

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

Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047

Inspection

► Information about Form 990 and its instructions is at www.irs.gov/form990. A For the 2020 calendar year, or tax year beginning 07/01, 2020, and ending 06/30, 20 21 D Employer identification number C Name of organization B Check if applicable: EMERGENCY MEDICINE FOUNDATION 75-2331221 Doing Business As Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Name change P.O. BOX 619911 (972) 550-0911 Initial return City or town, state or province, country, and ZIP or foreign postal code Amended DALLAS, TX 75261-9911 G Gross receipts \$ 4,235,574. return Application pending F Name and address of principal officer: JODI TALIA H(a) Is this a group return for Yes Χ Nο subordinates' P.O. BOX 619911, DALLAS, TX 75261-9911 Yes No H(b) Are all subordinates included? X | 501(c)(3) 501(c) (4947(a)(1) or If "No," attach a list. (see instructions) Website: ▶ WWW.EMFOUNDATION.ORG H(c) Group exemption number L Year of formation: 1972 M State of legal domicile: ΤХ Form of organization: X Corporation Other > Summary 1 Briefly describe the organization's mission or most significant activities: THE EMERGENCY MEDICINE FOUNDATION'S (EMF) MISSION IS TO SUPPORT RESEARCH AND EDUCATION IN THE FIELD OF Governance EMERGENCY MEDICINE TO THE BENEFIT OF THE PUBLIC. if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 16. Activities & Number of independent voting members of the governing body (Part VI, line 1b) 16. 0. 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 130. 6 0. 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. **b** Net unrelated business taxable income from Form 990-T, line 34 **Current Year** Contributions and grants (Part VIII, line 1h) 2,149,910. 2,525,052. **COPY FOR** 750 0. Program service revenue (Part VIII, line 2g) PUBLIC INSPECTION 132,306. 201,224. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,282,966. 2,726,276. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 1,379,973. 2,011,501. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 Benefits paid to or for members (Part IX, column (A), line 4) 0 0. 14 10,400. Ō. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 16a Professional fundraising fees (Part IX, column (A), line 11e) Ō. **b** Total fundraising expenses (Part IX, column (D), line 25) ▶ _ _ _ _ _ 491,591. 399,179. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,881,964. 2,410,680. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 401,002. 315,596. Revenue less expenses. Subtract line 18 from line 12 s or **Beginning of Current Year End of Year** 10,010,925. 7,941,794. 20 Total assets (Part X, line 16) Total liabilities (Part X, line 26) 1,331,878. 1,746,572. 21 6,609,916. 8,264,353. 22 Net assets or fund balances. Subtract line 21 from line 20, Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date Here Type or print name and title Print/Type preparer's name Date PTIN Preparer's signature Check Paid JEANETTE VERRELLI self-employed P00742631 Preparer Firm's name ▶ BKD, LLP 44-0160260 Firm's EIN ▶ **Use Only** 972-702-8262 Firm's address > 14241 DALLAS PARKWAY, SUITE 1100 DALLAS, TX 75254

JSA 0E1065 1.000

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

No

Form **990** (2020)

X Yes

Page 2 Form 990 (2020)

Pa		nent of Program Service			
				t III	
1	•	the organization's mission			
			ATION PROMOTES EDUCATION A		
			CY MEDICINE RESEARCHERS, I		
	PATIENT CAR	E AND PROVIDES TH	E BASIS FOR EFFECTIVE HEAL	TH POLICY.	
2	prior Form 990		ficant program services during the ye		s X No
3	Did the organi	zation cease conducting	, or make significant changes in h		s X No
	If "Yes," describe	e these changes on Sched	dule O.		
4	expenses. Secti	on 501(c)(3) and 501(c)		ts three largest program services, as m ort the amount of grants and allocations	
4a			o59,225. including grants of \$2	,011,501.) (Revenue \$)
	EMF RESEARC		ATTON ANADDED OVED 62 MIII	TON IN	
			ATION AWARDED OVER \$2 MILL PATIENT CARE. RESEARCH TOP		
			RED OUTCOMES, BASIC SCIENC		
			MENTAL HEALTH, GERIATRICS,		
			ING EMERGENCY MEDICINE RES	<u> </u>	
			A MENTORING WORKSHOP AND P	RESENTATION	
	OPPORTUNITI	ES THROUGH A RESE	ARCH FORUM CONFERENCE.		
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	-				
4d		services (Describe on Sch	· · · · · · · · · · · · · · · · · · ·		
	(Expenses \$	including gr		÷\$)	
4e	Total program s	ervice expenses	2.059.225.		

Form 990 (2020)
Part IV Page 3

	IV 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	Х	
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		Х
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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
U				
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			Х
_	"Yes," complete Schedule D, Part I.	6		Λ
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			3.7
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
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
0	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
1	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.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
u	complete Schedule D, Part VI	11a	Х	
L		11a	- 21	
D	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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
-	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
-	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	170		
D				
	fundraising, business, investment, and program service activities outside the United States, or aggregate	4 4 16		Х
_	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	ا ـ ـ ا		3,7
_	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
6	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
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		X
8	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
9	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		Х
n a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
h	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
	THE THE OLDADIZATION LEDGE THOSE THAT AS LITTLE OF OTHER ASSISTANCE TO ANY COMESTIC OFCANIZATION OF	1		
			X	
21 SA	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	990	

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Part	IV Checklist of Required Schedules (continued)			
	Charles of the same of the sam		Yes	No
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	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24.5	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		
24 a	· · · · · · · · · · · · · · · · · · ·			
	\$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	240		Х
		24a		- 21
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			3.7
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
•	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	<u> </u>		
	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	_		
	chesting contradict of contains a respective or free to any fine in the fact very first fi		Yes	No
1 9	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 8		- 55	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
C	reportable gaming (gambling) winnings to prize winners?	1c	Х	
JSA			990	(2020)
0E1030	1.000 0497HT B47D 5/14/2022 11:07:56 AM V 20-7.21 138-0075396-0075395	. 51111		(2020) AGE
				-

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 0.			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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 account)?	4a		X
h	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).			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	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			
va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or	-		
b	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a		Х
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.5		
C		7c		Х
	required to file Form 8282?	70		
		70		Х
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	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	8		
•	sponsoring organization have excess business holdings at any time during the year?	•		
	Sponsoring organizations maintaining donor advised funds.	00		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	an		
	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 10b			
	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
40.	against amounts due or received from them.)	12a		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	120		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
а	Is the organization licensed to issue qualified health plans in more than one state?	ısa		
	Note: See the instructions for additional information the organization must report on Schedule O.			
D	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			
	The engineering meaning and advantage of the engineering and the e			
	Enter the amount of received on hand, [] [] [] [] [] [] [] [] [] [1/2		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		- 21
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4.5		Х
	excess parachute payment(s) during the year?	15		
	If "Yes," see instructions and file Form 4720, Schedule N.	4.0		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Λ
	If "Yes," complete Form 4720, Schedule O.			

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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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Sect	ion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	16			
	If there are material differences in voting rights among members of the governing body, or					
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business re	lations	ship with			
	any other officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or ur	nder t	ne direct			
	supervision of officers, directors, trustees, or key employees to a management company or other p	person	?	3	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi	led?.		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's	assets	?	5		Х
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to el	ect o	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) n	nembers,			
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions under	ertake	n 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					х
Cooti	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9 Codo	`	Λ
Secti	on B. Policies (This Section B requests information about policies not required by the Inte	emai	Revenue	Code	<i>.)</i> Yes	No
			1	10a		X
	Did the organization have local chapters, branches, or affiliates?			IUa		21
b	If "Yes," did the organization have written policies and procedures governing the activities of			10b		
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt pr	•		11a	X	
11a		ling th	e form? .	ı ı a		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			12a	Х	
12a	1 , , ,					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests trise to conflicts?		-	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the p					
C	describe in Schedule O how this was done	•		12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review ar					
. •	independent persons, comparability data, and contemporaneous substantiation of the deliberation		-			
а	The organization's CEO, Executive Director, or top management official			15a		X
	Other officers or key employees of the organization			15b		X
	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 simila	r arra	ngement			
	with a taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization	to eva	aluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to	safe	juard the			
	organization's exempt status with respect to such arrangements?			16b		
Secti	ion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶ ATTACHMENT 1	<u> </u>				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable),	990,	and 990-T	(Sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap		- 01			
	Own website Another's website X Upon request Other (explain on Sc		•			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents of the control of	nents,	conflict of	finter	est p	olicy,
	and financial statements available to the public during the tax year.	_				
20	State the name, address, and telephone number of the person who possesses the organization's barbar powers 4950 W ROYAL LANE IRVING, TX 75063	oooks	and records	s >		

Form **990** (2020)

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any	box,	not ch unles er and	Pos neck s pe I a d	more rson lirect	e than o	an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(1) PAUL S. AUERBACH, MD, MS, FACE	2.00									
SEC-TREASURER END: 12/2020	0.	Х		Х				0.	0.	0.
(2) JAMES WILLIAMS, DO	1.00									
TRUSTEE START: 01/21	0.	Х						0.	0.	0.
(3) STEPHEN H. ANDERSON, MD, FACEP	1.00									
IMMED PAST CHAIR END: 01/21	0.	Х		Х				0.	0.	0.
(4) KYLE COUPERUS, MD	1.00									
TRUSTEE START: 01/21	0.	X						0.	0.	0.
(5) JOHN YOUNGER, MD	1.00									
TRUSTEE START: 01/21	0.	Х						0.	0.	0.
(6) DAVID E. WILCOX, MD, FACEP	1.00									
CHAIR END: 12/21	0.	X		Χ				0.	0.	0.
(7) HANNAH HUGHES, MD	1.00									
TRUSTEE	0.	X						0.	0.	0.
(8) OMAR MANIYA, MD	1.00									
TRUSTEE END: 10/20	0.	Х						0.	0.	0.
(9) LEONARD M RIGGS JR, MD, FACEP,	1.00									
TRUSTEE END: 12/20	0.	Х						0.	0.	0.
(10) JODY VOGEL, MD	1.00									
TRUSTEE START: 10/20	0.	X						0.	0.	0.
(11) JENNIFER L. STANKUS, MD, JD, F	2.00									
CHAIR ELECT/CHAIR	0.	X		Х				0.	0.	0.
(12)VIK BEBARTA, MD, FACEP	1.00									
TRUSTEE END: 10/20	0.	X						0.	0.	0.
(13) CRAIG SAVOY BRUMMER, MD, FACEP	1.00									
TRUSTEE	0.	X						0.	0.	0.
(14) LYNNE RICHARDSON, MD	1.00									
TRUSTEE	0.	X						0.	0.	0.

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Form 990 (2020)

Part VII Section A. Officers, Directors,	Trustees, Ke	y En	nplo	yee	es,	and F	lig	hest Compensat	ed Employees (d	continu	ed)	
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos neck ss pe	rson	e than or is both	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	ar	(F) stimated mount of other apensation	f
	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-MISC)	org an	rom the ganizatio d related anization	d
15) JEFFREY GOODLOE, MD	2.00							_	_			
TRUSTEE/SEC-TREASURER	0.	X		X				0	0.			(
16) JON MARK HIRSHON, MD	1.00	37										,
TRUSTEE 17) CHRISTOPHER KANG, MD	1.00	X						0	0.			(
TRUSTEE		X						0] 0.			(
18) ANGELA GARDNER, MD	1.00	21										
TRUSTEE	0.	X						0] 0.			(
19) CHADD KRAUS, DO	1.00											
TRUSTEE	0.	Х						0	0.			(
20) GILLIAN SCHMITZ, MD	1.00											
TRUSTEE END: 10/20	0.	Х						0	0.			(
21) DAVID SEABERG, MD	1.00											
TRUSTEE	0.	X						0	0.			(
22) PEGGY BROCK EXECUTIVE DIRECTOR	40.00			Х				0	0.			(
1b Sub-total							\blacktriangleright	0.	0.			0
c Total from continuation sheets to Part VI	•							0.	0.			0
d Total (add lines 1b and 1c)					<u> </u>		<u> </u>	0.	0.			0
2 Total number of individuals (including but reportable compensation from the organization)		nose 0.		d at	bove	e) who	re	eceived more than	\$100,000 of			
Toportable compensation from the organiza-											Yes	No
3 Did the organization list any former of employee on line 1a? If "Yes," complete Sch										3	103	Х
4 For any individual listed on line 1a, is the	ne sum of rep	ortab	ole c	om	per	sation	ı aı	nd other compen	sation from the	3		
organization and related organizations individual										4		Х
5 Did any person listed on line 1a receive												
for services rendered to the organization?										5		Х
Section B. Independent Contractors												
 Complete this table for your five highest of compensation from the organization. Report year. 												

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

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0.

75-2331221 EMERGENCY MEDICINE FOUNDATION

Pa	rt VIII						
		Check if Schedule O contains a response	e or note to an	y line in this Part V (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns	2,525,052.	2,525,052.			
Program Service Revenue	2a b c d		Business Code				
	f g	All other program service revenue L		0.			
	3 4 5	Investment income (including dividends, in other similar amounts)	roceeds . >	165,216. 0.			165,216
	6a b	Gross rents 6a Less: rental expenses 6b Rental income or (loss) 6c	(ii) Personal				
	d 7a	Net rental income or (loss)	(ii) Other	0.			
evenue	b	other than inventory 7a 1,545,306. Less: cost or other basis and sales expenses . 7b 1,509,298. Gain or (loss) 7c 36,008.					
Other Re	d 8a	Net gain or (loss)		36,008.			36,008
	b	1c). See Part IV, line 18	0.	0.			
	9a	Gross income from gaming activities. See Part IV, line 19 9a	0.				
	b c	Less: direct expenses	0.	0.			
	10a b	Gross sales of inventory, less returns and allowances	0.				
snc	С	Net income or (loss) from sales of inventory	Business Code	0.			
Miscellaneous Revenue	11a b c d	All other revenue					
≥		Total. Add lines 11a-11d		0. 2.726.276.			201.224

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75-2331221

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX								
	not include amounts reported on lines 6b, 7b, 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	1,991,501.	1,991,501.					
2	Grants and other assistance to domestic							
	individuals. See Part IV, line 22	20,000.	20,000.					
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		\Box		_			
	section 401(k) and 403(b) employer contributions)	0.						
9	Other employee benefits	0.						
10	Payroll taxes	0.						
11	Fees for services (nonemployees):							
а	Management	0.						
	Legal	20,160.		20,160.				
С	Accounting	18,200.		18,200.				
d	Lobbying	0.						
е	Professional fundraising services. See Part IV, line 17.	0.						
f	Investment management fees	17,583.		17,583.				
g	Other. (If line 11g amount exceeds 10% of line 25, column							
	(A) amount, list line 11g expenses on Schedule O.) ATCH 2	289,525.	44,627.	18,449.	226,449.			
12	Advertising and promotion	0.						
13	Office expenses	13,912.		8,186.	5,726.			
14	Information technology	0.						
15	Royalties	0.						
16	Occupancy	0.						
17	Travel	4,030.	684.	183.	3,163.			
18	Payments of travel or entertainment expenses	_						
	for any federal, state, or local public officials	0.		11 01 5				
19	Conferences, conventions, and meetings	14,582.	2,413.	11,215.	954.			
20	Interest	0.						
21	Payments to affiliates	0.		01 100				
22	Depreciation, depletion, and amortization	21,187.		21,187.				
23	Insurance	0.						
24	Other expenses. Itemize expenses not covered							
	above (List miscellaneous expenses on line 24e. If							
	line 24e amount exceeds 10% of line 25, column							
	(A) amount, list line 24e expenses on Schedule O.)							
а								
b								
	All d							
	All other expenses	2,410,680.	2,059,225.	115,163.	236,292.			
_	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	2,410,000.	2,009,229.	110,100.	430,434.			
-0	organization reported in column (B) joint costs							
	from a combined educational campaign and fundraising solicitation. Check here							
	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	0.						
		٥.			Form QQ (2020)			

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Part X Balance Sheet

	art A	Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	983,217.	1	1,234,077.
	2	Savings and temporary cash investments	177,591.	2	999,784.
	3	Pledges and grants receivable, net	0.	3	737,808.
	4	Accounts receivable, net	348,260.	4	0.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0.
ts	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
Ä	9	Prepaid expenses and deferred charges	2,243.	9	2,646.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 105,931.			
	b	Less: accumulated depreciation	56,497.	10c	35,310.
	11	Investments - publicly traded securities	6,373,986.	11	7,001,300.
	12	Investments - other securities. See Part IV, line 11	0.	12	0.
	13	Investments - program-related. See Part IV, line 11.	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	0.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	7,941,794.	16	10,010,925.
	17	Accounts payable and accrued expenses	561,996.	17	591,564.
	18	Grants payable	374,900.	18	860,342.
	19	Deferred revenue.	394,982.	19	294,666.
	20	Tax-exempt bond liabilities.	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
Ś	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ig		controlled entity or family member of any of these persons	0.	22	0.
Ë	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	0.	25	0.
	26	Total liabilities. Add lines 17 through 25	1,331,878.	26	1,746,572.
ces		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
<u>a</u>	27	Net assets without donor restrictions	6,136,011.	27	7,562,268.
Ba	28	Net assets with donor restrictions.	473,905.	28	702,085.
Fund Balances	20	Organizations that do not follow FASB ASC 958, check here ▶	1137303.	20	,02,000.
ō	20	and complete lines 29 through 33.		20	
şţs	29	Capital stock or trust principal, or current funds		29	
Assets	30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
	31	Retained earnings, endowment, accumulated income, or other funds	6 600 010	31	0 264 252
Net	32	Total liebilities and not essets (find belones)	6,609,916.	32	8,264,353.
_	33	Total liabilities and net assets/fund balances	7,941,794.	33	10,010,925. Form 990 (2020)

Form **990** (2020)

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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					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			26,2	
2	Total expenses (must equal Part IX, column (A), line 25)	2			10,6	
3	Revenue less expenses. Subtract line 2 from line 1	3		3	15,5	96.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		6,6	09,9	916.
5	Net unrealized gains (losses) on investments	5		1,3	38,8	341.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		8,2	64,3	353.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
	<u>_</u>				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:	•				
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi					
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersiah	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	_		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule O.	•				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in	the			
	Single Audit Act and OMB Circular A-133?			3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	lergo	the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a			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.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

EMERGENCY MEDICINE FOUNDATION

Employer identification number 75-2331221

Pa	rt I	Reason for Public Cha	rity Status. (All	organizations must o	complet	te this p	art.) See instructions	S.	
		anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)		
1		A church, convention of chu	urches, or associa	tion of churches desci	ribed in s	ection 1	70(b)(1)(A)(i).		
2		A school described in secti	described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)						
3		A hospital or a cooperative	operative hospital service organization described in section 170(b)(1)(A)(iii).						
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed in	n section 170(b)(1)(A)	(iii). Enter the	
		hospital's name, city, and st	tate:						
5		An organization operated	for the benefit of	a college or universit	y owned	d or ope	rated by a governme	ntal unit described in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local go	vernment or gove	rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).		
7	X	An organization that norma	ally receives a sub	stantial part of its su	pport fro	om a go	vernmental unit or fro	om the general public	
		described in section 170(b)	(1)(A)(vi). (Compl	ete Part II.)					
8		A community trust describe	ed in section 170(b	o)(1)(A)(vi). (Complete	Part II.)				
9		An agricultural research org	ganization describe	ed in section 170(b)(1)(A)(ix)	operated	I in conjunction with a	land-grant college	
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). Ei	nter the	name, city, and state of	f the college or	
		university:							
10		An organization that norma receipts from activities rela support from gross investm acquired by the organizatio	ted to its exempt f nent income and u n after June 30, 1	unctions, subject to c nrelated business tax 975. See section 509 (ertain ex able inco (a)(2). (0	ceptions ome (les: Complete	s; and (2) no more thar s section 511 tax) from e Part III.)	n 331/3 % of its	
11		An organization organized	•	•	-				
12		An organization organized	•	•					
		of one or more publicly su					, , , ,		
	_	Check the box in lines 12a t	=				•	_	
а	L	Type I. A supporting orga	•		•		• ,,	,, , , , ,	
		the supported organization				ajority of	the directors or truste	es of the	
		supporting organization. `							
b	L	Type II. A supporting org	•						
		control or management of			the sam	e persor	ns that control or man	age the supported	
	Г	organization(s). You must	-						
С	L	Type III functionally integ						ly integrated with,	
_		its supported organization		•					
d	L	Type III non-functionally			-			- ' '	
		that is not functionally into	-		-		•	an attentiveness	
	Г	requirement (see instruct		-					
е	L	Check this box if the orga						I, Type III	
f	En	functionally integrated, or iter the number of supported	* *		porting c	organizai	ion.		
'		ovide the following information							
9		lame of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of	
	(1)	rame of supported organization	(11) = 111	(described on lines 1-10	listed in yo	ur governing	support (see	other support (see	
				above (see instructions))		ment?	instructions)	instructions)	
					Yes	No			
(A)									
(B)									
(C)									
(D)									
(D)									
/E\									
(E)									
T~+	al								
Tota	aı								

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

Schedule A (Form 990 or 990-EZ) 2020

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

360	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,076,585.	1,639,375.	1,185,837.	2,149,910.	2,525,052.	9,576,759.
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	2,076,585.	1,639,375.	1,185,837.	2,149,910.	2,525,052.	9,576,759.
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						1,866,472.
6	shown on line 11, column (f). Public support. Subtract line 5 from line 4						7,710,287.
	tion B. Total Support						7,710,287.
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	2,076,585.	1,639,375.	1,185,837.	2,149,910.	2,525,052.	9,576,759.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	127,563.	154,186.	198,219.	187,859.	165,216.	833,043.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0.					0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10						10,409,802.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	53,320.
13	First 5 years. If the Form 990 is for organization, check this box and stop here.						
Sec	tion C. Computation of Public Supp						
14	Public support percentage for 2020 (lin		•			14	74.07%
15	Public support percentage from 2019 \$					15	69.87 %
16a	331/3% support test - 2020. If the org						. 37
	box and stop here. The organization qu			-			
	331/3% support test - 2019. If the org this box and stop here. The organization	on qualifies as a	publicly suppor	ted organizatior	n		▶ □
17a	7a 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.						
b	10%-facts-and-circumstances test - 2 15 is 10% or more, and if the organiz in Part VI how the organization meets organization	019. If the orgation meets the the facts-and-	ganization did no e facts-and-circu -circumstances to	ot check a box umstances test, est. The organia	on line 13, 16a check this box zation qualifies	a, 16b, or 17a, and stop here. as a publicly su	and line Explain upported
18	Private foundation. If the organization instructions	n did not chec	k a box on line	13, 16a, 16b,	17a, or 17b,	check this box	and see

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support			· 1	'	,	
Caler	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
. u	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 years. If the Form 990 is for	-			•		
	organization, check this box and stop here.						<u> ▶ </u>
	tion C. Computation of Public Supp			(f))		. .	
15	Public support percentage for 2020 (line 8,					15	<u>%</u>
16	Public support percentage from 2019 Sche					16	<u></u> %
	tion D. Computation of Investment			40 1 ""			
17	Investment income percentage for 2020 (lin					17	%
18	Investment income percentage from 2019 S					18	%
19 a	331/3% support tests - 2020. If the org	-					
_	17 is not more than 331/3%, check this						
b	331/3% support tests - 2019. If the orga				•		
	line 18 is not more than 331/3%, check		•		. ,		
20	Private foundation. If the organization d	iia not check a	a box on line 1	4, 19a, or 19b,	check this box	and see instruc	tions

Schedule A (Form 990 or 990-EZ) 2020

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes" explain in **Part VI** how the organization determined that the supported
- under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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Page 5 Schedule A (Form 990 or 990-EZ) 2020

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	44=		
Socti	detail in Part VI. on B. Type I Supporting Organizations	11c		
Jecu	on B. Type i Supporting Organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	103	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations		Vaa	Na
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	Yes	NO
Secti	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously		Yes	No
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instr		_
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If</i> "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	s				
1							
	instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Se	ection A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)				
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6					
_7		7					
_8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Se	ection 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):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
C	Total (add lines 1a, 1b, and 1c)	1d					
e	Discount claimed for blockage or other factors (explain in detail in Part VI):	1e					
_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 0.015 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 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Se	ection C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 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			ated Type III supporting	n organization			
-	(see instructions).						

Schedule A (Form 990 or 990-EZ) 2020

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Sect	ion D - Distributions				Current Year	
1	Amounts paid to supported organizations to accomplish ea	xempt purposes		1		
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed			
	organizations, in excess of income from activity	2				
3	Administrative expenses paid to accomplish exempt purpo	3				
4	Amounts paid to acquire exempt-use assets	4				
5	Qualified set-aside amounts (prior IRS approval required - p	5				
6	Other distributions (describe in Part VI). See instructions.	6				
7	Total annual distributions. Add lines 1 through 6.		7			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive			
	(provide details in Part VI). See instructions.					
9	9 Distributable amount for 2020 from Section C, line 6					
10	D Line 8 amount divided by line 9 amount					
		(i)	(ii)		(iii)	

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2020			
а	From 2015			
b	From 2016			
С	From 2017			
d	From 2018			
е	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2016			
b	Excess from 2017			
С	Excess from 2018			
d	Excess from 2019			
е	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Folili 990 of 990-EZ

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

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

2020

Employer identification number

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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Employer identification number 75-2331221

(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
1	N/A	\$ 200,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
2	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
3	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
5_	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
6_	N/A	\$\$	Person Payroll Noncash (Complete Part II for

Employer identification number 75-2331221

Part I	Contributors (see instructions). Use duplicate copi	stors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
7	N/A	\$69,739.	Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
			Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
			Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
			Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
			Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
			Person Payroll Noncash (Complete Part II for noncash contributions.)					

Name of organization EMERGENCY MEDICINE FOUNDATION

Employer identification number 75-2331221

Part II	Noncash Property	(see instructions)	Use duplicate copie	s of Part II if additiona	I space is needed
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(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization EMERGENCY MEDICINE FOUNDATION **Employer identification number** 75-2331221 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization Employer identification number EMERGENCY MEDICINE FOUNDATION 75-2331221 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose No Yes **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1..............................

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

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

Schedule D (Form 990) 2020

▶ \$

▶ \$

following amounts required to be reported under FASB ASC 958 relating to these items:

Page 2 Schedule D (Form 990) 2020

Pa	rt III Organizations Maintaini	ing Collections of	Art, Historical Tre	asures, or	Other Similar Ass	ets (c	ontinue	ed)				
3	Using the organization's acquisition	on, accession, and o	other records, check	k any of the	following that make	e sign	ificant i	use c	of its			
	collection items (check all that app	ly):										
а	Public exhibition		d Loan	or exchange p	orogram							
b	Scholarly research		e Other									
С												
4	Provide a description of the organ	nization's collections	and explain how	they further t	he organization's e	xempt	purpos	se in	Part			
	XIII.											
5	During the year, did the organization	on solicit or receive o	donations of art, hist	orical treasur	es, or other similar							
	assets to be sold to raise funds rath	ner than to be mainta	ained as part of the	organization's	collection?		Yes		No			
Pa	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.											
1a	Is the organization an agent, trus	tee custodian or o	ther intermediary for	or contributio	ns or other assets	not						
ıu	included on Form 990, Part X?					Г	Yes		No			
h	If "Yes," explain the arrangement i					L	163] 140			
	ii res, explain the arrangement	irr art Ain and comp	orete the following tax		An	nount						
С	Beginning balance			1c	7.11	ount						
d	Additions during the year											
e	Distributions during the year											
f	Ending balance											
	Did the organization include an am				todial account liabilit	v?	Yes		No			
	If "Yes," explain the arrangement i					-						
	rt V Endowment Funds.	arryani eneerin	oro ii iiro orpianation	. пас вест рте				-				
. ~	Complete if the organiza	ation answered "Ye	es" on Form 990, F	Part IV, line	10.							
		(a) Current year	(b) Prior year	(c) Two years		back	(e) Four	years	back			
1 2	Beginning of year balance	3,625,885.	3,579,342.	3,338,					247.			
	Contributions		20,436.		395. 156,2							
b	Net investment earnings, gains,											
C	and losses	877,742.	26,107.	176,	698. 233,4	482.		305,	300.			
ч	Grants or scholarships	158,350.		10,		000.		49,	999.			
	Other expenditures for facilities											
-	and programs											
	Administrative expenses											
	End of year balance	4,345,277.	3,625,885.	3,579,	342. 3,338,2	249.	2,	952,	548.			
g 2	Provide the estimated percentage		and halance (line 1g		l .							
a		\rightarrow 100.000	1 %	column (a)) i	ieiu as.							
	Permanent endowment ▶	%										
	Term endowment ▶	%										
	The percentages on lines 2a, 2b, a	and 2c should equal	100%.									
3a	Are there endowment funds not in	•		are held and	administered for the							
	organization by:	•	J					Yes	No			
	(i) Unrelated organizations						3a(i)		X			
	(ii) Related organizations						3a(ii)		X			
b	If "Yes" on line 3a(ii), are the relate	ed organizations liste	d as required on Sch	edule R?			3b					
4	Describe in Part XIII the intended u	•	•									
Pa	rt VI Land, Buildings, and Equ	uipment.										
	Complete if the organize	ation answered "Y							•			
	Description of property	(a) Cost or (inves		or other basis ther)	(c) Accumulated depreciation	(d)	Book va	lue				
1a	Land											
b	Buildings											
C	Leasehold improvements											
d	Equipment											
	Other		1	105,931.	70,621.			35,3	310.			
Tata	I. Add lines 1a through 1e. (Column	(d) must equal Forr			:)				310.			

Page 3 Schedule D (Form 990) 2020

Part VII	Investments - Other Securities. Complete if the organization answered	l "Yes" on Form 990), Part IV, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financia	al derivatives		
	held equity interests		
(3) Other _			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
	n (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Investments - Program Related. Complete if the organization answered	"Yes" on 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.		
), 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)			
Total. (Coli	umn (b) must equal Form 990, Part X, col. (B) I	ine 15.)	
Part X	Other Liabilities.		
		l "Yes" on Form 990), Part IV, line 11e or 11f. See Form 990, Part X,
1.		tion of liability	(b) Book value
` '	al income taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	(I) (F 200 B 21 1 7 1 7 1 7 1 7 1 7 1 7 1 7 1 7 1 7		
	nn (b) must equal Form 990, Part X, col. (B) line 25.)		
			the organization's financial statements that reports the the text of the footnote has been provided in Part XIII .

Schedule D (Form 990) 2020 Page 4

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	4,351,375.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	1,642,682.
3	Subtract line 2e from line 1	3	2,708,693.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4c	17,583.
С 5	Add lines 4a and 4b	5	2,726,276.
Part			
rare	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	••••	
1	Total expenses and losses per audited financial statements	1	2,696,938.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
– a	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	303,841.
3	Subtract line 2e from line 1	3	2,393,097.
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 4a 17,583.		
b	Other (Describe in Part XIII.)	_	17 502
C	Add lines 4a and 4b	4c	17,583.
5 Dow4	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,410,680.
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform PAGE 5	nation	

Part XIII Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2

ASC 740 FOOTNOTE:

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

SCHEDULE D, PART V, LINE 4

INTENDED USE OF THE ORGANIZATION'S ENDOWMENT FUNDS:

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

SCHEDULE I (Form 990)

Internal Revenue Service

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

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

OMB No. 1545-0047

Department of the Treasury

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

Open to Public Inspection

Employer identification number Name of the organization EMERGENCY MEDICINE FOUNDATION 75-2331221 **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of 1 (a) Name and address of organization (b) EIN (h) Purpose of grant (if applicable) grant cash assistance noncash assistance or assistance or government (1) THOMAS JEFFERSON UNIVERSITY 1101 MARKET STREET PHILADELPHIA, PA 19017 23-1352651 501(C)(3) 40,000. DIRECTED GRANT HKS (2) UNIVERSITY OF COLORADO, DENVER PO BOX 910238 DENVER, CO 80291-0238 84-6000555 501(C)(3) 5,961. DIRECTED GRANT - EMF (3) JOHNS HOPKINS UNIVERSITY 12529 COLLECTIONS CENTER DRIVE 52-0595110 501(C)(3) 24,920. COVID-19 RESEARCH GR (4) NORTHWESTERN UNIVERSITY EME/EMRA RESIDENT 633 CLARK STREET, CROWN G-547 36-2167817 501(C)(3) 10,000. RESEARCH GRANT (5) ICAHN SCHOOL OF MEDICINE 1 GUSTAVE LEVY PLACE NEW YORK, NY 10029 13-6171197 501(C)(3) 55,993. DIRECTED-EMAF (6) U OF ALABAMA AT BIRMINGHAM, SPONSORED PROGR EMF/EMRA RESIDENT RE 63-6005396 AB 1120, 1720 2ND AVE SOUTH 501(C)(3) 10,000. MED RESEARCH (7) UNIVERSITY OF COLORADO SCHOOL OF MEDICINE 13001 E 17TH PL, MAIL STOP F428 84-6000555 501(C)(3) 37,500. EMF/AFFIRM/ENA GRANT (8) YALE SCHOOL OF MEDICINE PO BOX 1873 NEW HAVEN, CT 06508 06-0646973 501(C)(3) 10,000. EMF/EMRA RESIDENT RE (9) DUKE UNIVERSITY HOSPITAL 2200 WEST MAIN STREET, SUITE 820 56-0532129 501(C)(3) 60,000. EMF/EMRA RESIDENT RE (10) THE WASHINGTON UNIVERSITY CAMPUS BOX 1034, 700 ROSEDALE AVENUE 43-0653611 501(C)(3) 37,500. EMF CAREER DEVELOMEN (11) UNIV. OF COLORADO/ROCKY MT REGIONAL VA MED 3401 QUEBEC ST., SUITE 5000 84-1392442 501(C)(3) 37,500. EMF CAREER DEVELOMEN (12) SOCIETY OF ACADEMIC EMERGENCY MEDICINE 1111 E, TOUHY SUITE 540 26-2371803 501(C)(3) 6,250 GEMSSTAR GERTATRIC G 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

JSA

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

Schedule I (Form 990) 2020

SCHEDULE I (Form 990)

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

OMB No. 1545-0047
20**20**

Department of the Treasury Internal Revenue Service Name of the organization Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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

Open to Public Inspection

Employer identification number

EMERGENCY MEDICINE FOUNDATION						75-23312	21
Part I General Information on Grants an	d Assistanc	е				•	
 Does the organization maintain records to s the selection criteria used to award the gran Describe in Part IV the organization's proce 	ts or assistand	ce?					X Yes No
Part II Grants and Other Assistance to Deart IV, line 21, for any recipient to		•					es" on Form 990,
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
_(1) UC HEALTH, UNIVERSITY OF CINCINNATI							
PO BOX 932641 CLEVELAND, OH 44193	31-6000989	501(C)(3)	29,975.				EMF/CORD EDUCATION F
(2) MAIMONIDES MEDICAL CENTER							
965 48TH STREET BROOKLYN, NY 11219	11-1635081	501(C)(3)	25,000.				EMF/CORD EDUCATION F
(3) UNIVERSITY OF PENNSYLVANIA							
PO BOX 785541 PHILADELPHIA, PA 19178	23-1352685	501(C)(3)	100,000.				EMF PILOT PROJECT
(4) COLUMBIA UNIV COLLEGE OF PHYSICIANS AND SUR							
154 HAVEN AVENUE, 2ND FLOOR	13-5598093	501(C)(3)	125,000.				MID-CAREER RESEARCH
(5) STANFORD UNIVERSITY LOCKBOX							
PO BOX 44253 SAN FRANCISCO, CA 94144	94-1156365	501(C)(3)	10,000.				EMF/CORD EMERGENCY M
(6) OHIO STATE UNIVERSITY							
1960 KENNY ROAD COLUMBUS, OH 43210	31-6025986	501(C)(3)	10,000.				EMF/CORD EMERGENCY N
(7) BETH ISRAEL DEACONESS MEDICAL CENTER							
107 AVENUE LOUIS PASTEUR BOSTON, MA 02115	04-2103881	501(C)(3)	50,000.				DIRECTED GRANT - EMA
(8) UNIV OF ARIZONA							
1670 E. DRACHMAN STREET, 9TH FLOOR	74-2652689	501(C)(3)	90,000.				DIRECTED GRANT FISHE
(9) UNIV OF CINCINNATI							
51 GOODMAN DRIVE, SUITE 530	31-6000989	501(C)(3)	7,500.				DIRECTED GRANT WSMA
(10) GEORGE WASHINGTON UNIVERSITY							
PO BOX 829896 PHILADELPHIA, PA 19182	53-0196584	501(C)(3)	38,777.				COVID-19 RESEARCH GF
(11) WASHINGTON UNIVERSITY							
ONE BROOKINGS DRIVE, CAMPUS BOX 1054	43-0653611	501(C)(3)	90,000.				DIRECT GRANT - FUJIF
(12)							
		1		<u> </u>			
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 tal	ble			23.

JSA

0E1288 1.000

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

Schedule I (Form 990) 2020

EMERGENCY MEDICINE FOUNDATION 75-2331221

Schedule I (Form 990) (2020)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 research grants	4.	20,000.			
2					
3					
4					
5					
6					
7					

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

SCHEDULE I, PART I, LINE 2

PROCEDURES FOR MONITORING USE OF GRANT FUNDS IN THE US:

EMF CONSIDERS APPLICATIONS AND USES A 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

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.

on 2020
Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

EMERGENCY MEDICINE FOUNDATION

75-2331221

FORM 990, PART VI, SECTION A, LINE 3

DELEGATION OF CONTROL OVER MANAGEMENT DUTIES:

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

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

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

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

EMF.

PER IRS GUIDANCE, NO COMPENSATION IS SHOWN ON FORM 990, PART VII, FOR THE 2020 CALENDAR YEAR FOR THIS INDIVIDUAL:

PEGGY BROCK \$ 196,309

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

PROCESS TO REVIEW THE FORM 990:

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

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

ACEP.

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

PROCESS TO MONITOR COMPLIANCE WITH CONFLICT OF INTEREST POLICY:

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

Name of the organization

EMERGENCY MEDICINE FOUNDATION

75-2331221

FORM 990, PART VI, SECTION C, LINE 19

AVAILABILITY OF DOCUMENTS:

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

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

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

DELEGATION OF AUTHORITY:

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.

ATTACHMENT 1

FORM 990, PART VI, LINE 17 - STATES

AL, AK, AZ, AR, CA, CO, CT,

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

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

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

ATTACHMENT 2

Name of the organization Employer identification number EMERGENCY MEDICINE FOUNDATION 75-2331221 ATTACHMENT 2 (CONT'D) FORM 990, PART IX - OTHER FEES (A) (B) (C) (D) TOTAL PROGRAM MANAGEMENT FUNDRAISING FEES SERVICE EXP. DESCRIPTION AND GENERAL EXPENSES PROFESSIONAL FEES 89,134. 44,627. 16,824. 27,683. CONTRACT LABOR 200,391. 1,625. 198,766.

289,525.

TOTALS

18,449.

226,449.

44,627.

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-0047

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

iling of this f	form, visit www.irs.gov/e-file-providers/e-file-f	or-charities	-and-non-profits.						
Automatic	6-Month Extension of Time. Only subm	it original	(no copies needed).						
•	ons required to file an income tax return othe orm 7004 to request an extension of time to f		, -	O-C filers), partnerships,	RE	MICs,	, and trusts		
Гуре or	Name of exempt organization or other filer, see instructions. Taxpayer identification numbers.						nber (TIN)		
orint									
ile by the	Number, street, and room or suite no. If a P.O. box, see instructions.								
lue date for iling your	P.O. BOX 619911								
eturn. See nstructions.	City, town or post office, state, and ZIP code. For DALLAS, TX 75261-9911	a foreign ad	dress, see instructions.						
Enter the Re	eturn Code for the return that this application	is for (file	a separate application fo	or each return)			0 1		
Application		Return	Application				Return		
s For		Code	Is For				Code		
	Form 990-EZ	01	Form 990-T (corporat	ion)	—		07		
Form 990-BL		02	Form 1041-A	م نمانینا برما	—		08		
Form 4720 (Form 990-PF	,	03 04	Form 4720 (other tha Form 5227	n individual)			10		
	(sec. 401(a) or 408(a) trust)	05	Form 6069				11		
	(trust other than above)	06	Form 8870				12		
Telephone If the orga If this is foor the whole Is with the	s are in the care of ► 4950 W ROYAL LAD e No. ► 972 550-0911 anization does not have an office or place of lace a Group Return, enter the organization's for e group, check this box e names and TINs of all members the extensions.	business ir ur digit Gro f it is for pa on is for.	Fax No. the United States, checoup Exemption Number (art of the group, check the process of the control of the control of the group, check the control of	GEN) _ his box ▶ [If and a	this is		
for the	est an automatic 6-month extension of time un organization named above. The extension is			$\frac{22}{2}$, to file the exempt	: org	janiza	ition return		
X	calendar year 20 or tax year beginning 07/0			06/30,		21			
c	ax year entered in line 1 is for less than 12 m hange in accounting period								
	application is for Forms 990-BL, 990-PF, 99	90-T, 4720), or 6069, enter the	tentative tax, less any			0		
	undable credits. See instructions.	4700 -			3a	\$	0.		
	application is for Forms 990-PF, 990-T, ted tax payments made. Include any prior yea			•	0.				
	e due. Subtract line 3b from line 3a. Include				3b	Þ			
	onic Federal Tax Payment System). See instru		on with the form, if for	quitou, by doing in 11 o	3с	¢	0.		
	u are going to make an electronic funds withdrawa		it) with this Form 8868, se	e Form 8453-EO and Form	_				
nstructions.	g g c c c.	. ,	,		. 55		թայուսու		
	Act and Paperwork Reduction Act Notice, see instr	uctions.			Forr	n 886	8 (Rev. 1-2020)		