

Public Disclosure for Tax-Exempt Organizations

Tax-exempt organizations are required to make a copy of their application for exemption and Form(s) 990 (and 990-T, if applicable) available for public inspection and to provide copies of such forms to individuals or organizations that request copies. Alternatively, the Internet may be used to make these documents available. (See the "Using the Internet" section which follows.) These rules apply to an organization's Form(s) 990 (and 990-T, if applicable) for the last three years and to its application for exemption. If the application was filed prior to July 15, 1987, disclosure is not required unless the organization had a copy of the application on July 15, 1987. An organization may omit names and addresses of contributors from its return(s). Failure to comply with disclosure requirements can result in an enforcement action by the IRS.

While disclosure rules create an additional burden, they also provide an opportunity for your organization to showcase the community benefits that it provides. The rules also heighten the need to carefully review all responses, including narrative explanations, contained on your Form(s) 990/990-T before filing.

Where Must Information Be Provided?

Generally, an organization must make its documents available for public inspection at any location where it has three or more employees. If the only services provided at the site are in furtherance of exempt purposes and the site does not serve as an office for management staff, the documents are not required to be made available there.

How Quickly Must Organizations Reply?

Requests for copies can be made in person or in writing. When requests are made in person, the copies must generally be provided on the same business day. There are provisions for delays due to unusual circumstances. However, in no event may the period of delay exceed five business days. Unusual circumstances include times when those staff that are capable of fulfilling a request are absent.

Written Requests

Requested copies generally must be mailed within 30 days from the date of the receipt of the written request. However, if the organization requires advance payment of a reasonable fee for copying and postage, it may provide the copies within 30 days from the date it receives payment rather than the date of the original request.

What Can an Organization Charge?

You are currently allowed to charge a maximum fee of \$.20 cents per page in addition to actual postage costs.

¹ Certain information within an application for exemption can be withheld from public inspection if public availability would adversely affect the organization, e.g., information relating to a trade secret, patent, process, style of work or apparatus of the organization.

If any organization receives a written request for copies with no payment enclosed and the organization requires payment in advance, the organization must request payment within seven days from the date it received the request. An organization is required to accept a personal check for written requests if it does not accept payment by credit card. If an organization does not require prepayment and the requester does not enclose a prepayment with the request, the organization must receive consent from a requester before providing copies for which the fee charge for copying and postage would be in excess of \$20.

Local or Subordinate Organizations

A local or subordinate organization that is covered by a group exemption letter is given additional time for responding to some requests. If this type of organization receives a request made in person for inspection of its application for tax exemption, the local organization is required to acquire and make available the application for a group exemption letter filed by the central or parent organization within not more than two weeks. The same general rule would apply with respect to a local or subordinate organization that does not file its own Form(s) 990/990-T but is covered under a group return. Again, the local or subordinate organization must make the group return available for inspection within a reasonable period which is defined as not more than two weeks. If the group return includes separate schedules with respect to each local or subordinate organization, the local or subordinate organization may exclude or omit any schedules relating only to other organizations which are included in the group return.

If a request is made for a personal inspection to a local or subordinate organization, it has the option of mailing the return to the requester rather than allowing an inspection. However, if this is done, the local or subordinate organization may not charge for the copying of the document unless the requester consents to the charge. If a local or subordinate organization receives a request for copies, then it must comply with the rules stated previously.

Using the Internet

As an alternative to providing copies, an organization may provide access to its exemption application and Form(s) 990 (and 990-T, if applicable) through the Internet. The website must provide instructions for downloading the document(s). The information on the Internet must be in such a format that it may be accessed, downloaded, viewed or printed in the same format as the actual documents. An organization would need to make the web address available to the general public.

There is nothing that prevents others from posting your Forms 990, 990-T and exemption application on the Internet. Based on this fact and the potential strain on your organization's resources from providing copies, organizations should consider posting these documents on the Internet.

What if the Requests Are a Form of Harassment?

If an organization believes it is subject to a harassment campaign, it can file an application for a harassment determination with the Internal Revenue Service. This would allow the organization to suspend compliance with these requests. In addition, an organization may disregard requests for copies in excess of two per month or four per year made by a single individual or sent from a single address, without submitting an application for a harassment determination.

Please contact your BKD advisor if you have questions about these rules.

BKD TAX506 9-11

Public Disclosure Rules

Form **990**

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 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2019

Open to Public
Inspection

| A F | or th | e 2019 ca | lendar year, or tax year begin | nning 07/ | 01 ,201 9 | 9, and er | ding | | 06/3 | 0 ,20 | 20 | |
|--------------------------------|-----------|----------------|--|---------------------------------|------------------|--------------|---------------|---|-------------|--------------|---------|-------------------|
| _ | | | ame of organization | | | | | D Employer id | entificatio | n num | ber | |
| B cr | eck if ap | oplicable: E | MERGENCY MEDICINE FOU | UNDATION | | | | | | | | |
| | Addre | | oing Business As | | | | | 75-2331 | 1221 | | | |
| | 1 . | | umber and street (or P.O. box if mail is | not delivered to street address | s) | Room/su | ite | E Telephone n | umber | | | |
| | Initial | return P | O.O. BOX 619911 | | | | | (972) 55 | 0-091 | 1 | | |
| | Termi | inated Ci | ity or town, state or province, country, a | and ZIP or foreign postal code |) | | | | | | | |
| | Amen | | ALLAS, TX 75261-9911 | | | | | G Gross receip | ts \$ | 2, | 802 | ,313. |
| | Applic | cation F Na | ame and address of principal officer: | PEGGY BROCK | | | | H(a) Is this a gro | | | Yes | X No |
| | 」 pendi | | 950 W ROYAL LANE, IRV | VING, TX 75063 | | | | subordinates H(b) Are all subord | | d? | Yes | ☐ No |
| T - | Tax-ex | empt status: | X 501(c)(3) 501(c) (|) ◀ (insert no.) | 4947(a)(1) | or | 527 | If "No," attac | | | | |
| | | <u> </u> | V.EMFOUNDATION.ORG | , (meen nei) | 10 17 (4)(1) | , 0. | 02. | H(c) Group exem | | | | |
| | | | | Association Other | | L Ye | ar of forma | tion: 1972 M | · | | micile: | TX |
| $\overline{}$ | rt I | Summa | | 7.0000idaon Caron P | | - 10 | ar or ronna | | Otato of 10 | gai aoi | mono. | |
| | | | cribe the organization's mission or | r most significant activities | · THE E | MERGEN | CY MED | OTCINE FOIL | MDATT(| ON'S | | |
| an l | • | | MISSION IS TO SUPPORT | | | | | | | | | |
| Š | | | NCY MEDICINE TO THE E | | | | | | | | | |
| rus | _ | | | | | | | | | | | |
| Governance | | | box if the organization di | • | • | | | | 1 1 | | | 16. |
| | | | voting members of the governing | | | | | | 3 | | | $\frac{10.}{16.}$ |
| Activities & | | | independent voting members of t | | | | | | 5 | | | 0. |
| <u>ķ</u> | | | per of individuals employed in cale | | | | | | | | | |
| Ę | 6 | Total numb | per of volunteers (estimate if necess | sary) | | | | | 6 | | | 130. |
| | | | lated business revenue from Part V | | | | | | 7a | | | 0 |
| | b | Net unrela | ted business taxable income from I | Form 990-T, line 34 | | | | | 7b | | | 0 |
| | | | | | | | | Prior Year | | | ent Ye | |
| ē | | | ons and grants (Part VIII, line 1h) | | | PY FOR | $\neg \vdash$ | 1,185,83 | | 2 | ,149 | 910 |
| Revenue | | | ervice revenue (Part VIII, line 2g) | | PUBLIC I | | л I | 22,30 | | | | 750 |
| Re | | | t income (Part VIII, column (A), line | es 3, 4, and 7d) | | | - ⊢ | 439,75 | | | | 2,306 |
| | | | enue (Part VIII, column (A), lines 5, | | | | | | 0. | | | 0 |
| | | | nue - add lines 8 through 11 (must | | | | | 1,647,88 | | | | 2,966 |
| | | | d similar amounts paid (Part IX, colu | | | | | 575,88 | 0. | 1 | , 379 | 973 |
| | | | aid to or for members (Part IX, colu | | | | | | 0 | | | |
| es | | | ther compensation, employee bene | | | | | | 0. | | 10 | ,400 |
| Expenses | 16a | Profession | al fundraising fees (Part IX, column | (A), line 11e) | | | | | 0. | | | 0 |
| ă | b | Total fundr | raising expenses (Part IX, column (I | D), line 25) ▶ | 259,645 | 5. | | | | | | |
| ۳ | 17 | Other expe | enses (Part IX, column (A), lines 11 | a-11d, 11f-24e) | | | | 603,24 | | | | .,591 |
| | 18 | Total exper | nses. Add lines 13-17 (must equal | Part IX, column (A), line 2 | 25) | | L | 1,179,12 | | 1 | | ,964 |
| | 19 | Revenue le | ess expenses. Subtract line 18 from | n line 12 | | | | 468,76 | ٥٥. | | 401 | ,002 |
| Net Assets or Fund Balances | | | | | | | Begir | nning of Current | | End | of Yea | ır |
| sets | 20 | Total asset | s (Part X, line 16) | | | | L | 7,574,15 | 55. | 7 | ,941 | .,794 |
| d B | 21 | Total liabili | ities (Part X, line 26) | | | | L | 1,211,25 | 59. | 1 | ,331 | .,878 |
| FE | 22 | Net assets | or fund balances. Subtract line 21 | from line 20 | | | | 6,362,89 | 6. | 6 | ,609 | ,916 |
| Pa | rt II | Signat | ure Block | | | | | | | | | |
| Und | ler per | nalties of per | jury, I declare that I have examined thi | is return, including accompa | anying sched | lules and s | tatements, | and to the best of | my know | vledge | and be | elief, it is |
| true | , corre | ect, and comp | blete. Declaration of preparer (other than | officer) is based on all infor | mation of wh | iich prepare | er nas any k | nowleage. | | | | |
| | | | | | | | | | | | | |
| Sig | | Signa | ature of officer | | | | | Date | | | | |
| Her | е | | | | | | | | | | | |
| | | Type | or print name and title | | | | | | | | | |
| | | Print/Type | preparer's name | Preparer's signature | | Date | | Check | if PTIN | | | |
| Paid | | JEANET' | TE VERRELLI | | | | | self-employ | , | 0742 | 631 | |
| Prep | | Firm's name | · DVD IID | I . | | | | | 44-01 | | | |
| Use | Only | | ess > 14241 DALLAS PARKWAY, SU | UITE 1100 DALLAS. TY 5 | 75254 | | | | 972-7 | | | |
| Mav | the II | | this return with the preparer show | | | | | 1 Hone no. | | X Ye | | No |
| | | | uction Act Notice, see the separat | • | <u>,</u> | | <u> </u> | | [| | | (2019) |

Page 2 Form 990 (2019)

| Pa | Statement of Program Service Accomplishments |
|----|---|
| 1 | Check if Schedule O contains a response or note to any line in this Part III |
| • | THE EMERGENCY MEDICINE FOUNDATION PROMOTES EDUCATION AND RESEARCH |
| | THAT DEVELOPS CAREER EMERGENCY MEDICINE RESEARCHERS, IMPROVES |
| | PATIENT CARE AND PROVIDES THE BASIS FOR EFFECTIVE HEALTH POLICY. |
| | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the |
| | prior Form 990 or 990-EZ? |
| | If "Yes," describe these new services on Schedule O. |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program |
| | services? |
| | If "Yes," describe these changes on Schedule O. |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, |
| | the total expenses, and revenue, if any, for each program service reported. |
| | and total expenses, and revenue, if any, for each program convice reperiod. |
| | (Code:) (Expenses \$ 1,478,763. including grants of \$ 1,379,973) (Revenue \$ 750) |
| | EMF RESEARCH GRANTS: |
| | THE EMERGENCY MEDICINE FOUNDATION AWARDED OVER \$1.3 MILLION IN |
| | GRANTS TO IMPROVE EMERGENCY PATIENT CARE. RESEARCH TOPICS INCLUDED |
| | HEALTH POLICY, PATIENT CENTERED OUTCOMES, BASIC SCIENCE, KNOWLEDGE |
| | TRANSLATION, CRITICAL CARE, MENTAL HEALTH, GERIATRICS, AND HEART |
| | FAILURE. IN ADDITION TO FUNDING EMERGENCY MEDICINE RESEARCHERS, |
| | EMF ALSO PROVIDES THEM WITH A MENTORING WORKSHOP AND PRESENTATION |
| | OPPORTUNITIES THROUGH A RESEARCH FORUM CONFERENCE. |
| | |
| | |
| | |
| | |
| 4b | (Code:) (Expenses \$including grants of \$) (Revenue \$) |
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| | |
| 4c | (Code:) (Expenses \$ including grants of \$) (Revenue \$) |
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| | |
| ٨٨ | Other program services (Describe on Schedule O.) |
| ÷u | (Expenses \$ including grants of \$) (Revenue \$) |
| 40 | Total program service expenses \(\bigsim \) 1.478.763. |

Part IV Checklist of Required Schedules Page 3

| aı | Oneckist of Required Concadies | | V | Na |
|------|--|-----|-----|----|
| | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | _ | 3.7 | |
| | complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | | | |
| | candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. 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 | 4 | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, | | | |
| | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors | | | |
| | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If | | | |
| | "Yes," complete Schedule D, Part I | 6 | | Х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| - | the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> | 7 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," | _ | | |
| · | complete Schedule D, Part III | 8 | | Х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a | | | |
| J | custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or | | | |
| | debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | Х |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| . • | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | Х | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, | | | |
| • | VII, VIII, IX, or X as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," | | | |
| | complete Schedule D, Part VI | 11a | Х | |
| b | Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | Х |
| С | Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. | 11c | | Х |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets | | | |
| _ | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | Х |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| - | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | Х |
| 12 a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII. | 12a | Х | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If | | | |
| - | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | Х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | | | |
| | fundraising, business, investment, and program service activities outside the United States, or aggregate | | | |
| | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or | | | |
| | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other | | | |
| | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on | | | |
| | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | | | |
| | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | | | |
| | If "Yes," complete Schedule G, Part III | 19 | | X |
| 20 a | Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> | 20a | | X |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | X | |

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| Part | V Checklist of Required Schedules (continued) | | Yes | No |
|--------|--|------------|-----------|---------------|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | 162 | NO |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | Х | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the | | | |
| | organization's current and former officers, directors, trustees, key employees, and highest compensated | | | |
| | employees? If "Yes," complete Schedule J | 23 | | X |
| 24 a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | | | |
| | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b | 0.4 | | Х |
| h | through 24d and complete Schedule K. If "No," go to line 25a | | | |
| | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | 240 | | |
| · | to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | | |
| | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior | | | |
| | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? | | | 3.5 |
| 20 | If "Yes," complete Schedule L, Part I | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | Х |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key | 20 | | |
| | employee, creator or founder, substantial contributor or employee thereof, a grant selection committee | | | |
| | member, or to a 35% controlled entity (including an employee thereof) or family member of any of these | | | |
| | persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, | | | |
| | Part IV instructions, for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | 00- | | Х |
| h | "Yes," complete Schedule L, Part IV | 28a 28b | | X |
| | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If | 200 | | - 21 |
| · | "Yes," complete Schedule L, Part IV | 28c | | Х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 | | Х |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | | |
| | conservation contributions? If "Yes," complete Schedule M | 30 | | Х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," | | | 37 |
| 20 | complete Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i> | 33 | | Х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, | 33 | | - 21 |
| 0.7 | or IV, and Part V, line 1 | 34 | | Х |
| 35 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| | If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable | | | |
| | related organization? If "Yes," complete Schedule R, Part V, line 2. | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | 27 | | Х |
| 38 | and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and | 37 | | |
| 30 | 19? Note: All Form 990 filers are required to complete Schedule O. | 38 | Х | |
| Part | | 100 | | |
| | Check if Schedule O contains a response or note to any line in this Part V | <u></u> . | <u></u> . | |
| | | | Yes | No |
| | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | | |
| | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | |
| JSA | reportable gaming (gambling) winnings to prize winners? | 1c | 990 | (2010) |
| 9E1030 | 2.000 0497HT B47D 6/14/2021 4:43:38 PM V 19-8.5F 138-0075396-0075395 | rorm | | (2019) AGE |
| | 250 0070070 | | | |

Form 990 (2019)
Part V Statements Regarding Other IPS Filings and Tax Compliance (continued)

| Part | Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | |
|------|--|------|-----|-----|
| | | | Yes | No |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return. 2a 0. | | | |
| | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) | | | |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X |
| | If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> | 3b | | |
| | 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)? | 4a | | Х |
| | | | | |
| | It "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | Х |
| | | 5b | | X |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5c | | |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 30 | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | 60 | | Х |
| | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | |
| | If "Yes," did the organization include with every solicitation an express statement that such contributions or | C I- | | |
| | gifts were not tax deductible? | 6b | | |
| | Organizations that may receive deductible contributions under section 170(c). | | | |
| | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | _ | | 37 |
| | and services provided to the payor? | 7a | | X |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | _ | | 3.7 |
| | required to file Form 8282? | 7c | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | |
| | Section 501(c)(12) organizations. Enter: | | | |
| | Gross income from members or shareholders | | | |
| | Gross income from other sources (Do not net amounts due or paid to other sources | | | |
| | against amounts due or received from them.) | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | |
| | Enter the amount of reserves the organization is required to maintain by the states in which | | | |
| | the organization is licensed to issue qualified health plans | | | |
| | Enter the amount of reserves on hand | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | Х |
| | If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> · · · · · · | 14b | | |
| | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | |
| | excess parachute payment(s) during the year? | 15 | | Х |
| | If "Yes," see instructions and file Form 4720, Schedule N. | | | |
| | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | Х |
| | If "Yes," complete Form 4720, Schedule O. | | | |
| | | | | |

EMERGENCY MEDICINE FOUNDATION 75-2331221 Page 6 Form 990 (2019) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 16 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 16 Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ 2 3 Did the organization delegate control over management duties customarily performed by or under the direct Х 3 supervision of officers, directors, trustees, or key employees to a management company or other person?.... 4 X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Χ 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a X a The governing body?..... Χ 8b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes Х 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . Χ 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Χ Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Χ 12b rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c X 13 13 Did the organization have a written whistleblower policy?....... X 14 14 Did the organization have a written document retention and destruction policy?...... Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a X Χ 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement Χ 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure ATTACHMENT List the states with which a copy of this Form 990 is required to be filed ▶_ 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)

(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X Upon request Other (explain on Schedule O) Own website Another's website

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records LAYLA POWERS 4950 W ROYAL LANE IRVING, TX 75063 20

9E1042 2.000

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, **Independent Contractors**

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

| | Check this box if ne | ither the organization | nor anv relate | ed organization o | compensated an | v current officer. | director, or trustee. |
|--|----------------------|------------------------|----------------|-------------------|----------------|--------------------|-----------------------|
| | | | | | | | |

| (A) Name and title | (B) Average hours per week | Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | an | (D) Reportable compensation from the | (E) Reportable compensation from related | (F) Estimated amount of other compensation |
|-------------------------------------|---|--|-----------------------|---------|--------------|------------------------------|--------|--------------------------------------|---|---|
| | (list any hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | from the organization and related organizations |
| (1)LYNNE RICHARDSON, MD | 1.00 | | | | | | | | | |
| TRUSTEE | 0. | Х | | | | | | 10,400. | 0. | 0 |
| (2) PAUL S. AUERBACH, MD, MS, FACE | 1.00 | | | | | | | , | | |
| TRUSTEE/SEC-TREASURER | 0. | Х | | Х | | | | 0. | 0. | 0 |
| (3) JORDAN CELESTE, MD | 2.00 | | | | | | | | | |
| IMMEDIATE PAST CHAIR END:12/19 | 0. | Х | | Х | | | | 0. | 0. | 0 |
| (4) STEPHEN H. ANDERSON | 1.00 | | | | | | | | | |
| IMMED PAST CHAIR START:01/20 | 0. | Х | | Х | | | | 0. | 0. | 0 |
| (5) BROOKS F. BOCK, MD, FACEP | 1.00 | | | | | | | | | |
| TRUSTEE END: 12/19 | 0. | Х | | | | | | 0. | 0. | 0 |
| (6) HANS R. HOUSE, MD, FACEP | 1.00 | | | | | | | | | |
| TRUSTEE END: 12/19 | 0. | Х | | | | | | 0. | 0. | 0 |
| (7) DAVID E. WILCOX, MD, FACEP | 2.00 | | | | | | | | | |
| CHAIR-ELECT/CHAIR START:01/20 | 0. | Х | | Х | | | | 0. | 0. | 0 |
| (8) ZACH JAROU, MD | 1.00 | | | | | | | | | |
| TRUSTEE END: 10/19 | 0. | Х | | | | | | 0. | 0. | 0 |
| (9) OMAR MANIYA, MD | 1.00 | | | | | | | | | |
| TRUSTEE START: 10/19 | 0. | Х | | | | | | 0. | 0. | 0 |
| (10) LEONARD M. RIGGS, JR., MD, FAC | 1.00 | | | | | | | | | |
| TRUSTEE | 0. | Х | | | | | | 0. | 0. | 0 |
| (11) WESLEY A. CURRY, MD, FACEP | 1.00 | | | | | | | | | |
| TRUSTEE END: 12/19 | 0. | Х | | | | | | 0. | 0. | 0 |
| (12) MARK S. ROSENBERG, DO, MBA, FA | 2.00 | | | | | | | | | |
| SEC-TREASURER END: 12/19 | 0. | Х | | Х | | | | 0. | 0. | 0 |
| (13) JENNIFER L. STANKUS, MD, JD, F | 2.00 | | | | | | | | | |
| TRUSTEE/CHAIR ELECT | 0. | Х | | Х | | | | 0. | 0. | 0 |
| (14)VIK BEBARTA, MD, FACEP | 1.00 | | | | | | | | | |
| TRUSTEE | 0. | Х | | | | | | 0. | 0. | 0 |

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| Part VII Section A. Officers, Directors, Tr | ustees, Ke | y En | nplo | yee | es, | and F | lig | hest Compensat | ed Employees (d | ontinue | d) | |
|---|--|---|-------------------------|-----------|--------------|--------------------------------------|-------------|--|----------------------------------|----------------------|--|--------|
| (A) Name and title | (B) Average hours per week (list any | (do not check more than one box, unless person is both an office and a disease from related | | | | Reportable compensation from related | other | | f | | | |
| | hours for related organizations below dotted line) | Individual trustee or director | a Institutional trustee | a Officer | Key employee | Highest compensated employee | e) Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | froi orgai and | ensation the nization related nization | n d |
| 15) CRAIG SAVOY BRUMMER, MD, FACEP TRUSTEE START: 01/20 | 1.00 | X | | | | | | 0 | 0. | | | 0 |
| 16) JEFFREY GOODLOE, MD | 1.00 | Λ | | | | | | | . 0. | | | |
| TRUSTEE START: 01/20 | 0. | Х | | | | | | 0 | 0. | | | 0 |
| 17) JON MARK HIRSHON, MD TRUSTEE START: 01/20 | 1.00 | Х | | | | | | 0 | 0. | | | 0 |
| 18) CHRISTOPHER KANG, MD | 1.00 | - 21 | | | | | | | | | | |
| TRUSTEE START: 01/20 | 0. | Х | | | | | | 0 | 0. | | | 0 |
| 19) ANGELA GARDNER, MD | 1.00 | | | | | | | | | | | |
| TRUSTEE START: 01/20 | 0. | X | | | | | | 0 | 0. | | | 0 |
| 20) CHADD KRAUS, DO | 1.00 | | | | | | | | | | | 0 |
| TRUSTEE START: 01/20 21) GILLIAN SCHMITZ, MD | 1.00 | X | | | | | | 0 | 0. | | | 0 |
| TRUSTEE START: 01/20 | 1.00 | X | | | | | | 0 | 0. | | | 0 |
| 22) DAVID SEABERG, MD | 1.00 | | | | | | | | | | | |
| TRUSTEE START: 01/20 | 0. | Х | | | | | | 0 | 0. | | | 0 |
| 23) PEGGY BROCK | 40.00 | | | | | | | | | | | |
| EXECUTIVE DIRECTOR | 0. | | | X | | | | 0 | 0. | | | 0 |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 1b Sub-total | | | | | <u> </u> | | ┢ | 10,400. | 0. | | | 0. |
| c Total from continuation sheets to Part VII, S | Section A | | | | | | • | 0. | 0. | | | 0. |
| d Total (add lines 1b and 1c) | | | | | | | > | 10,400. | 0. | | | 0. |
| 2 Total number of individuals (including but not reportable compensation from the organization | | hose 0. | | d al | bove | e) who | o re | eceived more than | \$100,000 of | | | |
| | | | | | | | | | | | Yes | No |
| 3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched | | | | | | | | | | 3 | | X |
| 4 For any individual listed on line 1a, is the organization and related organizations grindividual | eater than | \$15 | 50,0 | 00? | . If | "Yes | 3," | complete Schedu | le J for such | 4 | | X |
| 5 Did any person listed on line 1a receive or | accrue co | mpen | satio | on f | fron | n any | un | related organization | on or individual | | | 37 |
| for services rendered to the organization? If "Y Section B. Independent Contractors | es," comple | te Sch | nedu | ile J | tor | such | per | son | | 5 | | X |
| Complete this table for your five highest compensation from the organization. Report of | | | | | | | | | | | | |

year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|-------------------------------|-----------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

Part VIII Statement of Revenue

| | | Check if Schedule O cont | tains a respor | nse or note to ar | ny line in this Part V | / | | |
|--|----------------|--|----------------|-------------------|------------------------|--|--------------------------------------|--|
| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| nts nts | 1a | Federated campaigns | 1a | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | b | Membership dues | 1b | | | | | |
| A, G | С | Fundraising events | 1c | | | | | |
| a ii | d | Related organizations | 1d | | | | | |
| S, E | е | Government grants (contribution | ns) 1e | | | | | |
| Sis | f | All other contributions, gifts, g | rants, | | | | | |
| her | | and similar amounts not included a | above . 1f | 2,149,910. | | | | |
| <u></u> | g | Noncash contributions include | | | | | | |
| S E | | lines 1a-1f | | | | | | |
| - 10 | h | Total. Add lines 1a-1f | | | 2,149,910. | | | |
| o l | | DONOR REGERETON | | Business Code | 750 | 7.50 | | |
| Š | 2a | DONOR RECEPTION | | 561920 | 750. | 750. | | |
| Ser | b | | | | | | | |
| E E | C | | | | | | | |
| Program Service Revenue | d | | | | | | | |
| P. | e | All other program conice reven | | | | | | |
| _ | f g | All other program service reven Total. Add lines 2a-2f | | | 750. | | | |
| | 3 | Investment income (includin | | | | | | |
| | | other similar amounts) | - | _ | 187,859. | | | 187,859 |
| | 4 | Income from investment of tax | | | 0. | | | |
| | 5 | Royalties | | | 0. | | | |
| | | | (i) Real | (ii) Personal | | | | |
| | 6a | Gross rents 6a | | | | | | |
| | b | Less: rental expenses 6b | | | | | | |
| | С | Rental income or (loss) 6c | | | | | | |
| | d | Net rental income or (loss) | | <u></u> | 0. | | | |
| | 7a | Gross amount from | (i) Securities | (ii) Other | | | | |
| | | sales of assets | | | | | | |
| | | other than inventory 7a | 463,794. | | | | | |
| ne | b | Less: cost or other basis | 540 045 | | | | | |
| evenue | | and sales expenses 7b | 519,347. | | | | | |
| Re | ١. | ` ' | -55,553. | | _EE EE2 | | | -55,553 |
| Jer | d | Net gain or (loss) | | - | -55,553. | | | -55,553 |
| Other | 8a | | ٠, | | | | | |
| | | events (not including \$ | | | | | | |
| | | of contributions reported (| | 0. | | | | |
| | | 1c). See Part IV, line 18 Less: direct expenses | | 0. | | | | |
| | b | Net income or (loss) from fund | | | 0. | | | |
| | 9a | Gross income from | gaming | | | | | |
| | "" | activities. See Part IV, line 19 | 0 | 0. | | | | |
| | b | Less: direct expenses | 9b | 0. | | | | |
| | С | Net income or (loss) from gan | | | 0. | | | |
| | 10a | Gross sales of inventory | , less | | | | | |
| | | returns and allowances | | 0. | | | | |
| | b | Less: cost of goods sold | 10b | 0. | | | | |
| | С | Net income or (loss) from sales | of inventory | | 0. | | | |
| sn | | | | Business Code | | | | |
| Miscellaneous Revenue | 11a | | | | | | | |
| la | b | | | | | | | |
| Re | C . | | | | | | | |
| Ĕ | d | All other revenue | | | 0. | | | |
| | <u>е</u> 12 | Total. Add lines 11a-11d Total revenue. See instructions | | | 2,282,966. | 750. | | 132,306 |
| JSA | | | | | 2,202,900. | 750. | | Form 990 (2019 |
| 9E105 | 1 2.000 | o 197HT B47D 6/14/2021 | 4:43:3 | 8 PM V 19 | -8.5F | 138-007539 | 6-0075395 | PAGE 1 |
| | J 1 | 0/11/2021 | 1 13 3 | v 1 2 | 3 · 4 = | | | |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

| | Check if Schedule O contains a resp | | | | X |
|-----|--|-----------------------|---------------------|---------------------------------|------------------------|
| | not include amounts reported on lines 6b, 7b, | (A) Total expenses | (B) Program service | (C) | (D) Fundraising |
| 8b, | 9b, and 10b of Part VIII. | Total expenses | expenses | Managèment and general expenses | expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| | and domestic governments. See Part IV, line 21 | 1,349,973. | 1,349,973. | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | 30,000. | 30,000. | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | 0 | | | |
| | individuals. See Part IV, lines 15 and 16 | 0. | | | |
| 4 | Benefits paid to or for members | 0. | | | |
| 5 | | 10 400 | 10 400 | | |
| | trustees, and key employees | 10,400. | 10,400. | | |
| 6 | Compensation not included above to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | 0. | | | |
| _ | persons described in section 4958(c)(3)(B) | 0. | | | |
| | Other salaries and wages | 0. | | | |
| 8 | Pension plan accruals and contributions (include | 0. | | | |
| | section 401(k) and 403(b) employer contributions) | 0. | | | |
| 9 | Other employee benefits | 0. | | | |
| 10 | Payroll taxes | 0. | | | |
| | Fees for services (nonemployees): | 0. | | | |
| | Management | 2,758. | | 2,758. | |
| | Legal | | | | |
| | Accounting | 11,650. | | 11,650. | |
| | Lobbying | 0. | | | |
| | Professional fundraising services. See Part IV, line 17 | 14,358. | | 14,358. | |
| | Investment management fees | 14,330. | | 14,330. | |
| g | Other. (If line 11g amount exceeds 10% of line 25, column | 293,878. | 38,359. | 74,087. | 181,432. |
| | (A) amount, list line 11g expenses on Schedule O.) ATCH 2 | 2,5,676. | 30,337. | 74,007. | 101,432. |
| | Advertising and promotion | 15,947. | 42. | 7,647. | 8,261. |
| 13 | Office expenses | 0. | 12. | 7,017. | 0,201. |
| 14 | Information technology | 0. | | | |
| 15 | Royalties | 0. | | | |
| 16 | Occupancy | 41,200. | 35,189. | | 6,008. |
| 17 | Travel | 11/2001 | 3371371 | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | 0. | | | |
| 19 | Conferences, conventions, and meetings | 90,614. | 14,800. | 11,870. | 63,944. |
| 20 | | 0. | ==, | | |
| 21 | Interest Payments to affiliates | 0. | | | |
| 22 | Depreciation, depletion, and amortization | 21,186. | | 21,186. | |
| 23 | | 0. | | , | |
| 24 | Other expenses. Itemize expenses not covered | | | | |
| | above (List miscellaneous expenses on line 24e. If | | | | |
| | line 24e amount exceeds 10% of line 25, column | | | | |
| | (A) amount, list line 24e expenses on Schedule O.) | | | | |
| а | | | | | |
| | | | | | |
| c | | | | | |
| d | | | | | |
| | All other expenses | | | | |
| | Total functional expenses. Add lines 1 through 24e | 1,881,964. | 1,478,763. | 143,556. | 259,645. |
| 26 | Joint costs. Complete this line only if the | | | | |
| | organization reported in column (B) joint costs from a combined educational campaign and | | | | |
| | fundraising solicitation. Check here if | | | | |
| | following SOP 98-2 (ASC 958-720) | 0. | | | |
| | | | | | Form 990 (2019) |

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Part X Balance Sheet

| | | Check if Schedule O contains a response or note to any line in this Pa | art X | <u></u> . | <u> </u> |
|-----------------------------|----|---|--------------------------|-----------|---------------------------|
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | 526,589. | 1 | 983,217. |
| | 2 | Savings and temporary cash investments | 228,365. | 2 | 177,591. |
| | 3 | Pledges and grants receivable, net | 0. | 3 | 0. |
| | 4 | Accounts receivable, net | 389,722. | 4 | 348,260. |
| | 5 | Loans and other receivables from any current or former officer, director, | | | |
| | | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | | controlled entity or family member of any of these persons | 0. | 5 | 0. |
| | 6 | Loans and other receivables from other disqualified persons (as defined | | | |
| | | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | 0. | 6 | 0. |
| S | 7 | Notes and loans receivable, net | 0. | 7 | 0. |
| Assets | 8 | Inventories for sale or use | 0. | 8 | 0. |
| As | 9 | Prepaid expenses and deferred charges | 14,398. | 9 | 2,243. |
| | - | Land, buildings, and equipment: cost or other | | | |
| | | basis. Complete Part VI of Schedule D 10a 105, 931. | | | |
| | b | Less: accumulated depreciation | 77,683. | 10c | 56,497. |
| | 11 | Investments - publicly traded securities | 6,337,398. | 11 | 6,373,986. |
| | 12 | Investments - other securities. See Part IV, line 11 | 0. | 12 | 0. |
| | 13 | Investments - program-related. See Part IV, line 11. | 0. | 13 | 0. |
| | 14 | Intangible assets | 0. | 14 | 0. |
| | 15 | Other assets. See Part IV, line 11 | 0. | 15 | 0. |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 33) | 7,574,155. | 16 | 7,941,794. |
| | 17 | Accounts payable and accrued expenses | 502,864. | 17 | 561,996. |
| | 18 | Grants payable | 296,215. | 18 | 374,900. |
| | 19 | Deferred revenue. | 412,180. | 19 | 394,982. |
| | 20 | Tax-exempt bond liabilities. | 0. | 20 | 0. |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D. | 0. | 21 | 0. |
| ý | 22 | Loans and other payables to any current or former officer, director, | | | |
| Liabilities | | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| ig | | controlled entity or family member of any of these persons | 0. | 22 | 0. |
| Ë | 23 | Secured mortgages and notes payable to unrelated third parties | 0. | 23 | 0. |
| | 24 | Unsecured notes and loans payable to unrelated third parties | 0. | 24 | 0. |
| | 25 | Other liabilities (including federal income tax, payables to related third | | | |
| | | parties, and other liabilities not included on lines 17-24). Complete Part X | | | |
| | | of Schedule D | 0. | 25 | 0. |
| | 26 | Total liabilities. Add lines 17 through 25 | 1,211,259. | 26 | 1,331,878. |
| es | | Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33. | | | |
| anc | 27 | Net assets without donor restrictions | 6,362,896. | 27 | 6,136,011. |
| Bal | 28 | Net assets with donor restrictions. | 0,302,690. | 28 | 473,905. |
| Б | 20 | Organizations that do not follow FASB ASC 958, check here ▶ | <u> </u> | 28 | 473,303. |
| Net Assets or Fund Balances | | and complete lines 29 through 33. | | | |
| s o | 29 | Capital stock or trust principal, or current funds | | 29 | |
| set | 30 | Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| As | 31 | Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| let | 32 | Total net assets or fund balances | 6,362,896. | 32 | 6,609,916. |
| _ | 33 | Total liabilities and net assets/fund balances | 7,574,155. | 33 | 7,941,794. |
| | | | | | Form 990 (2019) |

Page **12** Form 990 (2019)

| Part | XI Reconciliation of Net Assets | | | | | |
|------|---|---------|------|-----|------|------|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | | 82,9 | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | 81,9 | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | 01,0 | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | | | 62,8 | |
| 5 | | | | | | 82. |
| 6 | Donated services and use of facilities | 6 | | | | 0. |
| 7 | Investment expenses | 7 | | | | 0. |
| 8 | Prior period adjustments | 8 | | | | 0. |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | | |
| | 32, column (B)) | 10 | | 6,6 | 09,9 | 916. |
| Part | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | |
| | | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," e | xplain | ı in | | | |
| | Schedule O. | | | _ | | 37 |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?. | | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were con | npiled | or | | | |
| | reviewed on a separate basis, consolidated basis, or both: | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | Х | |
| b | Were the organization's financial statements audited by an independent accountant? | | | 2b | Λ | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audi | ted o | n a | | | |
| | separate basis, consolidated basis, or both: | | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over | _ | | 2c | Х | |
| | the audit, review, or compilation of its financial statements and selection of an independent accounta | | | 20 | 21 | |
| | If the organization changed either its oversight process or selection process during the tax year, e. | xpıaın | on | | | |
| • | Schedule O. | .d. 1. | d | | | |
| за | As a result of a federal award, was the organization required to undergo an audit or audits as set for | tn in | tne | 3a | | |
| L | Single Audit Act and OMB Circular A-133? | orce | tho | Ja | | |
| a | required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a | _ | | 3b | | |
| | required addit of addits, explain wify off scriedule of and describe any steps taken to undergo such at | iuito i | | JD | | |

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization EMERGENCY MEDICINE FOUNDATION Employer identification number 75-2331221

| Pa | rt I | Reason for Public Cha | rity Status (All o | organizations must o | omplet | e this pa | art.) See instructions | |
|------|------|--|---|---|------------------------|--------------------|---|------------------------|
| The | org | ganization is not a private fou | ndation because it | is: (For lines 1 through | gh 12, ch | eck only | one box.) | |
| 1 | | A church, convention of chu | urches, or associa | tion of churches desc | ribed in s | ection 1 | 70(b)(1)(A)(i). | |
| 2 | | A school described in secti | ion 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) | | | | | |
| 3 | | A hospital or a cooperative | e hospital service organization described in section 170(b)(1)(A)(iii). | | | | | |
| 4 | | A medical research organiz | ation operated in | conjunction with a hos | spital de | scribed in | n section 170(b)(1)(A) | (iii). Enter the |
| | | hospital's name, city, and st | tate: | | | | | |
| 5 | | An organization operated t | for the benefit of | a college or universit | y owned | d or ope | rated by a governme | ntal unit described in |
| | | _ section 170(b)(1)(A)(iv). (C | Complete Part II.) | | | | | |
| 6 | | A federal, state, or local go | vernment or gove | rnmental unit describe | d in sect | ion 170(| b)(1)(A)(v). | |
| 7 | Х | \rfloor An organization that norma | ally receives a sub | ostantial part of its su | pport fro | om a go | vernmental unit or fro | om the general public |
| | _ | _ described in section 170(b) | (1)(A)(vi). (Compl | ete Part II.) | | | | |
| 8 | | A community trust describe | - | | - | | | |
| 9 | | An agricultural research org | = | | | - | | |
| | | or university or a non-land- | grant college of ag | griculture (see instruct | ions). Ei | nter the | name, city, and state of | f the college or |
| | | university: | | | | | | |
| 10 | | An organization that norma receipts from activities rela support from gross investmacquired by the organizatio | ted to its exempt facent income and un | unctions - subject to on nrelated business tax | certain e able inco | exception ome (les | s, and (2) no more tha s section 511 tax) from | n 331/3% of its |
| 11 | | An organization organized | and operated exclu | usively to test for publi | c safety. | See sec | tion 509(a)(4). | |
| 12 | | An organization organized | • | • | | | | • • • • |
| | | of one or more publicly su | · · | | | | | |
| | _ | Check the box in lines 12a t | - | | | | | - |
| а | L | Type I. A supporting orga | • | • | - | | • , , | |
| | | the supported organization | | | | ajority of | the directors or truste | es of the |
| | _ | supporting organization. \ | - | | | | | |
| b | L | Type II. A supporting org | • | | | | · · · | |
| | | control or management of | | = | the sam | e persor | is that control or man | age the supported |
| | Г | organization(s). You must | • | | | | | |
| С | L | Type III functionally integ | | | | | | ly integrated with, |
| _1 | Г | its supported organization | | · · | | | | tad annani-atian(a) |
| d | L | Type III non-functionally | | | - | | | |
| | | that is not functionally inte | | • | | | • | an attentiveness |
| _ | Г | requirement (see instruct | | - | | | | I. Turno III |
| е | | Check this box if the orga functionally integrated, or | | | | | | і, туре ііі |
| f | Fı | nter the number of supported | | | | | | |
| a. | | rovide the following information | | | | | | |
| | | Name of supported organization | (ii) EIN | (iii) Type of organization | | organization | (v) Amount of monetary | (vi) Amount of |
| | • • | 5 | , , | (described on lines 1-10 | | ur governing | support (see | other support (see |
| | | | | above (see instructions)) | Yes | Ment? | instructions) | instructions) |
| | | | | | | | | |
| (A) | | | | | | | | |
| (B) | | | | | | | | |
| (C) | | | | | | | | |
| (D) | | | | | | | | |
| (E) | | | | | | | | |
| | | | | | | | | |
| Tota | al | | | | | | | |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2019

Page 2 Schedule A (Form 990 or 990-EZ) 2019

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Calendar | year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--------------------------------|--|--------------------|-----------------|------------|-----------------|--------------------|----------------------------------|
| mem | s, grants, contributions, and hership fees received. (Do not lide any "unusual grants.") | 1,909,678. | 2,076,585. | 1,639,375. | 1,185,837. | 2,149,910. | 8,961,385. |
| orgar | revenues levied for the nization's benefit and either paid expended on its behalf | | | | | | 0. |
| furni | value of services or facilities shed by a governmental unit to the nization without charge | | | | | | 0. |
| 4 Total | I. Add lines 1 through 3 | 1,909,678. | 2,076,585. | 1,639,375. | 1,185,837. | 2,149,910. | 8,961,385. |
| each gove supp line 1 | portion of total contributions by person (other than a person that contributions by person (other than a person to the contribution) included on the contribution of the contributions by the contribution of the contributions by the contributions by the contribution of the contributions by the contributions by the contribution of the contributions by the contribution of the contributions by the contributions by the contribution of the contributions by the contribution of the contributions by the contribution of the contribu | | | | | | 2,114,642. |
| 6 Publi | ic support. Subtract line 5 from line 4 | | | | | | 6,846,743. |
| Section | B. Total Support | | | | | | |
| Calendar | year (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 7 Amo | unts from line 4 | 1,909,678. | 2,076,585. | 1,639,375. | 1,185,837. | 2,149,910. | 8,961,385. |
| paym rents | ss income from interest, dividends, nents received on securities loans, s, royalties, and income from ar sources | 169,990. | 127,563. | 154,186. | 198,219. | 187,859. | 837,817. |
| activi | income from unrelated business rities, whether or not the business gularly carried on | 0. | 0. | 0. | 0. | 0. | 0. |
| loss | er income. Do not include gain or from the sale of capital assets lain in Part VI.) | | | | | | 0. |
| 11 Total | I support. Add lines 7 through 10 [| | | | | | 9,799,202. |
| 12 Gros | ss receipts from related activities, etc. (s | ee instructions) . | | | | 12 | 75,495. |
| orgar | five years. If the Form 990 is for nization, check this box and stop here. | <u> </u> | | | | | |
| | C. Computation of Public Supp | | | | | | 60.07 |
| | lic support percentage for 2019 (lin | | • | | | 14 | 69.87 % 65.86 % |
| | lic support percentage from 2018 | | | | | 15 | |
| | /3% support test - 2019. If the org | = | | | | | |
| | and stop here. The organization qu | | | | | | |
| | /3% support test - 2018. If the org | | | | | | |
| | box and stop here . The organization | - | | _ | | | |
| | -facts-and-circumstances test - 2 | | | | | | |
| | or more, and if the organization | | | | | - | • |
| | VI how the organization meets the | | | • | • | | |
| | anization | | | | | | |
| | o-facts-and-circumstances test - 2 | - | | | | | |
| | is 10% or more, and if the orga | | | | | | - |
| - | lain in Part VI how the organization | | | | - | • | |
| | ported organization | | | | | | 🟲 📖 |
| | ate foundation. If the organization | | | | | | ▶ □ |
| ınstr | ructions | | | | | chodulo A (Form 00 | |

Schedule A (Form 990 or 990-EZ) 2019 Page 3

Part III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Sec | tion A. Public Support | | | , ı | <u>'</u> | , | |
|-------|--|-----------------|--------------------|--------------------|----------------|------------------|-------------------|
| | ndar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | | | | | | |
| | received. (Do not include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise | | | | | | |
| | sold or services performed, or facilities | | | | | | |
| | furnished in any activity that is related to the | | | | | | |
| | organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an | | | | | | |
| | unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the | | | | | | |
| | organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| | Amounts included on lines 1, 2, and 3 | | | | | | |
| . u | received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 | | | | | | |
| | received from other than disqualified | | | | | | |
| | persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from | | | | | | |
| | line 6.) | | | | | | |
| Sec | tion B. Total Support | | | | | | |
| Caler | ndar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| 10 a | Gross income from interest, dividends, | | | | | | |
| | payments received on securities loans, rents, royalties, and income from similar | | | | | | |
| | sources | | | | | | |
| b | Unrelated business taxable income (less | | | | | | |
| | section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| С | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included in line 10b, whether | | | | | | |
| | or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or | | | | | | |
| | loss from the sale of capital assets | | | | | | |
| | (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | |
| | and 12.) | | | | | | |
| 14 | First five years. If the Form 990 is for | or the organiza | tion's first, seco | nd, third, fourth, | or fifth tax y | ear as a section | 501(c)(3) |
| | organization, check this box and stop here. | | | | | | ▶ 🔼 |
| | tion C. Computation of Public Supp | | <u> </u> | | | T T | |
| 15 | Public support percentage for 2019 (line 8, | | | | | 15 | <u>%</u> |
| 16 | Public support percentage from 2018 Sche | | | | | 16 | % |
| Sec | tion D. Computation of Investment | | | | | T | |
| 17 | Investment income percentage for 2019 (lin | | | | | 17 | % |
| 18 | Investment income percentage from 2018 S | | | | | 18 | % |
| 19 a | 331/3% support tests - 2019. If the org | _ | | | | | |
| | 17 is not more than 331/3 %, check this | - | - | • | | • | |
| b | 331/3% support tests - 2018. If the orga | | | | • | | |
| | line 18 is not more than $331/3\%$, check | | • | | . , | | |
| 20 | Private foundation. If the organization d | id not check a | a box on line 1 | 1, 19a, or 19b, | check this box | and see instruc | tions > |

Schedule A (Form 990 or 990-EZ) 2019 Page 4

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

| | | Yes | No |
|-----------------|-----|-----|----|
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Schedule A (Form 990 or 990-EZ) 2019 Page 5

| Part | V Supporting Organizations (continued) | | | - 5 - |
|---------|--|--------|-------|-------|
| ıaıı | Cupporting Organizations (continuou) | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | 163 | 140 |
| | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| u | below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described in (a) above? | 11b | | |
| | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | | |
| | on B. Type I Supporting Organizations | 110 | | |
| ocotic | on b. Type I dapporting digunizations | | Yes | No |
| | | | 103 | 110 |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | | |
| | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | | |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, | | | |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | | | |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| • | | | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part</i> | | | |
| | VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Section | on C. Type II Supporting Organizations | | | |
| | 71 11 5 5 | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| • | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Section | on D. All Type III Supporting Organizations | | | • |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of | | | |
| | the organization's governing documents in effect on the date of notification, to the extent not previously | | | |
| | provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | | |
| Section | on E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins | tructi | ons). | |
| а | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see | instru | | |
| 2 | Activities Test. Answer (a) and (b) below. | | Yes | No |
| a | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| a | the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify</i> | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more | | | |
| | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | | | |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | | | |
| | activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| | trustees of each of the supported organizations? Provide details in Part VI. | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |
| | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |

Page 6 Schedule A (Form 990 or 990-EZ) 2019

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ | ization | s | |
|--|----------------|-----------------------------|-----------------------------|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying | | | in in Part VI). See |
| instructions. All other Type III non-functionally integrated supporting organization | | | |
| Section A - Adjusted Net Income | (A) Prior Year | (B) Current Year (optional) | |
| 1 Net short-term capital gain | 1 | | |
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3 | | |
| 4 Add lines 1 through 3. | 4 | | |
| 5 Depreciation and depletion | 5 | | |
| 6 Portion of operating expenses paid or incurred for production or | | | |
| collection of gross income or for management, conservation, or | | | |
| maintenance of property held for production of income (see instructions) | 6 | | |
| 7 Other expenses (see instructions) | 7 | | |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 Aggregate fair market value of all non-exempt-use assets (see | | | |
| instructions for short tax year or assets held for part of year): | | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other | | | |
| factors (explain in detail in Part VI): | | | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 Subtract line 2 from line 1d. | 3 | | |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by .035. | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Section C - Distributable Amount | | | Current Year |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 Enter 85% of line 1. | 2 | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 Enter greater of line 2 or line 3. | 4 | | |
| 5 Income tax imposed in prior year | 5 | | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| emergency temporary reduction (see instructions). | 6 | | |
| 7 Check here if the current year is the organization's first as a non-functionally | y integra | ated Type III supporting | g organization (see |
| instructions). | = | • • • | • |

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Sect | Current Year | | | |
|------------|--|-----------------------------|--|---|
| 1 | Amounts paid to supported organizations to accomplish ex | | | |
| 2 | Amounts paid to perform activity that directly furthers exer | | ed | |
| | organizations, in excess of income from activity | 1 . 1 . 1 | | |
| 3 | Administrative expenses paid to accomplish exempt purpo | ses of supported organiz | zations | |
| 4 | Amounts paid to acquire exempt-use assets | 11 0 | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to which | the organization is resp | onsive | |
| | (provide details in Part VI). See instructions. | | | |
| 9 | Distributable amount for 2019 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by line 9 amount | | | |
| | Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2019 | (iii) Distributable Amount for 2019 |
| 1 | Distributable amount for 2019 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2019 | | | |
| | (reasonable cause required - explain in Part VI). See | | | |
| | instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2019 | | | |
| a | From 2014 | | | |
| b | From 2015 | | | |
| с | From 2016 | | | |
| d | From 2017 | | | |
| е | From 2018 | | | |
| f | Total of lines 3a through e | | | |
| <u>g</u> | Applied to underdistributions of prior years | | | |
| <u>h</u> | Applied to 2019 distributable amount | | | |
| <u>i</u> _ | Carryover from 2014 not applied (see instructions) | | | |
| | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2019 from | | | |
| | Section D, line 7: \$ | | | |
| a | Applied to underdistributions of prior years | | | |
| b | Applied to 2019 distributable amount Remainder. Subtract lines 4a and 4b from 4. | | | |
| | | | | |
| 5 | Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result | | | |
| | greater than zero, explain in Part VI. See instructions. | | | |
| 6 | Remaining underdistributions for 2019. Subtract lines 3h | | | |
| O | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2020. Add lines 3j | | | |
| • | and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| а | Excess from 2015 | | | |
| b | Excess from 2016 | | | |
| | Excess from 2017 | | | |
| d | Excess from 2018 | | | |
| е | Excess from 2019 | | | |

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 Page 8

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2019

Employer identification number

EMERGENCY MEDICINE FOUNDATION 75-2331221 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Employer identification number 75-2331221

| Part I | Contributors (see instruction | ns). Use duplicate copies of | f Part I if additional space is needed. |
|--------|-------------------------------|------------------------------|---|
|--------|-------------------------------|------------------------------|---|

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|--|
| 1_ | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | | \$57,334. | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | | \$43,891. | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 | | \$ 242,834. | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | | \$108,782. | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 6 | | \$55,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

Employer identification number 75-2331221

| Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. | | | | | | |
|---|-----------------------------------|----------------------------|--|--|--|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| 7 | | \$\$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| | | | Person Payroll Noncash (Complete Part II for noncash contributions.) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| | | | Person Payroll Noncash (Complete Part II for noncash contributions.) | | | |

Name of organization EMERGENCY MEDICINE FOUNDATION

Employer identification number 75-2331221

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|---------------------------|--|---|----------------------|
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Name of organization EMERGENCY MEDICINE FOUNDATION **Employer identification number** 75-2331221 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

SCHEDULE D (Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

| IVAIII | e of the organization | Employer identification number |
|----------|--|--|
| EMI | ERGENCY MEDICINE FOUNDATION | 75-2331221 |
| Pa | art I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A | Accounts. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 6. | |
| | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | |
| 2 | Aggregate value of contributions to (during year) | |
| 3 | Aggregate value of grants from (during year) | |
| | | |
| 4 | Aggregate value at end of year | a donor advisad |
| 5 | Did the organization inform all donors and donor advisors in writing that the assets held in | |
| • | funds are the organization's property, subject to the organization's exclusive legal control? | |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that grant fun | |
| | only for charitable purposes and not for the benefit of the donor or donor advisor, or for any | |
| | conferring impermissible private benefit? | Yes No |
| Pa | Conservation Easements. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 7. | |
| 1 | Purpose(s) of conservation easements held by the organization (check all that apply). | |
| | Preservation of land for public use (for example, recreation or education) Preservation of | f a historically important land area |
| | Protection of natural habitat Preservation of | f a certified historic structure |
| | Preservation of open space | |
| 2 | Complete lines 2a through 2d if the organization held a qualified conservation contribution in the | he form of a conservation |
| | easement on the last day of the tax year. | Held at the End of the Tax Year |
| а | Total number of conservation easements | 2a |
| b | | 2b |
| С | | 2c |
| d | Number of conservation easements included in (c) acquired after 7/25/06, and not on a | |
| ű | | 2d |
| 3 | Number of conservation easements modified, transferred, released, extinguished, or terminal | · |
| 3 | | ated by the organization during the |
| 4 | tax year Number of states where preparty subject to conservation accompatible legated. | |
| 4 | Number of states where property subject to conservation easement is located | a bandina of |
| 5 | Does the organization have a written policy regarding the periodic monitoring, inspectio | - |
| _ | violations, and enforcement of the conservation easements it holds? | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing co | onservation easements during the year |
| | > | |
| 7 | Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing cor | nservation easements during the year |
| | > \$ | |
| 8 | Does each conservation easement reported on line 2(d) above satisfy the requirements of section | |
| | and section 170(h)(4)(B)(ii)? | Yes No |
| 9 | In Part XIII, describe how the organization reports conservation easements in its revenue and e | expense statement and |
| | balance sheet, and include, if applicable, the text of the footnote to the organization's financial | I statements that describes the |
| | organization's accounting for conservation easements. | |
| Pa | art III Organizations Maintaining Collections of Art, Historical Treasures, or Other S | Similar Assets. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 8. | |
| 1a | If the organization elected, as permitted under FASB ASC 958, not to report in its revenue | statement and balance sheet works |
| | of art, historical treasures, or other similar assets held for public exhibition, education, o | r research in furtherance of public |
| _ | service, provide in Part XIII the text of the footnote to its financial statements that describes the | |
| b | If the organization elected, as permitted under FASB ASC 958, to report in its revenue sta | |
| | art, historical treasures, or other similar assets held for public exhibition, education, or resear provide the following amounts relating to these items: | arch in furtherance of public service, |
| | (i) Revenue included on Form 990, Part VIII, line 1 | > \$ |
| | (ii) Assets included in Form 990, Part X | |
| _ | | |
| 2 | If the organization received or held works of art, historical treasures, or other similar as | ssets for financial gain, provide the |
| _ | following amounts required to be reported under FASB ASC 958 relating to these items: | . |
| a | Revenue included on Form 990, Part VIII, line 1 | |
| <u>b</u> | Assets included in Form 990, Part X | ▶ \$ |

Page 2 Schedule D (Form 990) 2019

| Pa | rt III Organizations Maintaini | ng Collections of A | Art, Historical Tre | asures, or Ot | her Similar Assets | (continu | ed) | | |
|---------|---|------------------------|-----------------------|-------------------|--------------------------|-------------|----------|---------------------|--|
| 3 | Using the organization's acquisition | n, accession, and ot | her records, check | any of the fo | llowing that make si | gnificant | use o | of its | |
| | collection items (check all that app | ly): | | | | | | | |
| а | Public exhibition | | | or exchange pro | gram | | | | |
| b | Scholarly research | | e Other | | | | | | |
| С | Preservation for future gene | | | | | | | _ | |
| 4 | Provide a description of the organ | nization's collections | and explain how t | hey further the | organization's exem | pt purpo | se in | Part | |
| _ | XIII. | 11.24 | | | | | | | |
| 5 | During the year, did the organization | | | | | | | ٦ | |
| Do | assets to be sold to raise funds rath | | ned as part of the c | organization's co | Dilection? | Yes | i | No | |
| Ра | Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. | | | | | | | | |
| 1a | Is the organization an agent, truste | e, custodian or other | intermediary for c | ontributions or c | other assets not | | | | |
| | included on Form 990, Part X? | | | | | Yes | ; | No | |
| b | If "Yes," explain the arrangement i | n Part XIII and compl | ete the following tab | le: | | | | | |
| | | | | | Amou | nt | | | |
| С | Beginning balance | | | | | | | | |
| d | Additions during the year | | | | | | | | |
| е | Distributions during the year | | | | | | | | |
| f | Ending balance | | | | | | | T | |
| | Did the organization include an am | | | | | Yes | | No | |
| | If "Yes," explain the arrangement i | n Part XIII. Check he | re if the explanation | has been provid | ded on Part XIII | | | | |
| Pa | rt V Endowment Funds. Complete if the organiza | ation answored "Voc | " on Form 000 F | Part IV/ lina 10 | | | | | |
| | Complete ii the organiza | (a) Current year | (b) Prior year | (c) Two years bad | | (e) Fou | r voore | hack | |
| _ | | 3,579,342. | 3,338,249. | 2,952,54 | | | | $\frac{647}{647}$. | |
| | Beginning of year balance | 20,436. | 74,395. | 156,21 | | . 2, | 0,72, | | |
| b | Contributions | 20,130. | , 1,333. | 130721 | | | | | |
| С | Net investment earnings, gains, | 26,107. | 176,698. | 233,48 | 305,300 | 4,600 | | 600. | |
| ٦ | and losses | ., . | 10,000. | 4,00 | • | | | | |
| | Other expenditures for facilities | | | · | , | | | | |
| - | and programs | | | | | | | | |
| f | Administrative expenses | | | | | | | | |
| g g | End of year balance | 3,625,885. | 3,579,342. | 3,338,24 | 9. 2,952,548 | . 2, | 697, | 247. | |
| 2 | Provide the estimated percentage | of the current year e | nd balance (line 1g. | column (a)) held | d as: | | | | |
| а | Board designated or quasi-endown | nent ▶ 100.0000 | % | (-7, | | | | | |
| b | Permanent endowment ▶ | % | | | | | | | |
| С | Term endowment ▶ | .% | | | | | | | |
| | The percentages on lines 2a, 2b, a | | | | | | | | |
| 3a | Are there endowment funds not in | the possession of the | e organization that | are held and ac | dministered for the | | V | | |
| | organization by: | | | | | a (1) | Yes | No | |
| | (i) Unrelated organizations | | | | | 3a(i) | | X | |
| | (ii) Related organizations | | | | | 3a(ii) | | X | |
| _ | If "Yes" on line 3a(ii), are the related Describe in Part XIII the intended of | • | • | | | 3b | | | |
| 4 Pa | rt VI Land, Buildings, and Equ | | on s endowment fur | ius. | | | | | |
| ı a | Complete if the organization | ation answered "Ye | s" on Form 990, F | Part IV, line 11 | a. See Form 990, F | Part X, Iir | ne 10 | | |
| | Description of property | (a) Cost or o | | | Accumulated depreciation | (d) Book v | alue | | |
| 1a | Land | , | (0) | | a sprooration | | | | |
| b | Buildings | | | | | | | | |
| C | Leasehold improvements | | | | | | | | |
| d | Equipment | | | | | | | | |
| _е | Other | | | 05,931. | 49,434. | | 56,4 | 197. | |
| Tota | I. Add lines 1a through 1e. (Column | (d) must equal Form | 990, Part X, column | n (B), line 10c.) | | | 56,4 | 197. | |

| | (a) Description of security or category | (b) Book value | art IV, line 11b. See Form 990, Part (c) Method of valuation: | |
|--|--|--|---|--|
| | (including name of security) | | Cost or end-of-year market value | • |
| | al derivatives | | | |
| | held equity interests | | | |
| | | | | |
| (A) (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | (h) marel a marel Forms 2000 Book V. and (D) line 40.) | | | |
| art VIII | n (b) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related. | . • | | |
| ait VIII | Complete if the organization ans | | art IV, line 11c. See Form 990, Part | X, line 13. |
| | (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |) |
| 1) | | | | |
| 2) | | | | |
| 3) | | | | |
| !) :\ | | | | |
| 5) 6) | | | | |
| 7) | | | | |
| 3) | | | | |
| 9) | | | | |
| | n (b) must equal Form 990, Part X, col. (B) line 13.) | . ▶ | | |
| Part IX | Other Assets. | wordd "Voo" on Form 000 D | | |
| | | | art IV lina 11d Saa Larm 000 Dart | V lina 15 |
| | Complete ii the organization and | | art IV, line 11d. See Form 990, Part | |
| 1) | Complete ii the organization and | (a) Description | | X, line 15.) Book value |
| | Complete ii tile Organization and | | | |
| 2) | Complete ii the organization and | | | |
| 2) 3) | Complete ii tile organization and | | | |
| 1) 2) 3) 4) | Complete ii tile Organization and | | | |
| 2) 3) 4) 5) | Complete ii tile Organization and | | | |
| 2) 3) 4) 5) 6) | | | | |
| 2) 3) 4) 5) 5) 7) | | | | |
| 2) 3) 4) 5) 6) 7) 3) | | (a) Description | (b | |
| 2) 3) 4) 5) 6) 7) 8) | umn (b) must equal Form 990, Part X, co Other Liabilities. Complete if the organization ans | (a) Description | (b |) Book value |
| 2) 3) 4) 5) 6) 7) 3) 9) | umn (b) must equal Form 990, Part X, co Other Liabilities. Complete if the organization ans line 25. | (a) Description Ol. (B) line 15.) | |) Book value |
| 2) 3) 4) 5) 6) 7) 8) 9) otal. (Cold | umn (b) must equal Form 990, Part X, co Other Liabilities. Complete if the organization ans line 25. | (a) Description | |) Book value |
| 2) 3) 4) 5) 6) 7) 3) 0) tal. (Columnation) | umn (b) must equal Form 990, Part X, co Other Liabilities. Complete if the organization ans line 25. | (a) Description Ol. (B) line 15.) | |) Book value |
| 2) 3) 4) 5) 6) 7) 3) 9) otal. (Cold art X | umn (b) must equal Form 990, Part X, co Other Liabilities. Complete if the organization ans line 25. | (a) Description Ol. (B) line 15.) | |) Book value |
| 2) 3) 4) 5) 6) 7) 3) 9) otal. (Colorat X | umn (b) must equal Form 990, Part X, co Other Liabilities. Complete if the organization ans line 25. | (a) Description Ol. (B) line 15.) | |) Book value |
| 2) 3) 1) 5) 6) 7) 8) 9) otal. (College of the college of t | umn (b) must equal Form 990, Part X, co Other Liabilities. Complete if the organization ans line 25. | (a) Description Ol. (B) line 15.) | |) Book value |
| 2) 3) 4) 5) 6) 7) 8) 9) 1) 1) 1) 1) 1) 1) 1) 1) 1) 1) 1) 1) 1) | umn (b) must equal Form 990, Part X, co Other Liabilities. Complete if the organization ans line 25. | (a) Description Ol. (B) line 15.) | |) Book value |
| 2) 3) 4) 5) 6) 7) 3) 9) tal. (Cold art X | umn (b) must equal Form 990, Part X, co Other Liabilities. Complete if the organization ans line 25. | (a) Description Ol. (B) line 15.) | |) Book value |
| 2) 3) 4) Feder 2) 3) 4) 5) 7) 3) 7) 8) 8) 8) 8) 8) 8) 8) 8) 8) 8) 8) 8) 8) | umn (b) must equal Form 990, Part X, co Other Liabilities. Complete if the organization ans line 25. | (a) Description Ol. (B) line 15.) | |) Book value |
| 2) 3) 4) 5) 6) 6) 6) 6) 6) 7) 8) 6) 7) 8) 8) 8) 8) 8) 8) 8) 8) 8) 8) | umn (b) must equal Form 990, Part X, co Other Liabilities. Complete if the organization ans line 25. (a) I | (a) Description Ol. (B) line 15.) wered "Yes" on Form 990, P Description of liability | |) Book value |
| 2) 3) 1) 5) 6) 7) 8) 9) stal. (Color 2) 3) 4) 5) 6) 7) 3) 9) stal. (Color | umn (b) must equal Form 990, Part X, co. Other Liabilities. Complete if the organization ans line 25. (a) I ral income taxes | (a) Description Ol. (B) line 15.) | |) Book value), Part X,) Book value |

Page 4 Schedule D (Form 990) 2019

| | C D (1 01111 330) 2013 | | r age -r |
|---------|---|---------|----------------------|
| Part ! | XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | n. | |
| | | 1 | 2,374,617. |
| 1 2 | Total revenue, gains, and other support per audited financial statements | • | |
| a | Net unrealized gains (losses) on investments | | |
| b | Donated services and use of facilities | | |
| С | Recoveries of prior year grants | | |
| d | Other (Describe in Part XIII.) | | 01 (51 |
| е | Add lines 2a through 2d | 2e | 91,651. |
| 3 | Subtract line 2e from line 1 | 3 | 2,202,500. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b4a | | |
| a b | Other (Describe in Part XIII.) | - | |
| | Add lines 4a and 4b | 4c | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | 2,282,966. |
| Part | XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | ırn. | |
| | | 1 | 2,127,597. |
| 1 2 | Total expenses and losses per audited financial statements | • | <u> </u> |
| a | Donated services and use of facilities | | |
| b | Prior year adjustments | | |
| С | Other losses | | |
| d | Other (Describe in Part XIII.) | | |
| е | Add lines 2a through 2d | 2e | 245,633. |
| 3 | Subtract line 2e from line 1 | 3 | 1,881,964. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | - | |
| b | Other (Describe in Part XIII.) | 4c | |
| с 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). | 5 | 1,881,964. |
| Part | XIII Supplemental Information. | | |
| Provide | e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F | Part V, | line 4; Part X, line |
| | XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform | iation. | |
| SEE | PAGE 5 | | |
| | | | |
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Part XIII Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2

ASC 740 FOOTNOTE:

MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

SCHEDULE D, PART V, LINE 4

INTENDED USE OF THE ORGANIZATION'S ENDOWMENT FUNDS:

THE FOUNDATION'S ENDOWMENT CONSISTS OF ONE FUND FOR THE PURPOSE OF MEDICAL AND EDUCATION RESEARCH. THE ENDOWMENT INCLUDES FUNDS DESIGNATED BY THE GOVERNING BODY TO FUNCTION AS ENDOWMENTS (BOARD-DESIGNATED ENDOWMENT FUNDS).

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

2019

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service
Name of the organization

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Employer identification number

| EMERGENCY MEDICINE FOUNDATION | 75-233122 | 75-2331221 | | | | | |
|--|----------------|------------------------------------|--------------------------|---------------------------------------|---|---------------------------------------|------------------------------------|
| Part I General Information on Grants and | d Assistanc | е | | | | - | |
| Does the organization maintain records to su the selection criteria used to award the grant Describe in Part IV the organization's proced | s or assistand | ce? | | | | | X Yes No |
| Part IV, line 21, for any recipient the | | _ | | | - | | es" on Form 990, |
| (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| (1) YALE UNIVERSITY OFFICE OF SPONSORED PROJECT | | | | | | | EMF PILOT PROJECT/ |
| P.O. BOX 1873 NEW HAVEN, CT 06508-1873 | 06-0646973 | 501(C)(3) | 60,000. | | | | TOXICOLOGY FDN GRAN |
| (2) OHIO STATE | | | | | | | GEMSSTAR GERIATRIC |
| 1960 KENNY ROAD COLUMBUS, OH 43210 | 31-6025986 | 501(C)(3) | 6,250. | | | | GRANT |
| (3) MASS GENERAL HOSPITAL - RESEARCH | | | | | | | EMF/EMRA RESIDENT |
| BANK OF AMERICA N.A P O BOX 414876 | 04-2697983 | 501(C)(3) | 7,770. | | | | RESEARCH GRANT |
| (4) BETH ISRAEL DEACONESS MEDICAL CENTER | | | | | | | EMF/EMRA RESIDENT |
| BANK OF AMERICA N.A P.O. BOX 414876 | 04-2103881 | 501(C)(3) | 10,000. | | | | RESEARCH GRANT |
| (5) WAKE FOREST UNIVERSITY HEALTH SCIENCES | | | | | | | EMF/EMRA RESIDENT |
| 1 MEDICAL CENTER BOULEVARD | 22-3849199 | 501(C)(3) | 10,000. | | | | RESEARCH GRANT |
| (6) UNIVERSITY OF COLORADO DENVER | | | | | | | EMF/EMRA RESIDENT |
| P.O. BOX 910238 DENVER, CO 80291 | 84-6000555 | 501(C)(3) | 10,000. | | | | RESEARCH GRANT |
| (7) VANDERBILT UNIVERSITY MEDICAL CENTER VUMC F | | | | | | | EMF/EMRA RESIDENT |
| P.O. BOX 121236 DALLAS, TX 75312 | 62-0476822 | 501(C)(3) | 10,000. | | | | RESEARCH GRANT |
| (8) THE WASHINGTON UNIVERSITY CAMPUS | | | | | | | EMF CAREER |
| BOX 1034, 700 ROSEDALE AVENUE | 43-0653611 | 501(C)(3) | 75,000. | | | | DEVELOPMENT GRANT |
| (9) MEDSTAR HEALTH RESEARCH INSTITUTE | | | | | | | EMF RESEARCH |
| 6525 BELCREST ROAD, SUITE 700 | 52-6056274 | 501(C)(3) | 74,976. | | | | FELLOWSHIP GRANT |
| (10) UNIVERSITY OF CALIFORNIA, DAVIS | | | | | | | DIRECTED GRANT |
| 1 SHIELDS AVENUE DAVIS, CA 95616 | 94-6036494 | 501(C)(3) | 6,000. | | | | -EMF/NIDA |
| (11) YALE SCHOOL OF MEDICINE | | | | | | | DIRECTED GRANT |
| 464 CONGRESS AVENUE SUITE 260 | 06-0646973 | 501(C)(3) | 6,000. | | | | -EMF/NIDA |
| (12) UNIVERSITY OF SOUTHERN CALIFORNIA | | | | | | | DIRECTED GRANT/ COR |
| SOUTH FLOWER STREET LOS ANGELES, CA 90089 | 06-0646973 | 501(C)(3) | 31,000. | | | | EDU. RESEARCH EMF |
| 2 Enter total number of section 501(c)(3) and3 Enter total number of other organizations list | - | • | | | | | |

JSA

9E1288 1.000

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2019)

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No. 1545-0047 2019

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number EMERGENCY MEDICINE FOUNDATION 75-2331221

| General Information on Grants and | | | | the sussets | l aliada da caraca | | |
|---|----------------|------------------------------------|----------------------------|---------------------------------------|---|---------------------------------------|------------------------------------|
| 1 Does the organization maintain records to su | | | • | | | | X Yes No |
| the selection criteria used to award the grant Describe in Part IV the organization's proces | | | | | | | |
| | | | | | 1 4 9 4 | | · " |
| Part II Grants and Other Assistance to D | | _ | | | | | es" on Form 990, |
| Part IV, line 21, for any recipient the | hat received | more than \$5 | ,000. Part II can I | be duplicated if a | additional space is r | needed. | |
| (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| (1) NYU LANGONE HEALTH SPONSORED PROGRAMS ADMIN | | | | | | | MID-CAREER RESEARCH |
| 1 PARK AVENUE NEW YORK, NY 10016 | 13-5562308 | 501(C)(3) | 124,400. | | | | DEVELOPMENT GRANT |
| (2) ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI | | | | | | | VA FELLOW TO |
| 1 GUSTAVE L. LEVY PLACE, BOX: 3500 | 13-6171197 | 501(C)(3) | 100,000. | | | | FACULTY CAREER GRANT |
| (3) STANFORD UNIVERSITY LOCKBOX | | | | | | | EMF/CORD EM EDUC- |
| P.O. BOX 44253 SAN FRANCISCO, CA 94144 | 94-1156365 | 501(C)(3) | 10,000. | | | | ATION STARTER GRANT |
| (4) RUSH UNIVERSITY MEDICAL CENTER | | | | | | | EMF/CORD EM EDUC- |
| 1750 WEST HARRISON STREET CHICAGO, IL 60612 | 36-2174823 | 501(C)(3) | 10,000. | | | | ATION STARTER GRANT |
| (5) WAYNE STATE UNIVERSITY | | | | | | | |
| 5057 WOODWARD AVE 13TH FLOOR | 38-6028429 | 501(C)(3) | 25,000. | | | | DIRECTED GRANT -GE |
| (6) THE ROYAL WOMEN'S HOSPITAL AND MONSAH UNIVE | | | | | | | |
| 20 FLEMINGTON ROAD PARKVILLE VICTORIA AS 30 | 00-0000000 | GOVT | 25,000. | | | | DIRECTED GRANT - GE |
| (7) DUKE UNIVERSITY SCHOOL OF MEDICINE | | | | | | | |
| 2200 W. MAIN ST., SUITE 300 | 56-0532129 | 501(C)(3) | 100,000. | | | | DIRECTED GRANT -GE |
| (8) | | | | | | | |
| (9) | | | | | | | |
| | | | | | | | |
| (10) | - | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |
| 2 Enter total number of section 501(c)(3) and | government | organizations lis | sted in the line 1 tal | l ole | | <u> </u> | 19. |
| 3 Enter total number of other organizations lis | | | | | | | |
| | | | | | | | |

JSA

9E1288 1.000

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2019)

EMERGENCY MEDICINE FOUNDATION 75-2331221

Schedule I (Form 990) (2019)

| Part III | Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. |
|----------|---|
| | Part III can be duplicated if additional space is needed. |

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1 research grants | 6. | 30,000. | | | |
| 2 | | | | | |
| 3 | | | | | |
| 1 | | | | | |
| j | | | | | |
| 3 | | | | | |
| , | | | | | |

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

SCHEDULE I, PART I, LINE 2

PROCEDURES FOR MONITORING USE OF GRANT FUNDS IN THE US:

EMF CONSIDERS APPLICATIONS AND USES A BLIND PROCESS TO DETERMINE GRANT

RECIPIENTS. REPORTS ARE REQUIRED AND MONITORED AS THE PROJECT ADVANCES TO

ENSURE THAT FUNDS ARE USED AS REQUIRED BY THE GRANT.

SCHEDULE O (Form 990 or 990-EZ)

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

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

EMERGENCY MEDICINE FOUNDATION

75-2331221

Employer identification number

FORM 990, PART VI, SECTION B, LINE 11B

PROCESS TO REVIEW THE FORM 990:

THE FORM 990 IS PROVIDED TO THE FULL BOARD OF TRUSTEES FOR REVIEW PRIOR

TO FILING UNDER THE DIRECTION OF LAYLA POWERS, CHIEF FINANCIAL OFFICER OF

ACEP.

FORM 990, PART VI, SECTION B, LINE 12C

PROCESS TO MONITOR COMPLIANCE WITH CONFLICT OF INTEREST POLICY:

THE CHAIR OF EMF BOARD OF TRUSTEES REVIEWS AND REQUESTS DISCLOSURES OF
CONFLICTS OF INTEREST FROM EVERY BOARD MEMBER PRIOR TO EVERY MEETING. THE
CHAIR MONITORS AND ENFORCES COMPLIANCE WITH THE POLICY. THE CONFLICTS ARE
EVALUATED AND THE BOARD MEMBER ABSTAINS FROM VOTING.

FORM 990, PART VI, SECTION C, LINE 19

AVAILABILITY OF DOCUMENTS:

THE EMF MAKES ITS FORM 990 AND AUDITED FINANCIAL STATEMENTS AVAILABLE ON ITS OWN WEBSITE. THE FORM 990 IS AVAILABLE ON GUIDESTAR AND BY REQUEST TO ANY INQUIRER.

THE EMF MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE UPON REQUEST.

FORM 990, PART VI, SECTION A, LINE 1A

DELEGATION OF AUTHORITY:

Name of the organization

EMERGENCY MEDICINE FOUNDATION

Employer identification number 75-2331221

THE CHAIR, CHAIR-ELECT, IMMEDIATE PAST CHAIR, SECRETARY-TREASURER, AND A MEMBER-AT-LARGE ELECTED BY THE BOARD OF TRUSTEES SHALL CONSTITUTE THE EXECUTIVE COMMITTEE. THE FOUNDATION'S EXECUTIVE DIRECTOR SHALL SERVE AS AN EX-OFFICIO NON-VOTING MEMBER OF THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE MAY ACT IN PLACE AND STEAD OF THE BOARD OF TRUSTEES BETWEEN BOARD MEETINGS ON ALL MATTERS, EXCEPT THOSE SPECIFICALLY RESERVED TO THE BOARD BY THE BYLAWS.

FORM 990, PART VI, SECTION A, LINE 3

DELEGATION OF CONTROL OVER MANAGEMENT DUTIES:

THE DAILY MANAGEMENT OF THE EMERGENCY MEDICINE FOUNDATION (EMF) IS

PERFORMED BY THE STAFF OF AMERICAN COLLEGE OF EMERGENCY PHYSICIANS (ACEP)

UNDER A MANAGEMENT AGREEMENT. THESE SERVICES ARE PROVIDED AT NO COST TO

EMF. ALL DIRECTION FOR ACTIONS IS PROVIDED BY THE BOARD OF TRUSTEES OF

EMF.

PER IRS GUIDANCE, NO COMPENSATION IS SHOWN ON FORM 990, PART VII, FOR THE 2019 CALENDAR YEAR FOR THIS INDIVIDUAL:

PEGGY BROCK

\$ 184,056

ATTACHMENT 1

FORM 990, PART VI, LINE 17 - STATES

 ${\tt AL}$, ${\tt AK}$, ${\tt AZ}$, ${\tt AR}$, ${\tt CA}$, ${\tt CO}$, ${\tt CT}$,

DC, FL, GA, IL, KS, KY, ME, MD, MA, MI,

MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,

RI, SC, TN, UT, VA, WA, WV, WI,

Schedule O (Form 990 or 990-EZ) 2019 Page 2

Employer identification number Name of the organization 75-2331221 EMERGENCY MEDICINE FOUNDATION ATTACHMENT 2

FORM 990, PART IX - OTHER FEES

| DESCRIPTION | (A) TOTAL <u>FEES</u> | (B) PROGRAM SERVICE EXP. | (C) MANAGEMENT AND GENERAL | (D) FUNDRAISING EXPENSES |
|-----------------------|-----------------------------|--------------------------|----------------------------|--------------------------|
| PROFESSIONAL SERVICES | 76,354. | 36,308. | 10,098. | 29,948. |
| CONTRACT LABOR | 217,524. | 2,051. | 63,989. | 151,484. |
| TOTALS | 293,878. | 38,359. | 74,087. | 181,432. |

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

| iling of this | form, visit <i>www.irs.gov/e-file-providers/e-file-i</i> | for-charities | s-and-non-profits. | | | | | |
|---|---|---|---------------------------------|----------------------------|-------------|---------------|------------|----------|
| Automatic | 6-Month Extension of Time. Only subm | it original | (no copies needed). | | | | | _ |
| • | ons required to file an income tax return other orm 7004 to request an extension of time to f | | , , | 0-C filers), partnerships, | RE | MICs, a | nd trusts | ; |
| Гуре or | Name of exempt organization or other filer, see in | nstructions. | | Taxpayer identification nu | ımber (TIN) | | | _ |
| orint | EMERGENCY MEDICINE FOUNDATION | | | 75-233122 | 1 | | | |
| File by the Iue date for iling your | Number, street, and room or suite no. If a P.O. bor P.O. BOX 619911 | ox, see instru | ctions. | | | | | |
| eturn. See nstructions. | City, town or post office, state, and ZIP code. For DALLAS, TX 75261-9911 | r a foreign ad | dress, see instructions. | | | | | |
| Enter the Re | eturn Code for the return that this application | is for (file | a separate application for | or each return) | | | 0 1 | |
| Application Return Application | | | | | | Retur | | |
| s For | r Form 990-EZ | Code 01 | Is For Form 990-T (corporate | tion) | | | 07 | <u>;</u> |
| orm 990-B | | 02 | Form 1041-A | lion) | | | 08 | — |
| Form 4720 | | 03 | Form 4720 (other tha | n individual) | | | 09 | — |
| Form 990-PI | , | 04 | Form 5227 | | | 10 | | |
| | (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | | | 11 | | |
| orm 990-T | (trust other than above) | 06 | | | | 12 | | |
| If the orga If this is for or the whole | e No. ► 972 550-0911 anization does not have an office or place of or a Group Return, enter the organization's for a group, check this box e names and TINs of all members the extens | business ir ur digit Gro f it is for pa | oup Exemption Number | (GEN) | | If th | is is | |
| 1 I reque | est an automatic 6-month extension of time u | ntil | 05/17 , 20 | 21 , to file the exempt | torg | anizati | on returi | <u> </u> |
| for the | organization named above. The extension is calendar year 20 or tax year beginning 07/0 | s for the org | ganization's return for: | | | | | |
| | ax year entered in line 1 is for less than 12 m | nonths, che | ck reason: Initial r | eturn Final returi | n | | | |
| | application is for Forms 990-BL, 990-PF, 9 | 90-T, 4720 | 0, or 6069, enter the | tentative tax, less any | | | | _ |
| | undable credits. See instructions. | 4700 | | · Constability and Pto and | 3a | \$ | | 0. |
| | application is for Forms 990-PF, 990-T, | | • | | | _ | | Λ |
| | ted tax payments made. Include any prior yea te due. Subtract line 3b from line 3a. Include | | | | 3b | \$ | | 0. |
| | onic Federal Tax Payment System). See instru | | ioni with this lotti, ii le | quireu, by using Li 1F3 | 3с | ¢ | | 0. |
| - | u are going to make an electronic funds withdrawa | | it) with this Form 8868 se | ee Form 8453-FO and Form | | | | |
| nstructions. | games to make an electronic range withdrawa | (4 501 400 | , | | . 55 | 3 _0 10 | ၉۵,11101 | - |
| | Act and Paperwork Reduction Act Notice, see inst | ructions. | | | Forn | n 8868 | (Rev. 1-20 | 020) |

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