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Short Form

OMB No. 1545-1150

2013

Form 990-EZ

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

(except private foundations)

► Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.Open to Public
Inspection

A For the 2013 calendar year, or tax year beginning

, 2013, and ending

, 20

B Check if applicable:

Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization

WISCONSIN SOCIETY FOR RESPIRATORY CARE

D Employer identification number

23-7052876

Number & street (or P.O. box, if mail is not delivered to street addr.)

Room/
suite

E Telephone number

PO BOX 26005

(262) 687-4327

City or town, state or province, country, and ZIP or foreign postal code

MILWAUKEE WI 53226

F Group Exemption

Number ►

G Accounting Method: Cash Accrual Other (specify) ►I Website: ► WSRCONLINE.ORGH 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 527K Form of organization: Corporation Trust Association Other

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 77,464

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

R E V E N U E	1 Contributions, gifts, grants, and similar amounts received	1
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3 9,058
	4 Investment income	4 3,383
	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
E X P E N S E S S	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 63,523
	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 63,523
	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 1,500
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 77,464
	10 Grants and similar amounts paid (list in Schedule O)	10
A S S E T S	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 69,302
	17 Total expenses. Add lines 10 through 16	17 69,302
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 8,162
	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)	19 113,635
O G D E N ,	20 Other changes in net assets or fund balances (explain in Schedule O)	20 17,217
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 139,014

For Paperwork Reduction Act Notice, see the separate instructions.

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Form 990-EZ (2013)

SCANNED JUN 09 2014

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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

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 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). 34 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)? 35a 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 35b X

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 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 36 X

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 37b X

b Did the organization file Form 1120-POL for this year? 38a 38b 38c 38d 38e 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? 38a 38b 38c 38d 38e X

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 38c 38d 38e 38f 38g 38h 38i 38j 38k 38l 38m 38n 38o 38p 38q 38r 38s 38t 38u 38v 38w 38x 38y 38z 38aa 38ab 38ac 38ad 38ae 38af 38ag 38ah 38ai 38aj 38ak 38al 38am 38an 38ao 38ap 38aq 38ar 38as 38at 38au 38av 38aw 38ax 38ay 38az 38ba 38ca 38da 38ea 38fa 38ga 38ha 38ia 38ja 38ka 38la 38ma 38na 38aa 38ba 38ca 38da 38ea 38fa 38ga 38ha 38ia 38ja 38ka 38la 38ma 38na 38aa 38ba 38ca 38da 38ea 38fa 38ga 38ha 38ia 38ja 38ka 38la 38ma 38na 38aa 38ba 38ca 38da 38ea 38fa 38ga 38ha 38ia 38ja 38ka 38la 38ma 38na 38aa 38ba 38ca 38da 38ea 38fa 38ga 38ha 38ia 38ja 38ka 38la 38ma 38na 38aa 38ba 38ca 38da 38ea 38fa 38ga 38ha 38ia 38ja 38ka 38la 38ma 38na 38aa 38ba 38ca 38da 38ea 38fa 38ga 38ha 38ia 38ja 38ka 38la 38ma 38na 38aa 38ba 38ca 38da 38ea 38fa 38ga 38ha 38ia 38ja 38ka 38la 38ma 38na 38aa 38ba 38ca 38da 38ea 38fa 38ga 38ha 38ia 38ja 38ka 38la 38ma 38na 38aa 38ba 38ca 38da 38ea 38fa 38ga 38ha 38ia 38ja 38ka 38la 38ma 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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 only

All section 501(c)(3) organizations 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."

(a) Name and title of each employee	(b) 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 business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

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

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 *Herbert Laib* 5-12-14
Signature of officer Date
HERBERT LAIB TREASURER

Type or print name and title					
Paid Preparer Use Only	Print/Type preparer's name NANCY LEWIS	Preparer's signature 	Date 5-09-14	Check <input type="checkbox"/> if self-employed	PTIN P00545576
	Firm's name H AND R BLOCK	Firm's EIN 260335541			
	Firm's address 800 S MAIN	Phone no. 715-234-2212			

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.

► Information about Schedule N (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

WISCONSIN SOCIETY FOR RESPIRATORY CARE

DJSTRICT EDUCATION EXPENSES 614

ACCOUNTING 153

PUBLIC RELATIONS 200

POSTER CONTEST 500

PACT 742

DISASTER FUND 750

ARCF FUND 250

MISC 101

NRRCC MSRC 17175

NRRCC 23530

SPUTUM BOWL WINNERS 4166

WEB PAGE 3244

BOD CONF CALLS 269

BOD TRAVEL 4215

PO BOX 356

STUDENT OF THE YEAR 200

POSTAGE 137

ELECTIONS 25

PRESIDENTIAL FUND 1830

MEMBERSHIP COMMITTEE 282

HOD 4566

SCHOLARSHIPS 3500

BOD RETREAT 2497

Employer identification number

23-7052871

990 PRIMARY EXEMPT PURPOSE

ATTACHMENT 1: PAGE 1 - 990-EZ PAGE 2, PART III

OPEN TO PUBLIC

INSPECTION

For calendar year 2013, or tax period beginning

, and ending

Name of Organization

WISCONSIN SOCIETY FOR RESPIRATORY CARE

Employer Identification Number

23-7052871

Primary Purpose

SERVICE RESPIRATORY CARE PROFESSIONALS THROUGH EDUCATION

990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTACHMENT 2: PAGE 1 - 990-EZ PAGE 2, PART IV

OPEN TO PUBLIC

INSPECTION

For calendar year 2013, or tax period beginning

, and ending

23-705.2871

Name of Organization

Employer Identification Number

WISCONSIN SOCIETY FOR RESPIRATORY CARE

(A) Name and Title	(B) Average hours per week devoted to position	(C) Compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(D) Cont. to employee ben. plans & def. comp.	(E) Expense account & other compensation
KIM ZAVERL PRESIDENT	5.00	0	0	0
KEN LAMPRO VICE PRESIDENT	5.00	0	0	0
LAURA PACKARD SECRETARY	5.00	0	0	0
HERB LAIB TREASURER	5.00	0	0	0

990 BOOKS ARE IN CARE OF

ATTACHMENT 3 - 990-EZ PAGE 3, PART V, LINE 42A

OPEN TO PUBLIC

INSPECTION

For calendar year 2013, or tax period beginning

, and ending

23-705287.

Name of Organization

WISCONSIN SOCIETY FOR RESPIRATORY CARE

Employer Identification Number

Part V - Line 42a

Individual Name HERBERT LAIB

or

Business Name:

Street Address 524 ROX RIVER HILLS DRIVE

U.S. Address.

Zip code 53185

City WATERFORD

State WI

or

Foreign Address

City

Province or State

Country

Postal code

Phone Number

Fax Number