

Public Disclosure for Tax-Exempt Organizations

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

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

Where Must Information Be Provided?

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

How Quickly Must Organizations Reply?

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

Written Requests

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

What Can an Organization Charge?

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

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

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

Local or Subordinate Organizations

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

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

Using the Internet

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

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

What if the Requests Are a Form of Harassment?

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

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

BKD TAX506 9-11

Public Disclosure Rules

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

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

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

Open to Public Inspection

A F	or the 20	14 calendar year, or tax year beginning 07/01, 2014,	and end	ding		06/30	0 ,20 15			
D		C Name of organization			D Employer ide	ntification	n number			
D C	neck if applicable	EMERGENCY MEDICINE FOUNDATION								
	Address	Doing Business As			75-2331	221				
	Name chang	Number and street (or P.O. box if mail is not delivered to street address)	Room/suit	e	E Telephone n	ımber				
	Initial return	P.O. BOX 619911			(972) 550-0911					
	Terminated	City or town, state or province, country, and ZIP or foreign postal code								
	Amended return	DALLAS, TX 75261-9911			G Gross receip	s \$	2,002,937.			
	Application	F Name and address of principal officer: C. ROBERT HEARD			H(a) Is this a grou					
——	⊃ beunasA	1125 EXECUTIVE CIRCLE IRVING, TX 75038			subordinates H(b) Are all subord					
T	Tax-exempt		7 T T	527			instructions)			
	<u>:</u>	➤ WWW.EMFOUNDATION.ORG	<u>" </u>	J.,	H(c) Group exemp	,	•			
	·····	anization: X Corporation Trust Association Other	1 Van	r of format	ion: 1972 M	~~~~				
		ummary	1 - 100	u oi toilliai	1011, 1012 M	State Of 16	ga ubilitale. IA			
		fly describe the organization's mission or most significant activities: THE EM	TEDGENO	TV MED	TOTAL FOLL	MIDA TO TO	INIC (PMP)			
		SSION IS TO SUPPORT RESEARCH AND EDUCATION IN T					24.2 (EME)			
ĕ		DICINE TO THE BENEFIT OF THE PUBLIC.	LIE EIL	TED OF	_EMERGENC					
Ë										
Governance		ck this box if the organization discontinued its operations or dispose				i i				
r S	3 Nun	nber of voting members of the governing body (Part VI, line 1a)				3	13.			
Activities &	4 Nun	nber of independent voting members of the governing body (Part VI, line 1b)				4	13.			
ŧ	5 Tota	al number of individuals employed in calendar year 2014 (Part V, line 2a)				5	0			
ŧ	6 Tota	Il number of volunteers (estimate if necessary)				6	130.			
⋖	7a Tota	al unrelated business revenue from Part VIII, column (C), line 12				7a				
	b Net	unrelated business taxable income from Form 990-T, line 34				7b	(
				<u> </u>	Prior Year		Current Year			
Ф	8 Con	tributions and grants (Part VIII, line 1h).		¬L	1,290,09	9.	1,024,865.			
Revenue	9 Pro	gram service revenue (Part VIII, line 2g). COPY	Y FOR			0	(
	10 Inve	stment income (Part VIII, column (A), lines 3, 4, and 7d)	ISPECTIO	N	78,10	7.	147,079.			
Œ		er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			-33,97	3.	-57,608.			
		al revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).			1,334,23	3.	1,114,336.			
		nts and similar amounts paid (Part IX, column (A), lines 1-3)			695,97		546,986.			
		efits paid to or for members (Part IX, column (A), line 4)				0				
w		ries, other compensation, employee benefits (Part IX, column (A), lines 5-10)				o				
Expenses		essional fundraising fees (Part IX, column (A), line 11e)				n				
Be	h Tota	al fundraising expenses (Part IX, column (D), line 25) ▶ 81,264		* WAAAGE						
ũ		er expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			163,10	n	215,645.			
	18 Tota	al expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		•	859,07		762,631.			
		enue less expenses. Subtract line 18 from line 12			475,15		351,705.			
ces	15 100	crue ress expenses. Subtractinie to from the 12	<u> </u>		ning of Current Y		End of Year			
ats	20 Tota	al apports (Flort V. line 45)		Degin	5,434,21					
Net Assets Fund Baland	21 Tota	al assets (Part X, line 16)	• • • • •	•	637,99		5,350,816.			
10 2	21 1012	al liabilities (Part X, line 26)		•	~		241,341.			
		assets or fund balances. Subtract line 21 from line 20	* * * * *	• 1	4,796,21	<u> </u>	5,109,475.			
		Signature Block								
true	e, correct, ar	s of perjury, I declare that I have examined this return, including accompanying schedund complete. Declaration of preparer (other than officer) is based on all information of whice	iles and sta ch preparer	itements, a has any ki	ina ta the best of rowledge,	ту кпом	ledge and belief, it is			
			- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1							
Sig	n	Signature of officer								
He		Signature of officer			Date					
110										
		Type or print name and title								
Paid		nt/Type preparer's name Preparer's signature	Date		Check	if PTIN				
	JE parer	ANETTE VERRELLI Claudte Venelli	11/1	2/201	5 self-employe	∌d P0(0742631			
		n's name ▶ BKD, LLP	T	/	Firm's EIN 🕨	44-016	50260			
use	Fim	n's address ► 14241 Dallas Parkway, Suite 1100 Dallas, TX 75254				972-70	02-8262			
May		fiscuss this return with the preparer shown above? (see instructions)					X Yes No			

For Paperwork Reduction Act Notice, see the separate instructions.

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Pa		atement of Program Servi	ce Accomplishments a response or note to any line in this P	ort III	х
1		cribe the organization's mis-		an III	A
•	-		NDATION PROMOTES EDUCATION	I AND RESEARCH	
			ENCY MEDICINE INVESTIGATOR		
			THE BASIS FOR EFFECTIVE HE		
2			ignificant program services during the		
		990 or 990-EZ? scribe these new services o	n Schedule O.		Yes X No
3	Did the o services?	rganization cease conduc	ting, or make significant changes i		Yes X No
		scribe these changes on Sc		Charles I amount and a second	
4	expenses.	Section 501(c)(3) and 501	service accomplishments for each of (c)(4) organizations are required to to, for each program service reported.		
4a	(Code:) (Expenses \$	601,566. including grants of \$	546.986.) (Revenue \$)
		MENT 1	σοτ, 300.	340,980/ (1.3.5.1.8.5 ¥	
	111 11101				
_					
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	(0000.	/ (Ελφοπούο ψ	niolaung grante or \$		
4d		ram services (Describe in S			
	(Expenses			nue \$)	
4e	Total progr	ram service expenses >	601,566.		

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-art	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I.	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	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,"			
	complete Schedule D, Part VI	11a		X
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? If "Yes," complete Schedule D, Part X	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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		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	Х	
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? If "Yes," complete Schedule H	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 l	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			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals 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			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24a	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			
	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		
	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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 I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
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,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete</i>			
~	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
•	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
•	Part I	31		Х
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		Х
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		Х
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		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
50	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			
J1	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R</i> ,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			-23
30	19? Note. All Form 990 filers are required to complete Schedule O	l	Х	
	10: Note. All 1 offit 330 file 13 die required to complete Johnstone Offit File File File File File File File File	00		

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	Check if Schedule O contains a response or note to any line in this Part V			
	Choose in Constants Constants and period of the constant in th			
4 -	Estantha number reported in Day 2 of Form 4000. Fator 2 'K and any Post in 10		Yes	No
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1a 10			
	Enter the number of Forms W-20 included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and	4.	37	
	reportable gaming (gambling) winnings to prize winners?	1c	X	
	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			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			3.5
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			77
	account)?	4a		X
	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).	E a		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		Х
	organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or	Ua		- 21
	·	6b		
	gifts were not tax deductible?	UD		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	Х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	120		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(a)(20) qualified paper of the alth insurance issues.			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
	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.	ısa		
	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

75-2331221 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	tion 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 13	8		
	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 1b 13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	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 elect or appoint			
	one or more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
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 be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		T
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	37	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		37	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	_
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		3.7	
	rise to conflicts?	12b	X	-
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		3.7	
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	450	Х	
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Λ.	
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a		X
L	with a taxable entity during the year?	10a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed \(\bigsectric{ATTACHMENT 2}{\} \)			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501/	·)(3)c	
10	available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain in Schedule O)	301(0	,)(3)3	Offig)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	policy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and record	s: >		

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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.

(1)JOHN J. ROGERS MD, FACEP CHAIR/IMMEDIATE PAST CHAIR (2)PAUL KIVELA, MD, FACEP IMMED PAST CHAIR (3)VIDOR E. FRIEDMAN, MD, FACEP CHAIR ELECT/CHAIR (4)JOHN H. PROCTOR, MD, MBA, FACE SECRETARY-TREASURER (5)BRENDAN G. CARR, MD, FACEP	hours for related organizations below dotted line)	Individual trustee or director	Inst	0	_		(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (D) Reportable compensation from		related	other
CHAIR/IMMEDIATE PAST CHAIR (2) PAUL KIVELA, MD, FACEP IMMED PAST CHAIR (3) VIDOR E. FRIEDMAN, MD, FACEP CHAIR ELECT/CHAIR (4) JOHN H. PROCTOR, MD, MBA, FACE SECRETARY-TREASURER (5) BRENDAN G. CARR, MD, FACEP		al trustee or	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
CHAIR/IMMEDIATE PAST CHAIR (2) PAUL KIVELA, MD, FACEP IMMED PAST CHAIR (3) VIDOR E. FRIEDMAN, MD, FACEP CHAIR ELECT/CHAIR (4) JOHN H. PROCTOR, MD, MBA, FACE SECRETARY-TREASURER (5) BRENDAN G. CARR, MD, FACEP	1.00									
IMMED PAST CHAIR (3)VIDOR E. FRIEDMAN, MD, FACEP CHAIR ELECT/CHAIR (4)JOHN H. PROCTOR, MD, MBA, FACE SECRETARY-TREASURER (5)BRENDAN G. CARR, MD, FACEP	0	Х		Х				0	0	(
IMMED PAST CHAIR (3)VIDOR E. FRIEDMAN, MD, FACEP CHAIR ELECT/CHAIR (4)JOHN H. PROCTOR, MD, MBA, FACE SECRETARY-TREASURER (5)BRENDAN G. CARR, MD, FACEP	1.00									
CHAIR ELECT/CHAIR (4)JOHN H. PROCTOR, MD, MBA, FACE SECRETARY-TREASURER (5)BRENDAN G. CARR, MD, FACEP	0	Х		Х				0	0	(
(4)JOHN H. PROCTOR, MD, MBA, FACE SECRETARY-TREASURER (5)BRENDAN G. CARR, MD, FACEP	1.00									
SECRETARY-TREASURER (5)BRENDAN G. CARR, MD, FACEP	0	X		Х				0	0	(
(5)BRENDAN G. CARR, MD, FACEP	1.00									
	0	Х		X				0	0	(
	1.00									
TRUSTEE	0	X						0	0	(
(6)BROOKS BOCK, MD, FACEP	1.00			3.7				0		(
TRUSTEE/PRES-ELECT (7)JAMES M CUSICK, MD, FACEP	1.00	X		X				0	0	
TRUSTEE	1.00	X						0	0	(
(8)MICHAEL J. GERARDI, MD, FACEP	1.00	21						0	- U	
TRUSTEE	0	Х						0	0	(
(9)EDWARD C. JAUCH, MD, FACEP	1.00									·
TRUSTEE	0	Х						0	0	(
(10)MARK MACKEY, MD, FACEP	1.00									
TRUSTEE	0	Х						0	0	(
(11)DAVID E. WILCOX, MD, FACEP	1.00									
TRUSTEE	0	X						0	0	(
(12)JORDAN G CELESTE, MD	1.00									
TRUSTEE	0	X						0	0	(
(13)MARK COURTNEY, MD, FACEP	1.00							_		_
TRUSTEE	1.00	X						0	0	(
(14)DEBORAH B. DIERCKS, MD, FACEP	1 1 00									
TRUSTEE	1.00	X						0	0	(

Form 990 (2014)

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	plo	ye	es,	and F	ligl	hest Compensat	ed Employe	es (c	ontinued))	
(A) Name and title	(B) Average hours per week (list any hours for	ge Position (do not check more than one box, unless person is both an officer and a director/trustee			Average hours per week (list any hours for			an ee)	(D) Reportable compensation from the	(E) Reportabl compensation related organizatio	from	Estim amou oth comper	nated unt of ner nsation
	related 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-N	IISC)	from organi and re organiz	zation elated	
15) MATTHEW RUDY, MD	1.00												
TRUSTEE	0	X						0		0		0	
16) C. ROBERT HEARD, CAE EXECUTIVE DIRECTOR	5.00			Х				0		0		0	
1b Sub-total c Total from continuation sheets to Part VII, S	ection A						>	0		0		0	
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but not reportable compensation from the organizatio 	limited to t		liste				re	ceived more than		0		0	
											Y	es No	
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched											3	Х	
4 For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15	0,0	00?	l If	"Yes	,"	complete Schedu	le J for su	ıch	4	X	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	satio	on 1	from	any	un	related organization	on or individu	ual	5	Х	
Section B. Independent Contractors 1 Complete this table for your five highest complete the your													
compensation from the organization. Report of year.	compensati	on for	the	ca	ienc	ar ye	ar e		nin the organ	ızatior			
(A) Name and business add	dress							(B) Description of se	rvices	C	(C) ompensat	ion	
							+						

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Form **990** (2014)

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

Part VIII Statement of Revenue

		Check if Schedule O contains a respons	se or note to an	y line in this Part VI	III		Х
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e	Federated campaigns	58,350. 966,515.				
Con	g	Noncash contributions included in lines 1a-1f: \$	5,475.				
	<u>h</u>	Total. Add lines 1a-1f	Business Code	1,024,865.			
Program Service Revenue	2a b c d e f g	All other program service revenue		0			
	3	Investment income (including dividend	ds, interest,				
	4 5 6a b c d 7a b	and other similar amounts)	proceeds . Leave (ii) Personal (iii) Other	0 0 0 0 40,921.			40,921
Other Revenue	С	Gross income from fundraising events (not including \$58,350. of contributions reported on line 1c). See Part IV, line 18	ATCH 3 43,698. 101,306.	-57,608.			-57,608.
		Gross income from gaming activities. See Part IV, line 19					
	b	Less: direct expenses	•	0			
	10a	Gross sales of inventory, less returns and allowances		0			
	b c	Net income or (loss) from sales of inventory		0			
		Miscellaneous Revenue	Business Code				
	11a b c						
	d	All other revenue					
	е 12	Total Add lines 11a-11d		1 114 226			00.45
	14	Total revenue. See instructions	<u> </u>	1,114,336.		ļ	89,471.

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

	Check if Schedule O contains a resp	bonse of note to any iii	ie in tris Part ix		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	546,986.	546,986.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	0			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
	Payroll taxes	0			
	Fees for services (non-employees):				
а	Management	0			
	Legal	0			
c	Accounting	9,080.		9,080.	
d	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17.	0			
f	Investment management fees	13,043.		13,043.	
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	73,888.	11,808.	40,806.	21,274.
12	Advertising and promotion	14,854.	6,950.		7,904.
	Office expenses	15,616.	17.	8,192.	7,407.
14	Information technology	0			
15	Royalties	0			
	Occupancy	0	05.056		22.225
17	Travel	54,264.	25,376.	3.	28,885.
18	Payments of travel or entertainment expenses	_			
	for any federal, state, or local public officials	34 000		0 677	15 504
	Conferences, conventions, and meetings	34,900.	10,429.	8,677.	15,794.
	Interest	0			
	Payments to affiliates	0			
	Depreciation, depletion, and amortization	0			
	Insurance	U			
24	Other expenses. Itemize expenses not covered				
	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.)				
	:				
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	762,631.	601,566.	79,801.	81,264.
	Joint costs. Complete this line only if the	. 52 / 551 •	332,333.	,	02,201.
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)	0	6,950.		7,904.
_					

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Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	rt X		
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	505,363.	1	377,449.
	2	Savings and temporary cash investments	375,770.	2	278,378.
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	191,384.	4	126,255.
	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			_
Ŋ		organizations (see instructions). Complete Part II of Schedule L	0	_	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	10,775.	9	14,844.
	10 a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D	0		
		Less: accumulated depreciation		10c	4 552 000
	11	Investments - publicly traded securities	4,350,922.	11	4,553,890.
	12	Investments - other securities. See Part IV, line 11	0		0
	13	Investments - program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14 15	0
	15 16	Other assets. See Part IV, line 11			5,350,816.
	17	Total assets. Add lines 1 through 15 (must equal line 34)	13,797.		36,799.
	18	Grants navable	591,702.		135,264.
	19	Grants payable Deferred revenue	32,500.		69,278.
	20	Tax-exempt bond liabilities	0		05,270:
S	21	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,			-
ig		trustees, key employees, highest compensated employees, and			
Ë		disqualified persons. Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	0	25	0
	26	Total liabilities. Add lines 17 through 25	637,999.	26	241,341.
es		Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	4,796,215.	27	5,109,475.
Bal	28	Temporarily restricted net assets	0	28	0
힏	29	Permanently restricted net assets	0	29	0
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
ts c	30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	-
Ä	32			32	
Net	33	Total net assets or fund balances	4,796,215.	33	5,109,475.
	34	Total liabilities and net assets/fund balances	5,434,214.	34	5,350,816.
Net Assets or	33	Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances		33	

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Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			14,3	
2	Total expenses (must equal Part IX, column (A), line 25)	2			62,6	
3	Revenue less expenses. Subtract line 2 from line 1	3			51,7	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		4,796,215.		
5	Net unrealized gains (losses) on investments	5		_	38,4	145.
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		5,1	09,4	75.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					Ш
	According with a local transverse the Francisco Could V Accord Could		П		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," explain in					
2.	Schedule O.			0-		v
Za	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were complete.	nilod		2a		X
	reviewed on a separate basis, consolidated basis, or both:	plied	OI			
				2b	х	
b	Were the organization's financial statements audited by an independent accountant?			20	Δ.	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit separate basis, consolidated basis, or both:	ea o	n a			
	X Separate basis Consolidated basis Both consolidated and separate basis					
_	<u> </u>		inht			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for of the audit, review, or compilation of its financial statements and selection of an independent acc			2c	х	
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule O.	хріан	' "'			
2 ~	As a result of a federal award, was the organization required to undergo an audit or audits as set	fortl	n in			
эa	the Single Audit Act and OMB Circular A-133?	10111		3a		Х
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	erao	⊢			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	_		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.

► Attach to Form 990 or Form 990-EZ.

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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization Employer identification number

EMERGENCY MEDICINE FOUNDATION 75-2331221

TIME	RGENCY MEDICINE FOUNDS	ATTON				/5	-2331221
Pai	rt I Reason for Public Cha	rity Status (All o	organizations must o	omplete	e this pa	art.) See instructions	
Γhe	organization is not a private four	ndation because it	t is: (For lines 1 throug	gh 11, ch	eck only	one box.)	
1	A church, convention of chu	urches, or associa	tion of churches descr	ribed in s	ection 1	70(b)(1)(A)(i).	
2	A school described in section	on 170(b)(1)(A)(ii)	. (Attach Schedule E.)				
3	A hospital or a cooperative	hospital service o	rganization described	n sectio	n 170(b)	(1)(A)(iii).	
4	A medical research organiz						(iii). Enter the
	hospital's name, city, and st		•	•			` ,
5	An organization operated f		a college or universit	v owned	d or ope	erated by a governme	ental unit described in
-	section 170(b)(1)(A)(iv). (C			,			
6	A federal, state, or local go		rnmental unit describe	d in sect	ion 170('h)(1)(Δ)(v)	
7	X An organization that norma	-					om the general nublic
•	described in section 170(b)	-		pport in	om a go	verninental ant of the	on the general public
0	A community trust describe		,	Dort II \			
8 9					art fram	contributions mamb	orobin food and aroos
9	An organization that norma						
	receipts from activities rela		-		-		
	support from gross invest					·	tax) from businesses
	acquired by the organization				-	•	
0	An organization organized a	•	•	-			
1	An organization organized a	•	-	-			
	one or more publicly suppo	-			-		
	the box in lines 11a through	n 11d that describe	es the type of support	ing orga	nization	and complete lines 11e	e, 11f, and 11g.
а	Type I. A supporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
	the supported organizatio	on(s) the power to	regularly appoint or e	lect a m	ajority o	f the directors or trus	tees of the supporting
	organization. You must co	omplete Part IV, S	Sections A and B.				
b	Type II. A supporting organic	anization supervis	ed or controlled in co	nnection	with its	supported organization	on(s), by having
	control or management o	of the supporting o	organization vested in	the sam	e persor	ns that control or man	age the supported
	organization(s). You must	complete Part IV	, Sections A and C.				
С	Type III functionally integ	grated. A supporti	ng organization opera	ited in co	onnectio	n with, and functional	lly integrated with,
	its supported organization						
d	Type III non-functionally		•				ted organization(s)
	that is not functionally inte						= ::
	requirement (see instructi	-		-		•	
е	Check this box if the orga	•	-				I Type III
	functionally integrated, or						., .,po
f		• •		porting c	n garnza		
а	Provide the following information						
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
			(described on lines 1-9	listed in you	ur governing	support (see	other support (see
			above or IRC section (see instructions))	docui	ment?	instructions)	instructions)
			(000 :::0:: do::0::0))	Yes	No		
A)							
B)							
C)							
D)							
E)							
Tota	1						

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

Schedule A (Form 990 or 990-EZ) 2014

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	802,880.	1,070,582.	2,522,911.	1,290,099.	1,024,865.	6,711,337.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	802,880.	1,070,582.	2,522,911.	1,290,099.	1,024,865.	6,711,337.
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)						2,327,579.
6	Public support. Subtract line 5 from line 4.						4,383,758.
	tion B. Total Support	(=) 2010	(b) 2044	(a) 2012	(4) 2012	(2) 2014	(f) Total
_	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	802,880. 24,367.	1,070,582.	2,522,911.	1,290,099.	1,024,865.	6,711,337.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	24,307.	13,001.	33,723.	77,210.	100,130.	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . ATCH. 1				57,789.	43,698.	101,487.
11	Total support. Add lines 7 through 10						7,117,582.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First five years. If the Form 990 is f organization, check this box and stop here	<u></u>					
Sec	tion C. Computation of Public Sup	•					61 50
14	Public support percentage for 2014 (li		,			14	61.59%
15	Public support percentage from 2013	•				15	60.89%
16a	331/3% support test - 2014. If the o						
h	this box and stop here. The organization						
D	331/3% support test - 2013. If the concept this box and stop here. The organization						
172	10%-facts-and-circumstances test - 2	-					
114	10% or more, and if the organization	_					
	Part VI how the organization meets t						
	organization						· • L
Ø	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the organization Explain in Part VI how the organization	on meets the "	facts-and-circum	stances" test.	The organization	on qualifies as a	-
18	supported organization Private foundation. If the organization						
	instructions						

Schedule A (Form 990 or 990-EZ) 2014

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			, ,	<u> </u>	,	
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	ŭ			•		` ` `
	organization, check this box and stop here						▶ 🔼
	tion C. Computation of Public Sup			(0)		T T	
15	Public support percentage for 2014 (line 8,					15	<u>%</u>
16	Public support percentage from 2013 Sche					16	<u>%</u>
	tion D. Computation of Investmer			10 1 (0)		14-1	0,
17	Investment income percentage for 2014 (lin					17	<u>%</u>
18	Investment income percentage from 2013					18	<u>%</u>
19 a	331/3% support tests - 2014. If the org	-					
	17 is not more than 331/3%, check thi						
b	331/3% support tests - 2013. If the orga				•		
22	line 18 is not more than 331/3 %, check		-	•			
20	Private foundation. If the organization	aid fiot check	a DUX UII IIIIE	14, 13a, 01 19t	, CHECK MIS DO	on and See mistr	uctions -

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Supporting Organizations Part IV

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated b class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of statuunder section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) an satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how th organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2 (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization use to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(E purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes, answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and Ell numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class alread designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable clasbenefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail i Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantia contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percen controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7 If "Yes," complete Part I of Schedule L (Form 990).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benef from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, t determine whether the organization had excess business holdings.)

		Yes	No
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orm	990 or	990-E2	2) 2014

Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? b A family member of a person described in (a) above? c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. Section B: Type I Supporting Organizations 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year. "I "No, describe in Part VI how the powers to appoint and/or remove directors or trustees are all times during the tax year." I "No, describe in Appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictors, If any, applied to such powers during the tax year." A personal organization of the benefit of any supported organization() that operated, supervised, or controlled the supported organization() that operated, supervised, or controlled the supported organization() that operated. Supervised, or controlled the supported organization() that operated. Yes No 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization's tax year. If year, year, if year, yea	Part I	V Supporting Organizations (continued)			
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? b A family member of a person described in (a) above? c A 35% controlled entirely of a person described in (a) above? c A 35% controlled entirely of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No." describe in Part VI how the supported organization's directors or discorded more than the supported organization and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization of a papert and or or remove directors or trustees or discorded more than the supported organization of the majority of the asy of the supported organization of the than the supported organization of the asy poperted organization or trustees of each of the organization's directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization was vasted in the same persons that controlled or managod the supported organization's poperting organization's poperting organization was vasted in the same persons that controlled or managod the supported organization's poverning documents in effect on the date of notification, to the extent not previously for the organization's officers, directors, or trustees either (i) appointed organization's poverning documents in effect on the date of notification, to the extent not previously for the organization's or the organization's investment policies and in directing the use of the organization's poverning documents in the exp				Yes	No
below, the governing body of a supported organization? A family member of a person described in (a) ove? A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations Yes No 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization of entitle tax year? If "No." describe in Part VI how the supported organizations office/wey operated, supported, or controlled the organization's servitives. If the organization of the supported organizations and what conditions or restrictions, if env, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization of the than the supported organization in (s) that operated, supervised, or controlled the supporting organization. 3 Section C. Type II Supporting Organizations 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's apported organization(s)? If "No." describe in Part VI how control of the supported organization's apported organization and very example organization provided organization's apported organization and to controlled or managed the supported organization provided organization make vested in the same persons that controlled or managed the supported organization provided organization provided organization provided organization provided organization provided organization and very example organization is apported organization and very example organization is apported organization in the supported organization is apported organization in the supported organization is apported organization in the parent of ach of its supported organization, to the extent not previously provided? 2	11	Has the organization accepted a gift or contribution from any of the following persons?			
b A family member of a person described in (a) right above? c. A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI. Section B. Type I Supporting Organizations 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No." describe have the part VI how the supported organization's described yoerards. Supervised. or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint androir cernove directors or trustees edicated among the supported organization of what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization and what conditions or restrictions, if any, applied to such powers during the tax year. 3 Did the organization of the supporting organization or trustees described more than the supported organization(s) that operated, supporting organization. 4 Were a majority of the organization's directors or trustees of unity of the directors or trustees of each of the organization's directors or trustees of each of the organization's supported organization(s)? If "No." describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization or trustees of each of the organization's supported organizations, by the last day of the lifth month of the organization is tax year; (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently flied as of the deficiation, and (3) copies of the organization's organization's document on the government belocks and of notification, to the extent not previously and organization was reported organization was preported organization and supporte	а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
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c. A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations Ves No 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's effectively operated, supervised, or controlled the organization's activities. If the organization of sectives were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, If any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization of the than the supported organization (s) that operated, supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations 1 Ware a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of the supported organization's) in the supporting organization are seed in the same persons that controlled or managed the supported organization's directors or trustees during the hart year also a majority of the directors or trustees of each of the supporting organization was vested in the same persons that controlled or managed the supported organization granization results in the same persons that controlled or managed the supported organization results of the supported organizations, and (3) copies of the organization's average organization and the supported organizations, and (3) copies of the organization's governing documents in effect on the date of notification, and (3) copies of the organization (s) or (ii) serving on the governing body of a supported organization and in Part VI how the organization (s) or (ii) serving on the			11b		
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tax year* If "No." describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. It the organization and more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization of the supported organization. Section C. Type II Supporting Organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization's or management of the supporting organization's supported organization's or management of the supporting organization's supported organizations to the very organization provide to each of its supported organizations, by the last day of the fifth month of the organization to tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's supported organization's between the organization's or (ii) serving on the governing body of a supported organization, to the extent not previously provided? 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization or (ii) is provided. 3 By reason of the relationship described in (2), did the organization's supported organization's in Part VI how the organization's provided organization's provided organization's provided organization's provided organization's provided organization's supported organization's provided organization's activiti					
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	•			000 =	7) 0011

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nizations	5	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust on	Nov. 20, 1970. See ir	structions. All
other Type III non-functionally integrated supporting organizations must con	nplete Se	ections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year
1 Not short term conital gain	1		(optional)
1 Net short-term capital gain	2		
2 Recoveries of prior-year distributions	3		
3 Other gross income (see instructions)	4		
4 Add lines 1 through 3			
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionall	y-integra	ted Type III supporting	organization (see
instructions).	. 0	,, ,,	,

Schedule A (Form 990 or 990-EZ) 2014

Part	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exer	ed		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
;	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section			
	D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a				
b				
C	5 (0010			
d	Excess from 2013			
е	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

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	- OTHER INCOM	E			ATTACHMENT 1	
DESCRIPTION	2010	2011	2012	2013	2014	TOTAL
FUNDRAISING REVENUE				57,789.	43,698.	101,487.
TOTALS					43,698.	101,487.

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

2014

Organization type (check one):						
Filers of:	ilers of: Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
	Check if your organization is covered by the General Rule or a Special Rule . lote . Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See astructions.					
•	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or property) from any one contributor. Complete Parts I and II. See instructions for determining a					
Special Rules	Sittibutions.					
regulations under se 13, 16a, or 16b, and	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the ections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line d that received from any one contributor, during the year, total contributions of the greater of (1) f the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
contributor, during	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 <i>exclusively</i> for religious, charitable, scientific, nal purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
contributor, during t contributions totaled during the year for a General Rule applie	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such d more than \$1,000. If this box is checked, enter here the total contributions that were received an <i>exclusively</i> religious, charitable, etc., purpose. Do not complete any of the parts unless the est to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions more during the year					
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) (2014)

Name of organization EMERGENCY MEDICINE FOUNDATION

Employer identification number 75 – 2331 221

			/5-2331221
Part I Co	ontributors (see instructions). Use duplicate copies	s of Part I if additional space is nee	ded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$25,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Name, address, and zir + 4	\$36,000.	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		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for

noncash contributions.)

Name of organization EMERGENCY MEDICINE FOUNDATION

Employer identification number

75-2331221

art II Nonca	ash Property (see instructions). Use duplicate copies	or Part II if additional space is ne	eaea. ———————
(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., contributions to organizations described in section 501(c)(7), (8), or (10)

follo con	owing line entry. For organizations contributions of \$1,000 or less for the year.	mpleting Part III, enter the ear. (Enter this information	or. Complete columns (a) through (e) and the etotal of exclusively religious, charitable, etc., n once. See instructions.) ►\$				
	e duplicate copies of Part III if additiona	al space is needed.					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Paili							
		(e) Transfer of gift					
	Transferee's name, address, and ZI	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 held				
	(e) Transfer of gift						
		.,					
	Transferee's name, address, and ZI	P + 4	Relationship of transferor to transferee				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I		., -					
	(e) Transfer of gift						
	Transferee's name, address, and ZI	P + 4	Relationship of transferor to transferee				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I							
	(e) Transfer of gift						
	Transferee's name, address, and ZI	P + 4	Relationship of transferor to transferee				

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

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.

OMB No. 1545-0047 **Open to Public** Inspection

Nam	ne of the organization		Employer identification number
EM	ERGENCY MEDICINE FOUNDATION		75-2331221
Pa	art I Organizations Maintaining Donor Advised Funds or Other Similar	Funds or	Accounts.
	Complete if the organization answered "Yes" to Form 990, Part IV, I	ine 6.	
	(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the as	ssets held	in donor advised
	funds are the organization's property, subject to the organization's exclusive legal of		
6	Did the organization inform all grantees, donors, and donor advisors in writing th		
	only for charitable purposes and not for the benefit of the donor or donor advisor	-	
	conferring impermissible private benefit?		Yes No
Pa	art II Conservation Easements.		
	Complete if the organization answered "Yes" to Form 990, Part IV, I	ine 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply	y).	
	Preservation of land for public use (e.g., recreation or education)	eservation	of a historically important land area
	Protection of natural habitat	eservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation con	tribution ir	the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	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 termir	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		-
	violations, and enforcement of the conservation easements it holds?		
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conser	vation eas	sements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation	n easeme	nts during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above satisfy the requirer		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation easements in its re		•
	balance sheet, and include, if applicable, the text of the footnote to the organization	on's financ	ial statements that describes the
D	organization's accounting for conservation easements. art III Organizations Maintaining Collections of Art, Historical Treasures	or Otho	r Similar Assats
	Complete if the organization answered "Yes" to Form 990, Part IV, li	ine 8	1 Sillilai Assets.
4 -			volume of the mont and halance about
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to repworks of art, historical treasures, or other similar assets held for public exhibit public service, provide, in Part XIII, the text of the footnote to its financial statemen	oition, edu	revenue statement and balance sheet loation, or research in furtherance of
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to repo		
	works of art, historical treasures, or other similar assets held for public exhib public service, provide the following amounts relating to these items:	oition, edu	ication, or research in furtherance of
			> ¢
	(i) Revenue included in Form 990, Part VIII, line 1		
2			
2	If the organization received or held works of art, historical treasures, or other		_ · · · · · · · · · · · · · · · · · · ·
а	following amounts required to be reported under SFAS 116 (ASC 958) relating to t Revenue included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		> \$

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

Schedule D (Form 990) 2014

Page 2 Schedule D (Form 990) 2014

Par	organizations Maintainin	g Collections of	Art, Historical	Treasures,	or Oth	er Similar Asse	ts (cont	inued	<u>()</u>
3	Using the organization's acquisitio collection items (check all that appl		other records, chec	ck any of the	e followi	ng that are a sigr	nificant us	se of	its
а	Public exhibition	,	d Loan	or exchange	program	ıs			
b	Scholarly research								
С	Preservation for future gener	ations							-
4	Provide a description of the organ		and explain how	they further	r the org	anization's exemp	t purpose	in Pa	art
	XIII.		'	,	Ü	•			
5	During the year, did the organizatio	n solicit or receive d	lonations of art, his	torical treasi	ures, or o	ther similar			
	assets to be sold to raise funds rath						Yes		No
Par	rt IV Escrow and Custodial Ar						0, Part I\	/, line	9,
	or reported an amount or	Form 990, Part X	, line 21.						
1a	Is the organization an agent, truste	e. custodian or othe	er intermediary for	contributions	or other	assets not			
	included on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in	Part XIII and comp	lete the following ta	ble:				Ш.	
-			note the remotining to			Amount			—
С	Beginning balance			1c		7			
	Additions during the year								
e	Distributions during the year								—
f	Ending balance								
2a	Did the organization include an am				ustodial a	ccount liability?	Yes		No
	If "Yes," explain the arrangement in					_			
	rt V Endowment Funds. Com								_
		(a) Current year	(b) Prior year	(c) Two year		(d) Three years back	(e) Four y	ears ba	ıck
1 a	Beginning of year balance	2,137,045.							
b	Contributions	500,000.	2,000,000.						
С	Net investment earnings, gains,								_
	and losses	55,602.	137,045.						
d	Grants or scholarships								_
е	Other expenditures for facilities								_
	and programs								
f	Administrative expenses								
g	End of year balance	2,692,647.	2,137,045.						
2	Provide the estimated percentage of	of the current year e	nd balance (line 1g	, column (a))) held as:				
а	Board designated or quasi-endowm	ent > 100.0000	%						
b	Permanent endowment >	%	_						
С	Temporarily restricted endowment	> %							
	The percentages in lines 2a, 2b, ar	•							
3a	Are there endowment funds not in t	the possession of th	e organization that	are held an	nd admini	stered for the			
	organization by:						Y	es N	No_
	(i) unrelated organizations						3a(i)		X
	(ii) related organizations						3a(ii)		X
b	If "Yes" to 3a(ii), are the related or						3b		
4	Describe in Part XIII the intended u	•	tion's endowment fu	ınds.					
Par	rt VI Land, Buildings, and Equi Complete if the organiza	pment. fion answered "Ye	s" to Form 990 F	Part IV line	11a Se	e Form 990 Pari	t X line 1	10	
	Description of property	(a) Cost or	other basis (b) Cost	or other basis	(c) Accu	imulated (d	d) Book valu		
1.	Land	(invest	ment) (other)	depre	ciation			—
1a h	Land								—
b	Buildings								—
c d	Leasehold improvements								—
	Equipment								—
e Tota	Other II. Add lines 1a through 1e. (Column	(d) must say at Farm	000 Port V colum	n (D) line 40	2(a))				—
rota	n. Add lines Ta through Te. (Column	(u) must equal Forn	i 990, Part X, colum	ııı (<i>¤),</i> IIne 10	J(C).)	>			

Schedule D (Form 990) 2014

Schedule D (Form 990) 2014 Page **3**

Part VII	Investments - Other Securities.	"Voe" to Form 900	, Part IV, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of valuation:
	(including name of security)	(b) BOOK Value	Cost or end-of-year market value
	al derivatives		
	-held equity interests		
(3) Other			
$\frac{(A)}{(B)}$			
$\frac{(B)}{(C)}$			
$\frac{(C)}{(C)}$			
(D)			
<u>(E)</u>			
<u>(F)</u>			
(H)			
	n (b) must equal Form 990, Part X, col. (B) line 12.) ▶		
Part VIII			
rait viii		"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 valuation: Cost or end-of-year market 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	"Yes" to Form 990	, Part IV, line 11d. See Form 990, Part X, line 15.
	(a) De	scription	(b) Book value
_(1)			
_(2)			
(3)			
_(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	umn (b) must equal Form 990, Part X, col. (B) li	ine 15.)	<u></u> ▶
Part X	Other Liabilities. Complete if the organization answered line 25.	"Yes" to Form 990	, Part IV, line 11e or 11f. See Form 990, Part X,
1.	(a) Description of liability	(b) Book valu	ie l
(1) Feder	al income taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	nn (b) must equal Form 990, Part X, col. (B) line 25.)	•	
O Linkillia f	or uncontain toy positions. In Dort VIII	4 a 4 4 b a 4 a 4 b a 4 a 4 a 4 a 4 a 4	the experientiants financial atotaments that we set the

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) 2014 Page 4

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 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	1,335,925.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		1,333,723.
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities 2b 158,728.	1	
C	Recoveries of prior year grants 2c	1	
d	Other (Describe in Part XIII.)	1	
e	Add lines 2a through 2d	2e	120,283.
3	Add lines 2a through 2d Subtract line 2e from line 1	3	1,215,642.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		1,213,012.
·	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b -101,306.	1	
C	Add lines 4a and 4b	4c	-101,306.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,114,336.
Part		irn.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	11	1,022,665.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a 158,728.		
b	Prior year adjustments 2b		
С	Other losses		
d	Other (Describe in Part XIII.) 2d 101,306.		
е	7.tad iiiloo 2a tiiroagii 2a	2e	260,034.
3	Subtract line 2e from line 1	3	762,631.
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.)		
_ C	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	4c	760 631
5		5	762,631.
Provid	Supplemental Information. le 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 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III,	art \/ I	ine 1: Part X line
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation	
SEE	DAGE 5		
	: PAGH: 5		
	PAGE 5		
	PAGE 5		
	PAGE 5		
	PAGE 5		
	PAGE 5	 	
	PAGE 5	 	
	PAGE 5		
	PAGE 5		
	PAGE 5	 	
	PAGE 5	 	
	PAGE 5		
	PAGE 5	 	
	PAGE 5		

JSA 4E1271 1.000

Page 5

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 D, PART XI, LINE 4B

RECONCILIATION OF REVENUE PER AUDITED FINANCIAL STATEMENTS TO RETURN:

FUNDRAISING EXPENSE \$(101,306)

SCHEDULE D, PART XII, LINE 2D

RECONCILIATION OF EXPENSE PER AUDITED FINANCIAL STATEMENTS TO RETURN:

FUNDRAISING EXPENSE \$ 101,306

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 INCOME. DURING THE YEARS ENDED JUNE 30, 2015 AND 2014, THE FOUNDATION HAD NO UNRELATED BUSINESS INCOME TAX LIABILITY.

THE FOUNDATION FILES TAX RETURNS IN THE U.S. FEDERAL JURISDICTION.

THE FOUNDATION HAS CONCLUDED THAT IT DOES NOT HAVE ANY UNRECOGNIZED LIABILITIES RESULTING FROM CURRENT OR PRIOR PERIOD UNCERTAIN TAX

Schedule D (Form 990) 2014

Page 5

Part XIII Supplemental Information (continued)

POSITIONS. ACCORDINGLY, NO AMOUNTS REGARDING UNCERTAIN TAX POSITIONS HAVE BEEN RECORDED OR DISCLOSED IN THE ACCOMPANYING FINANCIAL STATEMENTS. THE FOUNDATION DOES NOT HAVE ANY OUTSTANDING INTEREST OR PENALTIES, AND NONE HAS BEEN RECORDED IN THE ACCOMPANYING STATEMENTS OF ACTIVITIES FOR THE YEARS ENDED JUNE 30, 2015 AND 2014.

SCHEDULE G

(Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Open to Public

Department of the Treasury

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. Internal Revenue Service

Inspection Employer identification number

Name	of the organization					Employer identification	on number
EME	RGENCY MEDICINE FOUNDATION					75-2331221	
Part	Fundraising Activities. Com				"Yes" to Form 9	90, Part IV, line	17.
ı aı	TOTTI 990-EZ IIIEIS ale Hot						
1	Indicate whether the organization rais	sed funds through		_			
а	Mail solicitations	е			non-government g	•	
b	Internet and email solicitations	f			government grant	S	
С		g	Spe	cial fundra	ising events		
d	In-person solicitations						
	Did the organization have a written o or key employees listed in Form 990 If "Yes," list the ten highest paid indi	, Part VII) or entity	in connec	ction with p	rofessional fundra	ising services?	Yes No
	compensated at least \$5,000 by the		(Turiaraise	pursue	in to agreements	under willer the	Turidiaiser is to be
			T			(v) Amount paid to	T
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	ndraiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							
3	List all states in which the organiza	tion is registered c	r license	d to solicit	contributions or	has been notified	it is exempt from
Ū	registration or licensing.	tion is registered t	71 110011000	3 10 0011011	CONTRIBUTIONS OF	nao been netinea	it is exempt from

Schedule G (Form 990 or 990-EZ) 2014

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.

		gross receipts greater than \$5,00	00.			
			(a) Event #1 SILENT AUCTION	(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	102,048.			102,048
Ľ.		Less: Contributions	58,350.			58,350
	3	Gross income (line 1 minus line 2)	43,698.			43,698
	4	Cash prizes				
	5	Noncash prizes	5,475.			5,475
Expenses	6	Rent/facility costs	12,039.			12,039
t Expe	7	Food and beverages	59,987.			59,987
Direct	8	Entertainment				
	9	Other direct expenses	23,805.			23,805
	10	Direct expense summary. Add lines 4	I through 9 in column (d)	1	•	101,306
	11	Net income summary. Subtract line 1	0 from line 3, column (d))		-57,608
Pa			anization answered "Y			rted more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
irect E	4	Rent/facility costs				
	5	Other direct expenses				
	3	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2	2 through 5 in column (d)			
	8	Net gaming income summary. Subtra	act line 7 from line 1, col	umn (d)		
	a Is	nter the state(s) in which the organizate the organization licensed to conduct of "No," explain:		of these states?		Yes No
		ere any of the organization's gaming l	icenses revoked, suspe	nded or terminated durir	ng the tax year?	. Yes No

EMERGENCY MEDICINE FOUNDATION

Sched	dule G (Form 990 or 990-EZ) 2014	Page 3
11	Does the organization conduct gaming activities with nonmembers?	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?	No
13	Indicate the percentage of gaming activity conducted 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?	No
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		
	Name ▶	
	Address ▶	
16	Gaming manager information:	
	Name ▶	
	Gaming manager compensation ► \$	
	Description of services provided ▶	
	Director/officer Employee Independent contractor	
17	Mandatory distributions:	
а		
	retain the state gaming license? Yes	No
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 provide any additional information (see instructions).	

Schedule G (Form 990 or 990-EZ) 2014

SCHEDULE I (Form 990)

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
Name of the organization

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

OMB No. 1545-0047

2014

Open to Public Inspection

Employer identification number

 Does the organization maintain records to s the selection criteria used to award the grant Describe in Part IV the organization's proced 	ts or assistand	e?			eligibility for the gran		X Yes No
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient to	omestic Or	ganizations a	nd Domestic Gov	rernments. Com	plete if the organized ditional space is	zation answered "Y needed.	es" to Form 990,
1 (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 TEXAS							CAREER DEVELOPMENT
PO BOX 301418 DALLAS, TX 75303	74-1761309	115	50,000.				GRANT
(2) UNIVERSITY OF NEW MEXICO							CAREER DEVELOPMENT
5225 1 UNIVESITY OF NEW MEXICO	85-6000642	115	50,000.				GRANT
(3) BRIGHAM AND WOMEN'S HOSPITAL							HEALTH POLICY
PO BOX 3149 BOSTON, MA 02241	04-2312909	501(C)(3)	60,000.				RESEARCH
(4) WEILL CORNELL MEDICAL COLLEGE							GEMSSTAR GERIATIC
1305 YORK AVE NEW YORK, NY 10021	15-0532082	501(C)(3)	12,500.				GRANT
(5) UNIVERSITY OF COLORADO							INTERNATIONAL
PO BOX 910238 DENVER, CO 80291	84-6000555	115	10,000.				RESEARCH GRANT
(6) UNIVERSITY OF MASSACHUSETTS							INTERNATIONAL
55 LAKE AVENUE NORTH WORCHESTOR, MA 01655	04-3167352	115	10,000.				RESEARCH GRANT
(7) THOMAS JEFFERSON UNIVERSITY							PATIENT CENTERED
1020 WALNUT ST, 525 SCOTT BLDG	23-2829095	501(C)(3)	100,000.				OUTCOMES RESEARCH
(8) RHODE ISLAND HOSPITAL							DIRECTED GRANT -
593 EDDY ST. PROVIDENCE, PA 02903	05-0258954	501(C)(3)	10,000.				NIDA
(9) UNIVERSITY OF PITTSBURGH							DIRECTED GRANT -
400A IROQUIS BLDG PITTSBURGH, PA 15261	25-0965591	501(C)(3)	10,000.				NIDA
(10) YALE UNIVERSITY							
PO BOX 1873, 47 COLLEGE ST, STE 216	06-0646973	501(C)(3)	20,000.				DIRECTED GRANT
(11) UNIVERSITY OF IOWA CARVER COLLEGE OF MEDICI							
B5 JESSUP HALL IOWA CITY, IA 52242	42-6004813	115	150,000.				RESEARCH FELLOWSHII
(12)							
	1	1	1	I			

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

Schedule I (Form 990) (2014)

EMERGENCY MEDICINE FOUNDATION 75-2331221

Schedule I (Form 990) (2014)

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					
_4					
_ 5					
_ 6					
7					

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 USE OF GRANT FUNDS IN THE US:

EMF CONSIDERS APPLICATIONS AND USES A BLINDED PROCESS TO DETERMINE GRANT

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

ENSURE THAT FUNDS ARE USED AS REQUIRED BY THE GRANT.

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2014

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

75-2331221

EMERGENCY MEDICINE FOUNDATION

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 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 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

Name of the organization

EMERGENCY MEDICINE FOUNDATION

75-2331221

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 VI, SECTION A, LINE 3

DELEGATION OF CONTROL OVER MANAGEMENT DUTIES:

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

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

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

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

EMF.

PER IRS GUIDANCE, NO COMPENSATION IS SHOWN ON FORM 990, PART VII, FOR THE 2014 CALENDAR YEAR FOR THIS INDIVIDUAL:

C. ROBERT HEARD, CAE \$ 310,253

Name of the organization

EMERGENCY MEDICINE FOUNDATION

Employer identification number 75-2331221

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

HEARD DEVOTES THE MAJORITY OF HIS TIME TO ACEP OPERATIONS AND DOESN'T

DRAW ANY COMPENSATION FROM EMF.

ATTACHMENT 1

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

EMF RESEARCH GRANTS: THE FOUNDATION HAS ESTABLISHED A NUMBER OF PRESTIGIOUS GRANT AND ACADEMIC PROGRAMS. DURING THE 2014-15 YEAR, EMF WAS RESPONSIBLE FOR \$546,986 IN RESEARCH GRANTS, FUNDING 20 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,

Schedule O (Form 990 or 990-EZ) 2014

Name of the organization	Employer identification number
EMERGENCY MEDICINE FOUNDATION	75-2331221
	ATTACHMENT 2 (CONT'D)

FORM 990, PART VI, LINE 17 - STATES

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

ATTACHMENT 3

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

DESCRIPTION AMOUNT

SILENT AUCTION 58,350.

TOTAL 58,350.

ATTACHMENT 4

FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
SILENT AUCTION	43,698.	101,306.	-57,608.
TOTALS	43,698.	101,306.	-57,608.