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

Form **990** 

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

20**13** 

Do not enter Social Security numbers on this form as it may be made public.

Open to Public Inspection

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A F	or th	e 201	3 calendar year, or tax year beginning 07/01, 2013	, and ending		06/30, <b>20</b> <sub>14</sub>
_			C Name of organization		D Employer ide	ntification number
B	heck if a	pplicable:	EMERGENCY MEDICINE FOUNDATION			
	Addre		Doing Business As		75-2331	221
	7	change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone nu	rowaniana managara ya
	Initial	return	P.O. BOX 619911		(972) 550	) – 0911
	Term	inated	City or town, state or province, country, and ZIP or foreign postal code			
	Amen	nded	DALLAS, TX 75261-9911		G Gross receipt	s \$ 3,088,160.
		cation	F Name and address of principal officer: C. ROBERT HEARD		H(a) Is this a grou	p return for Yes X No
_	pendi	ing	1125 EXECUTIVE CIRCLE IRVING, TX 75038		subordinates?  H(b) Are all subordin	'
Ī	Tax-ex	empt st	have been seen as the seen as	or 527		n a list. (see instructions)
<u>.</u>			WWW.EMFOUNDATION.ORG	51   327	H(c) Group exemp	•
ĸ			ization: X Corporation Trust Association Other	I Veer of to	rmation: 1972 M	*****
350000	art I		mmary	L Teal Of 10	matter. 19/2 W	State of legal domicile; IA
aga din	-	L	describe the organization's mission or most significant activities: THE EN	AFRCENCY N	FOICING FOUR	IDATIONIC (PMF)
ø.	1		SION IS TO SUPPORT RESEARCH AND EDUCATION IN T			ADMITON D (EME)
Š			RGENCY MEDICINE TO THE BENEFIT OF THE PUBLIC.	TIE FIELD.	Or	
ž.	2		this box $\blacktriangleright$ if the organization discontinued its operations or dispose		OF6/ -5/4	
Governance	3					
∞ ಶ		Numb	er of voting members of the governing body (Part VI, line 1a)			3 13.
es	4	Tatal	er of independent voting members of the governing body (Part VI, line 1b)		· · · · · · · · ·	4 13.
Activities	5		number of individuals employed in calendar year 2013 (Part V, line 2a)			5 0
Act	7-		number of volunteers (estimate if necessary)	• • • • • • •	· · <i>· · ·</i> · · · ·	<u>6</u> 125.
•	/a	rotari	unrelated business revenue from Part VIII, column (C), line 12			7a
	D	Net ur	nrelated business taxable income from Form 990-T, line 34			7b
					Prior Year	Current Year
9	8	Contri	butions and grants (Part VIII, line 1h)	Y FOR	2,522,91	
Revenue	9	Progra	am service revenue (Part VIII, line 2g)	SPECTION		0 (
æ	10	1114621	ment income (rait viii, column (A), lines 3, 4, and 7u)		64,93	Marie Control of the
	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0 -33,973.
-	12		revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).		2,587,84	
			s and similar amounts paid (Part IX, column (A), lines 1-3)		743,21	
	14	Benef	its paid to or for members (Part IX, column (A), line 4)			0 (
es	15	Salario	es, other compensation, employee benefits (Part IX, column (A), lines 5-10)			0
Expenses	16a	Profes	ssional fundraising fees (Part IX, column (A), line 11e)		- пристипального под под под под под под под под под по	0
쏬	b		fundraising expenses (Part IX, column (D), line 25) ▶83,487			
_	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		229,38	
	18		expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		972,59	
- 46	19	Reven	ue less expenses. Subtract line 18 from line 12		1,615,24	3. 475,158.
S or				В	eginning of Current Y	ear End of Year
Sed	20		assets (Part X, line 16)		4,504,26	
Net Assets Fund Balanc	21	Total I	labilities (Part X, line 26)		509,32	
			sets or fund balances. Subtract line 21 from line 20,	<u> </u>	3,994,94	6. <u>4,796,215</u> .
	rt II		gnature Block	***************************************	NATION CONTRACTOR AND ADMINISTRACTOR ADMINISTRACTOR AND ADMINISTRACTOR ADMINISTRACTOR AND ADMINISTRACTOR AND ADMINISTRACTOR ADMINISTR	
Und	der per	naities o	of perjury, I declare that I have examined this return, including accompanying schedu complete. Declaration of preparer (other than officer) is based on all information of whice	iles and statemen	its, and to the best of	my knowledge and belief, it is
		1		on property made	ny knowledge.	
ei	-	<b>.</b>				
Sig He			Signature of officer		Date	
ПО	10	<b>.</b>				
		· ·	Type or print name and title			
Dala		Print/	Type preparer's name Preparer's signature	Date		if PTIN
Paid	ı parer	JEAI	NETTE VERRELLI Sauette Tenelli	11/10/2	DIY self-employe	d P00742631
	Only	Firm's	name ▶ BKD, LLP	, ,	Firm's EIN 🕨	14-0160260
	City	Firm's	address > 14241 DALLAS PARKWAY, SUITE 1100 DALLAS, TX 75254			72.702.8262
May	the II		cuss this return with the preparer shown above? (see instructions)			X Yes No
For	Paper	work	Reduction Act Notice, see the separate instructions.			Form <b>990</b> (2013)

Form 990 (2013) Page 2 Part III Statement of Program Service Accomplishments Briefly describe the organization's mission: THE EMERGENCY MEDICINE FOUNDATION PROMOTES EDUCATION AND RESEARCH THAT DEVELOPS CAREER EMERGENCY MEDICINE INVESTIGATORS, IMPROVES PATIENT CARE AND PROVIDES THE BASIS FOR EFFECTIVE HEALTH POLICY. 2 Did the organization undertake any significant program services during the year which were not listed on the If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. ) (Expenses \$ 720,872. including grants of \$ 695,975. ) (Revenue \$ 4a (Code: ATTACHMENT including grants of \$ ) (Revenue \$ 4b (Code: ) (Expenses \$ 4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ 4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ **4e** Total program service expenses ▶ 720,872.

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Part	Checklist of Required Schedules		<b>V</b>	
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		37	
_	complete Schedule A	1	X	
2	Is the organization required to complete <i>Schedule B</i> , <i>Schedule of Contributors</i> (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	_		3.7
_	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			37
_	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		Х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>	8		Х
0	complete Schedule D, Part III	-		
9	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
• •	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	LECTION OF CREAT	IOCCEZEZANOCA	EAGGEORESICATO*
	complete Schedule D, Part VI	11a		Х
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part $X$	11f	X	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	- 1.0		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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Part	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Χ	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
04 -		23	- 71	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	04-		3.7
_	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part L	25b		Χ
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so, complete Schedule L, Part II	26		Χ
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
_	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	28a		Х
		20a		
D	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	206		Х
	Schedule L, Part IV.	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	00-		3.7
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Χ	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Χ
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	Х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٠,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
20		01		- 2 2
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	20	Х	
	19? <b>Note</b> . All Form 990 filers are required to complete Schedule O	38	Λ	<u> </u>

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Part V Statements Regarding Other IRS Filings and Tax Compliance 8 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . . . . . . 1a b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . . . . . . <u>1b</u> c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | Statements, filed for the calendar year ending with or within the year covered by this return . 2a b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)...... 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? Χ b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial Χ **b** If "Yes," enter the name of the foreign country: ▶ \_\_\_\_\_\_ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Χ 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . . . . Χ b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . . . . . . . . . Χ b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods Χ 7a Χ b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . . . . . . . . . . c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7 c Χ 7e e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Χ f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . . g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring 8 organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? **b** Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . | 10b Section 501(c)(12) organizations. Enter: b Gross income from other sources (Do not net amounts due or paid to other sources 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . . 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? . . . . . . . . . Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Χ 14a Did the organization receive any payments for indoor tanning services during the tax year?

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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. 

sect	ion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b> 13			
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b> 13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business re				
	any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or un				
	supervision of officers, directors, or trustees, or key employees to a management company or other	er person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi	led?	4	X	<u> </u>
5	Did the organization become aware during the year of a significant diversion of the organization's		5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to el				
	one or more members of the governing body?		7a	X	-
b	Are any governance decisions of the organization reserved to (or subject to approval				
	stockholders, or persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions und	ertaken during			
	the year by the following:			37	
а	The governing body?		8a	X	-
b	Each committee with authority to act on behalf of the governing body?		8b	X	_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses in Schedule O				X
cocti	on B. Policies (This Section B requests information about policies not required by the Int		Gode	<u>, , , , , , , , , , , , , , , , , , , </u>	
ecu	on B. Folicies (This Section B requests information about policies not required by the int	erriai Neveriue	Code	Yes	No
	Did the conscious to the board of the section of th		10a		X
	Did the organization have local chapters, branches, or affiliates?		IUa		71
b	If "Yes," did the organization have written policies and procedures governing the activities of		10b		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt p		11a	X	
_	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	ling the form?.	I I a	- 21	
b			12a	Χ	
12a	, ,		124	- 21	
D	Were officers, directors, or trustees, and key employees required to disclose annually interests	_	12b	Χ	
_	rise to conflicts?		120		
С	Did the organization regularly and consistently monitor and enforce compliance with the p describe in Schedule O how this was done		12c	Χ	
			13	X	
13	Did the organization have a written whistleblower policy?		14	X	
14	Did the organization have a written document retention and destruction policy?		17		$\vdash$
15	Did the process for determining compensation of the following persons include a review are				
-	independent persons, comparability data, and contemporaneous substantiation of the deliberation. The organization's CEO, Executive Director, or top management official		15a	Х	
	Other officers or key employees of the organization		15b	X	
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	r arrangement			
, <b>,</b> , u	with a taxable entity during the year?	_	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization				
	participation in joint venture arrangements under applicable federal tax law, and take steps to				
	organization's exempt status with respect to such arrangements?		16b		
Sect	ion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶_ ATTACHMENT_2	<u></u>			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and		501(0	:)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.	, <del>-</del>	. ( -	· · /-	.,,
	X Own website Another's website X Upon request Other (explain in Sch	nedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documen	s, conflict of int	erest i	policy	, and
	financial statements available to the public during the tax year.		'	. ,	
20	State the name, physical address, and telephone number of the person who possesses the books	and records of the	ne		
		550-0911			

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

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 organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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 (list any	box,	Position not check more than one unless person is both an er and a director/trustee)					<b>(D)</b> Reportable compensation from	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)JOHN J ROGERS MD, FACEP	1.00									
CHAIR	5.00	Х		Χ				С	9,753.	0
(2)PAUL D_KIVELA, MD, FACEP  IMMEDIATE PAST CHAIR	1.00	X		Х				C	14,037.	0
_(3)VIDOR E FRIEDMAN, MD, FACEP CHAIR-ELECT	1.00 5.00	X		Х				C	10,202.	0
(4)JOHN H PROCTOR, MD, MBA, FACEP	1.00									
SECRETARY-TREASURER	0	Х		Χ				С	0	0
(5)BROOKS BOCK, MD, FACEP	1.00									
TRUSTEE	1.00	X						C	675.	0
_(6)BRENDAN G CARR, MD, FACEP TRUSTEE	1.00	X						C	0	0
(7)JAMES M CUSICK, MD, FACEP TRUSTEE	$\frac{1.00}{1.00}$	Х						C	5,810.	0
(8)MICHAEL J GERARDI, MD, FACEP	1.00								,	-
TRUSTEE	10.00	Х						c	43,909.	0
(9)EDWARD C JAUCH, MD, FACEP	1.00									
TRUSTEE	0	Х						C	0	0
(10)MARK MACKEY, MD, FACEP	1.00									
TRUSTEE	5.00	Х						С	9,477.	0
(11)DAVID E WILCOX, MD, FACEP TRUSTEE	1.00	Х						C	0	0
(12)JORDAN GR CELESTE, MD	1.00									
TRUSTEE	1.00	Х						C	104.	0
(13)MARK COURTNEY, MD, FACEP TRUSTEE	1.00	Х						C	100.	0
(14)C. ROBERT HEARD	5.00									
EXECUTIVE DIRECTOR	50.00			Х				C	255 <b>,</b> 566.	32,731.
JSA										Form <b>990</b> (2013)

Form 990 (2013)											Page 8
Part VII Section A. Officers, Directors, Tru		y Em	ipio			and F	ligi	1	ed Emplo	yees (c	
(A) Name and title	Average hours per week (list any hours for related	box, office	unles r and	Pos heck ss pe	erson lirect	e than or is both a or/truste	an ee)	(D)  Reportable compensation from the	Reporta compensati relate organiza	on from ed tions	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099	-MISC)	organization and related organizations
1b Sub-total							<b></b>	0	349	<b>,</b> 633.	32,731.
c Total from continuation sheets to Part VII, S	 ection Δ							C	0.13	0	0
d Total (add lines 1b and 1c)	-						•	C	349	,633.	32,731.
Total number of individuals (including but not reportable compensation from the organization)	limited to t		iste				re	ceived more than	\$100,000	of	·
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu											Yes No
4 For any individual listed on line 1a, is the sorganization and related organizations graindividual	eater than	\$15									4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye											5 X
Section B. Independent Contractors											
<ol> <li>Complete this table for your five highest com compensation from the organization. Report of year.</li> </ol>											
(A) Name and business add	Iress							(B) Description of se	rvices	С	(C) compensation

JSA 3E1055 1.000

Form **990** (2013)

more than \$100,000 in compensation from the organization ▶

2 Total number of independent contractors (including but not limited to those listed above) who received

Page 9

Part VIII Statement of Revenue

		Check if Schedule O contains a response or note to a	ny line in this Part	VIII		X
			<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Giffs, Grants and Other Similar Amounts	1a b c d	Federated campaigns 1a  Membership dues 1b  Fundraising events 1c 50,418.  Related organizations 1d 200,000.  Government grants (contributions) . 1e				
Contribut and Othe	f g h	All other contributions, gifts, grants, and similar amounts not included above .   Noncash contributions included in lines 1a-1f: \$ 8,600.  Total. Add lines 1a-1f	1,290,099.			
Program Service Revenue	2a b c	Business Code				
Progra	f g	All other program service revenue	0			
	3	Investment income (including dividends, interest, and other similar amounts)	77,210.			77,210.
	6a b	Royalties · · · · · · · · · · · · · · · · · · ·	0			
	d 7a	Net rental income or (loss)	0			
	b c d	Less: cost or other basis and sales expenses	897.			897.
Other Revenue	8a	Gross income from fundraising events (not including \$50,418. of contributions reported on line 1c).  See Part IV, line 18				837.
Other	b c 9a	Less: direct expenses b 91,762.  Net income or (loss) from fundraising events . ATCH . 4 . ▶  Gross income from gaming activities.	-33,973.			-33,973.
	b	See Part IV, line 19	0			
	10a	Gross sales of inventory, less returns and allowances		30 (3 d)		
	b c	Less: cost of goods sold ▶  Net income or (loss) from sales of inventory ▶  Miscellaneous Revenue Business Code	0			
	11a b	Wiscentification revenue Business code				
	c d e 12	All other revenue	0 1,334,233.			44,134.

75-2331221

# Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX

	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	( <b>D</b> ) Fundraising
δD,	9b, and 10b of Part VIII.	·	expenses	general expenses	expenses
1	Grants and other assistance to governments and	605 075	605 075		
	organizations in the United States. See Part IV, line 21 .	695,975.	695,975.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	U			
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			
		O O			
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				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include section				
	401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees):				
а	Management	0			
b	Legal	0			
C	: Accounting	4,800.		4,800.	
d	Lobbying	0			
	Professional fundraising services. See Part IV, line 17.	0			
1	Investment management fees	10,960.		10,960.	
9	Other. (If line 11g amount exceeds 10% of line 25, column	00.540	0.665	00 500	7.4.5
	(A) amount, list line 11g expenses on Schedule O.)	23,542.	2,667.	20,729.	146.
12	Advertising and promotion	37,627.	7,668.	0.600	29,959.
	Office expenses	16,616.	64.	8,629.	7,923.
	Information technology	U			
	Royalties	U			
	Occupancy	22 002	0 602		15 201
	Travel	23,993.	8,602.		15,391.
18	Payments of travel or entertainment expenses	0			
	for any federal, state, or local public officials	45,562.	5,896.	9,598.	30,068.
	Conferences, conventions, and meetings	43,302.	3,090.	9,090.	30,000.
	Interest	0			
	Payments to affiliates	0			
	Insurance	n			
	Other expenses. Itemize expenses not covered				
24	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.)				
a					
	,				
	:				
	·				
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	859,075.	720,872.	54,716.	83,487.
	Joint costs. Complete this line only if the	·			
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here ▶ X if				
	following SOP 98-2 (ASC 958-720)	0	7,668.		29 <b>,</b> 958.

JSA 3E1052 1.000

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# Part X Balance Sheet

ГС	IILA	Datance Sheet			
_		Check if Schedule O contains a response or note to any line in this Pa	rt X		
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	1,003,858.	1	505,363.
	2	Savings and temporary cash investments	154,152.	2	375,770.
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	1,055,792.	4	191,384.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
	_	Complete Part II of Schedule L  Loans and other receivables from other disqualified persons (as defined under section	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers			
		and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary	_		_
s		organizations (see instructions). Complete Part II of Schedule L	0	6	0
Assets	7	Notes and loans receivable, net	0	7	0
As	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	21,065.	9	10,775.
	10 a	Land, buildings, and equipment: cost or			
	_	other basis. Complete Part VI of Schedule D		.	0
		Less: accumulated depreciation		10c	4 250 000
	11	Investments - publicly traded securities	2,269,399.		4,350,922.
	12	Investments - other securities. See Part IV, line 11		12 13	0
	13	Investments - program-related. See Part IV, line 11		14	0
	14	Intangible assets		15	0
	15	Other assets. See Part IV, line 11	4,504,266.		5,434,214.
_	16 17	Total assets. Add lines 1 through 15 (must equal line 34)	18,770.		13,797.
	18		463,050.		591,702.
	19	Grants payable	27,500.		32,500.
	20	Deferred revenue	·	20	32,300.
s,	21	Tax-exempt bond liabilities  Escrow or custodial account liability. Complete Part IV of Schedule D		21	0
Liabilities	22	Loans and other payables to current and former officers, directors,		- 1	
ij		trustees, key employees, highest compensated employees, and			
<u> </u>		disqualified persons. Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		23	0
	24	Unsecured notes and loans payable to unrelated third parties	0		0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	0	25	0
	26	Total liabilities. Add lines 17 through 25	509,320.	26	637,999.
es		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	2,994,946.	27	2,659,170.
3al	28	Temporarily restricted net assets	1,000,000.	28	2,137,045.
둳	29	Permanently restricted net assets	0	29	0
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here  and complete lines 30 through 34.			
ts (	30	Capital stock or trust principal, or current funds		30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
À	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	3,994,946.	33	4,796,215.
_	34	Total liabilities and net assets/fund balances	4,504,266.	34	5,434,214.
_			· · · · · ·		Farm 990 (2012

Form 990 (2013) Page **12** 

	2013)				, u	JC -		
Part								
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1			34,2			
2	Total expenses (must equal Part IX, column (A), line 25)	2		859 <b>,</b> 075.				
3	175 150							
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			94,9			
5	Net unrealized gains (losses) on investments	5		3	26,1	<u> </u>		
6	Donated services and use of facilities	6				0		
7	Investment expenses	7				0		
8	Prior period adjustments	8				0		
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line							
	33, column (B))	10		4,7	96,2	<u> 15.</u>		
Part								
	Check if Schedule O contains a response or note to any line in this Part XII			• •		Ш		
			ſ		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	xpıaın	ın					
	Schedule O.			_				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or					
	reviewed on a separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	na					
	separate basis, consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs	-		_	.,			
	of the audit, review, or compilation of its financial statements and selection of an independent account			2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, e	xplair	n in 📗					
	Schedule O.							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	ı in			3.7		
	the Single Audit Act and OMB Circular A-133?			3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		the					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.		3b				

#### 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.

2013

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization

EMERGENCY MEDICINE FOUNDATION

75-2331221

	ELICE ILLDICING								, 0			
Part I	Reason for Pub	lic Charity Statu	<b>s</b> (All organizations mu	ist con	nplete	this pa	art.) Se	e instr	uctions	i.		
The orga	anization is not a priv	ate foundation be	cause it is: (For lines 1 th	rough	11, che	eck only	one box	x.)				
1	A church, conventi	on of churches, or	association of churches	describ	ed in <b>s</b>	ection	170(b)(	1)(A)(i)				
2	A school described	in section 170(b)	(1)(A)(ii). (Attach Schedul	e E.)								
3	A hospital or a coo	perative hospital s	service organization descri	ibed in	sectio	n 170(b	)(1)(A)	(iii).				
4	A medical researc	h organization op	erated in conjunction wi	th a h	ospita	l descr	ibed in	sectio	n 170(k	o)(1)(A	.)(iii). En	ter the
	hospital's name, cit	y, and state:										
5	An organization or	perated for the be	nefit of a college or univ	ersity	owned	or ope	erated b	by a go	vernme	ntal u	nit descr	ibed in
	section 170(b)(1)(		=			•						
6	, ,, ,,	, , , , ,	or governmental unit des	cribed	in sect	tion 170	(b)(1)(	A)(v).				
7 X		-	es a substantial part of it						it or fro	om the	genera	l public
	described in section 170(b)(1)(A)(vi). (Complete Part II.)											
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
9	An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross											
	-		exempt functions - subj									-
	•		ome and unrelated busi			-						
			ne 30, 1975. See <b>section</b>							,		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
0			ited exclusively to test for	-		-			١.			
	= .	-	rated exclusively for the	•	-				-	or to	o carry o	out the
. Ш	=	-	apported organizations de								-	
			pes the type of supporting					-				
	a Type I	<b>b</b> Type II	c Type III-Function	-						-	nally integ	rrated
e			e organization is not con	-	-						, .	•
с <u> </u>	-		other than one or more			-	-	-		-	-	
	or section 509(a)(2	=	other than one or more	publici	, очрр	onted 6	rgarnza	1110110 0	COOMBC	.u 111 0		· (u)(1)
f			en determination from the	e IRS	that it	is a Tv	ne I T	vne II	or Type	و ااا د	unnorting	7
•	-								01 176	0 111 0	apporting	, L
g	Since August 17 2	nne bek	nization accepted any gift	tor co	 ntributi	on from	anv of	the				. 🗀
9	following persons?	.000, rias tric orga	inzation accepted any gin	01 001	ittibati	1011 11011	i diliy Oi	u iC				
		directly or indirec	tly controls, either alone	or toge	ather v	with ner	enne di	escribe	d in (ii)	and	Y	es No
			f the supported organization								11g(i)	
			scribed in (i) above?								11g(ii)	_
			son described in (i) or (ii) a								11g(iii)	_
h		•	out the supported organiza								9(,	
	lame of supported	(ii) EIN	(iii) Type of organization			(A) Did v	ou notify	641	s the	(vii) A	mount of m	nonotan/
(1)	organization	(11)	(described on lines 1-9	organi	ls the zation in		anization		zation in	(VII) A	support	lonetary
	-		above or IRC section		listed in overning	in col. (i			rganized			
			(see instructions))		ment?	<del></del>	oort?		U.S.?			
				Yes	No	Yes	No	Yes	No			
A)												
B)												
C)												
C)												
D)												
E)												
Γotal												

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

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013 Page 2

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

Calendar year (or fiscal year beginning in)    1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	Sec	tion A. Public Support						
membership foos received. (On not include any "unusual grants")	Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
organization's benefit and either paid to or expended on its behalf	1	membership fees received. (Do not	525,614.	802,880.	1,070,582.	2,522,911.	1,290,099.	6,212,086.
Total. Add lines 1 through 3	2	organization's benefit and either paid						0
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	3	furnished by a governmental unit to the						0
each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	4	Total. Add lines 1 through 3	525,614.	802,880.	1,070,582.	2,522,911.	1,290,099.	6,212,086.
shown on line 11, column (f)	5	each person (other than a governmental unit or publicly supported organization) included on						
Section B. Total Support  Calendar year (or fiscal year beginning in)  Amounts from line 4								2,261,280.
Calendar year (or fiscal year beginning in)  (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total  Amounts from line 4	6							3,950,806.
7 Amounts from line 4	Sec	tion B. Total Support						
Gross income from interest, dividends, payments received on securities loans, rents, royallies and income from similar sources, rents, royallies and income from unrelated business activities, whether or not the business is regularly carried on	Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
payments received on securities loans, rents, royalties and income from similar sources.  Payments received on securities loans, rents, royalties and income from similar sources.  Payments received on securities loans, rents, royalties, and income from unrelated business activities, whether or not the business activities, whether or not the business is regularly carried on			525,614.	802,880.	1,070,582.	2,522,911.	1,290,099.	6,212,086.
activities, whether or not the business is regularly carried on	8	payments received on securities loans, rents, royalties and income from similar	19,507.	24,367.	43,094.	53,929.	77,210.	218,107.
loss from the sale of capital assets (Explain in Part IV.) A TCH. 1	9	activities, whether or not the business						0
12 Gross receipts from related activities, etc. (see instructions)	10	loss from the sale of capital assets					57,789.	57 <b>,</b> 789.
First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	11	Total support. Add lines 7 through 10						6,487,982.
Section C. Computation of Public Support Percentage  14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	12	• • •	see instructions) .				12	
Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))		organization, check this box and stop here						
Public support percentage from 2012 Schedule A, Part II, line 14	Sec	tion C. Computation of Public Sup	port Percenta	ge				
33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.  b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.  17a 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.  b 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.  Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see	14			•				
this box and stop here. The organization qualifies as a publicly supported organization  b 331/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.  b 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.  18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see								
b 331/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.  17a 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.  b 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.  18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see	16a							
check this box and stop here. The organization qualifies as a publicly supported organization		•	•		_			
<ul> <li>17a 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.</li> <li>b 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.</li> <li>Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see</li> </ul>	b							
10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.  b 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.  Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see								
b 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.  Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see	17a	10% or more, and if the organization	meets the "fac	cts-and-circumst	ances" test, ch	eck this box ar	nd <b>stop here.</b> Ex	plain in
<ul> <li>b 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization</li></ul>		<del>-</del>			-	•		pported
15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> .  Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	b							▶ └── and line
supported organization		15 is 10% or more, and if the orga	anization meets	the "facts-and	l-circumstances'	' test, check th	nis box and <b>sto</b>	p here.
instructions	18	supported organization						
		instructions	<u> </u>	<u> </u>		<u></u>	<u> </u>	▶□

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013

# Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support					•	
	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
-	activities not included in line 10b,						
	whether or not the business is regularly						
12	Other income. Do not include gain or						
14	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	the organization	n's first, second	third, fourth, or	fifth tax vear a	s a section 501	(c)(3)
	organization, check this box and stop here	•		, , , , , , , , , , , , , , , , , , ,	•		` ` `
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2013 (line 8			mn (f))		15	%
16	Public support percentage from 2012 Sche					16	%
	tion D. Computation of Investmen						,,,
<u> 17</u>	Investment income percentage for 2013 (li			13. column (f))		17	%
18	Investment income percentage for 2013 (iii					18	
	331/3% support tests - 2013. If the org						
ıJa	17 is not more than 331/3%, check th						
h	331/3% support tests - 2012. If the orga	-	=				
D	line 18 is not more than 331/3%, check						
20	Private foundation If the organization		•	•			

JSA 3E1221 1.000 Schedule A (Form 990 or 990-EZ) 2013

**Supplemental Information.** 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).

SCHEDULE A, PART II -	ATTACHMENT 1					
DESCRIPTION	2009	2010	2011	2012	2013	TOTAL
FUNDRAISING REVENUE					57,789.	57,789.
TOTALS					57 <b>,</b> 789 <b>.</b>	57,789.

#### Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

Internal Revenue Service

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Employer identification number Name of the organization

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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization EMERGENCY MEDICINE FOUNDATION

Employer identification number 75-2331221

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1 _		\$57,395.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2-		\$28,000.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3 _		\$28,526.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
No.		Total contributions	Person X Payroll Noncash (Complete Part II for
No 4 (a)	Name, address, and ZIP + 4	\$264,629.	Person Payroll Noncash (Complete Part II for noncash contributions.)
No 4 (a) No.	Name, address, and ZIP + 4	\$264,629.	Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for

Name of organization EMERGENCY MEDICINE FOUNDATION

Employer identification number

75-2331221

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

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

Name of organization EMERGENCY MEDICINE FOUNDATION

Employer identification number

			75-2331221					
Part III	Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry.							
	For organizations completing Part III, enter the total of <i>exclusively</i> religious, charitable, etc., contributions of <b>\$1,000 or less</b> for the year. (Enter this information once. See instructions.) ▶ \$							
	Use duplicate copies of Part III if additional space is needed.							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is	s held	
		(e) Transfer of gift			
	Transferee's name, address, and ZIF	· + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is	s held	
		(e) Transfer of gift	<u> </u>		
	Transferee's name, address, and ZIF	) + <i>A</i>	Relationship of transferor to transferee		
	Transferee 3 frame, address, and 2n				
(a) No					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is	s held	
		(e) Transfer of gift	'		
	Transferee's name, address, and ZIF	P + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is	s held	
		(e) Transfer of gift	<u> </u>		
	Transferee's name, address, and ZIF	P + 4	Relationship of transferor to transferee		

# **SCHEDULE D** (Form 990)

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

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

► Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

**Open to Public** 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Inspection Employer identification number

EME	RGENCY MEDICINE FOUNDATION	75–2331221
Pa		Accounts.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 6.	(A) Francis and "
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in	
	funds are the organization's property, subject to the organization's exclusive legal control? .	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fur	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for an	
	conferring impermissible private benefit?	
Pa	t II Conservation Easements. Complete if the organization answered "Yes" to Fo	rm 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		of an historically important land area
	Protection of natural habitat	of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution i	n the form of a conservation
	easement on the last day of the tax year.	(m) (% (m)
		Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminate of conservation easements modified, transferred, released, extinguished, or terminate of conservation easements modified, transferred, released, extinguished, or terminate of conservation easements modified, transferred, released, extinguished, or terminate of conservation easements modified, transferred, released, extinguished, or terminate of conservation easements modified, transferred, released, extinguished, or terminate of conservation easements modified easements modified easements modified easements modified easements e	nated by the organization during the
	tax year ▶	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, h	andling of
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation ea	sements during the year
	<b>&gt;</b>	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easeme	ents during the year
	<b>▶</b> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of s	ection 170(h)(4)(B)
	(i) and section 170(h)(4)(B)(ii)?	☐ Yes ☐ No
9	In Part XIII, describe how the organization reports conservation easements in its revenue ar	nd expense statement, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's finance	cial statements that describes the
	organization's accounting for conservation easements.	
Pa	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other	er Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its	revenue statement and balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, edupublic service, provide, in Part XIII, the text of the footnote to its financial statements that de	ucation, or research in furtherance of
<b>L</b>		
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its works of art, historical treasures, or other similar assets held for public exhibition, edu	
	public service, provide the following amounts relating to these items:	, 55555.57 11 14.415.41166 01
	(i) Revenues included in Form 990, Part VIII, line 1	<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar	
_	following amounts required to be reported under SFAS 116 (ASC 958) relating to these item	
а	Revenues included in Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013 Page **2** 

Par	rt III Organizations Maintainir	ng Collections of	Art, Hist	torical T	reasur	es,	or Oth	ner Similar	Asse	ts (conti	nued)
3	Using the organization's acquisition collection items (check all that applications)		other reco	ds, checl	k any c	f the	follow	ring that are	a sigr	nificant us	e of its
а	Public exhibition		d	Loan	or exch	ange	prograi	ms			
b	Scholarly research		e								
C	Preservation for future gener	rations									
4	Provide a description of the organ		and expla	ain how 1	hev fu	rther	the or	ganization's e	xemp	t purpose	in Part
-	XIII.							<b>9</b>			
5	During the year, did the organization	n solicit or receive o	lonations o	fart hist	orical tr	easu	res or	other similar			
_	assets to be sold to raise funds rath								[	Yes	No
Par	rt IV Escrow and Custodial Ar										
	or reported an amount or			.e erga						·, · · · · · · ·	,
	•	,									
1a	Is the organization an agent, truste	e, custodian or othe	r intermedi	ary for co	ntributi	ons o	or other	assets not			
	included on Form 990, Part X?									Yes	No
b	If "Yes," explain the arrangement in	Part XIII and compl	ete the foll	owing tab	ole:				•••		
	, ,	•						Amo	unt		
С	Beginning balance					1c					
d	Additions during the year					1d					
е	Distributions during the year					1e					
f	Ending balance					1f					
2a	Did the organization include an am									Yes	No
b	If "Yes," explain the arrangement in										
Par											
		(a) Current year	(b) Pric		<b>(c)</b> ⊤w			(d) Three years		(e) Four ye	ears back
1a	Beginning of year balance										
b	Contributions	2,000,000.									
С	Net investment earnings, gains,										
	and losses	137,045.									
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance	2,137,045.									
2	Provide the estimated percentage	of the current year e	nd balance	e (line 1g,	column	n (a))	held as				
а	Board designated or quasi-endown	nent ▶ 100.0000	%								
b	Permanent endowment ▶	<del>~</del>	_								
C	Temporarily restricted endowment	<b>▶</b> %									
	The percentages in lines 2a, 2b, ar	·									
3a	Are there endowment funds not in	the possession of th	ne organiza	ation that	are hel	d and	d admir	nistered for the	)		
	organization by:									Ye	es No
	(i) unrelated organizations									3a(i)	X
	(ii) related organizations									3a(ii)	X
b	If "Yes" to 3a(ii), are the related org									3b	
4	Describe in Part XIII the intended u		ion's endo	vment fur	nds.						
Par	t VI Land, Buildings, and Equi Complete if the organiza	ipment. fion answered "Ve	s" to Form	000 D	ort IV/	lino 1	110 80	00 Form 990	Dor	t V lino 1	<b>n</b>
	Description of property	(a) Cost or		(b) Cost of				cumulated		d) Book value	
		(inves			ther)			eciation			
1a	Land										
b	Buildings										
С	Leasehold improvements										
d	Equipment										
e	Other										
Tota	II. Add lines 1a through 1e. (Column	(d) must equal Forn	n 990, Part	X, columi	n (B), lin	ie 10(	(c).)	▶			

Schedule D (Form 990) 2013

Page 3 Schedule D (Form 990) 2013

Part VII	Investments - Other Securities.			
	Complete if the organization answered	"Yes" to Form 990	, Part IV, line 11b. See Form 990,	, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mark	
(1) Financia	al derivatives			
	-held equity interests			
(3) Other_				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related. Complete if the organization answered	d "Yes" to Form 990	, Part IV, line 11c. See Form 990,	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valua	
			Cost or end-of-year mar	ket value
_(1)				
(2)				
_(3)				
_(4)				
_(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.  Complete if the organization answered	1 "Voo" to Earm 000	Part IV line 11d See Form 000	Dort V line 15
			, Fait IV, line 11d. See 1 oilli 990,	
(1)	(a)	Description		(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B) I	ine 15 )		
Part X	Other Liabilities.			
Turex	Complete if the organization answered line 25.	d "Yes" to Form 990	, Part IV, line 11e or 11f. See For	m 990, Part X,
1.	(a) Description of liability	(b) Book valu	ie	
(1) Feder	ral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colun	nn (b) must equal Form 990, Part X, col. (B) line 25.)	<u> </u>		

2. Liability for uncertain tax positions. In Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2013 Page **4** 

Part !	Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	1,939,063.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	-	1,333,003.
- а	Net unrealized gains on investments		
b	Donated services and use of facilities  2b 186, 957.	1 1	
C	Recoveries of prior year grants  2c	1	
d		1	
		_	512 060
e		2e	513,068.
3	Subtract line <b>2e</b> from line <b>1</b>	3	1,425,995.
4			
a	Investment expenses not included on Form 990, Part VIII, line 7b	-	
b	Other (Describe in Part XIII.)  4b -91,762	1 1	01 760
_	Add lines 4a and 4b	4c	<u>-91,762.</u>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,334,233.
Part	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	1,137,794.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a 186, 957		
b	Prior year adjustments 2b		
С	Other losses 2c		
d	Other (Describe in Part XIII.) 2d 91,762		
е	Add lines 2a through 2d	2e	278 <b>,</b> 719.
3	Subtract line 2e from line 1	3	859 <b>,</b> 075.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	859,075.
Part	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
SEE	PAGE 5		

JSA 3E1271 1.000

Page 5

# Part XIII Supplemental Information (continued)

SCHEDULE D, PART XI, LINE 4B

RECONCILIATION OF REVENUE PER AUDITED FINANCIAL STATEMENTS TO RETURN:

SILENT AUCTION EXPENSE

\$(91,762)

SCHEDULE D, PART XII, LINE 2D

RECONCILIATION OF EXPENSE PER AUDITED FINANCIAL STATEMENTS TO RETURN:

SILENT AUCTION EXPENSE

\$91,762

SCHEDULE D, PART X, LINE 2

LIABILITY FOR UNCERTAIN TAX POSITIONS:

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, 2014 AND 2013, 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, 2014 AND 2013.

Schedule D (Form 990) 2013

Page 5

#### Supplemental Information (continued) Part XIII

SCHEDULE D, PART V, LINE 4

INTENDED USE OF THE ORGANIZATION'S ENDOWMENT FUNDS:

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

#### **SCHEDULE G**

(Form 990 or 990-EZ) Department of the Treasury

**Supplemental Information Regarding Fundraising or Gaming Activities** 

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Inspection Internal Revenue Service Name of the organization Employer identification number EMERGENCY MEDICINE FOUNDATION 75-2331221 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants а Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events C g In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees 2a or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) custody or control of (ii) Activity or entity (fundraiser) from activity fundraiser listed in contributions? organization col. (i) Yes No 1 2 3 6 7 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990 or 990-EZ) 2013

Schedule G (Form 990 or 990-EZ) 2013

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			(a) Event #1 SILENT AUCTION	<b>(b)</b> Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	108,207.			108,207.
œ		Less: Contributions	50,418.			50,418.
		line 2)	57 <b>,</b> 789.			57 <b>,</b> 789.
	4	Cash prizes				
	5	Noncash prizes	8,600.			8,600.
sesue	6	Rent/facility costs	33,021.			33,021.
Direct Expenses	7	Food and beverages	40,848.			40,848.
Dire	8	Entertainment				
	9	Other direct expenses	9,293.			9,293.
		Direct expense summary. Add lines 4	through 9 in column (d)			91,762.
	11 rt I	Net income summary. Subtract line 1  Gaming. Complete if the organical subtract line 1				-33,973.
		than \$15,000 on Form 990-E				Tiod more
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
፠	1	Gross revenue				
ses	2	Cash prizes				
Expe	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes%	Yes% No	Yes% No	
	7	Direct expense summary. Add lines 2	through 5 in column (d)		▶	
	8	Net gaming income summary. Subtra	act line 7 from line 1, col	umn (d)		
9 a	ls	nter the state(s) in which the organizat the organization licensed to operate g "No," explain:		of these states?		. Yes No
	_					
		ere any of the organization's gaming l	icenses revoked, suspe			. Yes No

# EMERGENCY MEDICINE FOUNDATION

Sched	ule G (Form 990 or 990-EZ) 2013 Page <b>3</b>
11	Does the organization operate gaming activities with nonmembers? Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity operated in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ▶
	Address ▶
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
	amount of gaming revenue retained by the third party ▶ \$
С	If "Yes," enter name and address of the third party:
	Name ▶
	Address ▶
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ► \$
	Description of services provided ▶
	Director/officer
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
	or spent in the organization's own exempt activities during the tax year ▶ \$
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Schedule G (Form 990 or 990-EZ) 2013

# SCHEDULE I (Form 990)

Name of the organization

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

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

Department of the Treasury
Internal Revenue Service

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Employer identification number

EMERGENCY MEDICINE FOUNDATION						75-2331221	L
Part I General Information on Grants and	Assistance	<b>)</b>					
1 Does the organization maintain records to su							
the selection criteria used to award the grants	s or assistance	∍?					X Yes No
2 Describe in Part IV the organization's proced	ures for mon	itoring the use o	of grant funds in the	United States.			
Part II Grants and Other Assistance to G Part IV, line 21, for any recipient th							es" to Form 990,
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF MISSISSIPPI MEDICAL CENTER							
2500 N STATE ST, RM U019-05	64-6008520	501(C)(3)	50,000.				CAREER DEVELOPMENT
(2) INDIANA UNIVERSITY							RESEARCH FELLOWSHIE
P.O. BOX 66057 INDIANAPOLIS, IN 46266	35-6001673	501(C)(3)	169,700.				DIRECTED GRANT
(3) WASHINGTON UNIVERSITY							
700 ROSEDALE AVE, CB#1034	43-0653611	501 (C) (3)	49,522.				CAREER DEVELOPMENT
(4) UNIVERSITY OF FLORIDA							HEALTH POLICY
123 GRINTER HALL GAINESVILLE, FL 32611	59-6002052	115	55,000.				RESEARCH/EMBRS
(5) university of colorado denver							HEALTH POLICY
BLDG 500 RM W1126, MAILSTOP F428	84-6000555	501 (C) (3)	50,000.				RESEARCH
(6) UNIVERSITY OF PENNSYLVANIA							
P-221 3451 WALNUT ST PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	50,000.				EMF/ENAF TEAM GRANT
(7) UNIVERSITY OF TX MD ANDERSON							
1515 HOLCOMBE BLVD HOUSTON, TX 77030	74-6001118	115	22,000.				DIRECTED GRANT
(8) UNIVERSITY OF WASHINGTON							
3917 UNIV WAY NE SEATTLE, WA 98105	91-6001537	501 (C) (3)	20,000.				DIRECTED GRANT
(9) UNIVERSITY OF PITTSBURGH							
400A IROQUOIS BLDG PITTSBURG, PA 15261	25-0965591	501 (C) (3)	179,666.				DIRECTED GRANT
(10) RHODE ISLAND HOSPITAL							
593 EDDY ST, CORO WEST 1300	05-0258954	501 (C) (3)	19,936.				DIRECTED GRANT
(11)	-						
(12)	_						
2 Enter total number of section 501(c)(3) and g	l lovernment o	rganizatione liet	led in the line 1 tab				10.
2 Enter total number of other organizations list.	od in the line	ryanizations iisi 1 tabla	red iii tiie iiiie T (ab)	c			
3 Enter total number of other organizations list	ed ill tile illie	I Lable	<del></del>		<u> </u>	<u> </u>	

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

Schedule I (Form 990) (2013)

EMERGENCY MEDICINE FOUNDATION 75-2331221

Schedule I (Form 990) (2013)

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.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
ı					
;					
<u> </u>					
Complemental Information Comple					

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 2

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS WITHIN THE U.S.:

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 J** (Form 990)

Department of the Treasury

Internal Revenue Service

# **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions. ► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

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

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line			
	1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
Ū	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
4	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(a)(2) and 501(a)(4) organizations must complete lines 5.0			
5	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
J	compensation contingent on the revenues of:			
а		5a		Х
a b	Any related organization?  Any related organization?	5b		X
b	If "Yes" to line 5a or 5b, describe in Part III.	30		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
·	compensation contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		X
~	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
-	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		Χ
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2013

EMERGENCY MEDICINE FOUNDATION 75-2331221

Schedule J (Form 990) 2013

# Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990
C. ROBERT HEARD	(i)	C	C	0	Q	0	(	0
1 EXECUTIVE DIRECTOR	(ii)	219,515.	22 <b>,</b> 255.	13,796.	24,668.	8,063.	288 <b>,</b> 297.	0
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
_ 5	(ii)							
	(i)							
_ 6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i) _							
9	(ii)							
	(i) _							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
45	(i)							<u> </u>
15	(ii)							
40	(i)							
16	(ii)							

EMERGENCY MEDICINE FOUNDATION 75-2331221

Schedule J (Form 990) 2013

#### Part | Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE J, PART I, LINE 3

EXECUTIVE COMPENSATION:

THE AMERICAN COLLEGE OF EMERGENCY PHYSICIANS (ACEP), A RELATED

ORGANIZATION, DETERMINES COMPENSATION OF THE FOUNDATION'S EXECUTIVE

DIRECTOR THROUGH THE USE OF THE FOLLOWING:

- FORM 990 OF OTHER ORGANIZATIONS
- WRITTEN EMPLOYMENT CONTRACT
- COMPENSATION SURVEYS
- APPROVAL BY THE BOARD

#### **SCHEDULE 0**

(Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization 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.

Employer identification number

EMERGENCY MEDICINE FOUNDATION

75-2331221

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

DELEGATION OF AUTHORITY:

THE CHAIR, CHAIR-ELECT, IMMEDIATE PAST CHAIR, SECRETARY-TREASURER, AND A MEMBER-AT-LARGE ELECTED BY THE BOARD OF TRUSTEES SHALL CONSTITUTE THE EXECUTIVE COMMITTEE. THE FOUNDATION'S EXECUTIVE DIRECTOR SHALL SERVE AS AN EX-OFFICIO NON-VOTING MEMBER OF THE EXECUTIVE COMMITTEE.

THE EXECUTIVE COMMITTEE MAY ACT IN PLACE AND STEAD OF THE BOARD OF TRUSTEES BETWEEN BOARD MEETINGS ON ALL MATTERS, EXCEPT THOSE SPECIFICALLY RESERVED TO THE BOARD BY THE BYLAWS.

FORM 990, PART VI, SECTION A, LINE 4

SIGNIFICANT CHANGES TO GOVERNING DOCUMENTS:

THE BYLAWS WERE AMENDED OCTOBER 15, 2013 SO THAT THE AMERICAN COLLEGE OF EMERGENCY PHYSICIANS' (ACEP) DOESN'T HAVE THE ABILITY TO APPOINT A MAJORITY OF THE BOARD MEMBERS OF EMF.

FORM 990, PART VI, SECTION A, LINE 7A

MEMBERS WHO MAY ELECT ONE OR MORE MEMBERS OF THE GOVERNING BODY:

MEMBERSHIP IN EMF IS CONFINED TO THE MEMBERS OF THE BOARD OF TRUSTEES.

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

PROCESS TO REVIEW THE FORM 990:

THE FORM 990 IS PROVIDED TO THE FULL BOARD OF TRUSTEES FOR REVIEW PRIOR TO FILING UNDER THE DIRECTION OF SAM CHENG, CPA, CHIEF FINANCIAL OFFICER

Name of the organization

EMERGENCY MEDICINE FOUNDATION

75-2331221

OF ACEP.

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

PROCESS TO MONITOR COMPLIANCE WITH CONFLICT OF INTEREST POLICY:

THE CHAIR OF EMF BOARD OF TRUSTEES REVIEWS AND REQUESTS DISCLOSURES OF

CONFLICTS OF INTEREST FROM EVERY BOARD MEMBER PRIOR TO EVERY MEETING. THE

CHAIR MONITORS AND ENFORCES COMPLIANCE WITH THE POLICY.

FORM 990, PART VI, SECTION B, LINES 15A & 15B

COMPENSATION REVIEW OF OFFICERS AND TRUSTEES:

NO OFFICER OR TRUSTEE 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.

FORM 990, PART VI, SECTION C, LINE 19

AVAILABILITY OF DOCUMENTS:

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

FORM 990, PART VII, SECTION A

THE COMPENSATION LISTED FOR C. ROBERT HEARD IS PAID ENTIRELY BY THE

AMERICAN COLLEGE OF EMERGENCY PHYSICIANS. MR. HEARD DEVOTES THE MAJORITY

OF HIS TIME TO ACEP OPERATIONS AND DOESN'T DRAW ANY COMPENSATION FROM

EMF.

Schedule O (Form 990 or 990-EZ) 2013 Page **2** 

Name of the organization

EMERGENCY MEDICINE FOUNDATION

Employer identification number 75-2331221

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

EMF RESEARCH GRANTS:

THE FOUNDATION HAS ESTABLISHED A NUMBER OF PRESIGIOUS GRANT AND ACEDEMIC PROGRAMS. DURING THE 2013-14 YEAR, EMF AWARDED \$695,975 IN RESEARCH GRANTS, FUNDING 35 STUDIES. EMF CONTINUED OUR GRANTEE WORKSHOP THAT BRINGS TOGETHER ITS CURRENT GRANTEES WITH SEASONED PROFESSIONALS TO DISCUSS THEIR RESEARCH AND GAIN GUIDANCE ON HOW TO SUCCESSFULLY COMPLETE THEIR PROJECT. TO LEARN ABOUT SPECIFIC GRANTS OR PROGRAMS, VISIT OUR WEB SITE AT WWW.EMFOUNDATION.ORG.

EMF'S SUPPORT OF EDUCATION AND RESEARCH:

BY FUNDING RESEARCH AND STIMULATING EDUCATION THROUGH ITS BROAD RANGE OF GRANT PROGRAMS, EMF IS ABLE TO EXPAND THE BODY OF KNOWLEDGE THAT IS THE LIFEBLOOD OF EMERGENCY MEDICINE. EVERY YEAR NEARLY 130 MILLION PEOPLE RELY ON EMERGENCY DEPARTMENTS TO PROVIDE THEM WITH LIFE-SAVING MEDICAL CARE. EMF IS PROUD TO FUND RESEARCH AND EDUCATION THAT HELPS EMERGENCY MEDICINE PRACTITIONERS PROVIDE THE HIGHEST QUALITY OF HEALTH CARE TO THEIR PATIENTS.

ATTACHMENT 2

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,

Schedule O (Form 990 or 990-EZ) 2013

Name of the organization Employer identification number

EMERGENCY MEDICINE FOUNDATION 75-2331221

ATTACHMENT 3

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

DESCRIPTION AMOUNT

SILENT AUCTION 50,418.

TOTAL 50,418.

ATTACHMENT 4

FORM 990, PART VIII - FUNDRAISING EVENTS

 DESCRIPTION
 GROSS INCOME
 DIRECT EXPENSES
 NET INCOME

 SILENT AUCTION
 57,789.
 91,762.
 -33,973.

 TOTALS
 57,789.
 91,762.
 -33,973.

#### SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

# **Related Organizations and Unrelated Partnerships**

▶Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

► See separate instructions.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2013
Open to Public Inspection

Name of the organization

EMERGENCY MEDICINE FOUNDATION

Employer identification number 75–2331221

<b>(b)</b> Primary activity	(c) Legal domicile (state	<b>(d)</b> Total income	(e) End-of-year assets	(f) Direct controlling
	or foreign country)			entity
			Primary activity Legal domicile (state Total income	Primary activity   Legal domicile (state   Total income   End-of-year assets

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	-	cont	g) 512(b)(13) rolled tity?
						Yes	No
(1) AMERICAN COLLEGE OF EMERGENCY PHYSICIANS 38-188879	98						
PO BOX 619911 DALLAS, TX 75261	PROF BUS ORG	TX	501(C)(6)	N/A	N/A		X
_(2)							
_(3)							
_(7)							

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

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Part III	because it had one or i						iswered "Yes" (	on F	orm	990, Part IV, I	ine a	34	
	(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (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	Disprop	h) portionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	j) eral or aging tner?	(k) Percentage ownership
			354111177		,			Yes	No		Yes	No	
_(1)													
<u>(2)</u>													
<u>(4)</u>													
(5)													
<u>(6)</u>													

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

<del>-</del>		<u> </u>	 					
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	(h) Percen- tage ownership	(i) Sect 512(b contro entit	)(13) olled
							Yes I	
(1)								
(2)								
(3)								_
<u>(4)</u>								_
(5)								_
<u>(6)</u>								
(7)								
	l	1			1			

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Pa	rt V Transactions With Related Organizations Complete if the organization answered "Ye	s" on Form 990, Pa	rt IV, line 34, 35b, or 36.				
Not	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				,	Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more re	elated organizations lis	sted in Parts II-IV?				
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		Χ
b	Gift, grant, or capital contribution to related organization(s)				1b		Х
С	Gift, grant, or capital contribution from related organization(s)				1c	Х	
d	Loans or loan guarantees to or for related organization(s)				1d		X
e					1e		X
f	Dividends from related organization(s)				1f		X
g	Sale of assets to related organization(s)				1g		X
h	Purchase of assets from related organization(s)				1h		Х
i	Exchange of assets with related organization(s)				1i		Χ
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
ı	Performance of services or membership or fundraising solicitations for related organization(s)				11		Х
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m	Х	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х	
0	Sharing of paid employees with related organization(s)				10	Х	
р	Reimbursement paid to related organization(s) for expenses				1p		X
q	Reimbursement paid by related organization(s) for expenses				1q	Х	
r	Other transfer of cash or property to related organization(s)				1r		X
s	Other transfer of cash or property from related organization(s)				1s	Х	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete the				sholds.		
	(a) Name of related organization	(b) Transaction	(c) Amount involved		(d) of deter		ıg
		type (a-s)		amo	unt invol	ivea	
<u>(1)</u>	AMERICAN COLLEGE OF EMERGENCY PHYSICIANS	С	200,000.	FMV			
/ <b>0</b> \	AMERICAN COLLEGE OF EMERGENCY PHYSICIANS	M	186,957.	FMV			
(2)	AMERICAN COLLEGE OF EMERGENCI PHISICIANS	11/1	100,937.	FMV			
(3)							
<u>( ) </u>							
(4)							
(5)		I		l			

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# Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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.

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	Primary activity Legal domicile (state or foreign country) ur		(d) Predominant income (related, unrelated, excluded from tax under		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership	
			section 512-514)	Yes	No			Yes	No	(*	Yes	No		
_(1)														
<u>(2)</u>														
(3)														
(4)														
<u>(5)</u>														
<u>(6)</u>														
_(7)														
<u>(8)</u>														
<u>(9)</u>														
(10)														
(11)														
(12)														
(13)														
(14)														
(15)														
(16)														

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# Part VII

Supplemental Information
Complete this part to provide additional information for responses to questions on Schedule R (see instructions).