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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.**A For the 2014 calendar year, or tax year beginning** , and ending**B Check if applicable** Address change Name change Initial return Final return/terminated Amended return Application pending**C Name of organization****CT SOCIETY FOR RESPIRATORY CARE
C/O KIMBERLY FERRIS****D Employer identification number****51-0186652**

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

538 PIEDMONT STREET

Room/suite

E Telephone number**203-576-5167**

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

WATERBURY CT 06706**F Group Exemption****Number****G Accounting Method.** Cash Accrual Other (specify) ►**I Website:** ► WWW.CTSRC.ORG**J Tax-exempt status (check only one) — 501(c)(3) 501(c)(6) (insert no) 4947(a)(1) or 527****K 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 ► \$ **65,911****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 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ _____ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	SEE STATEMENT 5a 5b 6a of contributions 6b 552 6c 276 7a 7b 8 RECEIVED 546 AUG 13 2015 IRS-OIG OGDEN, UT	1 2,209 2 55,033 3 8,113 4 4 5c 6d 276 7c 8 9 65,635 10 2,000 11 12 13 15,683 14 15 1,386 16 43,932 17 63,001 18 2,634 19 35,636 20 21 38,270
		SCANNED SEP 2015 Expenses
		Net Assets
		18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20
		►
		►
		►
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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)	► <input type="checkbox"/>	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 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

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 0

b Did the organization file Form 1120-POL for this year? 37b 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 X

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 40b , section 4912 40c ; section 4955 40d

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 40e X

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 40f

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization 40g

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 40h

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

42a The organization's books are in care of KIMBERLY FERRIS

Telephone no 203-576-5167

538 PIEDMONT STREET

Located at WATERBURY

CT ZIP + 4 06706

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 42b X

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)

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 42c X

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

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a 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 44b X

c Did the organization receive any payments for indoor tanning services during the year? 44c 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 44d

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a 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) 45b 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

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	 Kimberly Lubanda Treasurer <small>Type or print name and title</small>	<input checked="" type="checkbox"/> 0-6-2015 <small>Date</small>
Paid Preparer Use Only	Print/Type preparer's name FRANCIS A. DIGIOVANNA CPA Firm's name ► FRANCIS A. DIGIOVANNA, CPA Firm's address ► 1773 EAST MAIN STREET WATERBURY, CT 06705	 <small>Date</small> 08/06/15 <small>Check <input checked="" type="checkbox"/> if self-employed</small> P01438133 <small>Firm's EIN ► 06-1139564</small> <small>Phone no. 203-753-5597</small>

May the IRS discuss this return with the preparer shown above? See instructions.

► Yes No

Form **990-EZ** (2014)

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.

OMB No 1545-0047

2014Open to Public
Inspection

Name of the organization

CT SOCIETY FOR RESPIRATORY CARE
C/O KIMBERLY FERRISEmployer identification number
51-0186652**FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES**

DESCRIPTION	AMOUNT
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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
TOTAL \$	43,932

FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 0	\$ 933

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.