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Form **990-EZ****Short Form**
Return of Organization Exempt From Income TaxUnder 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**Department of the Treasury
Internal Revenue Service**A For the 2011 calendar year, or tax year beginning** , **and ending****B** Check if applicable

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization**CT SOCIETY FOR RESPIRATORY CARE**
C/O ANTONIO BUCKNER

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

32 PINE STREET, UNIT #22

Room/suite

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

NORWALK**CT 06854****D** Employer identification number**51-0186652****E** Telephone number**203-384-4747****F** Group Exemption Number**G** Accounting Method ☒ Cash ☐ Accrual Other (specify) ►**I** Website: ► **WWW.CTSRC.ORG****H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**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.

► \$ **70,971****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	
	2	Program service revenue including government fees and contracts	2	61,650
	3	Membership dues and assessments	3	7,131
	4	Investment income	4	12
	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	2,178
c	Less direct expenses from gaming and fundraising events	6c	340	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	1,838	
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	70,631	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	5,500
	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	22,160
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	2,272
	16	Other expenses (describe in Schedule O)	16	45,557
	17	Total expenses. Add lines 10 through 16	17	75,489
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-4,858
	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	46,912
	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	42,054

SEE STATEMENT**RECEIVED****SEP 25 2012****OGDEN, UT**

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SCANNED OCT 1 2 2012

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

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	47,994	22	42,054
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	0	24	
25 Total assets	47,994	25	42,054
26 Total liabilities (describe in Schedule O)	1,082	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	46,912	27	42,054

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

What is the organization's primary exempt purpose?

SEE SCHEDULE O

Describe 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.

Expenses

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

28 PROVIDE INFORMATION AND CLINICAL UPDATES FOR THOSE INVOLVED IN THE RESPIRATORY CARE PROFESSION THROUGH GUEST SPEAKERS, SYMPOSIUMS AND MEETINGS. THE SERVICE IS PROVIDED TO APPROXIMATELY 600 MEMBERS. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	63,659
29 PROVIDE AN INFORMATIONAL NEWSLETTER ON RESPIRATORY CARE. THIS SERVICE IS PROVIDED TO APPROXIMATELY 280 INDIVIDUALS AND 30 HOSPITALS. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 AWARD SCHOLARSHIPS TO THOSE QUALIFYING INDIVIDUALS ENTERING THE RESPIRATORY CARE PROFESSION. (Grants \$ 5,500) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	5,500
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	69,159

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) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
CONNIE DILLS 2150 CORBIN AVENUE NEW BRITAIN CT 06053	VP-EXT AFFAIRS 0.00	0	0	0
NANCY MERKOURIOU 119 BURBANK ROAD ELLINGTON CT 06029	DIRECTOR 0.00	0	0	0
KIMBERLY FERRIS 12 GREAT OAK ROAD OXFORD CT 06478	SECRETARY 0.00	0	0	0
MAUREEN PARMELEE 2800 MAIN STREET BRIDGEPORT CT 06606	DELEGATE 0.00	0	0	0
LISA MARIANI 64 TASHUA LANE TRUMBULL CT 06611-1636	DIRECTOR 0.00	0	0	0
MARY TURLEY 2150 CORBIN AVENUE NEW BRITAIN CT 06053	DIRECTOR 0.00	0	0	0
ANTONIO BUCKNER 32 PINE STREET, # 22 NORWALK CT 06854	TREASURER 0.00	0	0	0
SUSAN ALBINO 80 SEYMOUR STREET HARTFORD CT 06102	VP INTERNAL AFFAIRS 0.00	0	0	0
JOHN DUQUETTE 39 WHITE ROCK DRIVE WINDSOR CT 06095	PRES-ELECT 0.00	0	0	0
KERRY MCNIVEN MANCHESRER COMM COLLEGE MANCHESTER CT 06045-1046	DELEGATE 0.00	0	0	0
LYNN TATA 2 WEST LEDGE ROAD GLASTONBURY CT 06033-3844	DIRECTOR 0.00	0	0	0
GERALDINE BERNACKI 169 NUNZIO DRIVE PLANTSVILLE CT 06479	PRESIDENT 0.00	0	0	0

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

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

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

What is the organization's primary exempt purpose?

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

(Grants \$) If this amount includes foreign grants, check here

29

(Grants \$) If this amount includes foreign grants, check here

30

(Grants \$) If this amount includes foreign grants, check here

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here

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

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 ☐

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Part V Other Information (Note the Schedule A and personal benefit contract 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		X
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)		X
35a 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)?		X
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		
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		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 0		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved		
39 Section 501(c)(7) organizations Enter:		
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
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		
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		X
41 List the states with which a copy of this return is filed. CT		
42a The organization's books are in care of ANTONIO BUCKNER Telephone no 203-852-2484 32 PINE STREET, UNIT # 22 Located at NORWALK CT ZIP + 4 06854		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶ _____		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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 Form 990-EZ (see instructions)		X

Form 990-EZ (2011)

CT SOCIETY FOR RESPIRATORY CARE

51-0186652

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- 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

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

- 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

	Yes	No
47		
48		
49a		
49b		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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	Signature of officer <i>Antonio J. Buckner</i>	Date <i>7-6-12</i>			
	Type or print name and title <i>ANTONIO J. BUCKNER</i>				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature <i>Francis A. Digiovanna CPA</i>	Date <i>06/28/12</i>	Check <input checked="" type="checkbox"/> if self-employed	PTIN <i>P01438133</i>
	Firm's name ▶ <i>FRANCIS A. DIGIOVANNA, CPA</i>	Firm's EIN ▶ <i>06-1139564</i>			
	Firm's address ▶ <i>1773 EAST MAIN STREET</i>	Phone no <i>203-753-5597</i>			
	<i>WATERBURY, CT 06705</i>				

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

Form 990-EZ (2011)

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011Open to Public
Inspection

Name of the organization

CT SOCIETY FOR RESPIRATORY CARE
C/O ANTONIO BUCKNER

Employer identification number

51-0186652

FORM 990-EZ, PART I, LINE 10 - GRANTS/SIMILAR AMTS PAID TO INDIVIDUALS**RELATIONSHIP TO ORG CLASS OF ACTIVITY DATE OF GIFT DESC. OF PROPERTY****CASH CONTRIB. NONCASH CONTRIB. BOOK VALUE BV EXPL. FMV EXPL.**

\$ 5,500 \$ 0 \$ 0

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

OFFICE EXPENSES	\$ 1,419
TRAVEL	\$ 7,469
ANNUAL SYMPOSIUM EXPNESES	\$ 30,940
DIRECTOR MEETING EXPENSES	\$ 491
HONORARIUM	\$ 500
INSURANCE	\$ 1,918
CHARITABLE DONATIONS	\$ 1,050
DUES & PUBLICATIONS	\$ 1,620
WEBSITE EXPENSES	\$ 150
TOTAL	\$ 45,557

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

CREDIT CARD PAYABLE	\$ 1,082	\$ 0
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FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE

Name of the organization

CT SOCIETY FOR RESPIRATORY CARE

Employer identification number

51-0186652

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