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Form **990-EZ****Short Form**  
**Return of Organization Exempt From Income Tax**

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

OMB No 1545-1150

**2014****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

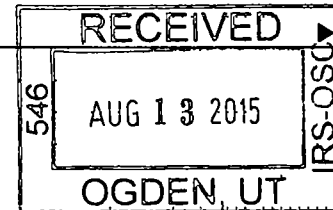
▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

<b>A</b> For the 2014 calendar year, or tax year beginning , and ending	
<b>B</b> Check if applicable	<b>C</b> Name of organization
<input type="checkbox"/> Address change	<b>CT SOCIETY FOR RESPIRATORY CARE</b>
<input type="checkbox"/> Name change	<b>C/O KIMBERLY FERRIS</b>
<input type="checkbox"/> Initial return	Number and street (or P O box, if mail is not delivered to street address)
<input type="checkbox"/> Final return/terminated	<b>538 PIEDMONT STREET</b>
<input type="checkbox"/> Amended return	City or town, state or province, country, and ZIP or foreign postal code
<input type="checkbox"/> Application pending	<b>WATERBURY CT 06706</b>
	<b>D</b> Employer identification number
	<b>51-0186652</b>
	<b>E</b> Telephone number
	<b>203-576-5167</b>
	<b>F</b> Group Exemption Number ▶
<b>G</b> Accounting Method. <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶	<b>H</b> Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
<b>I</b> Website: ▶ <b>WWW.CTSRC.ORG</b>	
<b>J</b> Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( 6 ) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	
<b>L</b> 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 ▶ \$ <b>65,911</b>	

**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 ☒

<b>Revenue</b>	1	Contributions, gifts, grants, and similar amounts received	1	2,209
	2	Program service revenue including government fees and contracts	2	55,033
	3	Membership dues and assessments	3	8,113
	4	Investment income	4	4
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	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	552	
c	Less direct expenses from gaming and fundraising events	6c	276	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	276	
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	65,635	
<b>Expenses</b>	10	Grants and similar amounts paid (list in Schedule O)	10	2,000
	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	15,683
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	1,386
	16	Other expenses (describe in Schedule O)	16	43,932
	17	<b>Total expenses.</b> Add lines 10 through 16	17	63,001
<b>Net Assets</b>	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	2,634
	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	35,636
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	38,270



For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2014)

**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	35,636	22	39,203
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	0	24	
25 Total assets	35,636	25	39,203
26 Total liabilities (describe in Schedule O)	0	26	933
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	35,636	27	38,270

**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, 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	57,723
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 \$ 2,000) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	2,000
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	59,723

**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 title	(b) 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 PRES -ELECT	0.00	0	0	0
NANCY MERKOURIOU VP - INTERNAL AFFAIR	0.00	0	0	0
KIMBERLY FERRIS TREASURER	0.00	0	0	0
MAUREEN PARMELEE VP - EXTERNAL AFFAIR	0.00	0	0	0
LISA MARIANI PRESIDENT	0.00	0	0	0
AMY CHADWELL DIRECTOR	0.00	0	0	0
SUSAN ALBINO DIRECTOR	0.00	0	0	0
MARGARET GUERRERA DIRECTOR	0.00	0	0	0
KERRY MCNIVEN SENIOR DELEGATE	0.00	0	0	0
MARIA GRAYSON DIRECTOR	0.00	0	0	0
LAUREN ALESIO SECRETARY	0.00	0	0	0
MONICA KUKIELKA DIRECTOR	0.00	0	0	0

**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	0	22
23 Land and buildings	0	23
24 Other assets (describe in Schedule O)	0	24
25 Total assets	0	25
26 Total liabilities (describe in Schedule O)	0	26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	0	27

**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?**

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; optional for others )

28	(Grants \$ ) If this amount includes foreign grants, check here	▶ <input type="checkbox"/>	28a
29	(Grants \$ ) If this amount includes foreign grants, check here	▶ <input type="checkbox"/>	29a
30	(Grants \$ ) If this amount includes foreign grants, check here	▶ <input type="checkbox"/>	30a
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

**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

[illegible]

**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 <span style="float:right">▶ 37a 0</span>		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved <span style="float:right">38b</span>		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 <span style="float:right">39a</span>		
b Gross receipts, included on line 9, for public use of club facilities <span style="float:right">39b</span>		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <span style="float:right">▶</span> , section 4912 <span style="float:right">▶</span> ; section 4955 <span style="float:right">▶</span>		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float:right">▶</span>		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization <span style="float:right">▶</span>		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41 List the states with which a copy of this return is filed <span style="float:right">CT</span>		
42a The organization's books are in care of <span style="float:right">KIMBERLY FERRIS</span> Telephone no <span style="float:right">203-576-5167</span> 538 PIEDMONT STREET Located at <span style="float:right">WATERBURY</span> CT ZIP + 4 <span style="float:right">06706</span>		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <span style="float:right">▶</span> See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		X
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country <span style="float:right">▶</span>		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here <span style="float:right">▶</span> <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float:right">▶ 43</span>		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		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
b 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

- 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

	Yes	No
47		
48		
49a		
49b		

- 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 ▶

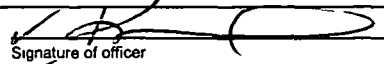
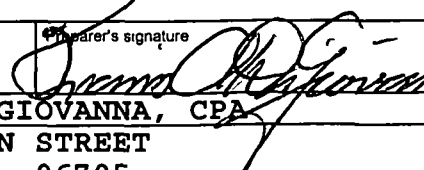
- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

- 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 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		Date <u>0-6-2015</u>			
	Type or print name and title <u>Kimberly Lubanda Treasurer</u>				
Paid Preparer Use Only	Print/Type preparer's name <u>FRANCIS A. DIGIOVANNA CPA</u>	Preparer's signature 	Date <u>08/06/15</u>	Check <input checked="" type="checkbox"/> if self-employed	PTIN <u>P01438133</u>
	Firm's name ▶ <u>FRANCIS A. DIGIOVANNA, CPA</u>	Firm's EIN ▶ <u>06-1139564</u>			
	Firm's address ▶ <u>1773 EAST MAIN STREET</u> <u>WATERBURY, CT 06705</u>	Phone no <u>203-753-5597</u>			
	May the IRS discuss this return with the preparer shown above? See instructions <span style="float: right;">▶ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span>				

**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 O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2014****Open to Public  
Inspection**

Name of the organization

**CT SOCIETY FOR RESPIRATORY CARE  
C/O KIMBERLY FERRIS**

Employer identification number

**51-0186652****FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES****DESCRIPTION****AMOUNT****EXPENSES**

OFFICE EXPENSES	\$	800
WEB SITE MAINTENANCE	\$	154
TRAVEL	\$	3,602
ANNUAL SYMPOSIUM EXPENSES	\$	33,477
DIRECTOR MEETING EXPENSES	\$	68
HONORARIUM	\$	500
CONFERENCE REGISTRATIONS	\$	25
GENERAL MEETING EXPENSES	\$	1,524
INSURANCE	\$	2,344
CHARITABLE DONATIONS	\$	528
DUES & PUBLICATIONS	\$	910
<b>TOTAL</b>	<b>\$</b>	<b>43,932</b>

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

ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$	0	\$	933
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**FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE**

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