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Form **990-EZ**

# 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)

OMB No 1545-1150

**2010**

Open to Public

Inspection

Department of the Treasury  
Internal Revenue Service

- Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2010 calendar year, or tax year beginning , and ending

B Check if applicable

☒ Address change

Name change

Initial return

Terminated

Amended return

Application pending

C Name of organization

CT SOCIETY FOR RESPIRATORY CARE  
C/O ANTONIO BUCKNER

Number and street (or P O box, if mail is not delivered to street address)

32 PINE STREET, UNIT #22

Room/suite

City or town, state or country, and ZIP + 4

NORWALK

CT 06854

D Employer identification number

51-0186652

E Telephone number

203-384-4747

F Group Exemption

Number ►

G Accounting Method ☒ Cash ☐ Accrual Other (specify) ►H Check ☒ if the organization is not required to attach Schedule B

I Website: ► WWW.CTSRC.ORG

J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) ( 6 ) (insert no ) ☐ 4947(a)(1) or ☐ 527

(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 \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.

► \$ 70,299

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	1,967
	2	Program service revenue including government fees and contracts	2	59,567
	3	Membership dues and assessments	3	8,730
	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	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c	Less direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
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 in Schedule O)	8		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	70,299	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	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	20,777
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	3,397
	16	Other expenses (describe in Schedule O)	16	43,865
	17	<b>Total expenses.</b> Add lines 10 through 16	17	68,039
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	2,260
	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	44,652
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	46,912

For Paperwork Reduction Act Notice, see the separate instructions.

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**Part II Balance Sheets.** (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II ☒

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	47,101	22	47,994
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	0	24	
25 Total assets	47,101	25	47,994
26 Total liabilities (describe in Schedule O)	2,449	26	1,082
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	44,652	27	46,912

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III ☒

What is the organization's primary exempt purpose?

SEE SCHEDULE O

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 PROVIDE INFORMATION AND CLINICAL UPDATES FOR THOSE INVOLVED IN THE RESPIRATORY CARE PROFESSION THROUGH GUEST SPEAKERS, SYMPOSIUMS AND MEETINGS. THE SERVICE IS PROVIDED TO APPROXIMATELY 600 MEMBERS. (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	59,753
29 PROVIDE AN INFORMATIONAL NEWSLETTER ON RESPIRATORY CARE. THIS SERVICE IS PROVIDED TO APPROXIMATELY 280 INDIVIDUALS AND 30 HOSPITALS. (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 AWARD SCHOLARSHIPS TO THOSE QUALIFYING INDIVIDUALS ENTERING THE RESPIRATORY CARE PROFESSION. (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	2,026
31 Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32	61,779

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this 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
CONNIE DILLS 2150 CORBIN AVENUE NEW BRITAIN CT 06053	VP-EXT AFFAIRS 0.00	0	0	0
NANCY MERKOURIOU 119 BURBANK ROAD ELLINGTON CT 06029	DIRECTOR 0.00	0	0	0
KIMBERLY FERRIS 12 GREAT OAK ROAD OXFORD CT 06478	SECRETARY 0.00	0	0	0
MAUREEN PARMELEE 2800 MAIN STREET BRIDGEPORT CT 06606	DELEGATE 0.00	0	0	0
LISA MARIANI 64 TASHUA LANE TRUMBULL CT 06611-1636	DIRECTOR 0.00	0	0	0
MARY TURLEY 2150 CORBIN AVENUE NEW BRITAIN CT 06053	DIRECTOR 0.00	0	0	0
ANTONIO BUCKNER 32 PINE STREET, # 22 NORWALK CT 06854	TREASURER 0.00	0	0	0
SUSAN ALBINO 80 SEYMOUR STREET HARTFORD CT 06102	VP INTERNAL AFFAIRS 0.00	0	0	0
JOHN DUQUETTE 39 WHITE ROCK DRIVE WINDSOR CT 06095	PRES-ELECT 0.00	0	0	0
KERRY MCNIVEN MANCHESRER COMM COLLEGE MANCHESTER CT 06045-1046	DELEGATE 0.00	0	0	0
LYNN TATA 2 WEST LEDGE ROAD GLASTONBURY CT 06033-3844	DIRECTOR 0.00	0	0	0
GERALDINE BERNACKI 169 NUNZIO DRIVE PLANTSVILLE CT 06479	PRESIDENT 0.00	0	0	0
DEAN BAXTOR 34 TEMPLE COURT NEW HAVEN CT 06511	DIRECTOR 0.00	0	0	0



**Part V Other Information** (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?		
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		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions <span style="float:right">37a 0</span>		
b Did the organization file Form 1120-POL for this year?		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 tax year covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved <span style="float:right">38b</span>		
39 Section 501(c)(7) organizations Enter <span style="float:right">39a</span>		
a Initiation fees and capital contributions included on line 9 <span style="float:right">39b</span>		
b Gross receipts, included on line 9, for public use of club facilities <span style="float:right">39b</span>		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 <span style="float:right">_____</span> , section 4912 <span style="float:right">_____</span> , section 4955 <span style="float:right">_____</span>		
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 did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I <span style="float:right">40b</span>		
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 <span style="float:right">_____</span>		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <span style="float:right">_____</span>		
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 <span style="float:right">40e</span>		X
41 List the states with which a copy of this return is filed. <span style="float:right">CT</span>		
42a The organization's books are in care of <span style="float:right">ANTONIO BUCKNER</span> Telephone no <span style="float:right">203-852-2484</span>		
<span style="float:right">32 PINE STREET, UNIT # 22</span>		
Located at <span style="float:right">NORWALK</span> <span style="float:right">CT</span> ZIP + 4 <span style="float:right">06854</span>		
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)? <span style="float:right">42b</span>		X
If "Yes," enter the name of the foreign country <span style="float:right">_____</span>		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? <span style="float:right">42c</span>		X
If "Yes," enter the name of the foreign country. <span style="float:right">_____</span>		
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 <span style="float:right">43</span>		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ <span style="float:right">44a</span>		X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ <span style="float:right">44b</span>		X
c Did the organization receive any payments for indoor tanning services during the year? <span style="float:right">44c</span>		X
d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O <span style="float:right">44d</span>		

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CT SOCIETY FOR RESPIRATORY CARE

51-0186652

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- 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?
- a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)
- 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
45		<input checked="" type="checkbox"/>
45a		<input checked="" type="checkbox"/>
46		<input checked="" type="checkbox"/>

**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 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI ☐

- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?
- 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"

	Yes	No
47		
48		
49a		
49b		

(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 ▶

- 52 Did the organization complete Schedule A? **Note** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

▶ ☐ Yes ☐ No

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 ▶ Antonio J. Buckner ▶ 5-13-11  
 Signature of officer ▶ Date  
Antonio J. Buckner  
 Type or print name and title

Paid Preparer Use Only ▶ Francis A. Digiovanna CPA ▶ 05/02/11  
 Preparer's name ▶ Preparer's signature ▶ Date  
 Firm's name ▶ FRANCIS A. DIGIOVANNA, CPA ▶ 06-1139564  
 Firm's address ▶ 1773 EAST MAIN STREET ▶ 203-753-5597  
WATERBURY, CT 06705 ▶ Phone no

May the IRS discuss this return with the preparer shown above? See instructions

▶ ☒ Yes ☐ No

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2010**Open to Public  
Inspection

Name of the organization

CT SOCIETY FOR RESPIRATORY CARE  
C/O ANTONIO BUCKNER

Employer identification number

51-0186652

**FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES****DESCRIPTION****AMOUNT****EXPENSES**

OFFICE EXPENSES	\$	3,328
CONFERENCES AND MEETINGS	\$	34,806
INSURANCE	\$	1,879
SCHOLARSHIPS AWARDED	\$	2,026
DUES	\$	1,826
<b>TOTAL</b>	<b>\$</b>	<b>43,865</b>

**FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES****DESCRIPTION****BEG. OF YEAR****END OF YEAR**

CREDIT CARD PAYABLE	\$	2,449	\$	1,082
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**FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE**

TO PROMOTE THE PROFESSION AND HELP MAINTAIN THE KNOWLEDGE  
OF THE MEMBERS WITHIN THE PROFESSION OF RESPIRATORY CARE.