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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

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

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than $200,000 and total assets less than $500,000 at the end of the year may use this form

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

OMB No 1545-1150

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 , and ending 12-31-2011

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

C Name of organization
SOUTH CAROLINA SOCIETY FOR RESPIRATORY CARE

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

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

D Employer identification number
23-7092114

E Telephone number
(803) 936-7511

F Group Exemption Number ▶

G Accounting method ☑ Cash ☐ Accrual Other (specify) ▶ _____

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

I Website: ▶ WWW SCSRC COM

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

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than $50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts, If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 74,649

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

Check if the organization used Schedule O to respond to any question in this Part I . . . . . ☑

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	4,260
	2	Program service revenue including government fees and contracts	2	58,000
	3	Membership dues and assessments	3	12,389
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory — 5a		
	b	Less cost or other basis and sales expenses — 5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than $15,000) — 6a		
	b	Gross income from fundraising events (not including $ _of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000) — 6b		
	c	Less direct expenses from gaming and fundraising events — 6c		
	d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances — 7a		
	b	Less cost of goods sold — 7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	74,649
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	2,100
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	83,121
	17	**Total expenses.** Add lines 10 through 16	17	85,221
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-10,572
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	56,628
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶	21	46,056

Part II Balance Sheets

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

(See the instructions for Part II)	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	56,628	22	46,056
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 **Total assets**	56,628	25	46,056
26 **Total liabilities** (describe in Schedule O)		26	
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	56,628	27	46,056

Part III Statement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this Part III . ☑

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

What is the organization's primary exempt purpose?
TO PROMOTE AWARENESS AND EDUCATION OF RESPIRATORY CARE PROFESSIONALS IN THE STATE OF SOUTH CAROLINA

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 TO BENEFIT REPIRATORY THERAPIST THROUGH EDUCATION AND NETWORKING (Grants $) If this amount includes foreign grants, check here ▶ ☐	28a	74,739
29 CONTRIBUTION FOR DISASTER RELIEF (Grants $) If this amount includes foreign grants, check here ▶ ☐	29a	500
30 SCHOLARSHIPS MAY BE AWARDED TO STUDENTS STUDYING RESPIRATORY THERAPY (Grants $ 2,100) If this amount includes foreign grants, check here ▶ ☐	30a	2,100
31 Other program services (describe in Schedule O) (Grants $) If this amount includes foreign grants, check here ▶ ☐	31a	
32 Total program service expenses (add lines 28a through 31a) ▶	32	77,339

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

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

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

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

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

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise, explain the change on Schedule O (see instructions)	34		No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T			
a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No
b	If 'Yes' to line 35a, has the organization filed a **Form 990-T** for the year? If 'No,' provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III . .	35c		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	*Section 501(c)(7) organizations.* Enter			
a	Initiation fees and capital contributions included on line 9 . . . . . 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	*Section 501(c)(3) organizations.* Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____			
b	*Section 501(c)(3) and 501(c)(4) organizations.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . ▶ _____			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____			
e	*All organizations.* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No

41 List the states with which a copy of this return is filed ▶ _____

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

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

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		No
	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		No
	If "Yes," enter the name of the foreign country ▶ _____			

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here . . . . . ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year . . . ▶ 43

			Yes	No
44a	Did the organization maintain any donor advised funds? *If "Yes", Form 990 must be completed instead of Form 990-EZ.*	44a		No
b	Did the organization operate one or more hospital facilities during the year? *If 'Yes,' Form 990 must be completed instead of Form990-EZ*	44b		No
c	Did the organization receive any payments for indoor tanning services during the year?	44c		No
d	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? *If 'No,' provide an explanation in Schedule O*	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form990-EZ (see instructions)	45b		

		Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	**46**		No

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.**

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

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

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

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

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

f Total number of other employees paid over $100,000 . . . . . ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization If there is none, enter "None "

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

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

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . . . ☐ **Yes** ☐ **No**

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

Sign Here

****** 2012-08-13
Signature of officer Date

SELMA WATSON PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed	Preparer's taxpayer identification number (See instructions)
DONALD H BURKETT CPA	2012-08-13	☐	

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

EIN ▶

Phone no ▶ (803) 794-3712

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶ ☑ **Yes** ☐ **No**

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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.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
SOUTH CAROLINA SOCIETY FOR RESPIRATORY CARE

Employer identification number
23-7092114

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	PROGRAM REVENUE PROGRAM EXPENSE 57,324 EXPENSES MEETINGS 1,223 DELEGATE EXPENSES 6,431 DHEC EXPENSE 4,260 LEGISLATIVE CONSULTANTS 3,000 MEMBERSHIP EXPENSE 190 TRAVEL 2,231 CONTRIBUTION - DISASTER R 500 WEBSITE 4,906 OFFICE EXPENSE 3,056 TOTAL 83,121
PRIMARY EXEMPT PURPOSE	FORM 990-EZ, PART III	TO PROMOTE AWARENESS AND EDUCATION OF RESPIRATORY CARE PROFESSIONALS IN THE STATE OF SOUTH CAROLINA

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TY 2011 Compensation Explanation

Name: SOUTH CAROLINA SOCIETY FOR RESPIRATORY CARE

EIN: 23-7092114

Person Name	Explanation
SCOTT SIMMS	
JIM ROBERSON	
RANDY LYDICK	
VALLI JOHNSON	
SELMA WATSON	
SUZI WESTMORELAND	
JAKKI GRIMBALL	
TRISH BLAKELY	
GEORGE CHRISTMAS	
CHUCK LUNDY	
REID MARMILLION	
SUSAN SIDERS	
MICHELLE GIRDLER	
JERRY ALEWINE	
EDWARD BOLDS	
JOEL LIVESAY	

Additional Data

Software ID:
Software Version:
EIN: 23-7092114
Name: SOUTH CAROLINA SOCIETY FOR RESPIRATORY CARE

Form 990-EZ, Special Condition Description:

Special Condition Description

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SCOTT SIMMS 112 HENSTON DRIVE 112 HENSTON DRIVE WEST COLUMBIA,SC 29172	PAST PRESIDE 2 00	0		
JIM ROBERSON 679 STERLING DRIVE 679 STERLING DRIVE CHARLESTON,SC 29412	PRESIDENT 2 00	0		
RANDY LYDICK 201 HOLLIDAY LANE 201 HOLLIDAY LANE PENDLETON,SC 29670	VICE PRESIDE 2 00	0		
VALLI JOHNSON 225 MISTY OAKS CT 225 MISTY OAKS CT LEXINGTON,SC 29072	SECRETARY 2 00	0		
SELMA WATSON 121 SPRINGFIELD DRIVE 121 SPRINGFIELD DRIVE WEST COLUMBIA,SC 29169	TREASURER 2 00	0		
SUZI WESTMORELAND 2235 CLEARWATER POINT DRIVE 2235 CLEARWATER POINT DRIVE WEST COLUMBIA,SC 29169	DELEGATE 2 00	0		
JAKKI GRIMBALL PO BOX 209 PO BOX 209 WADMALAW ISLAND,SC 29487	DELEGATE 2 00	0		
TRISH BLAKELY 989 CHESTNUT ROAD 989 CHESTNUT ROAD ELGIN,SC 29045	PARLIAMENTAR 2 00	0		
GEORGE CHRISTMAS 121 SPRINGFIELD DRIVE 121 SPRINGFIELD DRIVE WEST COLUMBIA,SC 29169	DIRECTOR 2 00	0		
CHUCK LUNDY 348 WESTGATE DRIVE 348 WESTGATE DRIVE WEST COLUMBIA,SC 29170	DIRECTOR 2 00	0		
REID MARMILLION 1209 OLD WANUS DRIVE 1209 OLD WANUS DRIVE MT PLEASANT,SC 29464	DIRECTOR 2 00	0		
SUSAN SIDERS 5202 ORCHARD ROAD 5202 ORCHARD ROAD MULLINS,SC 29574	DIRECTOR 2 00	0		
MICHELLE GIRDLER 142 SAUSAGE LANE 142 SAUSAGE LANE WEST COLUMBIA,SC 29170	DIRECTOR 2 00	0		
JERRY ALEWINE 1138 SUMMER STREET 1138 SUMMER STREET NEWBERRY,SC 29108	DIRECTOR 2 00	0		
EDWARD BOLDS 1208 BOILING SPRINGS ROAD 1208 BOILING SPRINGS ROAD GREER,SC 29650	PRESIDENT EL 2 00	0		

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
JOEL LIVESAY 883 SHORESBROOK ROAD 883 SHORESBROOK ROAD SPARTANBURG,SC 29301	DIRECTOR 2.00	0		