FORM 990

JUNE 30, 2012

Cumulative e-File History 2011							
	FED						
Locator:	6819EK						
Taxpayer Name:	EMERGENCY MEDICINE FOUNDATION						
Return Type:	990, 990						
Submitted Date:	05/09/2013 18:02:14						
Acknowledgement Date:	05/09/2013 18:27:36						
Status:	Accepted						
Submission ID:	80155820131295000001						

Form **990** 

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury Internal Revenue Service

		The organization	may have to	use a copy of t	nis return to	o satisfy state	reporting requirements.	
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OMB No. 1545-0047

Open to Public

2011

A For	r the 2011 calendar year, or tax year beginning 07/01, 2	011, and endir	the second se	Inspection
	C Name of organization	orri, and chan	D Employer identifi	5/30, <b>20</b> 12
D Check	k if applicable: EMERGENCY MEDICINE FOUNDATION		75-233122	
	Address change Doing Business As		15-255122	T
	Name change Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	г
	Initial return P. O. BOX 619911		(972) 550-0	
1	Terminated City or town, state or country, and ZIP + 4		(5727 550-0	
	Amended DALLAS, TX 75261-9911		G Gross receipts \$	1 441 70
	Application F Name and address of principal officer. C. ROBERT HEARD		H(a) Is this a group retu	1,441,73
	P. O. BOX 619911 DALLAS, TX 75261-9911		affiliates? H(b) Are all affiliates inc	
C	x-exempt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)	)(1) or 52	Contraction of the Contraction o	
	bsite: NWW.EMFOUNDATION.ORG		H(c) Group exemption n	
	rm of organization: X Corporation Trust Association Other	L Year of	formation: 1972 M State	of logal damiailar
Part			Normation. 1972 W State	of legal domicile: T
	1 Briefly describe the organization's mission or most significant activities:			
e	THE EMERGENCY MEDICINE FOUNDATION'S (EMF) MISSI	ION IS TO	SUPPORT	
Activities & Governance	RESEARCH AND EDUCATION IN THE FIELD OF EMERGENC	Y MEDICINE	TO THE	
ern	BENEFIT OF THE PUBLIC.			
200	Check this box 🕨 🔄 if the organization discontinued its operations or disc	osed of more that	p DEN of its and a l	
08 3	Number of voting members of the governing body (Part VI, line 1a)			1:
ties 4	The independent voting members of the doverning hody (Part VI line 1)	2		
5 5	rotal number of individuals employed in calendar year 2011 (Part V line 2a)			
	rotal number of volunteers (estimate if hecessary)			100
7	a rotar unrelated business revenue non Part VIII, column (C), line 12		7-1	10
	b Net unrelated business taxable income from Form 990-T, line 34		7b	
			Prior Year	Current Year
<u>ه</u> 8	Sector and grante (rait vin, into fin)		802,880.	1,070,582
9 gu	( rogram service revenue (Part VIII, line 2g)		002,000.	1,070,582
9 9 9 10	investment income (Part VIII, column (A), lines 3, 4, and 7d)		36,028.	53,750
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0	55,750
12	Intal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12	2)	838,908.	1,124,332
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		502,052.	723,166
14	Benefits paid to or for members (Part IX, column (A), line 4)	a se se das	0027032.	725,100
3 15	Salaries, other compensation, employee benefits (Part IX column (A) lines 5-10	1)		
2 16	a Professional fundraising fees (Part IX, column (A), line 11e)	·····		
×	b rotal fundraising expenses (Fait IX, column (D), line 25)	64		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		151,521.	125 210
18	rotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		653,573.	135,319 858,485
19	Revenue less expenses. Subtract line 18 from line 12		185,335.	265,847
Fund Balances			Beginning of Current Year	
20	Total assets (Part X, line 16)	* 8° •	2,301,081.	End of Year 2,579,656
21	Total liabilities (Part X, line 26)		292,449.	342,665
. 22	Net assets or fund balances. Subtract line 21 from line 20.	• • • • • • • • •	2,008,632.	2,236,991
art II	Signature Block			
nder pe	enalties of perjury, I declare that I have examined this return, including accompanying schedul and complete. Declaration of preparer (other than officer) is based on all information of which	es and statements	and to the best of my knowled	and holief it is to
Jireci,	and complete. Declaration of preparer (other than officer) is based on all information of which	preparer has any k	nowledge.	ge and belief, it is true,
-				
gn	Signature of officer		Date	
ere				
	Type or print name and title			
	Print/Type preparer's name Preparer's signature	Date	Check if PT	IN
aid	BRUCE E BERNSTIEN Jun Kernstr	8/9/	2 Check if Pi	
eparer	Firm's name BRUCE F BERNSTIEN & ACCOC DO		<u></u>	P01424343
e only	Firm's address > 10440 N CENTRAL EXPRESSWAY STE 1040 DALLAS THE 2001		Firm's EIN 🕨	11 - 17 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1

<sup>40</sup> DALLAS, TX 75231 214-706-0840 May the IRS discuss this return with the preparer shown above? (see instructions) Phone no. X Yes No For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2011)

75-2331221

1	Briefly describe the	organization's miss	sion:	any question in this P			
	ATTACHMENT	1	51011.				
				and the second se			
2	Did the organization	n undertake any si	gnificant progra	am services during t	he year which we	re not listed on the	
	pilor 1 0111 000 01 3					ie not listed on the	Yes X
•	If "Yes," describe the	ese new services o	n Schedule O.	- 10 W MAR 19 14 1610 14 80 1990 18 18		**********	
3	Did the organization services?	on cease conduct	ing, or make	significant changes	in how it cond	ucts, any program	
	If "Yes," describe the			*********			Yes X
4							
	Describe the organ expenses. Section s grants and allocation	501(c)(3) and 501	(c)(4) organiz	plishments for each	of its three larg	est program service	es, as measure
	grants and allocation	is to others, the tot	al expenses an	adons and section	4947(a)(1) trusts	are required to re	port the amou
				a revenue, il any, ioi	each program sei	vice reported.	
la	(Code:	) (Expenses \$	754,473. incl	uding grants of \$	(F2 010 )/F	2010010	
	EMF RESEARCH G	RANTS				Contraction and the second	)
	THE FOUNDATION	HAS ESTABLIS	SHED A NUME	ER OF PRESTIG	LOUS GRANT AN	D	
	ACADEMIC PROGR	AMS. DURING 7	THE 2011-12	YEAR, EME AWA	RDED \$652 01	0	
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	TO SUCCESSFULL	Y COMPLETE TH	HEIR PROJEC	T. TO LEARN AN	BOUT SPECIFIC		
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75-2331221

Pa	Int IV Checklist of Required Schedules			Page 3
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
2	is the organization required to complete Schedule B. Schedule of Contributors (see instructions)	. 1	X	A DESCRIPTION OF A DESCRIPTION
3	bid the organization engage in direct or indirect political campaign activities on behalf at a single and the second		X	
	candidates for public office 7 / Yes, "complete Schedule C. Part I	. 3		X
4	dection set (c)(s) organizations. Did the organization engage in lobbying activities, or have a section set (c)			
-	election in election ing the tax year? IT "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 merchant is	· – –	1	
	assessments, or similar amounts as defined in Revenue Procedure 98-102 if "Vos " complete Detection			
6		5		
0	Did the organization maintain any donor advised funds or any similar funds or appointe from the termination			-
	have the right to provide duvice of the distribution of investment of amounts in such a		1	
7	"Yes," complete Schedule D, Part I	6		X
	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
	complete Schedule D, Part III			
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit courseling, dobt means and the serve as a custodian for amounts not listed in Part	8		X
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
10	and the organization, directly of through a related organization hold practs in the	9		X
	endowments, permanent endowments, or guasi-endowments? If "Yes" complete Schedule D. Det H	140		v
11	in the organization's answer to any of the following questions is "Yes" then complete Schodule D. D. ( ) a	10	States	X
	VII, VIII, IX, VI X as applicable.	in the second		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete		RACAN	12.95
		11a		Х
b				
	of its total assets reported in Fall A. line 10 / If "Yes" complete Schedulo D. Bod Vill	11b		Х
C				
	of its total assets reported in Fall A, line 10/ If "Yes" complete Schedule D. Port VIII	11c		Х
u	and the organization report an annumental assets in party time 16 that is for			
е	reported in Part X, line 16? If "Yes," complete Schedule D, Part X.	11d		Х
f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e	1	Х
2	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X			
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X	11f	X	
	complete Schedule D, Parts XI, XII, and XIII.			
b	and the statements for the target of the target and the target and the target of	12a	X	
	the organization answered. No to line 12a, then completing Schedule D. Parts XI, XII, and XIII in anti-	4.01		v
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Ves " complete Schoolute E	12b		X
14 a	Did the organization maintain an onice, employees, or agents outside of the United States	13 14a		X
b	and the organization have aggregate revenues of expenses of more than \$10,000 from	144		<u></u>
	rundraising, business, investment, and program service activities outside the United Otales			
	torcigit investments valued at \$100,000 of more? If "Yes" complete Schedule E Ports Lond N	14b		X
15	bid the organization report on Part IX, column (A), line 3 more than \$5,000 of grants as assist			
4.0	organization of entity located outside the United States? If "Yes" complete Schodulo E. Dette II and the	15		Х
16	Did the organization report on Part IX, column (A) line 3 more than \$5,000 of aggregate ment			
17	to individuals located outside the United States? If "Yes" complete Schedule E Porte III and IV	16		Х
17	bld the organization report a total of more than \$15,000 of expenses for professional fundation			
	on rairing, column (A), mes o and rie? If Yes, complete Schedule G Part I (see instructional	17		Х
	Did the organization report more than \$15,000 total of fundraising event gross income and			1
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		Х
	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 . Did the organization operate one or more heapital facilities of the organization operate one of more heapital facilities of the organization operate one of more heapital facilities of the organization operate one of more heapital facilities of the organization operate one of more heapital facilities of the organization operate one of more heapital facilities of the organization operate one of more heapital facilities of the organization operate one of more heapital facilities of the organization operate one of th			-
	and the organization operate one of more nospital racimes? If "yes " complete Schodule Li	19		X
b	in red to line 200, did the organization attach a conv of its audited financial statements is it.	20a		X
		20h		

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	n 990 (2011) /5-23.	3122.	L	-
Pa	art IV Checklist of Required Schedules (continued)			Page 4
21	Did the organization report more than \$5,000 f		Yes	No
~ 1	Did the organization report more than \$5,000 of grants and other assistance to any government or organization	6		
22	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	. 21	X	
	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	. 22		X
	organization's current and former officers, directors, trustees, key employees, and highest compensated	15		
	employees? If "Yes," complete Schedule J			
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	23		X
	wild, doo as of the last day of the year. that was issued after December 21, 20022 if inc.			
	through 24d and complete Schedule K. If "No," go to line 25.			
Ł	bid the organization invest any proceeds of tax-exempt honds beyond a tomporany particular	-		X
c	bid the organization maintain an escrow account other than a refunding escrow at any time to the			<u> </u>
	to dereduce any tax-exempt builds?	122		
c	ord the organization act as all of period of issuer for honde outetanding at any time durt	24c		
25 a	occurs of (c)(s) and so (c)(4) organizations. Did the organization engage in an avera			
	with a disqualined person during the vear of yes "complete Schedule ( Devi )			
b	the organization aware that it engaged in an excess penetit transaction with a diameter	25a		X
	your, and that the transaction has not been reported on any of the organization's stick to		1	
		0.51		
26	the a roun to or by a current of former of the contraction the store highly a current of the sto			X
	disqualition person outstanding as of the end of the organization's tax yoar? If "Vea" as we have	20		v
27	and the organization provide a grant of other assistance to an officer director to	26		X
	substantial contributor of citiblovee liferent a drant selection committee measure			
	childy of family member of any of these persons? If "Yes" complete Schedulo I. Bort III	27		v
28	the organization a party to a pushess transaction with one of the following parties (and a line of the following parties (	27		X
	are wind decions for applicable filling (intestions, and exceptions).	1.1		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete a list in the	28a		X
b	reality member of a current of joining officer director trustee or key employee or to be	208		<u> </u>
		28b		Х
C	The order of which a care of longer the top and are and the top and top and the top and top an	200		
12021	and an officer, director, indirect of indirect owner? It "Ves" complete Schedule L. D. Chi	28c		Х
29	Did the organization receive more that \$25,000 in non-cash contributions? If these	29		X
30	Did the organization receive contributions of art historical treasures or other similar	20		
-	conscivation contributions in res, complete Schedule M	30		Х
31	signification inducate, terminate, of uissoive and cease operations? If "Ves" complete Optical is the			
	, uit , , , , , , , , , , , , , , , , , , ,	31		Х
32	and the signification sell, excitatinge, dispose of of transfer more than 25% of its			
33		32		Х
33	and organization own too of all cituly distensional as senarate from the ereculart			
24	Socions Sol, Trolez and Sol, Troles (In tes Complete Schedule D. Dort I	33		Х
34	the organization related to any lax-exempt or tayable entity? If "Voc " complete or the second			
35 a		34	X	
b	big and organization have a controlled entity within the meaning of section 512/b/(12)0	35a		Х
D				
36	incaring of section 512(0)(15)? If res, complete Schedule & Part V line 2	35b		Х
37	related organization in res, complete schedule R Part V line 2	36		
5.	and organization ophiduot more than 070 ULIS altivities infolian an entity that is not			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
38	Part VI	37		Х
	Did the organization complete outeule U and provide evidenations in Cabadula of			
-	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	

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Par				Pa
	Check if Schedule O contains a response to any question in this Part V.			ſ
			Yes	ť
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	8	103	t
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	No.	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	-	-0-25	
	reportable gaming (gambling) winnings to prize winners?	Mark Ser	V	1
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c	X	
	Statements filed for the calendar was oned on the antikle of wage and Tax			
h	Statements, filed for the calendar year ending with or within the year covered by this return . 2a	0	Sec.	串
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
0.	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).			T
Ja	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		
U	it res, has it field a Form 990-1 for this year? If "No," provide an explanation in Schedule O	26		t
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		1.	t
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			1
		1.		
b	If "Yes," enter the name of the foreign country:	4a	1.	╁
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Think P		ł
5a	Was the organization a party to a problem of the day shall be be-22.1, Report of Foreign Bank and Financial Accounts.		STREET.	4
h	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		
0	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
C .	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		Ι
va	bes the organization have annual gross receipts that are normally greater than \$100,000, and did the		1	ſ
	organization solicit any contributions that were not tax deductible?	6a		
D D	in res, uld the organization include with every solicitation an express statement that such contributions			ł
	gins were not tax deductible?	Ch		l
7	Organizations that may receive deductible contributions under section 170(c).	6b	SEARCI	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	ALC: NO	S Children	Times of
	and services provided to the payor?		1262	1
h	and services provided to the payor?	7a	Х	L
0	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			ĺ
- 3	required to the Form 62627	7c		
a	if Yes," indicate the number of Forms 8282 filed during the year	100	1.5	STATES.
eı	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal bonofit contracto	7e		Ĩ
1 1	Did the organization, during the year, pay premiums, directly or indirectly on a personal benefit contract?	7f		1
y i	The organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			-
h	f the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g		-
8 3	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	7 h	202.472	2
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	100	and the second	
	regarization have excess business bolding at any time during the weather than maintained by a sponsoring		2221	100
9 5	brganization, have excess business holdings at any time during the year?	8		
	Did the conservations manually donor advised funds.	Sal and	15/2	į,
al	Did the organization make any taxable distributions under section 4966?	9a		
D L	bid the organization make a distribution to a donor, donor advisor, or related person?	9b		-
0 8	Section 501(c)(7) organizations. Enter:	ANT A	Configuration of	1
al	nitiation fees and capital contributions included on Part VIII, line 12		4.0	l.
b(	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
1 5	Section 501(c)(12) organizations. Enter:	and and		
		1.18	235.5	in the second
	Bross income from members or shareholders	a she	影響	
	against amounts due or provinces (be not her amounts due or paid to other sources			
2 - 5	against amounts due or received from them.)	192395		1000
2a 3	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
bli	refer the amount of tax-exempt interest received or accrued during the year 12b	1000		1.1
3 5	Section 501(c)(29) qualified nonprofit health insurance issuers.	City I		Same.
a ls	s the organization licensed to issue qualified health plans in more than one state?	13a	1	1
	lote. See the instructions for additional information the organization must report on Schedule O	100	10000	-
bE	inter the amount of reserves the organization is required to maintain by the states in which			
tl	no organization is licensed to issue qualified be all		E Car	and and
c F		and the second	No. of Street	in the second
	Did the organization receive any payments for indoor tanning services during the tax year?	NO BEALL	现现"	100
	and the standing during the local and the total and the to	4 4 - 1		
h lf	"Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a		

Part VI       Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, a	Page d for pedu X No X X
Check if Schedule O contains a response to any question in this Part VI         Section A. Governing Body and Management         1a       Enter the number of voting members of the governing body at the end of the tax year. If there are	X No X X
1a       Enter the number of voting members of the governing body at the end of the tax year. If there are	No X X
1a       Enter the number of voting members of the governing body at the end of the tax year. If there are	x
1a       Enter the number of voting members of the governing body at the end of the tax year. If there are	x
International differences in voting rights among members of the governing body, or if the governing body       1b       1b       18         Image: the number of voting members included in line 1a, above, who are independent	x
b       Enter the number of voting members included in line 1a, above, who are independent	x
b       Enter the number of voting members included in line 1a, above, who are independent	x
<ul> <li>2 Did any onicer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?</li> <li>3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?</li> <li>4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?</li> <li>5 Did the organization become aware during the year of a significant diversion of the organization's assets?</li> <li>6 Did the organization have members or stockholders?</li> <li>7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?</li> <li>b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?</li> <li>8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:</li> <li>a The governing body?</li> <li>b Each committee with authority to act on behalf of the governing body?</li> <li>9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes" provide the approx or proven or proven or persons of the reached at the organization's mailing address?</li> </ul>	x
<ul> <li>2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?</li> <li>4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?</li> <li>4 Did the organization become aware during the year of a significant diversion of the organization's assets?</li> <li>5 Did the organization have members or stockholders?</li> <li>7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?</li> <li>b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?</li> <li>8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:</li> <li>a The governing body?</li> <li>b Each committee with authority to act on behalf of the governing body?</li> <li>b Each committee with authority to act on behalf of the governing body?</li> <li>c Bit there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address?</li> </ul>	x
<ul> <li>b) a management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?</li> <li>4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?</li> <li>5 Did the organization become aware during the year of a significant diversion of the organization's assets?</li> <li>6 Did the organization have members or stockholders?</li> <li>7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?</li> <li>b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?</li> <li>8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:</li> <li>a The governing body?</li> <li>b Each committee with authority to act on behalf of the governing body?</li> <li>9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? // "Yes" movide the name of addresse in a direction of the reached at the organization's mailing address?</li> </ul>	
<ul> <li>4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?</li></ul>	
<ul> <li>5 Did the organization become aware during the year of a significant diversion of the organization's assets?</li></ul>	X
<ul> <li>7a Did the organization have members of stockholders?</li> <li>7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?</li> <li>b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?</li> <li>8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:</li> <li>a The governing body?</li> <li>b Each committee with authority to act on behalf of the governing body?</li> <li>9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes" provide the promo and address?</li> </ul>	122
<ul> <li>b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?</li> <li>8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:</li> <li>a The governing body?</li> <li>b Each committee with authority to act on behalf of the governing body?</li> <li>9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes" provide the parene and eddress of the parene and eddress? If "Yes" provide the parene and eddress?</i></li> </ul>	Х
<ul> <li>b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?</li> <li>8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:</li> <li>a The governing body?</li> <li>b Each committee with authority to act on behalf of the governing body?</li> <li>9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes" provide the promo and address?</li> </ul>	X
<ul> <li>stockholders, or persons other than the governing body?</li> <li>B Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:</li> <li>a The governing body?</li> <li>b Each committee with authority to act on behalf of the governing body?</li> <li>9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes" provide the parte ord end of the part VII.</li> </ul>	
<ul> <li>8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:</li> <li>a The governing body?</li> <li>b Each committee with authority to act on behalf of the governing body?</li> <li>9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes" provide the name ord address?</li> </ul>	
<ul> <li>the year by the following:</li> <li>a The governing body?</li></ul>	v
<ul> <li>a The governing body?</li></ul>	Х
<ul> <li>9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and address of the name address of the name and address of the name and address of the name address</li></ul>	
<ul> <li>9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and address of the name of the names and address of the name of</li></ul>	
the organization's mailing address? If "Yes" provide the names and address address and address address and address a	
Section B. Policies (This Section B requests information about policico pet required to the section B requests information about policico pet required to the section B requests information about policico pet required to the section B requests information about policico pet required to the section B requests information about policico pet required to the section B requests information about policico pet required to the section B requests information about policico pet required to the section B requests information about policico pet required to the section B requests information about policico pet required to the section B requests information about policico pet required to the section B requests information about policico pet required to the section B requests information about policico pet required to the section B requests information about policico pet required to the section B requests information about policico pet required to the section B requests information about policico pet required to the section B requests information about policico pet required to the section B requests information about policico pet required to the section B requests information about policico pet required to the section B requests information about policico pet required to the section B requests information about policico pet required to the section B requests information about policico pet requests i	
	Х
Code.)	
10a       Did the organization have local chapters, branches, or affiliates?       Yes         b       If "Yes." did the organization have written policies and       10a	No
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	Х
and branchies to criguie their uperations are consistent with the area-i	
Did the organization have a written conflict of interest policy? If the the table to the	
rise to conflicts?	
c Did the organization regularly and consistently monitor and and	
<ul> <li>3 Did the organization have a written whistleblower policy?</li></ul>	
independent persons, cullulated and contemporaneous substants in	
with a taxable entity during the year?	٢
participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	
<ul> <li>List the states with which a copy of this Form 990 is required to be filed ▶_<u>ATTACHMENT_2</u></li> <li>Section 6104 requires an organization to make its Forms 1023 (or 1024 is not in the state).</li> </ul>	
available for public inspection. Indicate how you made these available. Check all that apply.	/)
Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest p and financial statements available to the public during the tax year.	
State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ PHYLLIS L. EDANS, CPA 1125 EXECUTIVE CIRCLE IRVING, TX 75038	icy,

1E1042 1.000

Form 990 (2011)

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest	75-233122	21 Page 7
Section A	Check if Schedule O contains a response to any question in this Part VII		

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

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

· 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	box, office	unle er an	Po heck	erson direc	e than is both tor/trus employee	tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
					-	- d				
JAY A KAPLAN, MD, FACEP CHAIR	1.00	x		x				0	o	
(2) PAUL D. KIVELA, MD, FACEP	-									0
CHAIR ELECT	1.00	X		Х				0	0	0
(3) VIDOR E FRIEDMAN, MD, FACEP SECRETARY - TREASURER	1 1 00									
(4) MICHAEL J GERARDI, MD, FACEP	1.00	X		Х				0	0	0
IMMEDIATE PAST CHAIR	1.00	x		x						
(5) ALAN JONES, MD, FACEP								0	0	0
BOARD MEMBER	1.00	X						0		
STEPHEN TRZECIAK, MD BOARD MEMBER	- 1.00	x						0	0	0
(7) DONALD STADER, MD							-	0	0	0
BOARD MEMBER	1.00	X						0		
(8) LAURA GILES				-			-		0	0
BOARD MEMBER	1.00	X						0	0	0
(9) BRENDAN G CARR, MD	_									0
BOARD MEMBER	1.00	Х						0	0	0
(10) JAMES M CUSICK, MD, FACEP BOARD MEMBER	-									0
(11) EDWARD C JAUCH, MD, FACEP	1.00	X					_	0	0	0
BOARD MEMBER	1.00	v								
(12) BRIAN F KEATON, MD, FACEP	1.00	X	-					0	0	0
BOARD MEMBER	1.00	x								arin
(13) JOHN H PROCTOR, MD, MBA, FACE BOARD MEMBER								0	0	0
(14) JOHN J ROGERS, MD, FACEP BOARD MEMBER	- 1.00	X						0	0	0

JSA 1E1041 1.000

Form 990 (2011)

Form 990 (2011)

#### 75-2331221

Part VII Section A. Officers, Directors, Tru (A)	(5)	T		4					eu Linployees (	continued)
Name and title	(B) Average hours per week (describe	box, office	unles	s pe d a d	ition more rson irect	e than is both or/trus	an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensatio from the organization and related organization
D) ALEX ROSENAU, MD, CPE, FACEP BOARD MEMBER	1.00	x		$\neg$	_	ă				
5) SANDRA M SCHNEIDER, MD, FACEP BOARD MEMBER	1.00				-			0	0	
) DAVID P SKLAR, MD, FACEP BOARD MEMBER	-	X						0	0	
BOARD MEMBER	1.00	X		-	-			0	0	
BOARD MEMBER	1.00	X	-	-	_			0	0	
			-	_						
			-	+	-					
				+	-					
					-		_			
				_	_		_			
			_	_	+					
2 Sub-total										
<ul> <li>Sub-total</li> <li>Total from continuation sheets to Part VII, See</li> <li>Total (add lines 1b and 1c)</li> <li>Total number of individuals (including but not ling reportable compensation from the organization)</li> </ul>			••	• •				0	0	
reportable compensation from the organization		050 115	sted	abc	ove)	wno	rec	eived more than \$	100,000 of	
Did the organization list any former officer employee on line 1a? If "Yes," complete Schedule	s o loi suci	imaiv	iqua							Yes 3
For any individual listed on line 1a, is the su organization and related organizations grea	m of repo ter than	stable \$150	e co ,000	mp€ 0?	ens <i>If</i>	ation <i>"Yes,"</i>	and ″co	d other compensa complete Schedule	tion from the J for such	
for services rendered to the organization? If "Yes	CCTUO COM	none								4 5
Complete this table for your five highest comp	ensated in	tonon	don	+	-			1		
compensation from the organization. Report cor year.	npensation	n for t	he c	alei	nda	r yea	ren	ding with or within	han \$100,000 of the organization	s tax
(A) Name and business addre	ss							(B) Description of servi	ces Co	(C)

JSA 1E1055 2.000

	III Statement of Reve	enue		(A)	(B)	(C)	(D)
- - 				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
	<ul><li>Membership dues</li><li>Fundraising events</li></ul>						a de la calendaria
	a Related organizations		38,566.				1
6	ent mandelen verstere en						
	f All other contributions, gifts, gra						
	and similar amounts not include						
9		in lines 1a-1f: \$ _					
<u>'</u>	Total. Add lines 1a-1f	<u></u>	Business Code	the second s			P P State of P
2a			Busiliess Code		- All and a second s	and the second	
b							
c							
d							
e							
f g	the strict program outloo for						
3	Total. Add lines 2a-2f Investment income (includin			0			
Ŭ	other similar amounts)	TTACHMENT		43,094.			
4	Income from investment of t						43,094.
5	Royalties • • • • • • • • • •	<u></u>		0			
		(i) Real	(ii) Personal				Providence Sala
6a	Gross rents						
b	Less: rental expenses		-				
c d	Rental income or (loss)						
7a	11-12	(i) Securities	(ii) Other				
1 a	assets other than inventory	328,054					
b	Less: cost or other basis						
	and sales expenses	317,398					A CARACTER .
c d	Gain or (loss)						
8a	Net gain or (loss)		· <u>····</u>	10,656.			10,656.
oa	events (not including \$	U		12 martine for			
	of contributions reported on I						
	See Part IV, line 18						
b	Less: direct expenses	•••• b					
c	Net income or (loss) from fun		· · · · · · · · •	0			And an an address of the second s
9a	Gross income from gaming ad See Part IV, line 19	ctivities.		ALC: NOT OF THE	The second second	a distant to be in	a latest a state
b	Less: direct expenses						
c	Net income or (loss) from gar			0			
0a	Gross sales of invento	ry, less					Constant States
	returns and allowances						
b	Less: cost of goods sold	••••• b		A State of the second second			
c	Net income or (loss) from sale Miscellaneous Revenu	es of inventory, .	Business Code	0			
1a			Susmess Code			a the second second	a state of the
b							· · · · · · · · · · · · · · · · · · ·
c		0					
d	All other revenue						
	Total. Add lines 11a-11d			0		IN THE PARTY OF	
2	Total revenue. See instruction	<u>s</u>	<u></u>	1,124,332.			53,750.

## 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) but are not required to complete columns (B), (C), and (D).

D	Check if Schedule O contains a response on the include amounts reported on lines 6b,	(A)	(B)		
7	b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	organizations in the United States. See Part IV, line 21.	723,166.	723,166.		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	o			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	0			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and			<i>a</i>	
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include section				and a state of the
122	401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees):				
	Management	0	-		
	Legal	0			· · · · · · · · · · · · · · · · · · ·
	Accounting	5,839.		5,839.	·····
	Lobbying	0			
	Professional fundraising services. See Part IV, line 17	0			
	Investment management fees	3,693.		3,693.	
	Other	22,070.	7,525.	8,960.	5,585
	Advertising and promotion	0			
3	Office expenses	28,718.	9,284.	9,567.	9,86
4	Information technology.	0			
5	Royalties.	0	-		
6	Occupancy	0			
7	Travel	20,523.	7,059.	13,464.	
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
	Conferences, conventions, and meetings	54,476.	7,439.	2,925.	44,112
		0			
	Payments to affiliates	0			
	Depreciation, depletion, and amortization	0			
		0			-
	Other expenses. Itemize expenses not covered		a		
	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	· · · · · · · · · · · · · · · · · · ·			
		· · · · · · · · · · · · · · · · · · ·			
d.				5	
	All other expenses	050 405			
6.	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	858,485.	754,473.	44,448.	59,564
0	organization reported in column (B) joint costs				
f	rom a combined educational campaign and				
f	undraising solicitation. Check here ► X if ollowing SOP 98-2 (ASC 958-720)	20.000			
		26,480.	10,571.		15,909

Form 990 (2011)

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Form 990	(2011)	
Part X	Balance	Sheet

Page 11

		(A)	[	(B)
		Beginning of year		End of year
	1 Cash - non-interest-bearing 2 Savings and temporary applications	236,261.	1	327,076
	- Odvings and temporary cash investments	425,636.	2	154,451
	S Fledges and grants receivable, net	0		
	i robourito robertabic, riet	30,787.	4	33,120
	and former officers, directors, trustees key			
	employees, and highest compensated employees. Complete Part II of			
	Schedule L 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) persons described in continue 4059(c)(20(2))	0	5	
	employers and sponsoring organizations of pacifier End(a)(B), and contributing			
ssets	employees belieficiary organizations (see instructions)	0	6	
se	notes and loans receivable, net	0	7	and the second se
4	a inventories for sale of use	0	8	
	a ropaid expenses and deletted charges	0	9	
1	va Land, buildings, and equipment: cost or		-	
	other basis. Complete Part VI of Schedule D 10a	a 121		
	b Less: accumulated depreciation	Ö	10c	ſ
1		1 600 000	11	2,065,009.
1	2 Investments - other securities. See Part IV, line 11		12	
1	investments - program-related. See Part IV, line 11		13	
1.	+ Intangible assets		14	(
1:	Other assets. See Part IV, line 11		15	
10	p Total assets. Add lines 1 through 15 (must equal line 34)	0 001 001	16	2,579,656.
11	Accounts payable and accrued expenses	6 600	17	10,445.
18	Grans payable	050 565	18	304,717.
19	Deterred revenue		19	27,503.
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Payables to current and former officers, directors, trustees key	Y	21	
	employees, highest compensated employees and disqualified persons	2 67 63		
	Complete Part II of Schedule L	0		0
23	occured mongages and notes payable to unrelated third partice		23	0
24	Unsecured notes and loans payable to unrelated third parties		24	0
25	Other liabilities (including federal income tax, payables to related third	Y	24	0
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	0	25	0
26	Total habilities. Add lines 17 through 25.	0.0.0	26	342,665.
	Organizations that follow SFAS 117, check here $\blacktriangleright$ X and complete lines 27 through 29, and lines 33 and 34.		20	
27		2,008,632.	27	2,236,991.
28	remporarily restricted net assets		28	
29	r enhanemy restricted her assets		29	0
27 28 29 30 31 32 33	complete lines 30 through 34. and		29	0
30				
31	Paid-in or capital surplus, or land, building, or equipment fund	and the second se	30	
32	Retained earnings, endowment, accumulated income, or other funda		31	
33	Total net assets or fund balances	0	32	0.001.00
34	Total liabilities and net assets/fund balances.		33	2,236,991.
		2,301,081.	34	2,579,656.

2,579,656. Form **990** (2011)

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P	art XI Reconciliation of Net Assets			P	age <b>12</b>
	Check if Schedule O contains a response to any question in this Part XI			. Χ	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,	124,	332.
2	lotal expenses (must equal Part IX, column (A), line 25)	2			485.
3	Revenue less expenses. Subtract line 2 from line 1	3		265,	847.
4	Net assets of fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,0	008,	632.
5	Other changes in het assets or fund balances (explain in Schedule O)	5		-37,	488.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X line 22)				-
	column (B))	6	o /		0.01
Ρ	art XII Financial Statements and Reporting		-	236,9	<u>991.</u>
-	Check if Schedule O contains a response to any question 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 Schedule O.				
2a	and an and an and a statements complete of reviewed by an independent accountents		0.0		
b	and a gameation o manoial statements audited by an independent accountant?		01		X
С	If Yes to line 2a or 2b, does the organization have a committee that assumes responsibility for		2b	X	
	of the audit, review, or complication of its financial statements and selection of an independent associate	-10	0		
	If the organization changed either its oversight process or selection process during the tax year, e		. 20	X	
	Schedule O.				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the y				
	issued on a separate basis, consolidated basis, or both:	ear were	1.12	1	e
	X Separate basis Consolidated basis Both consolidated and separate basis		141		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth :			
	the Single Audit Act and OMB Circular A-133?	iorth in	20		37
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	· · · ·	. <u>3a</u>		<u>X</u>
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	ergo the	3b		

Form 990 (2011)

SCHEDULE A (Form 990 or 990-EZ)

## 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.

2011 Open to Public Inspection

OMB No. 1545-0047

Department of the Internal Revenue S	Treasury Service
Name of the or	ganization
EMERGENCY	MEDICIN

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

EMERG	ENCY MEDICINE	FOUNDATION						Emp		entification number		
Part I			us (All organizations m	ulet or	malo	to this a	and ) C		7	5-2331221		
The org	anization is not a pr	ivate foundation b	ecause it is: (For lines 1 t	hroug	h 11 al	te this p	an.) s	see ins	truction	IS.		
1	A church, conven	tion of churches, o	r association of churches	descr	ihed in	sostion		00X.)				
2	A school describe	d in section 170(b	)(1)(A)(ii). (Attach Sched	ule F )	ibeu in	300101	11/0(0	(1)(A)(	1).			
3	A hospital or a co	operative hospital	service organization desc	ribod i	n secti	ion 170/	b)(4)()					
4	A medical resear	ch organization o	perated in conjunction v	vith a	hosnit	Jorr noi	ribod i	A)(111).		-		
1944-194												
5	An organization of	perated for the be	enefit of a college or uni	versity		d or on						
			1 alt 11.)						overnm	ental unit describe	d in	
6	6 A federal, state, or local government or governmental unit described in postion 470/h/4/4/4/											
An organization that normally receives a substantial part of its support from a governmental unit or from the												
							overni	iemai u		form the general pu	blic	
8	A community trus	t described in sect	ion 170(b)(1)(A)(vi) (Cor	nplete	Part II.	)						
9	An organization th	nat normally receiv	es: (1) more than 331/39	% of its		ort from	contr	ibutions	memi	Pership food and a		
	teeelete nonn aon	rided foldied to it		NOCT T	n corte	In ovon		1 10				
	and here and and	oo mroounom me	one and unrelated bus	iness	taxable	e incom	a lloc	a nontin	on 511	tax) from busines	ns	
		guinzation alter ou	The SU, 19/5, See Section	1 5090	a 1 ( 2) (	('omnio	to Dort	HII Y		taxy north busines	565	
10	An organization or	ganized and operation	ated exclusively to test for	nublic	cofotu	Soo or			4).			
11	An organization (	rganized and obe	rated exclusively for the	> hone	fit of	to non				f. or to carry out	the	
	the bear of a such a	in more publicity a	apported organizations d	escrin	ed in a	CONTION I	500/-1	4)			ion	
	a Type I	no box intracocin	ses the type of supporting	) organ	nizatioi	n and co	mplete	lines 1	1e thro	ugh 11h.		
e	u iyoci	D I IVDE	C Voc	111 - E	unction	nallyinte	annal I		100	Tantas to analysis superior		
е <u> </u>	by checking this	box, i certify that	t the organization is not	t cont	rolled	directly	or inc	lirectly	by one	Contraction and Contraction an	ied	
	509(a)(1) or sectio	i roundution mane	agers and other than one	or mo	ore pul	blicly su	pporte	d orgar	izations	described in sect	ion	
f												
	organization, check	this hav	en determination from th	ie IRS	that it	t is a T	ype I,	Type II,	or Typ	e III supporting		
g	Since August 17, 2	2006 has the orga	nization accepted any gif							· · · · · · · · · [		
0	following persons?	leve, nue ale orga	meation accepted any gr	t or co	ntribut	ion from	i any o	f the				
			ectly controls, either alor	10 or	togoth	or	Martine a		20 000000	•		
	and (iii) below,	the governing bo	dy of the supported organ	le UI	ogeth 2	er with	persor	ns desc	ribed in		No	
	(iii) A family mem	per of a person de	scribed in (i) above?			••••	• • • •	••••		<u>11g(i)</u>		
	(iii) A 35% control	led entity of a pers	on described in (i) or (ii) a	bove?		• • • •	• • • •	• • • •		11g(ii)		
h	Provide the following	ng information abo	ut the supported organization	ation(s	$\cdot \cdot \cdot$		• • • •			11g(iii)	-	
	ame of supported	(ii) EIN	(iii) Type of organization	1	Is the	(v) Did v	ou notify	(hii)	s the	(		
	organization		(described on lines 1-9 above or IRC section		zation in listed in	the orga	anization		ation in	(vii) Amount of support		
		-	(see instructions))	your g	overning ment?	in col. your su			rganized U.S.?			
				Yes	No	Yes	No	Yes	No			
(A)												
(B)											-	
(C)												
(D)	11 - E											
·····												
(E)												
· · · · · · · · · · · · · · · · · · ·		-										
Total												
For Panery	work Reduction Act N	otice see the Instru	ations (		L							

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

Schedule A (Form 990 or 990-EZ) 2011

75-2331221

Common State	art II Support Schedule for O					<i>1</i>	Page 2
		ganizations L	Described in S	Sections 170(	b)(1)(A)(iv) a	nd 170(b)(1)(A	And in case of the local division of the loc
	(Complete only if you cheor Part III. If the organization	fails to qualify	under the test	s listed below	the organizat	ion failed to qu	alify under
Se	ction A. Public Support			e noted below,	please comp	lete Part III.)	
Cal	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(0 T.L.
				.,,	(4) 2010	(0) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	471,530.	661,032.	525,614.	802,880.	1,070,582.	2 521 620
2							3,531,638.
2	lax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities	-					
· ·	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	471,530.	661,032.	525,614.	802,880.	1,070,582.	3,531,638.
5	The portion of total contributions by						
	each person (other than a governmental unit or publicly	ALC: SALES			A Contraction of the		
	supported organization) included on				a station where	THE LEADER	
	line 1 that exceeds 2% of the amount shown on line 11, column (f).	Also and a		a an an an	An anna an an	and the second	
6	Public support. Subtract line 5 from line 4.						613,721.
Sec	tion B. Total Support						2,917,917.
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	471,530.	661,032.	525,614.	802,880.	1,070,582.	3,531,638.
8	Gross income from interest, dividends, payments received on securities loans,						3,331,038.
	rents, royalties and income from similar					6 - 2 - E	
	sources	67,574.	49,347.	19,507.	24,367.	53,750.	214,545.
9	Net income from unrelated business activities, whether or not the business						
	is regularly carried on						-
10	Other income. Do not include gain or				1		2
	loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10	the second of	THE CALL STREET	in the state of the	Carrow and an and a second		
12	Gross receipts from related activities, etc. (s			Construction of the plant has \$10000 Canadiants and			3,746,183.
13	First five years, if the Form 990 is for	or the organizati	on's first second	A Alatan da ante	AND A CONTRACT OF	12	
				, unira, rourth, i	or fifth tax year	as a section 5	501(c)(3)
Sec	and a computation of a ablic Oup	Joint rei centar	le				· · · ▶
14	Public support percentage for 2011 (lin	ne 6, column (f)	divided by line	11, column (f))		14	77.89%
15	Public support percentage from 2010 ;	Schedule A. Par	t    line 14			4 =	00 25
16a	sons & support test - 2011. If the of	ganization did	not check the h	lox on line 13	and line 14 in 1	224 10 0/	- Loge Conversion And
	this box and stop here. The organizatio	on qualifies as a	DUDIICIV SUDDOR	ed organization			V
b	5511576 Support test - 2010. If the 0	ruarization did	not check a ho	y on line 13 or	160 and line	45 . 00 01	
	check this box and stop here. The orga	inization dualifie	s as a publicly s	unnorted organi	zation	1.0	
IIa	To to the diffe di		inization did no	t check a hov o	n line 12 10-	401	2 2 2
	10% or more, and if the organization	meets the fac	ts-and-circumsta	ances" test, che	ck this box and	stop here. Ex	plain in
	Part IV how the organization meets the	le lacts-and-cli	cumstances" te	st. The organiza	ation qualifies a	is a publicly sup	oported
b	organization	010 If the org	· · · · · · · · · · · ·	· · · · · · · · · · ·			▶
	15 is 10% or more, and if the orga	nization meets	the "facts-and	circumstances"	n line 13, 16a	, 16b, or 17a, a	ind line
	Explain in Part IV how the organization	n meets the "fa	acts-and-circum	stances" toot TI	iest, cneck thi	s box and stop	here.
	supported organization	a second second second second second					
18	i mate roundation. Il the organization	ulu not check a	box on line 13,	16a, 16b, 17a, (	or 17h check th	his hox and soo	
	instructions				, oneon u	is box and see	

Schedule A (Form 990 or 990-EZ) 2011

75-2331221

	art III Support Schedule for Orga	anizations De	scribed in Sec	tion 509(a)(2)	and the second second		F
	(Complete only if you chec	ked the box c	n line 9 of Part	I or if the orac	nization fails	d to qualify und	er Part II.
Se	If the organization fails to que ction A. Public Support	ally under tr	le tests listed b	elow, please c	omplete Par	t II.)	
	endar year (or fiscal year beginning in)	(2) 2007		1			
1			(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Tota
	Gifts, grants, contributions, and membership fees						
2	received. (Do not include any "unusual grants.")		1				
-	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	2. A		2.4			
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
	received from disgualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified		5 S				
	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.						
	Public support (Subtract line 7c from						
						_	
Sec	tion B. Total Support					1. A. 4	
	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6						(1) 10101
104	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
~			the second se	and a second		1 1	
11	Net income from unrelated business			and the second		·	
11	Net income from unrelated business activities not included in line 10b.						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
11 12	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
11 12 13	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	the organization	's first, second, t	hird, fourth, or	fifth tax year a	S a section 501/c	-1/3)
11 12 13	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on		10 YE 100 YE 100 JUL 21 100 HE	hird, fourth, or	fifth tax year a	s a section 501(c	:)(3)
11 12 13 4	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	ort Percenta		<u></u>	<u>.</u>	s a section 501(c	c)(3) · · · · ▶ [
11 12 13 4 6ecti 5	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	column (f) divide	ge d by line 13, colum	n (f))	· · · · · · · · · · ·		
11 12 13 4 5 6	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	column (f) divide	ge d by line 13, columi e 15	n (f))	· · · · · · · · · · ·	15	· · · · ► [
11 12 13 4 5 6	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	column (f) divide ule A, Part III, lin	ge d by line 13, columi e 15	n (f))	· · · · · · · · · · · ·		
111 12 13 6 6 1 6 7 1	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	column (f) divide ule A, Part III, lin Income Perce	ge d by line 13, column e 15 centage	n (f))		15 16	▶ 
111 12 13 6 6 1 6 7 1	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	column (f) divide ule A, Part III, lin Income Perce	ge d by line 13, column e 15 centage	n (f))		15	· · · · ► [
11 12 13 6 1 6 1 6 1 7 1 8 1	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	column (f) divide ule A, Part III, lin Income Perce 10c, column (f chedule A, Part I	ge d by line 13, columi e 15 centage ) divided by line 13	n (f))		15 16 17	· · · · •
11 12 13 6 6 1 6 7 1 8 8 1 9 9 3	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	column (f) divide ule A, Part III, lin <b>Income Perc</b> 10c, column (f chedule A, Part I nization did no	ge d by line 13, colum e 15 centage ) divided by line 13 II, line 17 t check the box	n (f))		15           16           17           18	▶ 
111 12 13 4 6 6 1 6 6 1 6 6 1 8 8 1 8 1 9 8	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	column (f) divide ule A, Part III, lin <b>Income Perc</b> 10c, column (f chedule A, Part I inization did no box and stop	ge d by line 13, colum e 15 centage ) divided by line 13 II, line 17 t check the box	, column (f))	line 15 is more	15       16       17       18       e than 331/3%, ar	and line
11 12 13 4 6 6 1 6 7 1 8 1 9 8 1 9 8 1 1 5 5	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	oort Percenta column (f) divide ule A, Part III, lin <b>Income Perc</b> a 10c, column (f chedule A, Part I unization did no box and stop ization did not c	ge d by line 13, colum e 15 centage ) divided by line 13 II, line 17 t check the box here. The organ	, column (f))	line 15 is more as a publicly s	15           16           17           18           e than 331/3%, ar           supported organiz:	or of the station ►

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Page 4

#### Schedule A (Form 990 or 990-EZ) 2011

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Ň,

		Supplen	nental Financial Statem	onte	OMB No. 1545-00
(FC	orm 990)		organization answered "Yes," to I		2011
Dep Inte	partment of the Treasury mal Revenue Service	Part IV, line 6, 7, 8	8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f Form 990. ► See separate instruc	, 12a, or 12b.	Open to Publ
Nam	ne of the organization		Form soo. P See separate instruc		Inspection er identification number
Contraction and	ERGENCY MEDICI			75.	_ 2221 221
Pa	rt I Organizat	ions Maintaining Donor Adv	vised Funds or Other Similar Fur	ids or Account	ts. Complete if the
	organizatio	on answered "Yes" to Form \$	550, Part IV, line 6.		w. complete il tre
			(a) Donor advised funds	(b) F	unds and other accounts
1 2	Aggregate contribu	d of year			
3	Aggregate contribu	tions to (during year) rom (during year)	······		
4	Aggregate value at	end of year.			
5	Did the organizatio	n inform all donors and donor	advisors in writing that the assets h		
	funds are the organ	ization's property, subject to the	e organization's exclusive legal contr	eld in donor ad	
6	Did the organization	i inform all grantees, donors, al	nd donor advisors in writing that are	nt funda	A DESCRIPTION OF STREET DESCRIPTION AND
	only for charitable p	ourposes and not for the benefi	t of the donor or donor advisor, or f		
240	conterring impermis	SSIDIE Drivate benefit?			
Pa		en Edochichta. Gombleten	THE UNDANIZATION ANSWARAG "VAC'	" to Form 990	Part IV line 7
1		ervation easements new by the	organization (check all that apply).		
	Preservation of	of land for public use (e.g., recr	eation or education) Preserva	ation of an histor	rically important land area
	Protection of r		Preserva	ation of a certifie	ed historic structure
2	Preservation c	or open space			
-	easement on the las	st day of the tax year.	eld a qualified conservation contribut	tion in the form	of a conservation
		······································			
а	Total number of cor	servation easements		He	ld at the End of the Tax Yea
b	lotal acreage restri	cted by conservation easements		21	
С	Number of conserva	ation easements on a certified	nistoric structure included in (a)	20	
d	Number of conserva	ation easements included in (c)	acquired after 8/17/06 and not on a		
	historic structure list	ed in the National Register			
3	Number of conserva	ation easements modified, trans	sferred, released, extinguished, or te	erminated by the	organization during the
					gana and a daming and
5	Does the organization	nere property subject to conser	vation easement is located >		
,	violations and enfor	coment of the conservation	ng the periodic monitoring, inspectio	on, handling of	
5	Staff and volunteer l	certent of the conservation easily and the manifesting in	sements it holds?		Yes N
		iours devoted to monitoring, in	specting, and enforcing conservation	n easements du	ring the year
	Amount of expenses	incurred in monitoring, inspect	ting, and enforcing conservation eas		
:	Does each conserva	tion easement reported on line	2(d) above satisfy the requirements	of section 170/h	
	(I) and section 170(II	14101111			
	balance sheet, and i	include, il applicable, the text of	Ine lootnote to the organization's fi	nancial stateme	nts that describes the
	organization o accou	inting for conservation easement	ILS.		
en.	Complete if	the organization answered	of Art, Historical Treasures, or C 'Yes" to Form 990, Part IV, line 8	Other Similar A	Assets.
а	If the organization e	lected as permitted under SE	103 101 0111 990, Part IV, IIIe 8		
a	works of art, histori	ical treasures, or other simila	AS 116 (ASC 958), not to report in r assets held for public exhibition, otnote to its financial statements tha	its revenue sta	atement and balance she
	public service, provid	le, in Part XIV, the text of the fo	otnote to its financial statements that	it describes thes	e items.
	public service, provid	le the following amounts relatin	to these items.	education, or	research in furtherance
	(i) Revenues include	ed in Form 990, Part VIII, line 1			
	(ii) Assets included i	Part A	The first of the second s		
	in the organization i	eceived of neid works of an	, historical treasures or other sim	ilar accote for	financial gain provide th
		CUTEU IO DE LENNTER LINGEL SE	AS 116 (ASC 050) relation to the	*1	
a	Revenues included in	1 Form 990 Part VIII line 1			
b	Assade tracked to me	000 0 111			· • 3

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0/1/2010	TT: 01. 1/	m

EMERGENCY MEDICINE H	FOUNDATION
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Sch	nedule D (Form 990) 2011										51221	260
P	art III Organizations Maintain	ing Colle	ctions o	f Art, Hist	orical Tr	easures	s, or	Other	r Simila	Assets	(continued)	Page 2
3	Using the organization's acquisition collection items (check all that app	on, access										
	Public exhibition			d		an or ex	chan	ge pro	grams			
	c Scholarly research C Preservation for future ge	morntinus		e	Ot	ner						
4	Provide a description of the organ	enerations		an ana ang ang ang ang ang ang ang ang a								
-	Provide a description of the organ XIV.	nization's (	collection	is and exp	lain how	they fur	ther	the or	ganizatio	on's exemp	ot purpose i	n Part
5		n solicit o	receive	donationa	of orthic		2020					
	assets to be sold to raise funds rath	her than to	be main	tained as n	or art, ris	orical tre	easur	es, or	other sin	nilar		
Pa	art IV Escrow and Custodial A line 9, or reported an an	rrangeme	ents. Co	molete if	the oras	nization	ans	wered	l "Yes" to	o Form 99	90, Part IV,	No
	T. 0											
1a	Is the organization an agent, truster	e, custodia	n or othe	er intermed	liary for co	ontributio	ons o	r othe	r assets r	not		
b	included on Form 990, Part X? If "Yes," explain the arrangement in	Dort VIV		••••	• • • • •					[	Yes	No
~	in ree, explain the analyement in	Fait AIV a	na comp	plete the fo	llowing ta	ble:						_
С	Beginning balance					ŀ				Amount		
d	Additions during the year					••••	10		E			
е	Distributions during the year						10					
f	Ending balance						40			·····		
2a	Did the organization include an am	ount on Fo	rm 990,	Part X, line	21?					T	Yes	- No
	in ros, explain the attailyement in	Part AIV.										No
Pa	rt V Endowment Funds. Com	plete if th	ne organ	nization ar	nswered	"Yes" to	For	m 990	), Part IV	/. line 10.		
10		(a) Curre	nt year	(b) Prie	or year	(c) Two	years	back		years back	(e) Four years	back
ia h	Beginning of year balance											
	Net investment earnings, gains,											
	and losses											
d	Grants or scholarships											
	Other expenditures for facilities .						•					
	and programs											
f	Administrative expenses											
g	End of year balance									-		<u> 75</u>
2	Provide the estimated percentage of	of the curre	nt year e	nd balance	e (line 1g,	column	(a)) h	eld as:				
a	Board designated or quasi-endowm	ent ►		_%			,					
a	Permanent endowment	%										
C	Temporarily restricted endowment		%									
3a	The percentages in lines 2a, 2b, and Are there endowment funds not in t		equal 1	00%.								
	Are there endowment funds not in the organization by:	ne posses	sion of tr	ie organiza	ation that	are held	and	admini	stered for	r the		
	(i) unrelated organizations										Yes	No
	(II) related organizations	e la casta la ca		120 20 200 20 20 20 20							3a(i)	
b	If "Yes" to 3a(ii), are the related orga	anizations	isted as	required on	Schedule	R?			• • • • •		3a(ii)	
4	Describe in Part AIV the intended us	es of the c	rganizati	ion's endou	vment fur	ids.		• • •			36	
Par	t VI Land, Buildings, and Equi	pment. S	ee Forn	n 990, Pa	rt X, line	10.						
	Description of property		(a) Cost or (invest	other basis ment)	(b) Cost o (ot	r other basi her)	s	(c) Accu depre	mulated ciation	(d	Book value	
	Land											
	Buildings											
	Leasehold improvements			2								
	Equipment											
Total	Add lines 1a through 1e. (Column)	(d) must a	uol Form	000 5- 1	V	(0)						
- Jul	I. Add lines 1a through 1e. (Column (	u) must ec	ual rorm	990, Part.	x, column	(B), line	10(c,	).)	►		21 - 11 - 11 - 11 - 11 - 11 - 11 - 11 -	

Schedule D (Form 990) 2011

75-2331221

Concession of the local division of the loca	Form 990) 2011			2331221
Part VII	Investments - Other Securities. See F	orm 990, Part X, lir	ne 12.	Page
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mar	tion: set value
(1) Financi	al derivatives			
(2) Closely	-held equity interests			
(3) Other				
(A)				
<u>(B)</u>				
(C)				
<u>(D)</u> (E)				
(F)				
<u>(G)</u>				
<u>\</u> (H)				
(l)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related. See F	orm 990 Part X lin	0.12	
22 Contract of Contraction	(a) Description of investment type	(b) Book value		
		(b) book value	(c) Method of valuat Cost or end-of-year mark	ion: et value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. See Form 990, Part X, Iir			
(1)	(a)	Description		(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
10)				
otal. (Column	(b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities. See Form 990, Part X,	line 25.		
•	(a) Description of liability	(b) Book value		
	l income taxes			
(2)				
(3)				Market Contraction
(4)				
(5)				4 - 4 - 4
(6)				
(7) (8)	· · · · · · · · · · · · · · · · · · ·			
(9)				Contraction of the
(9) 10)				
11)				The second second
	(b) must equal Form 990, Part X, col. (B) line 25.)	•		
	C 740) Footpote In Part XIV, provide the to			

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

75-2331221

Contraction of the local division of the loc	ule D (Form 990) 2011		-2331221
Par		nonte	Page 4
1	Total revenue (Form 990, Part VIII, column (A) line 12)	1	1,124,332.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	858,485
3	Excess of (denoit) for the year. Subtract line 2 from line 1	3	265,847
4	Not unreduzed gains (losses) on investments	4	-37,487
5		4 5	-37,487.
6		5	
7		7	
8		8	
9	rotal adjustments (net). Add lines 4 through 6	9	-37,487.
10	Exects of (denote) for the year per audited financial statements. Combine lines 3 and 9	4.0	228,360.
	Reconciliation of Revenue per Audited Financial Statements With Revenue per Reconciliation	turn	220,300.
1	rotal revenue, gains, and other support per audited financial statements		1 1,198,728.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	· · –	1/100,720.
а	Net unrealized gains on investments	7	
b	Donated services and use of facilities	15	
С	Recoveries of phor year grants		
d			
е	Add lines za tillodgil zu	2	e 74,396.
3			<b>1</b> ,124,332.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		1/124,332.
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	13	
b	Other (Describe in Part XIV.)		
С	Add lines 4a and 4b	4	
5	and to find to find to find to gual for gay part in a 171		1 104 220
Part	All Reconciliation of Expenses per Audited Financial Statements With Expenses per P	eturn	1/124/332.
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	· –	
а	Donated services and use of facilities 2a 111,88	3.	
b	Prior year adjustments 2b		
С	Other losses Other (Describe in Part XIV.) Add lines 2a through 2d	-	
d	Other (Describe in Part XIV.)	100	
	Add mes za though zu	20	e 111,883.
3		3	and the second s
4	Amounts included on Form 990. Part IX line 25 but not on line 4.		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV.)		
c _	Add lines 4a and 4b	40	e
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 5	
Part	AV Supplemental information		and the second
Part V.	ete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par line 4: Part X, line 2: Part XI, line 8: Part XII, lines 2d and 4b; and Part XIII, lines 1a and 4; Par	t IV, lir	nes 1b and 2b;
any ad	line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comple ditional information.	ete thi	s part to provide
SEE	PAGE 5		
-			

Schedule D (Form 990) 2011

JSA

ORGANIZATION'S LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48 SCHEDULE D, PART X, LINE 2:

THE FOUNDATION IS A PUBLIC CHARITABLE AND EDUCATION INSTITUTION WITHIN THE MEANING OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND, AS SUCH, IS SUBJECT TO INCOME TAXES ONLY TO THE EXTENT OF TAXABLE UNRELATED BUSINESS. DURING THE YEARS ENDED JUNE 30, 2012 AND 2011, THE FOUNDATION HAD NO UNRELATED BUSINESS INCOME TAX LIABILITY. THE FOUNDATION HAS CONCLUDED THAT IT DOES NOT HAVE ANY UNRECOGNIZED LIABILITIES RESULTING FROM UNCERTAIN TAX POSITIONS. ACCORDINGLY, NO AMOUNTS REGARDING UNCERTAIN TAX POSITIONS HAVE BEEN RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS. THE FOUNDATION DOES NOT HAVE ANY OUTSTANDING INTEREST OR PENALTIES, AND NONE HAVE BEEN RECORDED IN THE STATEMENTS OF ACTIVITIES FOR THE YEARS ENDED JUNE 30, 2012 AND 2011.

SCHEDULE I (Form 990)	Grants a	Ind Other A	Grants and Other Assistance to Organizations.	o Organiza	itions,		OMB No. 1545-0047
	overnme	ents, and Ir	Governments, and Individuals in the United States	n the United	d States		201
Department of the Treasury Internal Revenue Service	plete if the	organization ans	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.	orm 990, Part IV,	line 21 or 22.		Open to Public
Name of the organization EMERGENCY MEDICINE FOUNDATION						Employer identification number	Inspection on number
Part I General Information on Grants and Assistance	d Assistanc	e				75-2331221	8
1 Does the organization maintain records to substantiat	ubstantiate th	le amount of the	grants or assistan	ce. the arantees'	te the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	or secietance and	
<ul> <li>the selection criteria used to award the grants or assistance?</li> <li>Describe in Part IV the organization's procedures for monitoring the organization.</li> </ul>	s or assistand	ce?	itance?	Inited States			X Yes
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000.	sovernment ny recipien space is n	ients and Organization ient that received is needed	tions in the Unit more than \$5,00	ed States. Com 0. Check this bo	plete if the organiza ox if no one recipier	ation answered "Ye threceived more th	is" an \$5,000.
<ol> <li>(a) Name and address of organization or government</li> </ol>	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-	(f) Method of valuation (book, FMV, appraisal,	(g) Description of	(h) Purpose of grant
(1) METROHBALTH MEDICAL CENTER					other)	non-cash assistance	or assistance
2500 METROHEALTH DR CLEVELAND, OH 44109	34-6004382	POLITICAL SUBDI	50,000.				CAREER
(2) UNIVERSITY OF CINCINNATI 2 YR							RESEARCH
(3) NORTHWEATERN INTERESTIVE	6860009-TE	5T GOV ENTITY	150,000.				FELLOWSHIP
750 N LAKE SHORE DR CHICAGO, IL 60611	36-2167817	501(C)(3)	49,907.				HEALTH POLICY
-(4) KALEIDA HEALTH							RESEARCH GRANT
320 PORTER AVE BUFFALO, NY 14203	16-1533232	501 (C) (3)	50,000.				DIRECTED TEAM
(5) AMERICAN GERIATRICS SOCIETY							GRANT
40 FULTON ST, 18TH FL NEY YORK, NY 10038	13-1950856	501(C)(3)	12,500.				GERIATRIC
(6) MEDSTAR RESEARCH INSTITUTE	- 1						GRANT.
PO BOX 632010 BALTIMORE, MD 21263	52-6056274	501(C)(3)	10,000.				DATTENT SAFETU
(7) UNIVERSITY OF PITTSBURGH							CALLENT SAFELT
2345 CRYSTAL DR ARLINGTON, VA 22202	25-0965591	501(C)(3)	157,500.				INDINGO INDIO
(8) UNIVERSITY OF CALL FORNIA SF							TTOMOS
1855 FOLSOM ST STE 425	94-6036493	501 (C) (3)	50,000.				The Mark
(6)							TATAVE
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	vernment or	ganizations listed	in the line 1 table				ي
3 Enter total number of other organizations listed	d in the line 1	table					
FOR FAPERWORK REQUCTION ACT NOTICE, SEE the Instructions for Form 990.	tructions for	Form 990.				Schedule	Schedule I (Form 990) (2011)
JSA 5/1/2013 11:51	11:51:47 A						

Page 2 75-2331221

Schedule I (I	Schedule I (Form 990) (2011)					12-23312	V
Part III	Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	uals in the Un ce is needed.	ited States. Co	omplete if the o	rganization answered	Page "Yes" on Form 990, Part IV, line 22.	ge
	(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	
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Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

THE ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

SCHEDULE I, PART I, LINE 2:

EMF CONSIDERS APPLICATIONS AND USES A BLINDED PROCESS TO DETERMINE GRANT RECIPIENTS. REPORTS ARE REQUIRED AND ARE MONITORED AS THE PROJECT ADVANCES TO ENSURE THAT FUNDS ARE USED AS REQUIRED BY THE GRANT. Schedule I (Form 990) (2011)

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#### SCHEDULE O (Form 990 or 990-EZ)

## Department of the Treasury

Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. OMB No. 1545-0047

Open to Public Inspection

Name of the organization

EMERGENCY MEDICINE FOUNDATION

Employer identification number 75-2331221

DESCRIBE THE PROCESS USED BY MGMT &/OR GOVERNING BODY TO REVIEW THE 990

FORM 990, PART VI, LINE 11B:

THE EMF BOARD OF TRUSTEES ASKS FOR DETAILED REVIEW OF THE FORM 990 BY AUDIT COMMITTEE OF THE ACEP. AFTER THEIR REVIEW AND APPROVAL, THE FORM 990 IS PROVIDED TO THE FULL BOARD OF TRUSTEES FOR REVIEW PRIOR TO FILING UNDER THE DIRECTION OF P.L. EDANS, CPA, ASSISTANT SECRETARY-TREASURER OF THE EMF.

DESCRIBE THE PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST FORM 990, PART VI, LINE 12C:

DESCRIBE THE PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST FORM 990, PART VI, LINE 12C:

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. CHAIR MONITORS AND ENFORCES COMPLIANCE WITH THE POLICY.

OFFICES & POSITIONS FOR WHICH PROCESS WAS USED, & YEAR PROCESS WAS BEGUN FORM 990, PART VI, QUESTION 15A & 15B: NO OFFICER OR BOARD MEMBER OF THE EMF BOARD OF TRUSTEES IS COMPENSATED. THE EMF HAS NO EMPLOYEES - ALL SERVICES ARE PROVIDED BY THE ACEP STAFF AT NO COST TO EMF.

AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY, & FIN STMTS TO GEN PUBLIC

Employer identification number 75-2331221

ATTACHMENT 1

FORM 990, PART VI, LINE 19:

THE EMF MAKES ITS GOVERNING DOCUMENTS, THE CONFLICTS OF INTEREST POLICY, THE FORM 990 AND THE AUDITED FINANCIAL STATEMENT AVAILABLE ON ITS OWN WEBSITE. THE FORM 990 IS AVAILABLE ON GUIDESTAR AND BY REQUEST TO ANY INQUIRER.

OTHER CHANGES IN NET ASSETS FORM 990, PART XI, LINE 5: UNREALIZED INVESTMENT LOSS \$(37,487) ROUNDING \$(1)

### FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE EMERGENCY MEDICINE FOUNDATION (EMF) STRATEGIC MISSION IS TO SUPPORT EMERGENCY MEDICINE RESEARCH AND EDUCATION IN ORDER TO IMPROVE PATIENT CARE AND PRACTICE. AS THE OLDEST NATIONAL FOUNDATION ORGANIZED FOR THE SPECIFIC PURPOSE OF FUNDING RESEARCH IN EMERGENCY MEDICINE, THE FOUNDATION'S WORK EXPANDS THE BODY OF KNOWLEDGE THAT IS PARAMOUNT TO THE ADVANCEMENT OF THE SPECIALTY OF EMERGENCY MEDICINE. FUNDS FOR RESEARCH AND EDUCATION GRANTS COME THROUGH CHARITABLE GIFTS FROM EMERGENCY PHYSICIANS, PHYSICIAN GROUPS, INDIVIDUALS, CORPORATIONS, AND FOUNDATIONS. WHAT MAKES EMF VIRTUALLY UNIQUE IN THE MEDICAL ARENA IS THAT 100% OF THE GIFTS MADE TO THE FOUNDATION DIRECTLY SUPPORT RESEARCH AND EDUCATION IN EMERGENCY MEDICINE. THIS IS POSSIBLE BECAUSE THE AMERICAN COLLEGE OF EMERGENCY PHYSICIANS UNDERWRITES ALL OF THE ADMINISTRATIVE, PROGRAM, AND FUND RAISING EXPENSES FOR EMF. Page 2

Schedule O	(Form	990	or	990-EZ)	2011

Name of the organization

EMERGENCY	MEDICINE	FOUNDATION
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	Page 2
Employer identification n	umber
75-2331221	
ATTACHMENT 1 (CC	NT'D)

ATTACHMENT 2

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE NEED FOR ORIGINAL EMERGENCY MEDICINE RESEARCH LED TO THE FORMATION OF EMF IN 1972 AS A 501(C)(3) CHARITABLE FOUNDATION. TO DATE, EMF HAS AWARDED OVER \$10 MILLION IN RESEARCH AWARDS TO ADVANCE EMERGENCY MEDICINE SCIENCE AND TO DEVELOP EMERGENCY MEDICINE RESEARCHERS. THROUGH RESEARCH, ITS SUPPORT OF CONTINUING EDUCATION PROGRAMS AND THE NURTURING OF YOUNG RESEARCHERS, THE FOUNDATION IS ABLE TO BENEFIT THE MILLIONS OF AMERICANS WHO RELY ON QUALITY EMERGENCY CARE. EMF'S WORK IN ADVANCING THE KNOWLEDGE, EXPERTISE AND SCOPE OF EMERGENCY MEDICINE PRACTICE HAS AND CONTINUES TO SAVE LIVES.

FORM 990, PART VI, LINE 17 - STATES AL, AK, AZ, AR, CA, CO, 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,

#### ATTACHMENT 3 FORM 990, PART VIII - INVESTMENT INCOME (A) (B) (C) (D) TOTAL RELATED OR UNRELATED EXCLUDED DESCRIPTION REVENUE EXEMPT REVENUE BUSINESS REV. REVENUE INTEREST AND DIVIDENDS 43,094. 43,094. TOTALS 43,094. 43,094.

Attach to Form 990, Part IV, line 33, 4, 55, 36, or 37,              Attach to Form 990, Part IV, line 33,              Topologie to              Complete if the organization answered "Yes" to Form 990, Part IV, line 33,              Complete if the organization answered "Yes" to Form 990, Part IV, line 33,              entity	Complete If the organization movies "to Form 90, Part IV, line 33, 36, 36, 37, 36, 97, 31, 97, 31, 97, 31, 97, 31, 97, 31, 97, 31, 97, 31, 31, 31, 31, 31, 31, 31, 31, 31, 31	SCHEDULE R (Form 990) Related Organizations and Unrelated Partnerships	unizations ar	nd Unrelate	d Partnersh	⁺ hips		OMB No. 1545-0047
Employer id 75–233         Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)         entity       Finany activity       Legal domile (attal       Endedysit assess         entity       Primary activity       Legal domile (attal       Total finane       Endedysit assess         entity       Primary activity       Legal domile (attal       Total finane       Endedysit assess         entity         entity       Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because         Enderstation answered "Yes" to Form 990, Part IV, line 34 because         entity       Primary activity       Legal domile (attale       Print way activity       Print on the tax year)         file3971 <sup>OB</sup> PROF BUS ORG       TX       501 (C) (6)       N/A         entity       Print on the tax year)       Print on the tax year       Print on the tax year         file3971 <sup>OB</sup> PROF BUS ORG       TX       501 (C) (6)       N/A	Services and an advance of Disrogarded Entries (Complete if the Organization answered "Yes" to Form 990, Part IV, line 33.       Identification of Disrogarded Entries (Complete if the Organization answered "Yes" to Form 990, Part IV, line 33.       Name, address, and EN adragarded Entries (Complete if the Organization answered "Yes" to Form 990, Part IV, line 33.       Name, address, and EN adragarded Entries (Complete if the Organization answered "Yes" to Form 990, Part IV, line 33.       Name, address, and EN adragarded angly       Name, address, and EN adragarded Entries (Complete if the Organization answered "Yes" to Form 990, Part IV, line 34 because of the American and the adragarded fax exemption of Related Eax exemption answered "Yes" to Form 990, Part IV, line 34 because of the organization answered "Yes" to Form 990, Part IV, line 34 because and the adragarded fax exemption answered "Yes" to Form 990, Part IV, line 34 because and entries and entri		ation answered "Yes 5 Form 990.	" to Form 990, Part ▶ See separat	IV, line 33, 34, 35, e instructions.	36, or 37.		ZUTT Open to Public
Complete if the organization answered "Yes" to Form 900, Part IV, line 33,       entity     Frimary activity     Legal dendine (efan creating)     Total fincome     Endertypera assets       entity     Frimary activity     Legal dendine (efan creating)     Total fincome     Endertypera assets       entity     Frimary activity     Legal dendine (efan creating)     Total fincome     Endertypera assets       entity     Frimary activity     Legal dendine (efan creating)     Frind (fincome     Endertypera assets       entity     Frind (fincome)     Frind (fincome)     Endertypera     Endertypera assets       entity     Frind (fincome)     Frind (fincome)     Endertypera       entity     Frind (fincome)     Endertypera	Identification of Disregarded Entrities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33)       Num, actions, and EN of diseguated entry     Primaly active     Legal efficiency     Total flourene     Endotype       Num, actions, and EN of diseguated entry     Primaly active     Legal efficiency     Total flourene     Endotype       Num, actions, and EN of diseguated entry     Primaly active     Legal efficiency     Total flourene     Endotype       Num, actions, and EN of diseguated entry     Primaly active     Legal efficiency     Yould flourene     Endotype       Num, actives, and EN of diseguated entry     Primaly active     Primaly active     Primaly active     Endotype     Primaly active       Mann, actives, and EN of related engineation     Primaly active     Primaly active     Primaly active     Primaly active       Num, actives, and EN of related engineation     Primaly active     Primaly active     Primaly active     Primaly active       Num, actives, and EN of related engineation     Primaly active     Primaly active     Primaly active     Primaly active       Num, actives, and EN of related engineation     Primaly active     Primaly active     Primaly active     Primaly active       Num, actives, and EN of related engineation     Primaly active     Primaly active     Primaly active     Primaly active       Or CONDER     Primaly active     Pr	Name of the organization EMERGENCY MEDICINE FOUNDATION	2				Employer i	dentification number
entity         Primary activity         Legal defidie (criteriegin country)         Total fictorie         Endocryeal access	Name, actines, and [b] datespaced entry         Frimuly actively         Frimuly actively         Each of accisence actively         Each o	Identification of Disregarded Entities (Complete	ne organization an	Iswered "Yes" to	Form 990, Part	IV, line 33.)		TOOL
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$\begin{tabular}{ c c c c c c c c c c c c c c c c c c c$	Identification of Related Tax-Exempt Organizations         Complete fit the organization answered "Yes" to Form 990, Part IV, line 34 because one or more related tax-exempt organizations during the taxy year.         Relation of Related Tax-Exempt Organizations         Relation of Related Tax-exempt organization answered "Yes" to Form 990, Part IV, line 34 because one or more related tax-exempt organizations during the taxy year.         Relation answered "Yes" to Form 990, Part IV, line 34 because one or more related tax-exempt organizations         Relation answered "Yes" to Form 990, Part IV, line 34 because one or more related tax-exempt organization         Relation answered "Yes" to Form 990, Part IV, line 34 because one or more related tax-exempt organization         Relation answered "Yes" to Form 990, Part IV, line 34 because one or more related tax-exempt organization         Relation answered "Yes" to Form 990, Part IV, line 34 because one or more related tax-exempt organization         Relation answered "Yes" to Form 990, Part IV, line 34 because one or more related tax-exempt organization         Relation answered "Yes" to Form 990, Part IV, line 34 because one or more related tax-exempt organization         Relation answered "Yes" to Form 990, Part IV, line 34 because one or more related tax-exempt organization         Relation answered "Yes" to Form 990, Part IV, line 34 because one or more related tax-exempt organization         Relation answered "Yes" to Form 990, Part IV, line 34 because one or more related tax-exempt organization         Relation answered "Yes" to Form 990, Part IV, line 34 because one organization         Relation and to to form 000, line 34 because one organization         Relation answered "Yes" to Form 990, Part IV, line 34 because one organization         Relation answered "Yes" to Form 990, line 3							Gauge
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Primary activity         (c)         (d)         (e)         (f)           Primary activity         Legal domicile (state or foreign country)         Exempt code section 501 (c)(3))         Piret controlling entity           -1888798         PROF BUS ORG         TX         501 (C) (6)         N/A           -1000         TX         501 (C) (6)         N/A           -1000         TX         501 (C) (6)         N/A            PROF BUS ORG         TX         501 (C) (6)         N/A            PROF PUS         PROF PUS         PROF PUS         PROF PUS            PROF PUS         PROF PUS         PROF PUS         PROF PUS	Name. address, and dress, and ElN of related organization         Primary activity or foreign country)         Legal domicie (state or foreign country)         (e) (f) (f) (section 501(c)(3))         Direct controlling entity           ICAN COLLEGE OF ENERGINY INTELIANS         38–1888798         Primary activity         Legal domicie (state or foreign country)         Public charly status (f) (section 501(c)(3))         Direct controlling entity           ICAN COLLEGE OF ENERGINY INTELLIANS         38–1888798         PROF BUD ORC         TX         501 (C) (6)         Public charly status (f) (section 501(c)(3))         Direct controlling entity           ICAN COLLEGE OF ENERGINY INTELLIANS         38–1888798         PROF BUD ORC         TX         501 (C) (6)         Public charly status (f) (section 501(c)(3))         Pintert controlling entity           ICAN COLLEGE OF ENERGINY INTELLIANS         38–1888798         TX         501 (C) (6)         Pintert controlling (f) (section 501 (c) (f)         Pintert controlling entity           ICAN COLLEGE OF ENERGINY INTELLIANS         PINTER         PINTER         PINTER         PINTER           ICAN COLLEGE OF ENERGINY INTERCENT         PINTER         PINTER         PINTER         PINTER           ICAN COLLEGE OF ENERGY         PINTER         PINTER         PINTER         PINTER         PINTER           ICAN COLLEGE OF ENERGY         PINTER         PINTER         PIN	Identification of Kelated Lax-Exempt Organizations one or more related tax-exempt organizations during t	Complete if the o e tax year.)	rganization ansv	vered "Yes" to F	orm 990, Part IV	/, line 34 because	e it had
-1888798     FROF BUS ORG     TX     501(C) (6)     N/A       61-9911     FROF BUS ORG     TX     501(C) (6)     N/A	ICAN COLLEGE OF EMERGENCY PHYSICIANS       38-1888798       PROF BUS ORG       TX       501(C) (6)       N/A         OX 613911       DALLAG, TX 75261-3911       PROF BUS ORG       TX       501(C) (6)       N/A         OX 613911       DALLAG, TX 75261-3911       PROF BUS ORG       TX       501(C) (6)       N/A         OX 613911       DALLAG, TX 75261-3911       PROF BUS ORG       TX       501(C) (6)       N/A         OX 613911       DALLAG, TX 75261-3911       PROF BUS ORG       TX       501(C) (6)       N/A         OX 613911       DALLAG, TX 75261-3911       PROF BUS ORG       TX       501(C) (6)       N/A         OX 613911       DALLAG, See the Instructions for Form 930.       DALLAG, See the Instruction of Form 930.	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
Frue Bud UKG 1X BU1 (C) (6) N/A	Fror     DOJ (C) (6)     N/A       POJ (C) (6)     N/A	AMERICAN COLLEGE OF EMERGENCY PHYSICIANS 38-1888798 PO BOX 619911	010	È				
	ork Reduction Act Notice, see the Instructions for Form 990.		cha	VT	(9) (C) (9)		N/A	X
	ork Reduction Act Notice, see the Instructions for Form 930.	3)						
	ork Reduction Act Notice, see the Instructions for Form 990.	4)						
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		r Paperwork Reduction Act Notice, see the Instructions for Form 990.					T-H-S	
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EMERGENCY MEDICINE FOUNDATION

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(a) Name, address, and EIN of				2.	ne tax year.)				treated as a partnership during the tax year.)	
related organization	Primary activity	(c) Legal domicite (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1	(j) General or managing partner?	(k) Percentage ownership
							Yes No		Yes No	
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Name, address, and EIN of related organization Name, address, and EIN of related organization Name, address, and EIN of related organization Primary activity Primary activity P	elated organization	ed organ	IZATIONS Treated ( (b) Primary activity	Izations treated as a corporation or trust during the tax year.) Primary activity Legal domicile Direct controlling Type of entity Share of total Share of total Share of	Dr trust during t (d) Direct controlling	he tax year.) (e) Type of entity	(f) Share of total	(g) Share of		(h) Percentage
				foreign country)	cinity	(C corp, S corp, or trust)	income	end-of-year		ownership
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Schedule R (Form 990) 2011

Schedule R (Form 990) 2011			(6) JSA 1E1309 1.000
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			(2)
CASH	111,883.	С, Г, Р	(1) AMERICAN COLLEGE OF EMERGENCY PHYSICIANS
(d) Method of determining amount involved	(c) Amount involved	(b) Transaction type (a–r)	Name of other organization
saction thresholds.	vered relationships and trans	his line, including co	2 It the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.
11 X			0 L
			o Reimbursement paid to related organization(s) for expenses
11 X 1m X 1n X			<ul> <li>Beneficial the services of membership or fundrations solicitations by related organization(s).</li> <li>M Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).</li> <li>n Sharing of paid employees with related organization(s).</li> </ul>
11 X			<ul> <li>J Lease of facilities, equipment, or other assets from related organization(s)</li> <li>k Performance of services or membership or fundraising solicitations for related organization(s)</li> </ul>
1h         X           1i         X	· · · · · · · · · · · · · · · · · · ·		i Lease of facilities, equipment, or other assets to related organization(s)
1f X 1g X			g Purchase of assets from related organization(s)
1e X			f Sale of assets to related organization(s)
1c X			c Gift, grant, or capital contribution from related organization(s)
	••••••	•••••••	b Gift, grant, or capital contribution to related organization(s)
Yes No	listed in Parts II–IV?	related organizations	1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? a Receipt of (i) interest (ii) annuities (iii) rovalties or five a controlled optime
or 36.)	Part IV, line 34, 35, 35a, 0	res to Form 990,	Ē
Page 3			Part V Transactions With Related Organizations (Complete if the organization granization grant With Transactions With Related Organizations (Complete if the organization grant and the

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	ganization. See instr	Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships	ugh which the c	organization c	conducted mo	following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities enue) that was not a related organization. See instructions regarding exclusion for certain investment partnershins.	ercent	of its ac	tivities (mea	sured b	y total	asset
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	tionate ons? al	(i) Code V-UBI amount in box 20 of Schedule K-1	(j) General or managing partner?	o Be	(k) Percentage ownership
(1)			section 512-514)	Yes No			Yes	°N		Yes	No	
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	Supplemental Information Complete this part to provide additional information for responses to questions on Schedule R (see instructions).	