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Form **990EZ**

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 private foundations)

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

▶ **Go to *www.irs.gov/Form990EZ* for instructions and the latest information.**

OMB No 1545-1150

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
SOUTH CAROLINA SOCIETY FOR RESPIRATORY CARE

% Jerry A Alewine

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
247 Larkspur Road

City or town, state or province, country, and ZIP or foreign postal code
Columbia, SC 29212

D Employer identification number
23-7092114

E Telephone number
(803) 315-8288

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 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 501-C-6

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 . . . . . ▶ $ 88,878

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	9,912
	2	Program service revenue including government fees and contracts		2	78,956
	3	Membership dues and assessments		3	
	4	Investment income		4	10
	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	0	
	b	Less cost of goods sold	7b	0	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0
	8	Other revenue (describe in Schedule O)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	88,878
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	2,850
	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	7,558
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	866
	16	Other expenses (describe in Schedule O)		16	86,903
	17	**Total expenses.** Add lines 10 through 16		17	98,177
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-9,299
	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	72,386
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	0
	21	Net assets or fund balances at end of year Combine lines 18 through 20		21	63,087

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	72,386	22	63,087
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 **Total assets**	72,386	25	63,087
26 **Total liabilities** (describe in Schedule O)		26	
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	72,386	27	63,087

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 . . ☐

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

What is the organization's primary exempt purpose?
To support Respiratory Therapists, licensed Respiratory Care Practitioners, and Respiratory Care students through providing education, support of scope of practice, networking, and professional development by hosting conferences, panel discussions, website articles, round-table discussions, hands-on workshops, training, formal and non-formal arenas and platforms for sharing research, best practices and support for patients with pulmonary disorders Provides professional development support and opportunities to earn and maintain credentialing education units needed for licensure and maintaining credentials Also promotes awareness for profession for South Carolina Respiratory Therapist, Asthma Educators, Sleep Technologists, Polysonographers, COPD Navigators, respiratory care students, and high school students in allied health programs Host networking opportunities for directors and managers to meet prospective employees and vendors Supports the national organization the AARC

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
See Additional Data Table

(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **28a**

29 See Additional Data Table **29a**

(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐

30 **30a**

(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 . . . ▶ ☐ **31a**

32 Total program service expenses (add lines 28a through 31a) . . . . . ▶ **32** 74,500

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
Jerry Alewine President	4	0	0	0
Tarisha Lamiter President-Elect	4	0	0	0
Tracy Cook Treasurer	8	0	0	0
Holly Lever Vice President	8	0	0	0
Vanessa Dixon Secretary	2	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 . . . . . ☐

			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
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		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), 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	40b		
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 sections4912, 4955, and 4958 ▶ _____			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 ▶ SC			
42a	The organization's books are in care of ▶ Tracy L Cook Telephone no ▶ (803) 315-8288			
	Located at ▶ 247 Larkspur Road Columbia , SC ZIP + 4 ▶ 29212			

			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 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 ?	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 during the year? 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 Form 990-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 Form 990-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 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 ☐

			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 as 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 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

******	2020-07-07
Signature of officer	Date
Tracy L Cook Treasurer	
Type or print name and title	

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no	

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

Additional Data

Software ID: 19009905
Software Version: V1.0
EIN: 23-7092114
Name: SOUTH CAROLINA SOCIETY FOR RESPIRATORY CARE

Form 990EZ, Part III - Statement of Program Service Accomplishments

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 To benefit and support Respiratory Therapists and students staying up to date in credentialing requirements and stay abreast for best practices of Respiratory Care medications and therapies through hosting educational events, conferences, workshops, panel discussions and symposiums To support and recognize outstanding Respiratory Therapists and Respiratory Care Departments and to provide forum to share best practices and success in the adoption of Respiratory Care Driven Protocols through poster sessions or oral presentations (Grants $ 446) If this amount includes foreign grants, check here . . . ▶ ☐	**28a**	71,900

Form 990EZ, Part III - Statement of Program Service Accomplishments

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.)	
29 To support and recognize outstanding students in Respiratory Care degree awarding programs through scholarships and grants (Grants $ 2,600) If this amount includes foreign grants, check here . . . ▶ ☐	**29a**	2,600

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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 990-EZ or to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization
SOUTH CAROLINA SOCIETY FOR RESPIRATORY CARE

Employer identification number
23-7092114

990 Schedule O, Supplemental Information

Return Reference	Explanation
Doing Business As Names	SCSRC

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part I, line 10	| Activity , Grantee Name , Grantee Address , Amount , Relationship | Given to applicants who are current students in Respiratory Care programs (associates and bachelor programs) s cholarships to Respiratory Care students to attend state and national events and to pay fo r school expenses Recognize outstanding students for grades and creation of presentations for Pulmonary related topic 4-$400 00 scholarship and 1_$1000 00 scholarship to attend n ational AARC delegate meeting, grantee, "", $2600 00, No Relationship| Diaster relief Fund to the ARCF through the AARC, ARCF, "ARCF AARC 9425 North MacArthur Blvd Suite 100 Irving TX 75063-4706", $250 00, None|

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part I, line 16	| Other Expenses , Amount | Expenses paid including airfare, registration and hotel to sen d 2-SCSRC board members to the AARC annual leadership camp is Dallas, TX, $1617 00| Paymen t to the Hartford for insurance protection and bonding, $685 00| Expenses paid to send the Senior and Junior elected delegates to represent the SCSRC at the national AARC events an d congress This includes flights, hotel, per diem for food and registration , $7675 00| T his is for food and drinks served during quarterly meetings The meetings are usually on F riday and last most of the business day Lunch is served as well as beverages or a light s nack only, $800 00| Paid Simply Voting for voting and ballot loading services to manage el ections according to the SCSRC bylaws, $663 00| Paid expenses for SCSRC member to attend t he SCSRC PACT events in Washington DC SCSRC only one representative to the event in 2019 Represent participated in the event and reported to the SCSRC during and after the event Sending at least one representative to the event is within the SCSRC bylaws and provide r epresentation to all our members as well as licensed RCP in SC , $441 00| Expenses paid fo r hosting state and regional events including speakers, venue rental, food, gift cards and gift baskets, thank you cards, equipment rental, awards, decorations, coffee, credit card payments The majority of these expenses was refunding registation fees when the 2019 47t h Annual SCSRC conference was cancelled due to a hurricane and the SC Governor mandated ev acuation of the SC coast which where the venue for the event was located There was a huge loss in credit card expenses , $75022 00|