESPIRATORY CARE MISSION IS TO CONTINUE
TO BE THE LEADING NATIONAL AND INTERNATIONAL PROFESSIONAL ASSOCIATION
FOR RESPIRATORY CARE.2 Check this box ► 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)

3 21

4 Number of independent voting members of the governing body (Part VI, line 1b)

4 21

5 Total number of employees (Part V, line 2a)

5 35

6 Total number of volunteers (estimate if necessary)

6 100

7a Total gross unrelated business revenue from Part VIII, column (C), line 12

7a 119,700.

b Net unrelated business taxable income from Form 990-T, line 34

7b -91,430.

Activities & Governance	Revenue	Expenses	Prior Year		Current Year	
			8 Contributions and grants (Part VIII, line 1h)	3,026,566.	9 Program service revenue (Part VIII, line 2g)	3,909,950.
			10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	306,400.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	828,517.
			12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,329,904.	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	592,036.
			14 Benefits paid to or for members (Part IX, column (A), line 4)	87,250.	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	7,771,659.
			16a Professional fundraising fees (Part IX, column (A), line 16)	2,550,381.	16b Total fundraising expenses, Part IX, column (D), line 25	2,593,634.
			17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	3,629,658.	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	43,680.
			19 Revenue less expenses Subtract line 18 from line 12	6,267,289.	20 Total assets (Part X, line 16)	3,230,822.
				2,062,615.	21 Total liabilities (Part X, line 26)	6,868,136.
Net Assets or Fund Balances					22 Net assets or fund balances Subtract line 21 from line 20	1,903,523.

Part II Signature Block

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

Sign Here

► Signature of officer
S.P. Giordano CEO

5/11/10

Date

Type or print name and title

Paid	Preparer's signature	Preparer's identifying number (see instructions) P00004539
Preparer's Use Only	Firm's name (or yours if self-employed), address, and ZIP + 4 SALMON SIMS THOMAS & ASSOC PLLC 12720 HILLCREST RD, SUITE 900 DALLAS, TX 75230	EIN ► 05-0568611 Phone no ► 972-392-1143

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)

JSA
9E1010 1 000

7A475

2/13

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission
ATTACHMENT 2

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 \$ 2,934,522 including grants of \$ 0) (Revenue \$ 3,707,294)

PROVIDE MEMBERSHIP SERVICES, CONVENTIONS AND MEETINGS TO
 GIVE ITS MEMBERS THE MOST CURRENT INFORMATION AND
 DEVELOPMENTS IN THE RESPIRATORY CARE FIELD.

4b (Code _____) (Expenses \$ 43,680 including grants of \$ 43,680) (Revenue \$ _____)

SUPPORT OTHER ORGANIZATIONS THAT CONDUCT ACTIVITIES FOR THE
 ADVANCEMENT OF RESPIRATORY CARE.

4c (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4d Other program services (Describe in Schedule O)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ► 2,978,202.

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	1	X
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2	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	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	
5 Sections 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	5	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	6	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	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	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	9	
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	10	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	11	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.	12	X
12A Was the organization included in consolidated, independent audited financial statement for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	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	14b	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	15	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	16	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	17	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	18	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	19	X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	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.	21	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.	22	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	23	X
24 a	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 question 25	24a	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25 a	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	25a	
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	25b	
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	26	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	27	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.	28a	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28b	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	28c	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	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	32	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	33	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	34	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	35	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	36	
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	37	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	X

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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 123	1b 0
1c		
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 35	2b X
2b 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)		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		3a X
3b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b X
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
4b 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
5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b X
5c		
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
6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b X
7 Organizations that may receive deductible contributions under section 170(c).		
7a		
7b		
7c		
7d		
7e		
7f		
7g		
7h		
8		
9a		
9b		
10 Section 501(c)(7) organizations. Enter		
10a Initiation fees and capital contributions included on Part VIII, line 12	10a 	
10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b 	
11 Section 501(c)(12) organizations. Enter		
11a Gross income from members or shareholders	11a 	
11b 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?		
12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b 	
12a		

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
a	Enter the number of voting members of the governing body	1a	21
1b	Enter the number of voting members that are independent	1b	21
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	8a	X
a	The governing body?	8b	X
b	Each committee with authority to act on behalf of the governing body?	9a	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		

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	X
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12b	X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12c	X
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	13	X
13	Does the organization have a written whistleblower policy?	14	X
14	Does the organization have a written document retention and destruction policy?	15	
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?	15a	X
a	The organization's CEO, Executive Director, or top management official	15b	X
b	Other officers or key employees of the organization	16a	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	16b	X
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?		
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?		

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	► NONE REQUIRED
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	
	<input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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	► TONY LOVIO, CONTROLLER 9425 MACARTHUR BLVD., SUITE 100 IRVING, TX 75063 972-406-4673

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 trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
TIMOTHY MYERS									
PRESIDENT	2.00	X		X			2,225.	0	0.
KAREN J STEWART									
PRESIDENT ELECT	2.00	X		X			1,700.	0	0.
GEORGE GAEBLER									
VP FOR INTERNAL AFFAIRS	2.00	X		X			0.	0	0.
JOSEPH LEWARSKI									
VP EXTERNAL AFFAIRS	2.00	X		X			0.	0	0.
LINDA VAN SCODER									
SECRETARY/TREASURER	2.00	X		X			0.	0	0.
TONI RODRIGUEZ									
PAST PRESIDENT	2.00	X		X			0.	0	0.
JOHN HISER									
PARLIAMENTARIAN	2.00	X		X			6,300.	0	0.
PATRICIA DOORLEY									
DIRECTOR	1.00	X					0.	0	0.
DEBBIE FOX									
DIRECTOR	1.00	X					0.	0	0.
LYNDA GOODFELLOW									
DIRECTOR	1.00	X					0.	1,200.	0.
MICHAEL HEWITT									
DIRECTOR	1.00	X					0.	0	0.
DENISE JOHNSON									
DIRECTOR	1.00	X					0.	0	0.
DOUGLAS LAHER									
DIRECTOR	1.00	X					0.	0	0.
ROBERT MCCOY									
DIRECTOR	1.00	X					1,600.	0	0.
DOUG MCINTYRE									
DIRECTOR	1.00	X					0.	0	0.
CAMDEN MCLAUGHLIN									
DIRECTOR	1.00	X					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 trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
FRANK SALVATORE									
DIRECTOR	1.00	X					0.	0.	0.
ANTONIO STIGALL									
DIRECTOR	1.00	X					0.	0.	0.
JAMES TAYLOR									
DIRECTOR	1.00	X					0.	0.	0.
BRIAN WALSH									
DIRECTOR	1.00	X					1,300.	0.	0.
CLIFFOR BOEHM									
DIRECTOR	1.00	X					0.	0.	0.
SAM P GIORDANO									
CHIEF EXECUTIVE OFFICER	40.00		X	X	X		145,657.	145,657.	37,974.
TOM KALLSTROM									
CHIEF OPERATING OFFICER	40.00		X	X	X		95,052.	95,052.	24,210.
RAY MASFERRE									
CONVENTION MANAGER	40.00				X		82,376.	82,376.	29,572.
STEVE NELSON									
IT DIRECTOR	40.00				X		126,776.	0.	31,484.

1b Total							462,986.	324,285.	123,240.

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 ► 2

	Yes	No
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	3	X
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	4	X
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	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
FREEMAN DECORATING CO. PO BOX 650036 DALLAS, TX 75265	CONVENTION SERVICES	225,703.
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----

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 ► 1

Part VIII Statement of Revenue

95-2501102

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f	1a 1b 1c 1d 1e 100,000 1f 58,309 158,309			
Program Service Revenue	2a MEMBERSHIP REVENUE b CONVENTIONS & MEETINGS c EDUCATION REVENUE d BENCHMARKING REVENUE e WEBCAST REVENUE f All other program service revenue g Total. Add lines 2a-2f	Business Code 541900 2,964,334 900004 2,510,378 900004 518,620 900004 37,410 900004 30,000 541800 132,055 6,192,797	2,964,334 2,510,378 518,620 37,410 30,000 132,055 119,700		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6a Gross Rents. b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7a Gross amount from sales of assets other than inventory 4,109,932 b Less cost or other basis and sales expenses 3,718,456 c Gain or (loss) 391,476 d Net gain or (loss) 391,476 391,476 8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a b Less direct expenses c Net income or (loss) from fundraising events 0 9a Gross income from gaming activities See Part IV, line 19 a b Less direct expenses c Net income or (loss) from gaming activities 0 10a Gross sales of inventory, less returns and allowances a 478,831 b Less cost of goods sold b 139,927 c Net income or (loss) from sales of inventory ATCH. 3. 338,904 338,904 Miscellaneous Revenue	Business Code 900099 230 900099 197,700 900099 840 198,770 7,771,659	230 197,700 840 119,700 6,610,771 882,879		
	11a MISCELLANEOUS b INTERCOMPANY INCOME c INSURANCE PROCEEDS d All other revenue e Total. Add lines 11a-11d 12 Total Revenue. See instructions	Business Code 900099 230 900099 197,700 900099 840 198,770 7,771,659	230 197,700 840 119,700 6,610,771 882,879		

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	43,680.	43,680.		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	284,926.	170,956.	113,970.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	1,643,670.	637,131.	1,006,539.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	145,423.	87,254.	58,169.	
9 Other employee benefits	374,677.	145,526.	229,151.	
10 Payroll taxes	144,938.	64,846.	80,092.	
11 Fees for services (non-employees)				
a Management	0.			
b Legal	9,554.		9,554.	
c Accounting	34,200.		34,200.	
d Lobbying	94,825.	94,825.		
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees	0.			
g Other	534,632.	410,866.	123,766.	
12 Advertising and promotion	41,250.		41,250.	
13 Office expenses	652,038.	284,468.	367,570.	
14 Information technology	59,225.	11,182.	48,043.	
15 Royalties.	0.			
16 Occupancy	249,828.	1,157.	248,671.	
17 Travel	340,057.	96,900.	243,157.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	116,232.	102,486.	13,746.	
20 Interest	78.		78.	
21 Payments to affiliates	469,190.	469,190.		
22 Depreciation, depletion, and amortization	160,194.		160,194.	
23 Insurance	0.			
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 GRANT EXPENSES	173,840.	173,840.		
b BENCHMARKING EXPENSE	9,496.	9,496.		
c CONVENTION COMMISSIONS	15,395.	15,395.		
d SPECIAL FUNCTIONS & PROJECTS	136,963.	28,398.	108,565.	
e HONORARIUMS	43,359.	43,359.		
f All other expenses	90,466.	87,247.	3,219.	
25 Total functional expenses. Add lines 1 through 24f	5,868,136.	2,978,202.	2,889,934.	
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	5,414,242.	1	5,209,758.
	2 Savings and temporary cash investments		2	2,403,172.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	5,142,011.	4	6,162,179.
	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	90,618.	8	77,142.
	9 Prepaid expenses and deferred charges	92,219.	9	53,536.
	10 a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 4,050,173.		
	b Less accumulated depreciation	10b 1,535,758.	10c	2,514,415.
	11 Investments - publicly traded securities	ATC 4.	11	7,625,955.
	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	6,594,546.	15	6,594,546.
16 Total assets. Add lines 1 through 15 (must equal line 34)	27,499,476.	16	30,640,703.	
Liabilities	17 Accounts payable and accrued expenses	1,242,210.	17	737,688.
	18 Grants payable		18	
	19 Deferred revenue	1,492,215.	19	1,410,577.
	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	2,734,425.	26	2,148,265.
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	24,534,859.	27	28,405,927.
	28 Temporarily restricted net assets	230,192.	28	86,511.
	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	24,765,051.	33	28,492,438.
	34 Total liabilities and net assets/fund balances	27,499,476.	34	30,640,703.

Form 990 (2009)

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?
 b Were the organization's financial statements audited by an independent accountant?
 c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 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

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

Form 990 (2009)

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

2009

**Open to Public
Inspection**

**Department of the Treasury
Internal Revenue Service**

► Complete if the organization is described below.

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

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of organization	Employer identification number
AMERICAN ASSOCIATION FOR RESPIRATORY CARE	95-2501102

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
2 Political expenditures ► \$ 394,052.
3 Volunteer hours 0

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ► \$ _____
2 Enter the amount of any excise tax incurred by organization managers under section 4955 ► \$ _____
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
4a Was a correction made? Yes No
b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$ 0.

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$ 0.

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ► \$ 0.

4 Did the filing organization file Form 1120-POL for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

Schedule C (Form 990 or 990-EZ) 2009

JSA
9E1264 1 000

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check if the filing organization belongs to an affiliated group
B Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)			
c Total lobbying expenditures (add lines 1a and 1b)			
d Other exempt purpose expenditures			
e Total exempt purpose expenditures (add lines 1c and 1d)			
f Lobbying nontaxable amount Enter the amount from the following table in both columns			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
g Grassroots nontaxable amount (enter 25% of line 1f)			
h Subtract line 1g from line 1a If zero or less, enter -0-			
i Subtract line 1f from line 1c If zero or less, enter -0-			
j If these is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities? If "Yes," describe in Part IV			
j Total Add lines 1c through 1i			
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	X
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	X
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	X

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

1 Dues, assessments and similar amounts from members	1	2,964,334
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	394,052
b Carryover from last year	2b	
c Total	2c	394,052
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	563,224
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	-169,172

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1. Also, complete this part for any additional information

SEE PAGE 4

Part IV Supplemental Information (continued)**POLITICAL ACTIVITIES****SCHEDULE C, PART I-A, LINE 1**

THE AARC INTERACTS WITH LOCAL, STATE AND FEDERAL GOVERNMENTS ON PUBLIC POLICIES THAT AFFECT ITS PATIENTS AND THE PROFESSION. AS AN ADVOCATE FOR ITS MEMBERS, AARC DOES MORE THAN SIMPLY "WATCHDOG" ISSUES. IT AGGRESIVELY ADVOCATES FOR THE RECOGNITION OF THE VALUE OF RESPIRATORY THERAPY AND THERAPISTS IN ALL AREAS OF PUBLIC POLICY. THE AARC IS INVOLVED IN BOTH FEDERAL AND STATE LEGISLATIVE AND REGULATORY ISSUES.

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

OMB No 1545-0047

2009**Open to Public
Inspection**

Name of the organization

AMERICAN ASSOCIATION FOR RESPIRATORY CARE

Employer identification number
95-2501102**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts** Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/>	Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/>	Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure) <input type="checkbox"/> Preservation of an historically important land area										
	<input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure										
	<input type="checkbox"/> Preservation of open space										
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year											
	<table border="1"> <thead> <tr> <th></th><th>Held at the End of the Year</th></tr> </thead> <tbody> <tr> <td>2a</td><td></td></tr> <tr> <td>2b</td><td></td></tr> <tr> <td>2c</td><td></td></tr> <tr> <td>2d</td><td></td></tr> </tbody> </table>		Held at the End of the Year	2a		2b		2c		2d	
	Held at the End of the Year										
2a											
2b											
2c											
2d											
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►											
4 Number of states where property subject to conservation easement is located ►											
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No										
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►											
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$											
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No										
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements											

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items	
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items	
(i) Revenues included in Form 990, Part VIII, line 1	► \$
(ii) Assets included in Form 990, Part X	► \$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items	
a Revenues included in Form 990, Part VIII, line 1	► \$
b Assets included in Form 990, Part X	► \$

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2009

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a <input type="checkbox"/> Public exhibition	d <input type="checkbox"/> Loan or exchange programs
b <input type="checkbox"/> Scholarly research	e <input type="checkbox"/> Other _____
c <input type="checkbox"/> Preservation for future generations	

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XI V and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XI V

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	230,192	136,626			
b Contributions	58,308	289,025			
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	201,989	195,459			
g End of year balance	86,511	230,192			

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ► 0.0000 %

b Permanent endowment ► 0.0000 %

c Term endowment ► 100.0000 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by.

(i) unrelated organizations

Yes No

(ii) related organizations

Yes No

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

Yes No

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		717,818.		717,818.
b Buildings		1,700,000.	354,167.	1,345,833.
c Leasehold improvements		231,400.	133,450.	97,950.
d Equipment		1,332,038.	979,303.	352,735.
e Other		68,917.	68,838	79.

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ► 2,514,415.

Schedule D (Form 990) 2009

Part VII Investments - Other Securities. See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
</		

Total. (Column (b) must equal Form 990, Part X, col (B) line 12)

Part VIII Investments - Program Related. See Form 990, Part X, line 13

Total (Column (b) must equal Form 990, Part X, col (B) line 13)

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
INVESTMENT IN DAEDALUS	6,594,546.

Total (Column (b) must equal Form 990, Part X, col. (B) line 15) 6,594,546

Part X Other Liabilities. See Form 990, Part X, line 25.

Total (Column (b) must equal Form 990, Part X, col (B) line 25)

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

INTENDED USE OF ENDOWMENT FUNDS

PART V, LINE 4

TEMPORARILY RESTRICTED NET ASSETS ARE EARMARKED FOR AN AEROSOL BOOK,

DISASTER RELIEF AND PEAK PERFORMANCE.

Part XIV Supplemental Information (continued)

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information

GENERAL INFORMATION ON GRANTS AND ASSISTANCE

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CULTURE AND CIVILISATION

SCHEDULE J
(Form 990)Department of the Treasury
Internal Revenue Service**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees► Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009Open to Public
Inspection

Name of the organization

AMERICAN ASSOCIATION FOR RESPIRATORY CARE

Employer identification number

95-2501102

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

<input checked="" type="checkbox"/>	First-class or charter travel
<input type="checkbox"/>	Travel for companions
<input type="checkbox"/>	Tax indemnification and gross-up payments
<input type="checkbox"/>	Discretionary spending account

<input type="checkbox"/>	Housing allowance or residence for personal use
<input type="checkbox"/>	Payments for business use of personal residence
<input type="checkbox"/>	Health or social club dues or initiation fees
<input type="checkbox"/>	Personal services (e.g., maid, chauffeur, chef)

b If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply

<input type="checkbox"/>	Compensation committee
<input type="checkbox"/>	Independent compensation consultant
<input type="checkbox"/>	Form 990 of other organizations

<input type="checkbox"/>	Written employment contract
<input type="checkbox"/>	Compensation survey or study
<input checked="" type="checkbox"/>	Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization

a Receive a severance payment or change-of-control payment?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

a The organization?
b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

a The organization?
b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a	X	
4b	X	
4c	X	
5a		
5b		
6a		
6b		
7		
8		
9		

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2009

Part II Officers Directors Trustees Key Employees and Highest Compensated Employees See Schedule I if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) must equal the applicable column (B) or column (E) amounts on Form 990 Part VII line 1a.

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
► Attach to Form 990.

OMB No 1545-0047

2009

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Inspection

Name of the organization

AMERICAN ASSOCIATION FOR RESPIRATORY CARE

Employer identification number

95-2501102

ATTACHMENT 1

GOVERNANCE, MANAGEMENT AND DISCLOSURE

PART VI, SECTION B, LINE 11

THE FINAL FORM 990 WILL BE PROVIDED TO THE AARC EXECUTIVE COMMITTEE PRIOR
TO IT BEING FILED WITH THE INTERNAL REVENUE SERVICE. ANY QUESTIONS OR
CONCERNS WILL BE ADDRESSED AND CORRECTED IF NECESSARY.

GOVERNANCE, MANAGEMENT AND DISCLOSURE

PART VI, SECTION B, LINE 12C

ANNUAL CONFLICT OF INTEREST FORMS ARE COMPLETED AND SIGNED BY THE BOARD
OF DIRECTORS, OFFICERS AND KEY EMPLOYEES. ANY POSSIBLE CONFLICTS OF
INTEREST ARE ADDRESSED AS THEY ARISE THROUGHOUT THE YEAR.

GOVERNANCE, MANAGEMENT AND DISCLOSURE

PART VI, SECTION B, LINE 15

LINE 15A: COMPENSATION FOR THE CHIEF EXECUTIVE OFFICER, EXECUTIVE
DIRECTORS AND CHIEF MANAGEMENT OFFICIALS IS DETERMINED BY THE BOARD OF
DIRECTORS AND THE LEGAL DEPARTMENT.

LINE 15B: COMPENSATION FOR KEY EMPLOYEES IS DETERMINED BY THE CHIEF
EXECUTIVE OFFICER AND THE CHIEF OPERATING OFFICER. INDUSTRY DATA SUCH AS
PAY RANGES AND GRADES ARE USED TO DETERMINE COMPENSATION.

GOVERNANCE, MANAGEMENT AND DISCLOSURE

PART VI, SECTION C, LINE 19

FORM 990 IS MADE AVAILABLE TO THE PUBLIC UPON REQUEST AS REQUIRED BY LAW.

Name of the organization

AMERICAN ASSOCIATION FOR RESPIRATORY CARE

Employer identification number

95-2501102

ATTACHMENT 1 (CONT'D)

ALL REQUESTS ARE FULFILLED BY THE CONTROLLER.

ATTACHMENT 2FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

AARC'S MISSION IS TO CONTINUE TO BE THE LEADING NATIONAL AND INTERNATIONAL PROFESSIONAL ASSOCIATION FOR RESPIRATORY CARE. THE AARC WILL ENCOURAGE AND PROMOTE PROFESSIONAL EXCELLENCE, ADVANCE THE SCIENCE AND PRACTICE OF RESPIRATORY CARE, AND SERVE AS AN ADVOCATE FOR PATIENTS, THEIR FAMILIES, THE PUBLIC, THE PROFESSION AND THE RESPIRATORY THERAPIST.

ATTACHMENT 3FORM 990, PART VIII - GROSS SALES AND COST OF GOODS SOLD

GROSS SALES LESS RETURNS AND ALLOWANCES	478,831.
INVENTORY AT BEGINNING OF YEAR	90,618.
PURCHASES	126,451.
SALARIES AND WAGES	
OTHER COSTS	
SUBTOTAL	217,069.
MINUS ENDING INVENTORY	77,142.
COST OF GOODS SOLD	139,927.

ATTACHMENT 4

Name of the organization AMERICAN ASSOCIATION FOR RESPIRATORY CARE	Employer identification number 95-2501102
<u>ATTACHMENT 4 (CONT'D)</u>	
<u>FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES</u>	

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>COST OR FMV</u>
SECURITIES	579,937.	FMV
MUTUAL FUNDS	7,046,018.	FMV
TOTALS	<u>7,625,955.</u>	

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36 or 37.

See separate instructions.

Name of the organization AMERICAN ASSOCIATION FOR RESPIRATORY CARE

MB No 1545-0047

2009

Open to Public
Inspection

Identification number

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990 Part IV, line 333.)

1

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
AMERICAN RESPIRATORY CARE FOUNDATION	23-7089524	FOUNDATION	TX	501 (C) (3)	1.1 - TYPE 1
9425 N MACARTHUR BLVD SUITE 10	IRVING, TX 75063				N/A
					</td

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schaeffle B (E0000 990) 2009

Part III Identification

Identification of Related Organizations Taxable as a Partnership (Complete if the organization because it had one or more related organizations treated as a partnership during the tax year.)

Part IV **Identification**

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
- b Gift, grant, or capital contribution to other organization(s)
- c Gift, grant, or capital contribution from other organization(s)
- d Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)
- f Sale of assets to other organization(s)
- g Purchase of assets from other organization(s)
- h Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- j Lease of facilities, equipment, or other assets from other organization(s)
- k Performance of services or membership or fundraising solicitations for other organization(s)
- l Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets
- n Sharing of paid employees
- o Reimbursement paid to other organization for expenses
- p Reimbursement paid by other organization for expenses
- q Other transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)

- 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved
(1) DAEDALUS ENTERPRISES INC	1 D	987, 968.
(2)		
(3)		
(4)		
(5)		
(6)		

Part VI

Unrelated Organizations Taxable as a Partnership (Complete) If the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

Schedule R (Form 990) 2009