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Form 990

## Return of Organization Exempt From Income Tax

2010

Under 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

Open to Public Inspection

## A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010

Check if applicable  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

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

City or town, state or country, and ZIP + 4  
IRVING, TX 75063F Name and address of principal officer  
SAM P GIORDANO CEO  
9425 MACARTHUR BLVD STE 100  
IRVING, TX 75063D Employer identification number  
95-2501102E Telephone number  
(972) 243-2272

G Gross receipts \$ 12,707,674

I Tax-exempt status  501(c)(3)  501(c) ( 6 ) (insert no)  4947(a)(1) or  527H(a) Is this a group return for affiliates?  Yes  NoH(b) Are all affiliates included?  Yes  No  
If "No," attach a list (see instructions)

H(c) Group exemption number ►

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  | 17      |
| 4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . . | 4  | 17      |
| 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) . . . . .  | 5  | 34      |
| 6 Total number of volunteers (estimate if necessary) . . . . .                            | 6  | 100     |
| 7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .         | 7a | 136,200 |
| b Net unrelated business taxable income from Form 990-T, line 34 . . . . .                | 7b | -26,833 |

|   |            |              |
|---|------------|--------------|
| 8 Contributions and grants (Part VIII, line 1h) . . . . .                                     | Prior Year | Current Year |
| 9 Program service revenue (Part VIII, line 2g) . . . . .                                      | 158,309    | 250,025      |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .                    | 6,192,797  | 6,866,246    |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .         | 828,517    | 460,782      |
| 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . . | 592,036    | 520,422      |
|   | 7,771,659  | 8,097,475    |

|  |            |              |
|--|------------|--------------|
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .                  | Prior Year | Current Year |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . .                     | 158,309    | 250,025      |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . . | 6,192,797  | 6,866,246    |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .                    | 828,517    | 460,782      |
| b Total fundraising expenses (Part IX, column (D), line 25) ► 0                                | 592,036    | 520,422      |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . . . . .                      | 7,771,659  | 8,097,475    |
| 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) . . . . .          | 43,680     | 50,609       |
| 19 Revenue less expenses Subtract line 18 from line 12 . . . . .                               | 0          | 0            |
|  | 2,593,634  | 2,773,086    |
|  | 0          | 0            |
|  | 3,230,822  | 3,089,987    |
|  | 5,868,136  | 5,913,682    |
|  | 1,903,523  | 2,183,793    |

|  |                           |             |
|--|---------------------------|-------------|
| 20 Total assets (Part X, line 16) . . . . .                            | Beginning of Current Year | End of Year |
| 21 Total liabilities (Part X, line 26) . . . . .                       | 30,640,703                | 34,205,727  |
| 22 Net assets or fund balances Subtract line 21 from line 20 . . . . . | 2,148,265                 | 2,411,065   |
|  | 28,492,438                | 31,794,662  |

## 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 | *****<br>Signature of officer  | 2011-05-31<br>Date |
|           | SAM P GIORDANO CHIEF EXECUTIVE OFFICER<br>Type or print name and title |                    |

|                        |   |                                     |      |   |                           |
|------------------------|---|-------------------------------------|------|---|---------------------------|
| Paid Preparer Use Only | Print/Type preparer's name WILLIAM H SIMS                         | Preparer's signature WILLIAM H SIMS | Date | Check if self-employed ► <input type="checkbox"/> | PTIN                      |
|                        | Firm's name ► SALMON SIMS THOMAS & ASSOC PLLC                     |                                     |      |   | Firm's EIN ►              |
|                        | Firm's address ► 12720 HILLCREST RD SUITE 900<br>DALLAS, TX 75230 |                                     |      |   | Phone no ► (972) 392-1143 |

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . .  Yes  No

### **Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III.

y describe the 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.

**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 C

**3** Did the organization cease conducting, or make significant changes in how it conducts, any programs or services?

Yes  No

If "Yes," describe these changes on Schedule Q.

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 \$ 2,400,054 including grants of \$ 2,400,054 ) (Revenue \$ 6,980,239 )

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

**4b** (Code ) (Expenses \$ 50,609 including grants of \$ 50,609 ) (Revenue \$

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

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

Other program services (Describe in Schedule O)

(Expenses \$

including grants of \$

) (Revenue

**4e Total program service expenses**

2,450,663

**Part IV Checklist of Required Schedules**

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?

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

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III

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

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

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

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

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

11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

- a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
- b 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
- c 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
- d 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
- e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
- f 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 (ASC 740)? If "Yes," complete Schedule D, Part XI

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII

- b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

- 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, Parts I and IV

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 U.S.? If "Yes," complete Schedule F, Parts II and IV

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 U.S.? If "Yes," complete Schedule F, Parts III and IV

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 (see instructions)

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

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

20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H

- b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)

|     | Yes | No |
|-----|-----|----|
| 1   |     | No |
| 2   | Yes |    |
| 3   | Yes |    |
| 4   |     |    |
| 5   | Yes |    |
| 6   |     | No |
| 7   |     | No |
| 8   |     | No |
| 9   |     | No |
| 10  | Yes |    |
| 11a | Yes |    |
| 11b |     | No |
| 11c |     | No |
| 11d | Yes |    |
| 11e |     | No |
| 11f | Yes |    |
| 12a |     | No |
| 12b | Yes |    |
| 13  |     | No |
| 14a |     | No |
| 14b |     | No |
| 15  |     | No |
| 16  |     | No |
| 17  |     | No |
| 18  |     | No |
| 19  |     | No |
| 20a |     | No |
| 20b |     |    |

**Part IV Checklist of Required Schedules (continued)**

|     |   |   |     |     |    |
|-----|---|---|-----|-----|----|
| 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  | <input checked="" type="checkbox"/>   | 21  | Yes |    |
| 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   | <input checked="" type="checkbox"/>   | 22  |     | No |
| 23  | Did the organization answer "Yes" to Part VII, Section A, questions 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            | <input checked="" type="checkbox"/>   | 23  | Yes |    |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25 |   | 24a |     | No |
| 24b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   |   | 24b |     |    |
| 24c | 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 |     |    |
| 24d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   |   | 24d |     |    |
| 25a | <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  |   | 25a |     |    |
| 25b | 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  |     | No |
| 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  |     | No |
| 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)   |   | 28a |     | No |
| 28b | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   |   | 28b |     | No |
| 28c | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  |   | 28c |     | No |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  |   | 29  |     | No |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  |   | 30  |     | No |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  |   | 31  |     | No |
| 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  |     | No |
| 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  | <input checked="" type="checkbox"/>   | 33  |     | No |
| 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   | <input checked="" type="checkbox"/>   | 34  | Yes |    |
| 35  | Is any related organization a controlled entity within the meaning of section 512(b)(13)?   |   | 35  | Yes |    |
| 35  | 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," complete Schedule R, Part V, line 2   | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 36  |     |    |
| 36  | <b>Section 501(c)(3) organizations.</b> 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   | <input checked="" type="checkbox"/>   | 37  |     | No |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O  |   | 38  | Yes |    |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V

|   |  | Yes   | No  |
|---|--|---|-----|
| <b>1a</b>   | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   | 1a  | 46  |
| <b>b</b>  | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  | 1b  | 0   |
| <b>c</b>  | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?   | 1c  |     |
| <b>2a</b>   | Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return  | 2a  | 34  |
| <b>b</b>  | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | 2b  | Yes |
| <p><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p> |  |   |     |
| <b>3a</b>   | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | 3a  | Yes |
| <b>b</b>  | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O   | 3b  | Yes |
| <b>4a</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)?                                   | 4a  | No  |
| <b>b</b>  | If "Yes," enter the name of the foreign country  | See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts |     |
| <b>5a</b>   | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a  | No  |
| <b>b</b>  | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b  | No  |
| <b>c</b>  | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  | 5c  |     |
| <b>6a</b>   | 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  | Yes |
| <b>b</b>  | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  | 6b  | Yes |
| <b>7</b>  | <b>Organizations that may receive deductible contributions under section 170(c).</b>   | 7a  |     |
| <b>a</b>  | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  | 7b  |     |
| <b>b</b>  | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7c  |     |
| <b>c</b>  | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   | 7d  |     |
| <b>d</b>  | If "Yes," indicate the number of Forms 8282 filed during the year  | 7e  |     |
| <b>e</b>  | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7f  |     |
| <b>f</b>  | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | 7g  |     |
| <b>g</b>  | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | 7h  |     |
| <b>h</b>  | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   | 8   |     |
| <b>8</b>  | <b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 9a  |     |
| <b>9</b>  | <b>Sponsoring organizations maintaining donor advised funds.</b>   | 9b  |     |
| <b>a</b>  | Did the organization make any taxable distributions under section 4966?  |   |     |
| <b>b</b>  | Did the organization make a distribution to a donor, donor advisor, or related person?   |   |     |
| <b>10</b>   | <b>Section 501(c)(7) organizations.</b> Enter  | 10a   |     |
| <b>a</b>  | Initiation fees and capital contributions included on Part VIII, line 12   | 10b   |     |
| <b>b</b>  | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  |   |     |
| <b>11</b>   | <b>Section 501(c)(12) organizations.</b> Enter   | 11a   |     |
| <b>a</b>  | Gross income from members or shareholders  | 11b   |     |
| <b>b</b>  | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  |   |     |
| <b>12a</b>  | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  | 12a   |     |
| <b>b</b>  | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  | 12b   |     |
| <b>13</b>   | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  | 13a   |     |
| <b>a</b>  | Is the organization licensed to issue qualified health plans in more than one state?   |   |     |
| <p><b>Note.</b> See the instructions for additional information the organization must report on Schedule O</p>          |  |   |     |
| <b>b</b>  | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  | 13b   |     |
| <b>c</b>  | Enter the amount of reserves on hand   | 13c   |     |
| <b>14a</b>  | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a   | No  |
| <b>b</b>  | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  | 14b   |     |

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

Check if Schedule O contains a response to any question in this Part VI

### Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year . . . . .

1b Enter the number of voting members included in line 1a, above, who are independent . . . . .

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? . . . . .

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? . . . . .

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .

5 Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .

6 Does the organization have members or stockholders? . . . . .

7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .

b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following

a The governing body? . . . . .

b Each committee with authority to act on behalf of the governing body? . . . . .

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 . . . . .

|    | Yes | No |
|----|-----|----|
| 1a |     | 17 |
| 1b |     | 17 |
| 2  |     | No |
| 3  |     | No |
| 4  |     | No |
| 5  |     | No |
| 6  |     | No |
| 7a | Yes |    |
| 7b |     | No |
| 8a | Yes |    |
| 8b | Yes |    |
| 9  |     | No |

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

10a Does the organization have local chapters, branches, or affiliates? . . . . .

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? . . . . .

11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .

b Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . .

12a Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .

b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .

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 Does the organization have a written whistleblower policy? . . . . .

14 Does the organization have a written document retention and destruction policy? . . . . .

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

a The organization's CEO, Executive Director, or top management official . . . . .

b Other officers or key employees of the organization . . . . .

If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions )

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .

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? . . . . .

|     | Yes | No |
|-----|-----|----|
| 10a |     | No |
| 10b |     |    |
| 11a | Yes |    |
| 12a | Yes |    |
| 12b | Yes |    |
| 12c | Yes |    |
| 13  | Yes |    |
| 14  | Yes |    |
| 15a | Yes |    |
| 15b | Yes |    |
| 16a | Yes |    |
| 16b |     | No |

### Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ►

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

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

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**

 Check if Schedule O contains a response to any question in this Part VII 
**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.

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

• List all of the organization's **current** key employees, if any. 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A)<br>Name and Title                              | (B)<br>Average<br>hours<br>per<br>week<br>(describe<br>hours<br>for<br>related<br>organizations<br>in<br>Schedule<br>O) | (C)<br>Position (check all<br>that apply) |                    |                       |         |              | (D)<br>Reportable<br>compensation<br>from the<br>organization (W-<br>2/1099-MISC) | (E)<br>Reportable<br>compensation<br>from related<br>organizations<br>(W- 2/1099-<br>MISC) | (F)<br>Estimated<br>amount of other<br>compensation<br>from the<br>organization and<br>related<br>organizations |
|--|---|---|--------------------|-----------------------|---------|--------------|---|--|---|
|  |   | Or<br>director                            | Individual trustee | Institutional Trustee | Officer | Key employee | Highest compensated<br>employee   |  |   |
| (1) Karen J Stewart<br>PRESIDENT                   | 2 0   | X   |                    | X                     |         |              |   | 0  | 0   |
| (2) GEORGE GAEBLER<br>VP EXTERNAL AFFAIRS          | 2 0   | X   |                    | X                     |         |              |   | 0  | 0   |
| (3) SUSAN RINALDO-GALLO<br>VP FOR INTERNAL AFFAIRS | 2 0   | X   |                    | X                     |         |              |   | 0  | 0   |
| (4) LINDA VAN SCODER<br>SECRETARY/TREASURER        | 2 0   | X   |                    | X                     |         |              |   | 0  | 0   |
| (5) TIMOTHY MYERS<br>PAST PRESIDENT                | 2 0   | X   |                    | X                     |         |              |   | 1,200  | 4,000   |
| (6) BILL COHAGEN<br>DIRECTOR                       | 1 0   | X   |                    | X                     |         |              |   | 0  | 0   |
| (7) DEBBIE FOX<br>DIRECTOR                         | 1 0   | X   |                    |                       |         |              |   | 0  | 0   |
| (8) LYNDA GOODFELLOW<br>DIRECTOR                   | 1 0   | X   |                    |                       |         |              |   | 0  | 0   |
| (9) FRED HILL<br>DIRECTOR                          | 1 0   | X   |                    |                       |         |              |   | 0  | 0   |
| (10) DENISE JOHNSON<br>DIRECTOR                    | 1 0   | X   |                    |                       |         |              |   | 0  | 0   |
| (11) THOMAS LAMPHERE<br>DIRECTOR                   | 1 0   | X   |                    |                       |         |              |   | 0  | 0   |
| (12) DOUG MCINTYRE<br>DIRECTOR                     | 1 0   | X   |                    |                       |         |              |   | 0  | 0   |
| (13) CAMDEN MCLAUGHLIN<br>DIRECTOR                 | 1 0   | X   |                    |                       |         |              |   | 0  | 0   |
| (14) FRANK SALVATORE<br>DIRECTOR                   | 1 0   | X   |                    |                       |         |              |   | 0  | 0   |
| (15) COLLEEN SCHABACKER<br>PARLIAMENTARIAN         | 1 0   | X   |                    |                       |         |              |   | 0  | 0   |
| (16) GREG SPRATT<br>DIRECTOR                       | 1 0   | X   |                    |                       |         |              |   | 0  | 0   |

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

| (A)<br>Name and Title  | (B)<br>Average<br>hours<br>per<br>week<br>(describe<br>hours<br>for<br>related<br>organizations<br>in<br>Schedule<br>O) | (C)<br>Position (check all<br>that apply) |                       |         |              |                              | (D)<br>Reportable<br>compensation<br>from the<br>organization (W-<br>2/1099-MISC) | (E)<br>Reportable<br>compensation<br>from related<br>organizations<br>(W- 2/1099-<br>MISC) | (F)<br>Estimated<br>amount of other<br>compensation<br>from the<br>organization and<br>related<br>organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|---|--|---|
|  |   | Individual trustee<br>or director         | Institutional Trustee | Officer | Key employee | Highest compensated employee |   |  |   |
| (17) TONY STIGALL<br>DIRECTOR                                  | 1 0   | X   |                       |         |              |                              | 0   | 0  | 0   |
| (18) CYNTHIA WHITE<br>DIRECTOR                                 | 1 0   | X   |                       |         |              |                              | 0   | 0  | 0   |
| (19) KEITH LAMB<br>DIRECTOR                                    | 1 0   | X   |                       |         |              |                              | 0   | 0  | 0   |
| (20) JOSEPH SOKOLOWSKI<br>ED-OFFICIO DIRECTOR                  | 0 0   | X   |                       |         |              |                              | 0   | 0  | 0   |
| (21) DIANNE LEWIS<br>EX-OFFICIO DIRECTOR                       | 0 0   | X   |                       |         |              |                              | 0   | 0  | 0   |
| (22) BILL LAMB<br>DIRECTOR                                     | 1 0   | X   |                       |         |              |                              | 0   | 0  | 0   |
| (23) JOE LEWARSKI<br>DIRECTOR                                  | 1 0   | X   |                       |         |              |                              | 0   | 0  | 0   |
| (24) DEBRA SKEES<br>DIRECTOR                                   | 1 0   | X   |                       |         |              |                              | 0   | 0  | 0   |
| (25) TONI RODRIGUEZ<br>DIRECTOR                                | 1 0   | X   |                       |         |              |                              | 0   | 0  | 0   |
| (26) PAT DOORLEY<br>DIRECTOR                                   | 1 0   | X   |                       |         |              |                              | 0   | 0  | 0   |
| (27) MICHAEL HEWITT<br>DIRECTOR                                | 1 0   | X   |                       |         |              |                              | 0   | 0  | 0   |
| (28) CHERYL HOERR<br>DIRECTOR                                  | 1 0   | X   |                       |         |              |                              | 0   | 0  | 0   |
| (29) CAM MCLAUGHLIN<br>DIRECTOR                                | 1 0   | X   |                       |         |              |                              | 0   | 0  | 0   |
| (30) DIANE LEWIS<br>DIRECTOR                                   | 1 0   | X   |                       |         |              |                              | 0   | 0  | 0   |
| (31) SAM P GIORDANO<br>CHIEF EXECUTIVE OFFICER                 | 40 0  |   |                       | X       | X            |                              | 136,818   | 146,818  | 34,220  |
| (32) TOM KALLSTROM<br>CHIEF OPERATING OFFICER                  | 40 0  |   |                       | X       | X            | X                            | 94,639  | 94,639   | 31,790  |
| (33) TONY LOVIO<br>CONTROLLER                                  | 40 0  |   |                       | X       |              |                              | 91,935  | 0  | 24,382  |
| (34) RAY MASFERRER<br>ASSOCIATE EXECUTIVE DIRECTOR             | 40 0  |   |                       |         | X            |                              | 77,883  | 77,883   | 28,444  |
| (35) STEVE NELSON<br>IT DIRECTOR                               |   |   |                       |         |              | X                            | 125,245   | 0  | 26,912  |
| <b>1b Sub-Total</b>  |   |   |                       |         |              |                              |   |  |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |   |   |                       |         |              |                              |   |  |   |
| <b>d Total (add lines 1b and 1c)</b>                           |   |   |                       |         |              |                              | 527,720   | 323,340  | 145,748   |

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 <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  | 3   | No  |
| 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   | Yes |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person                       | 5   | No  |

**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)<br>Name and business address                           | (B)<br>Description of services | (C)<br>Compensation |
|--|--------------------------------|---------------------|
| FREEMAN DECORATING CO<br>PO BOX 650036<br>DALLAS, TX 75265 | CONVENTION SERVICES            | 157,065             |
|  |                                |                     |
|  |                                |                     |
|  |                                |                     |
|  |                                |                     |

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**

|   |  |                      | <b>(A)</b><br>Total revenue | <b>(B)</b><br>Related<br>or<br>exempt<br>function<br>revenue | <b>(C)</b><br>Unrelated<br>business<br>revenue | <b>(D)</b><br>Revenue<br>excluded<br>from<br>tax<br>under<br>sections |  |
|---|--|----------------------|-----------------------------|--|--|---|--|
|   |  |                      |                             |  |  | 512,<br>513, or<br>514  |  |
| <b>Contributions, gifts, grants<br/>and other similar amounts</b>             | <b>1a</b> Federated campaigns . . . . .  | <b>1a</b>            |                             |  |  |   |  |
|   | <b>b</b> Membership dues . . . . .   | <b>1b</b>            |                             |  |  |   |  |
|   | <b>c</b> Fundraising events . . . . .  | <b>1c</b>            |                             |  |  |   |  |
|   | <b>d</b> Related organizations . . . . .   | <b>1d</b>            |                             |  |  |   |  |
|   | <b>e</b> Government grants (contributions)   | <b>1e</b>            |                             |  |  |   |  |
|   | <b>f</b> All other contributions, gifts, grants, and<br>similar amounts not included above   | <b>1f</b>            | 250,025                     |  |  |   |  |
|   | <b>g</b> Noncash contributions included in lines 1a-1f \$  |                      |                             |  |  |   |  |
|   | <b>h Total.</b> Add lines 1a-1f . . . . .  |                      | 250,025                     |  |  |   |  |
| <b>Program Service Revenue</b>  | <b>2a</b> MEMBERSHIP REVENUE   |                      | <b>Business Code</b>        |  |  |   |  |
|   |  |                      | 541900                      | 2,955,573  | 2,955,573                                      |   |  |
|   | <b>b</b> CONVENTIONS & MEETINGS  |                      | 900004                      | 3,088,047  | 3,088,047                                      |   |  |
|   | <b>c</b> EDUCATION REVENUE   |                      | 900004                      | 616,611  | 616,611  |   |  |
|   | <b>d</b> BENCHMARKING REVENUE  |                      | 900004                      | 41,815   | 41,815   |   |  |
|   | <b>e</b> WEBCAST REVENUE   |                      | 900004                      | 15,000   | 15,000   |   |  |
|   | <b>f</b> All other program service revenue   |                      |                             | 149,200  | 13,000   | 136,200   |  |
|   | <b>g Total.</b> Add lines 2a-2f . . . . .  |                      |                             | 6,866,246  |  |   |  |
| <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest<br>and other similar amounts) . . . . .  |                      |                             |  |  |   |  |
|   |  |                      |                             | 264,300  |  | 264,300   |  |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds . . . . .  |                      |                             | 0  |  |   |  |
|   | <b>5</b> Royalties . . . . .   |                      |                             | 65,743   |  | 65,743  |  |
|   | <b>6a</b> Gross Rents  | (I) Real             | (II) Personal               |  |  |   |  |
|   | <b>b</b> Less rental expenses  |                      |                             |  |  |   |  |
|   | <b>c</b> Rental income or (loss)   |                      |                             |  |  |   |  |
|   | <b>d</b> Net rental income or (loss) . . . . .   |                      |                             |  |  |   |  |
| <b>8a</b> Gross amount from sales of assets other than inventory              | (I) Securities   | (II) Other           |                             |  |  |   |  |
|   | 4,723,635  |                      |                             |  |  |   |  |
|   | <b>b</b> Less cost or other basis and sales expenses   | 4,527,153            |                             |  |  |   |  |
|   | <b>c</b> Gain or (loss)  | 196,482              |                             |  |  |   |  |
|   | <b>d</b> Net gain or (loss) . . . . .  |                      |                             | 196,482  |  | 196,482   |  |
|   | <b>8a</b> Gross income from fundraising events (not including<br>\$ _____<br>of contributions reported on line 1c)<br>See Part IV, line 18 . . . . . |                      |                             |  |  |   |  |
|   | <b>a</b>   |                      |                             |  |  |   |  |
|   | <b>b</b> Less direct expenses . . . . .  | <b>b</b>             |                             | 0  |  |   |  |
| <b>c</b> Net income or (loss) from fundraising events . . . . .               |  |                      |                             |  |  |   |  |
| <b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .  | <b>a</b>   |                      |                             |  |  |   |  |
| <b>b</b> Less direct expenses . . . . .                                       | <b>b</b>   |                      | 0                           |  |  |   |  |
| <b>c</b> Net income or (loss) from gaming activities . . . . .                |  |                      |                             |  |  |   |  |
| <b>10a</b> Gross sales of inventory, less<br>returns and allowances . . . . . |  |                      |                             |  |  |   |  |
| <b>a</b>  |  | 333,239              |                             |  |  |   |  |
| <b>b</b> Less cost of goods sold . . . . .                                    | <b>b</b>   | 83,046               |                             |  |  |   |  |
| <b>c</b> Net income or (loss) from sales of inventory . . . . .               |  |                      | 250,193                     | 250,193  |  |   |  |
| <b>Miscellaneous Revenue</b>  |  | <b>Business Code</b> |                             |  |  |   |  |
| <b>11a</b> MISCELLANEOUS  |  | 900099               | 486                         | 486  |  |   |  |
| <b>b</b> INTERCOMPANY INCOME  |  | 900099               | 204,000                     | 204,000  |  |   |  |
| <b>c</b>  |  |                      |                             |  |  |   |  |
| <b>d</b> All other revenue . . . . .  |  |                      |                             |  |  |   |  |
| <b>e Total.</b> Add lines 11a-11d . . . . .                                   |  |                      | 204,486                     |  |  |   |  |
| <b>12 Total revenue.</b> See Instructions . . . . .                           |  |                      | 8,097,475                   | 7,184,725  | 136,200  | 526,525   |  |

**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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21   | 50,609                | 50,609                          |  |                             |
| 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 . . . . .   | 474,084               | 266,799                         | 207,285                                |                             |
| 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   | 1,658,308             | 387,409                         | 1,270,899                              |                             |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .  | 135,406               |                                 | 135,406                                |                             |
| 9 Other employee benefits . . . . .  | 345,041               | 120,048                         | 224,993                                |                             |
| 10 Payroll taxes . . . . .   | 160,247               | 51,119                          | 109,128                                |                             |
| a Fees for services (non-employees)<br>Management . . . . .  | 0                     |                                 |  |                             |
| b Legal . . . . .  | 5,444                 |                                 | 5,444                                  |                             |
| c Accounting . . . . .   | 31,320                |                                 | 31,320                                 |                             |
| d Lobbying . . . . .   | 0                     |                                 |  |                             |
| e Professional fundraising services See Part IV, line 17 . . . . .   | 0                     |                                 |  |                             |
| f Investment management fees . . . . .   | 0                     |                                 |  |                             |
| g Other . . . . .  | 843,106               | 630,397                         | 212,709                                |                             |
| 12 Advertising and promotion . . . . .   | 33,618                |                                 | 33,618                                 |                             |
| 13 Office expenses . . . . .   | 520,135               | 152,930                         | 367,205                                |                             |
| 14 Information technology . . . . .  | 134,989               | 10,735                          | 124,254                                |                             |
| 15 Royalties . . . . .   | 0                     |                                 |  |                             |
| 16 Occupancy . . . . .   | 221,523               | 813                             | 220,710                                |                             |
| 17 Travel . . . . .  | 289,814               | 79,140                          | 210,674                                |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .  | 0                     |                                 |  |                             |
| 19 Conferences, conventions, and meetings . . . . .  | 108,538               | 38,580                          | 69,958                                 |                             |
| 20 Interest . . . . .  | 0                     |                                 |  |                             |
| 21 Payments to affiliates . . . . .  | 463,784               | 463,784                         |  |                             |
| 22 Depreciation, depletion, and amortization . . . . .   | 139,665               |                                 | 139,665                                |                             |
| 23 Insurance . . . . .   | 0                     |                                 |  |                             |
| 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )   |                       |                                 |  |                             |
| a BENCHMARKING EXPENSE   | 8,749                 | 8,749                           |  |                             |
| b CONVENTION COMMISSIONS   | 23,205                | 23,205                          |  |                             |
| c SPECIAL FUNCTIONS & PROJECTS   | 258,979               | 159,228                         | 99,751                                 |                             |
| d EDUCATION COP/ONLINE ASTHMA  | 7,118                 | 7,118                           |  |                             |
| e  |                       |                                 |  |                             |
| f All other expenses   |                       |                                 |  |                             |
| 25 Total functional expenses. Add lines 1 through 24f  | 5,913,682             | 2,450,663                       | 3,463,019                              |                             |
| 26 Joint costs. Check here <input checked="" type="checkbox"/> if following<br>SOP 98-2 (ASC 958-720) 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**

|                             |   | <b>(A)</b><br>Beginning of year | <b>(B)</b><br>End of year |
|-----------------------------|---|---------------------------------|---------------------------|
| Assets                      | 1 Cash—non-interest-bearing . . . . .   | 5,209,758                       | <b>1</b> 3,463,309        |
|                             | 2 Savings and temporary cash investments . . . . .  | 2,403,172                       | <b>2</b> 3,968,892        |
|                             | 3 Pledges and grants receivable, net . . . . .  | 3                               |                           |
|                             | 4 Accounts receivable, net . . . . .  | 6,162,179                       | <b>4</b> 6,601,894        |
|                             | 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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L . . . . . | 6                               |                           |
|                             | 7 Notes and loans receivable, net . . . . .   | 7                               |                           |
|                             | 8 Inventories for sale or use . . . . .   | 77,142                          | <b>8</b> 50,950           |
|                             | 9 Prepaid expenses and deferred charges . . . . .   | 53,536                          | <b>9</b> 66,385           |
|                             | 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D   | 10a 4,075,212                   |                           |
|                             | b Less accumulated depreciation . . . . .   | 10b 1,701,252                   | <b>10c</b> 2,373,960      |
|                             | 11 Investments—publicly traded securities . . . . .   | 7,625,955                       | <b>11</b> 11,085,791      |
|                             | 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                       | <b>15</b> 6,594,546       |
|                             | <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .   | 30,640,703                      | <b>16</b> 34,205,727      |
| Liabilities                 | 17 Accounts payable and accrued expenses . . . . .  | 737,688                         | <b>17</b> 930,361         |
|                             | 18 Grants payable . . . . .   | 18                              |                           |
|                             | 19 Deferred revenue . . . . .   | 1,410,577                       | <b>19</b> 1,480,704       |
|                             | 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                              |                           |
|                             | <b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .  | 2,148,265                       | <b>26</b> 2,411,065       |
| Net Assets or Fund Balances | <b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>  |                                 |                           |
|                             | 27 Unrestricted net assets . . . . .  | 28,405,927                      | <b>27</b> 31,498,025      |
|                             | 28 Temporarily restricted net assets . . . . .  | 86,511                          | <b>28</b> 296,637         |
|                             | 29 Permanently restricted net assets . . . . .  | 29                              |                           |
|                             | <b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>   |                                 |                           |
|                             | 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 . . . . .  | 28,492,438                      | <b>33</b> 31,794,662      |
|                             | <b>34 Total liabilities and net assets/fund balances . . . . .</b>  | 30,640,703                      | <b>34</b> 34,205,727      |

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI 

|   |   |   |            |
|---|---|---|------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12)   | 1 | 8,097,475  |
| 2 | Total expenses (must equal Part IX, column (A), line 25)  | 2 | 5,913,682  |
| 3 | Revenue less expenses Subtract line 2 from line 1   | 3 | 2,183,793  |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | 4 | 28,492,438 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O)  | 5 | 1,118,431  |
| 6 | Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 31,794,662 |

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII 

|  | Yes | No  |
|--|-----|-----|
| 1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>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? <input type="checkbox"/>  | 2a  | No  |
| 2b Were the organization's financial statements audited by an independent accountant? <input type="checkbox"/>   | 2b  | Yes |
| 2c If "Yes," to 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O <input type="checkbox"/> | 2c  | Yes |
| 2d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated 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? <input type="checkbox"/>   | 3a  | No  |
| 3b 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 <input type="checkbox"/>   | 3b  |     |

## **SCHEDULE C**

## Political Campaign and Lobbying Activities

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

► Complete if the organization is described below.  
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, 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) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

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

Name of the organization  
AMERICAN ASSOCIATION FOR RESPIRATORY CARE

Employer identification number

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 **►** \$ 259,658

**3** Volunteer hours **99**

**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 the filing organization made payments 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

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

|   |   |  |                                    |
|---|---|--|------------------------------------|
| <b>A</b> Check <input type="checkbox"/> if the filing organization belongs to an affiliated group   | <b>B</b> Check <input type="checkbox"/> if the filing organization checked box A and "limited control" provisions apply |  |                                    |
| <b>Limits on Lobbying Expenditures</b><br>(The term "expenditures" means amounts paid or incurred.)   |   | <b>(a) Filing Organization's Totals</b>  | <b>(b) Affiliated Group Totals</b> |
| <b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)  |   |  |                                    |
| <b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)  |   |  |                                    |
| <b>c</b> Total lobbying expenditures (add lines 1a and 1b)  |   |  |                                    |
| <b>d</b> Other exempt purpose expenditures  |   |  |                                    |
| <b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)  |   |  |                                    |
| <b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns   |   |  |                                    |
| <b>If the amount on line 1e, column (a) or (b) is:</b><br>Not over \$500,000<br>Over \$500,000 but not over \$1,000,000<br>Over \$1,000,000 but not over \$1,500,000<br>Over \$1,500,000 but not over \$17,000,000<br>Over \$17,000,000 |   | <b>The lobbying nontaxable amount is:</b><br>20% of the amount on line 1e<br>\$100,000 plus 15% of the excess over \$500,000<br>\$175,000 plus 10% of the excess over \$1,000,000<br>\$225,000 plus 5% of the excess over \$1,500,000<br>\$1,000,000 |                                    |
| <b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)  |   |  |                                    |
| <b>h</b> Subtract line 1g from line 1a If zero or less, enter -0-   |   |  |                                    |
| <b>i</b> Subtract line 1f from line 1c If zero or less, enter -0-   |   |  |                                    |
| <b>j</b> If there 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**

| <b>Calendar year (or fiscal year beginning in)</b>                  | <b>(a) 2007</b> | <b>(b) 2008</b> | <b>(c) 2009</b> | <b>(d) 2010</b> | <b>(e) Total</b> |
|---|-----------------|-----------------|-----------------|-----------------|------------------|
| <b>2a</b> Lobbying non-taxable amount                               |                 |                 |                 |                 |                  |
| <b>b</b> Lobbying ceiling amount<br>(150% of line 2a, column(e))    |                 |                 |                 |                 |                  |
| <b>c</b> Total lobbying expenditures                                |                 |                 |                 |                 |                  |
| <b>d</b> Grassroots non-taxable amount                              |                 |                 |                 |                 |                  |
| <b>e</b> Grassroots ceiling amount<br>(150% of line 2d, column (e)) |                 |                 |                 |                 |                  |
| <b>f</b> 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 |
| <b>1</b> 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 |     |    |        |
| <b>a</b> Volunteers?  |     |    |        |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?   |     |    |        |
| <b>c</b> Media advertisements?  |     |    |        |
| <b>d</b> Mailings to members, legislators, or the public?   |     |    |        |
| <b>e</b> Publications, or published or broadcast statements?  |     |    |        |
| <b>f</b> Grants to other organizations for lobbying purposes?   |     |    |        |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?  |     |    |        |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  |     |    |        |
| <b>i</b> Other activities? If "Yes," describe in Part IV  |     |    |        |
| <b>j</b> Total lines 1c through 1i  |     |    |        |
| <b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?   |     |    |        |
| <b>b</b> If "Yes," enter the amount of any tax incurred under section 4912  |     |    |        |
| <b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912   |     |    |        |
| <b>d</b> 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 |
|---|-----|----|
| <b>1</b> Were substantially all (90% or more) dues received nondeductible by members?                     | 1   | No |
| <b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?                | 2   | No |
| <b>3</b> Did the organization agree to carryover lobbying and political expenditures from the prior year? | 3   | No |

**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".**

|   |    |           |
|---|----|-----------|
| <b>1</b> Dues, assessments and similar amounts from members   | 1  | 2,955,573 |
| <b>2</b> Section 162(e) non-deductible lobbying and political expenditures ( <b>do not include amounts of political expenses for which the section 527(f) tax was paid</b> ).   | 2a | 259,658   |
| <b>a</b> Current year   | 2b |           |
| <b>b</b> Carryover from last year   | 2c | 259,658   |
| <b>c</b> Total  | 3  | 561,559   |
| <b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  | 4  |           |
| <b>4</b> 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? | 5  | -301,901  |
| <b>5</b> Taxable amount of lobbying and political expenditures (see instructions)   |    |           |

**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.

| Identifier           | Return Reference             | Explanation   |
|----------------------|------------------------------|---|
| 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 AGGRESSIVELY 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 |

2010

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(Form 990)**Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.  
► Attach to Form 990. ► See separate instructions.

Department of the Treasury  
Internal Revenue Service**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?  Yes  No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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?  Yes  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)

Preservation of land for public use (e.g., recreation or pleasure)  Preservation of an historically importantly land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

|    | 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 taxable 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?  Yes  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)?  Yes  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 ► \$ \_\_\_\_\_

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

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

**a**  Public exhibition  
**b**  Scholarly research  
**c**  Preservation for future generations

**d**  Loan or exchange programs  
**e**  Other

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 XIV and complete the following table

|           | <b>Amount</b> |
|-----------|---------------|
| <b>1c</b> |               |
| <b>1d</b> |               |
| <b>1e</b> |               |
| <b>1f</b> |               |

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

**b** If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if the 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 |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance . . . . .                     | 86,511           | 230,192        | 136,626            |                      |                     |
| <b>b</b> Contributions . . . . .                                  | 286,346          | 58,308         | 289,025            |                      |                     |
| <b>c</b> Investment earnings or losses . . . . .                  |                  |                |                    |                      |                     |
| <b>d</b> Grants or scholarships . . . . .                         |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs . . . . . | 76,219           | 201,989        | 195,459            |                      |                     |
| <b>f</b> Administrative expenses . . . . .                        |                  |                |                    |                      |                     |
| <b>g</b> End of year balance . . . . .                            | 296,638          | 86,511         | 230,192            |                      |                     |

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

**a** Board designated or quasi-endowment ► 0 %

**b** Permanent endowment ► 100 000 %

**c** Term endowment ► 0 %

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

|               | <b>Yes</b> | <b>No</b> |
|---------------|------------|-----------|
| <b>3a(i)</b>  |            |           |
| <b>3a(ii)</b> |            |           |
| <b>3b</b>     |            |           |

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

**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 |
|---|---------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land . . . . .  |                           | 717,818                              |                                 |                              | 717,818        |
| <b>b</b> Buildings . . . . .  |                           | 1,700,000                            | 410,834                         |                              | 1,289,166      |
| <b>c</b> Leasehold improvements . . . . .   |                           | 262,300                              | 164,360                         |                              | 97,940         |
| <b>d</b> Equipment . . . . .  |                           | 1,347,551                            | 1,078,515                       |                              | 269,036        |
| <b>e</b> Other . . . . .  |                           | 47,543                               | 47,543                          |                              |                |
| <b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . |                           |                                      |                                 |                              | 2,373,960      |

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

| <b>(a) Description of security or category<br/>(including name of security)</b> | <b>(b) Book value</b> | <b>(c) Method of valuation</b>   |
|---|-----------------------|----------------------------------|
|   |                       | Cost or end-of-year market value |
| (1) Financial derivatives   |                       |                                  |
| (2) Closely-held equity interests   |                       |                                  |
| Other   |                       |                                  |
|   |                       |                                  |
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|   |                       |                                  |
|   |                       |                                  |
| <b>Total</b> (Column (b) should equal Form 202, Part X, col (B), line 12.)      |                       |                                  |

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

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

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**Total.** (Column (b) should equal Form 990, Part X, col (B) line 13)

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

**Total.** (Column (b) should equal Form 990, Part X, col.(B) line 15.)

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

**2. Fin 48 (ASC 740) 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 (ASC 740).

**Part XI Reconciliation of Change in Net Assets from Form 990 to 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 - 8  | 9  |
| 10 Excess or (deficit) for the year per 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 should 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 should 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, 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

| Identifier                      | Return Reference | Explanation  |
|---------------------------------|------------------|--|
| INTENDED USE OF ENDOWMENT FUNDS | PART V, LINE 4   | TEMPORARILY RESTRICTED NET ASSETS ARE EARMARKED FOR AN AEROSOL BOOK, DISASTER RELIEF AND PEAK PERFORMANCE, SAFETY CHECKLIST, LEADERSHIP INSTITUTE, COPD CO-PILOT, DRIVE FOR COPD, BEST PRACTICES PROJECT AND LUNG PROTECTION STRATEGIES  |
| FIN 48 FOOTNOTE                 | PART X, LINE 2   | Accounting for Uncertainty in Income Taxes - Management has concluded that any tax positions that would not meet the more-likely-than-not criterion of Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 740-10 would be immaterial to the financial statements taken as a whole. Accordingly, the accompanying financial statements do not include any provision for uncertain tax positions, and no related interest or penalties have been recorded in the statement of activities or accrued in the statement of financial position. Federal tax returns of the entity are generally open to examination by the relevant taxing authority for a period of three years from the date the returns are filed. |

## **Grants and Other Assistance to Organizations, Governments and Individuals in the United States**

**Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22**

► Attach to Form 990

2010

## Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

---

Name of the organization

AMERICAN ASSOCIATION FOR RESPIRATORY CARE

**Employer identification number**

111

## **Part I General Information on Grants and Assistance**

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.  

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |

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

| Identifier                                   | Return Reference | Explanation  |
|--|------------------|--|
| GENERAL INFORMATION ON GRANTS AND ASSISTANCE | PART I, LINE 2   | AARC OCCASSIONALLY MAKES GRANTS TO WORTHY ORGANIZATIONS FOR RESPIRATORY RESEARCH CONFERENCES AND ACTIVITIES THAT PROMOTE THE AARC MISSION AND OBJECTIVES |

**Schedule J**  
(Form 990)**Compensation Information**

OMB No 1545-0047

**2010****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
**► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.**  
**► Attach to Form 990. ► See separate instructions.**

**Name of the organization**

AMERICAN ASSOCIATION FOR RESPIRATORY CARE

**Employer identification number**

95-2501102

**Part I Questions Regarding Compensation**

Yes

No

**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"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

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

**1b** Yes

**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?

**2** Yes

**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"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <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

**4a** No

**a** Receive a severance payment or change-of-control payment from the organization or a related organization?

**4b** No

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**4c** No

**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 501(c)(3) and 501(c)(4) organizations only 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

**5a**

**a** The organization?

**5b**

**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

**6a**

**a** The organization?

**6b**

**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

**7**

**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

**8**

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

**9**

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies 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 (D) or column (E) amounts on Form 990, Part VII, line 1a.

| (A) Name           | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|--------------------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|--|
|                    | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |  |
| (1) SAM P GIORDANO | (i) 125,232<br>(ii) 135,232                        | 11,586<br>11,586                    | 0<br>0                              | 9,800<br>9,800                                 | 7,310<br>7,310          | 153,928<br>163,928              | 0<br>0   |
| (2) TOM KALLSTROM  | (i) 94,639<br>(ii) 94,639                          | 0<br>0                              | 0<br>0                              | 7,140<br>7,140                                 | 8,755<br>8,755          | 110,534<br>110,534              | 0<br>0   |
| (3) RAY MASFERRE   | (i) 77,883<br>(ii) 77,883                          | 0<br>0                              | 0<br>0                              | 5,509<br>5,509                                 | 8,713<br>8,713          | 92,105<br>92,105                | 0<br>0   |
| (4) STEVE NELSON   | (i) 125,245<br>(ii) 0                              | 0<br>0                              | 0<br>0                              | 8,000<br>0                                     | 18,912<br>0             | 152,157<br>0                    | 0<br>0   |
| ( 5 )              |  |                                     |                                     |  |                         |                                 |  |
| ( 6 )              |  |                                     |                                     |  |                         |                                 |  |
| ( 7 )              |  |                                     |                                     |  |                         |                                 |  |
| ( 8 )              |  |                                     |                                     |  |                         |                                 |  |
| ( 9 )              |  |                                     |                                     |  |                         |                                 |  |
| ( 10 )             |  |                                     |                                     |  |                         |                                 |  |
| ( 11 )             |  |                                     |                                     |  |                         |                                 |  |
| ( 12 )             |  |                                     |                                     |  |                         |                                 |  |
| ( 13 )             |  |                                     |                                     |  |                         |                                 |  |
| ( 14 )             |  |                                     |                                     |  |                         |                                 |  |
| ( 15 )             |  |                                     |                                     |  |                         |                                 |  |
| ( 16 )             |  |                                     |                                     |  |                         |                                 |  |

**Part III Supplemental Information**

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

| Identifier | Return Reference | Explanation |
|------------|------------------|-------------|
|------------|------------------|-------------|

**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 to provide any additional information.  
► Attach to Form 990 or 990-EZ.

**2010****Open to Public  
Inspection****Name of the organization**

AMERICAN ASSOCIATION FOR RESPIRATORY CARE

**Employer identification number**

95-2501102

| Identifier                               | Return Reference               | Explanation   |
|--|--------------------------------|---|
| GOVERNANCE, MANAGEMENT AND<br>DISCLOSURE | PART VI, SECTION A,<br>LINE 7A | THE AARC IS A MEMBERSHIP ORGANIZATION WHO ELECT THE MEMBERS<br>OF THE GOVERNING BOARD |

| <b>Identifier</b>                           | <b>Return Reference</b>           | <b>Explanation</b>   |
|---|-----------------------------------|--|
| GOVERNANCE,<br>MANAGEMENT AND<br>DISCLOSURE | PART VI,<br>SECTION B, LINE<br>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 |

| <b>Identifier</b>                           | <b>Return Reference</b>            | <b>Explanation</b>   |
|---|------------------------------------|--|
| GOVERNANCE,<br>MANAGEMENT AND<br>DISCLOSURE | PART VI,<br>SECTION B, LINE<br>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 |

| Identifier                                  | Return Reference                  | Explanation  |
|---|-----------------------------------|--|
| GOVERNANCE,<br>MANAGEMENT AND<br>DISCLOSURE | PART VI,<br>SECTION B,<br>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 |

| Identifier                               | Return Reference               | Explanation  |
|--|--------------------------------|--|
| GOVERNANCE, MANAGEMENT<br>AND DISCLOSURE | PART VI, SECTION C,<br>LINE 19 | FORM 990 IS MADE AVAILABLE TO THE PUBLIC UPON REQUEST AS REQUIRED BY<br>LAW ALL REQUESTS ARE FULFILLED BY THE CONTROLLER |

| Identifier                   | Return Reference | Explanation                                |
|------------------------------|------------------|--|
| RECONCILIATION OF NET ASSETS | PART XI, LINE 5  | UNREALIZED GAIN ON INVESTMENTS \$1,118,431 |

| Identifier                                | Return Reference  | Explanation   |
|---|-------------------|---|
| HOURS DEVOTED FOR RELATED<br>ORGANIZATION | FORM 990 PART VII | NAME SAM P GIORDANO TITLE CHIEF EXECUTIVE OFFICER<br>HOURS 22 |

| Identifier                                | Return Reference  | Explanation  |
|---|-------------------|--|
| HOURS DEVOTED FOR RELATED<br>ORGANIZATION | FORM 990 PART VII | NAME TOM KALLSTROM TITLE CHIEF OPERATING OFFICER<br>HOURS 20 |

| <b>Identifier</b>                         | <b>Return<br/>Reference</b> | <b>Explanation</b>  |
|---|-----------------------------|---|
| HOURS DEVOTED FOR RELATED<br>ORGANIZATION | FORM 990 PART<br>VII        | NAME RAY MASFERRER TITLE ASSOCIATE EXECUTIVE DIRECTOR<br>HOURS 20 |

## **SCHEDULE R (Form 990)**

## Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2010

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**

AMERICAN ASSOCIATION FOR RESPIRATORY CARE

**Employer identification number**

95-250110

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

| <b>(a)</b><br>Name, address, and EIN of disregarded entity | <b>(b)</b><br>Primary activity | <b>(c)</b><br>Legal domicile (state<br>or foreign country) | <b>(d)</b><br>Total income | <b>(e)</b><br>End-of-year assets | <b>(f)</b><br>Direct controlling<br>entity |
|--|--------------------------------|--|----------------------------|----------------------------------|--|
|  |                                |  |                            |                                  |  |
|  |                                |  |                            |                                  |  |
|  |                                |  |                            |                                  |  |
|  |                                |  |                            |                                  |  |
|  |                                |  |                            |                                  |  |

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

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

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 (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)

|    | Yes | No |
|----|-----|----|
| 1a |     | No |
| 1b | Yes |    |
| 1c |     | No |
| 1d | Yes |    |
| 1e |     | No |
| 1f |     | No |
| 1g |     | No |
| 1h |     | No |
| 1i |     | No |
| 1j |     | No |
| 1k | Yes |    |
| 1l | Yes |    |
| 1m | Yes |    |
| 1n | Yes |    |
| 1o | Yes |    |
| 1p | Yes |    |
| 1q | Yes |    |
| 1r | Yes |    |

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)<br>Name of other organization | (b)<br>Transaction type(a-r) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-----|-----------------------------------|------------------------------|------------------------|--|
| (1) | DAEDALUS ENTERPRISES INC          | 1D                           | 815,332                |  |
| (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.

**Part VII Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

| Identifier | Return Reference | Explanation |
|------------|------------------|-------------|
|------------|------------------|-------------|

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 95-2501102  
**Name:** AMERICAN ASSOCIATION FOR RESPIRATORY CARE

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

| (A)<br>Name and Title                          | (B)<br>Average<br>hours<br>per<br>week | (C)<br>Position (check all<br>that apply) |                       |                          |        |                 | (D)<br>Reportable<br>compensation<br>from the<br>organization (W-<br>2/1099-MISC) | (E)<br>Reportable<br>compensation<br>from related<br>organizations<br>(W- 2/1099-<br>MISC) | (F)<br>Estimated<br>amount of other<br>compensation<br>from the<br>organization and<br>related<br>organizations |
|--|--|---|-----------------------|--------------------------|--------|-----------------|---|--|---|
|  |  | Or<br>director                            | Individual<br>trustee | Institutional<br>Trustee | Office | Key<br>employee | Highest compensated<br>employee   | Former   |   |
| Karen J Stewart<br>PRESIDENT                   | 2 0                                    | X   |                       | X                        |        |                 |   | 0  | 0   |
| GEORGE GAEBLER<br>VP EXTERNAL AFFAIRS          | 2 0                                    | X   |                       | X                        |        |                 |   | 0  | 0   |
| SUSAN RINALDO-GALLO<br>VP FOR INTERNAL AFFAIRS | 2 0                                    | X   |                       | X                        |        |                 |   | 0  | 0   |
| LINDA VAN SCODER<br>SECRETARY/TREASURER        | 2 0                                    | X   |                       | X                        |        |                 |   | 0  | 0   |
| TIMOTHY MYERS<br>PAST PRESIDENT                | 2 0                                    | X   |                       | X                        |        |                 |   | 1,200  | 4,000   |
| BILL COHAGEN<br>DIRECTOR                       | 1 0                                    | X   |                       | X                        |        |                 |   | 0  | 0   |
| DEBBIE FOX<br>DIRECTOR                         | 1 0                                    | X   |                       |                          |        |                 |   | 0  | 0   |
| LYNDA GOODFELLOW<br>DIRECTOR                   | 1 0                                    | X   |                       |                          |        |                 |   | 0  | 0   |
| FRED HILL<br>DIRECTOR                          | 1 0                                    | X   |                       |                          |        |                 |   | 0  | 0   |
| DENISE JOHNSON<br>DIRECTOR                     | 1 0                                    | X   |                       |                          |        |                 |   | 0  | 0   |
| THOMAS LAMPERE<br>DIRECTOR                     | 1 0                                    | X   |                       |                          |        |                 |   | 0  | 0   |
| DOUG MCINTYRE<br>DIRECTOR                      | 1 0                                    | X   |                       |                          |        |                 |   | 0  | 0   |
| CAMDEN MC LAUGHLIN<br>DIRECTOR                 | 1 0                                    | X   |                       |                          |        |                 |   | 0  | 0   |
| FRANK SALVATORE<br>DIRECTOR                    | 1 0                                    | X   |                       |                          |        |                 |   | 0  | 0   |
| COLLEEN SCHABACKER<br>PARLIAMENTARIAN          | 1 0                                    | X   |                       |                          |        |                 |   | 0  | 0   |
| GREG SPRATT<br>DIRECTOR                        | 1 0                                    | X   |                       |                          |        |                 |   | 0  | 0   |
| TONY STIGALL<br>DIRECTOR                       | 1 0                                    | X   |                       |                          |        |                 |   | 0  | 0   |
| CYNTHIA WHITE<br>DIRECTOR                      | 1 0                                    | X   |                       |                          |        |                 |   | 0  | 0   |
| KEITH LAMB<br>DIRECTOR                         | 1 0                                    | X   |                       |                          |        |                 |   | 0  | 0   |
| JOSEPH SOKOLOWSKI<br>ED-OFFICIO DIRECTOR       | 0 0                                    | X   |                       |                          |        |                 |   | 0  | 0   |
| DIANNE LEWIS<br>EX-OFFICIO DIRECTOR            | 0 0                                    | X   |                       |                          |        |                 |   | 0  | 0   |
| BILL LAMB<br>DIRECTOR                          | 1 0                                    | X   |                       |                          |        |                 |   | 0  | 0   |
| JOE LEWARSKI<br>DIRECTOR                       | 1 0                                    | X   |                       |                          |        |                 |   | 0  | 0   |
| DEBRA SKEES<br>DIRECTOR                        | 1 0                                    | X   |                       |                          |        |                 |   | 0  | 0   |
| TONI RODRIGUEZ<br>DIRECTOR                     | 1 0                                    | X   |                       |                          |        |                 |   | 0  | 0   |

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

| (A)<br>Name and Title                        | (B)<br>Average<br>hours<br>per<br>week | (C)<br>Position (check all<br>that apply) |                       |        |              |                                 | (D)<br>Reportable<br>compensation<br>from the<br>organization (W-<br>2/1099-MISC) | (E)<br>Reportable<br>compensation<br>from related<br>organizations<br>(W- 2/1099-<br>MISC) | (F)<br>Estimated<br>amount of other<br>compensation<br>from the<br>organization and<br>related<br>organizations |
|--|--|---|-----------------------|--------|--------------|---------------------------------|---|--|---|
|  |  | Individual trustee<br>or director         | Institutional Trustee | Office | Key employee | Highest compensated<br>employee |   |  |   |
| PAT DOORLEY<br>DIRECTOR                      | 1 0                                    | X   |                       |        |              |                                 | 0   | 0  | 0   |
| MICHAEL HEWITT<br>DIRECTOR                   | 1 0                                    | X   |                       |        |              |                                 | 0   | 0  | 0   |
| CHERYL HOERR<br>DIRECTOR                     | 1 0                                    | X   |                       |        |              |                                 | 0   | 0  | 0   |
| CAM MC LAUGHLIN<br>DIRECTOR                  | 1 0                                    | X   |                       |        |              |                                 | 0   | 0  | 0   |
| DIANE LEWIS<br>DIRECTOR                      | 1 0                                    | X   |                       |        |              |                                 | 0   | 0  | 0   |
| SAM P GIORDANO<br>CHIEF EXECUTIVE OFFICER    | 40 0                                   |   |                       | X      | X            |                                 | 136,818   | 146,818  | 34,220  |
| TOM KALLSTROM<br>CHIEF OPERATING OFFICER     | 40 0                                   |   |                       | X      | X            | X                               | 94,639  | 94,639   | 31,790  |
| TONY LOVIO<br>CONTROLLER                     | 40 0                                   |   |                       | X      |              |                                 | 91,935  | 0  | 24,382  |
| RAY MASFERRE<br>ASSOCIATE EXECUTIVE DIRECTOR | 40 0                                   |   |                       |        | X            |                                 | 77,883  | 77,883   | 28,444  |
| STEVE NELSON<br>IT DIRECTOR                  |  |   |                       |        | X            |                                 | 125,245   | 0  | 26,912  |