

Nonprofit Explorer

Research Tax-Exempt Organizations

EMERGENCY CARE RESEARCH INSTITUTE

↳ ECRI

PLYMOUTH MTNG, PA 19462-1203 | TAX-EXEMPT SINCE JUNE 1958

Full text of "Full Filing" for fiscal year ending Dec. 2020

Tax returns filed by nonprofit organizations are public records. The Internal Revenue Service releases them in two formats: page images and raw data in XML. The raw data is more useful, especially to researchers, because it can be extracted and analyzed more easily. The pages below are a reconstruction of a tax document using raw data from the IRS.

Source: *Data and stylesheets from the Internal Revenue Service. E-file viewer adapted from [IRS e-File Viewer](#) by Ben Getson.*

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ObjectID: 202102869349301615 - Submission: 2021-10-13

Form **990**

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 foundation)

- ▶ Do not enter social security numbers on this form as it may be made public.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2020 calendar year, or tax year beginning 01-01-2020, and ending 12-31-2020

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization EMERGENCY CARE RESEARCH INSTITUTE		D
Doing business as ECRI INSTITUTE - ECRI - ECRI INSTITUTE PSO		
Number and street (or P.O. box if mail is not delivered to street address) 5200 BUTLER PIKE		E
Room/suite		
City or town, state or province, country, and ZIP or foreign postal code PLYMOUTH MEETING, PA 19462		
G		

F Name and address of principal officer: MARCUS SCHABACKERMDPHD 5200 BUTLER PIKE PLYMOUTH MEETING, PA 19462	H(a) Is this a group exempt from federal income tax? H(b) Are all subsidiaries included? If "No," attach schedule of subsidiaries. H(c) Group exempt from federal income tax?
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I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: ▶ ECRI.ORG

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: 1

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: ECRI INSTITUTE IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, SCIENTIFIC, AND EDUCATIONAL PURPOSE SECTION 501(C)(3). THE INSTITUTE'S MISSION IS ADVANCING EFFECTIVE, EVIDENCE-BASED HEALTHCARE IS ACCOMPLISHED THROUGH ITS PUBLISHING, MEMBERSHIP AND INFORMATION PROGRAMS, TECHNICAL PROGRAMS, AND EDUCATIONAL PROGRAMS.	
	2 Check this box <input type="checkbox"/>	
	3 Number of voting members of the governing body (Part VI, line 1a)	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	
	6 Total number of volunteers (estimate if necessary)	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	
	b Net unrelated business taxable income from Form 990-T, line 39	
		Prior Year
		Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h) 1,457,732	
	9 Program service revenue (Part VIII, line 2g) 67,090,029	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,236,616	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 9,000	
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	

	69,793,377	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	57,527,782
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	333,947
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	16,031,603
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	73,559,385
	19 Revenue less expenses. Subtract line 18 from line 12	-3,766,008
		End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	86,471,849
	21 Total liabilities (Part X, line 26)	46,014,713
	22 Net assets or fund balances. Subtract line 21 from line 20	40,457,136

Part II 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, this return is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here		2021-10
	Signature of officer	Date
	PETER CATALANO CHIEF FINANCIAL OFFICER	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	<input type="checkbox"/> Check self-emp
	Firm's name ▶ RSM US LLP			Firm's EI
	Firm's address ▶ 30 S 17TH STREET SUITE 710 PHILADELPHIA, PA 19103			Phone no

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. :

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
If "Yes," describe these new services on Schedule O.
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?
If "Yes," describe these changes on Schedule O.
- 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and service reported.

4a (Code:) (Expenses \$ **37,633,051** including grants of \$) (Revenue \$)

RESEARCH AND EVALUATION PROGRAMS, MEMBERSHIPS, PUBLICATIONS AND INFORMATION:THE INSTITUTE'S APPLIED RESE AND PUBLICATIONS ALL FOCUS ON IMPROVING HEALTHCARE SAFETY, QUALITY AND COST-EFFECTIVENESS IN SETTINGS ACR ACUTE CARE TO AMBULATORY CARE TO LONG-TERM CARE AND HOME CARE. THESE PROGRAMS ARE USED BY HOSPITALS A POLICYMAKERS, PAYERS, THE PUBLIC, GOVERNMENT AGENCIES, AND OTHERS IN THE HEALTHCARE COMMUNITY TO IMPROV PROGRAMS, THE INSTITUTE DISSEMINATES THE RESULTS OF ITS INTERNALLY CONDUCTED RESEARCH AND EVALUATION, OF THROUGH TECHNICAL ASSISTANCE SERVICES AND OTHER ACTIVITIES, AND OF INFORMATION GATHERED FROM MANY OTHEF STUDIES AND DISSEMINATES INFORMATION AND TOOLS THAT PROTECT THE PUBLIC FROM UNSAFE AND INEFFECTIVE MEDIC, PRACTICES; IMPROVE PATIENT SAFETY BY PREVENTING MEDICAL ERRORS, PATIENT ACCIDENTS, INJURIES, AND DEATH; ASSI DEVICES, PROCEDURES AND PRACTICES; AND REDUCE COSTS. EACH YEAR, ECRI INSTITUTE DISSEMINATES HUNDREDS OF C ADVISORIES THAT FOCUS ON WAYS TO IMPROVE THE QUALITY, SAFETY, AND COST EFFECTIVENESS OF HEALTH CARE. EACH MONOGRAPH ON THE TOP 10 HEALTH TECHNOLOGY HAZARDS TO WHICH HEALTHCARE PROVIDERS SHOULD BE PAYING THE RECOMMENDATIONS FOR ALLEVIATING RISKS AS WELL AS OTHER TOP TEN REPORTS WITH IMPORTANT SAFETY INFORMATIO INSTITUTE'S WORK IS INTERNATIONAL IN SCOPE AND REQUIRES HIGHLY SPECIALIZED KNOWLEDGE AND EXPERTISE. TO HELF AND HEALTHCARE TECHNOLOGY, THE INSTITUTE INDEPENDENTLY INVESTIGATES SAFETY ACCIDENTS; PUBLISHES PRODUCT AGGREGATES AND ANALYZES ADVERSE PATIENT SAFETY EVENT DATA AND COST DATA FROM HOSPITALS AND HEALTHCARE F LEARNED; INDEPENDENTLY EVALUATES AND VERIFIES THE EVIDENCE ON THE EFFECTIVENESS OF MEDICAL PROCEDURES AT TELEPHONE ASSISTANCE ON HAZARDS AND SAFETY IMPROVEMENT. IT MAINTAINS SEVERAL OF THE LARGEST DATABASES OF AND PRICES, WHICH COVERS THOUSANDS OF PRODUCTS RANGING FROM A SIMPLE THERMOMETER TO COMPLEX, SOPHISTI INSTITUTE'S EVALUATION PROGRAM CONDUCTS HANDS-ON LABORATORY TESTING TO EVALUATE THE SAFETY AND EFFICACY MARKET. IT COVERS ALL TYPES OF DIAGNOSTIC AND THERAPEUTIC MEDICAL PRODUCTS, FROM MAMMOGRAPHY UNITS TO S PREVENTION DEVICES. THIS PROGRAM ENABLES ECRI INSTITUTE TO DISSEMINATE INFORMATION ON PRODUCTS, THEIR SAFI COST. THE INSTITUTE DEVELOPED AND MAINTAINS A WORLDWIDE CLASSIFICATION SYSTEM FOR INDEXING MEDICAL DEVICES; ORGANIZATIONS AND GOVERNMENT REGULATORY SYSTEMS WORLDWIDE AND IS A FRAMEWORK FOR TRACKING HAZARD AN INSTITUTE HOLDS SCORES OF MEETINGS, WORKSHOPS, WEBINARS, AND AUDIO CONFERENCES ADDRESSING BEST PRACTIC EVIDENCE, AND THE IMPLEMENTATION AND USE OF MEDICAL TECHNOLOGY AND HEALTH SERVICES. ECRI INSTITUTE PROVID PROGRAM AND CREDENTIAL FOR HEALTHCARE SAFETY AND ENVIRONMENTAL OFFICERS.

4b (Code:) (Expenses \$ **12,703,843** including grants of \$) (Revenue \$)

TECHNICAL ASSISTANCE PROGRAMS: ECRI INSTITUTE PROMOTES IMPROVED METHODS OF PATIENT CARE BY PROVIDING TO FEDERAL AND STATE AGENCIES A WIDE RANGE OF TECHNICAL ASSISTANCE ON SAFETY, QUALITY, AND COST-EFFECTIVENES; PROGRAMS INCLUDE PROVIDING INFORMATION TOOLS AND SUPPORT FOR THE BUYERS AND USERS OF HEALTHCARE TECHN WORLDWIDE CLASSIFICATION SYSTEM FOR INDEXING MEDICAL DEVICES; INVESTIGATING AND ANALYZING ACCIDENTS AND E PROVIDING ASSESSMENT AND EVALUATION OF HEALTHCARE SAFETY AND QUALITY; PROVIDING EVIDENCE-BASED RESEARCH GOVERNMENT AGENCIES; CONDUCTING HANDS - ON LABORATORY TESTING TO EVALUATE THE SAFETY AND EFFICACY OF ME DESIGNING AND MAINTAINING A CLEARINGHOUSE OF CRITICAL CLINICAL GUIDELINES TO THE PUBLIC; DESIGNING AND MAINT ANALYSIS PROGRAMS; AND RUNNING A FEDERALLY CERTIFIED PATIENT SAFETY ORGANIZATION. ECRI INSTITUTE TAKES REPC FROM ANY MEMBER OF THE PUBLIC, ANALYZES THE PROBLEMS, AND DISSEMINATES RECOMMENDATIONS FOR SAFE PRACTIK IS PUBLICALLY AVAILABLE. INFORMATION AND EXPERIENCE OBTAINED THROUGH SUCH ACTIVITIES ARE USED EXTENSIVELY II PUBLIC HEALTHCARE COMMUNITY, THEREBY PROMOTING AND MAKING POSSIBLE IMPROVED METHODS OF PATIENT CARE FO 990, PART III, LINE 4C, DESCRIPTION OF PROGRAM SERVICE:IN PRIOR YEARS, ECRI HAD REPORTED A THIRD PROGRAM - EDUC SYMPOSIA. IN THE AUDITED FINANCIAL STATEMENTS, THE THIRD PROGRAM WAS CONSOLIDATED INTO RESEARCH AND EVALI PUBLICATIONS AND INFORMATION PROGRAMS AS IT WAS DETERMINED THAT THE EDUCATIONAL COMPONENT DID NOT OPER. RESULT, THE FORM 990 REPORTS THE FOLLOWING TWO PROGRAMS, AS FOLLOWS, WHICH IS CONSISTENT WITH THE AUDITE AND EVALUATION PROGRAMS, MEMBERSHIPS, PUBLICATION AND INFORMATION- TECHNICAL ASSISTANCE PROGRAMS


















4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **50,336,894**

Form 990 (2020)

Part IV Checklist of Required Schedules

- 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule B, Part I*
- 2 Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)? 
- 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for federal office? *If "Yes," complete Schedule C, Part I*
- 4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect for the tax year? *If "Yes," complete Schedule C, Part II*
- 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or other periodic payments from members or donors? *If "Yes," complete Schedule C, Part III*
- 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to direct the contribution of assets to the organization? *If "Yes," complete Schedule D, Part I* 
- 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II* 
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III* 
- 9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for assets listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV* 
- 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*
- 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or applicable.
 - a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.* 
 - b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total as reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII* 
 - c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total as reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII* 
 - 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* 
 - e Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X* 
 - f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X* 
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII* 
 - 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* 
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
 - b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? *If "Yes," complete Schedule F, Parts I and IV* 
- 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV* 
- 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for individuals? *If "Yes," complete Schedule F, Parts III and IV* 
- 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 5? *If "Yes," complete Schedule F, Part V* 

- and 11e? *If "Yes," complete Schedule G, Part I*(see instructions)
- 18** Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines "Yes," *complete Schedule G, Part II*
- 19** Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*
- 20a** Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*
- b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
- 21** Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*

Form 990 (2020)

Part IV Checklist of Required Schedules *(continued)*

- 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 1? *If "Yes," complete Schedule I, Parts I and III*
- 23** Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*
- 24a** Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the end of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," complete line 24e.*
- b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?
- c** Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?
- d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?
- 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*
- b** Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part II*
- 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, 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*
- 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*
- 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):
 - a** A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*
 - b** A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*
 - c** 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*
- 29** Did the organization receive more than \$25,000 in non-cash contributions? *If "Yes," complete Schedule M*
- 30** Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*
- 31** Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*
- 32** Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*

- 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.301-7701-3? If "Yes," complete Schedule R, Part I
- 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
- 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
 - b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2
- 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
- 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
- 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All filers are required to complete Schedule O.

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

- 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable

1a	
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- b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable

1b	
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- c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

Form 990 (2020)

Part V **Statements Regarding Other IRS Filings and Tax Compliance (continued)**

- 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	
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- b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **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?
- b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O
- 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
- b If "Yes," enter the name of the foreign country: UK
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).
- 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?
- b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?
- c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?
- 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit contributions that were not tax deductible as charitable contributions?
- b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
- 7 **Organizations that may receive deductible contributions under section 170(c).**
 - a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the organization?
 - b If "Yes," did the organization notify the donor of the value of the goods or services provided?
 - c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8886-T?
 - d If "Yes," indicate the number of Forms 8282 filed during the year

7d	
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 - e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

- f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?
- g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?
- h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1096?

8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring have excess business holdings at any time during the year?

9 Sponsoring organizations maintaining donor advised funds.

- a Did the sponsoring organization make any taxable distributions under section 4966?
- b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?

10 Section 501(c)(7) organizations. Enter:

- a Initiation fees and capital contributions included on Part VIII, line 12

10a	
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- b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

10b	
------------	--

11 Section 501(c)(12) organizations. Enter:

- a Gross income from members or shareholders

11a	
------------	--
- b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)

11b	
------------	--

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

- b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.

12b	
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13 Section 501(c)(29) qualified nonprofit health insurance issuers.

- a Is the organization licensed to issue qualified health plans in more than one state?
Note. See the instructions for additional information the organization must report on Schedule O.
- b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

13b	
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- c Enter the amount of reserves on hand

13c	
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14a Did the organization receive any payments for indoor tanning services during the tax year?

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

15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess par payment(s) during the year?
If "Yes," see instructions and file Form 4720, Schedule N.

16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?
If "Yes," complete Form 4720, Schedule O.

Form 990 (2020)

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

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

Section A. Governing Body and Management

- 1a** Enter the number of voting members of the governing body at the end of the tax year

1a	
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If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.
- b** Enter the number of voting members included in line 1a, above, who are independent

1b	
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- 2** Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, trustee, or key employee?
- 3** Did the organization delegate control over management duties customarily performed by or under the direct supervision of directors or trustees, or key employees to a management company or other person?
- 4** Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

- 5 Did the organization become aware during the year of a significant diversion of the organization's assets?
- 6 Did the organization have members or stockholders?
- 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?
- b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons of the governing body?
- 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the
 - a The governing body?
 - b Each committee with authority to act on behalf of the governing body?
- 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's address? If "Yes," provide the names and addresses in Schedule O

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

- 10a Did the organization have local chapters, branches, or affiliates?
- b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and ensure their operations are consistent with the organization's exempt purposes?
- 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?
- b Describe in Schedule O the process, if any, used by the organization to review this Form 990.
- 12a Did the organization have a written conflict of interest policy? If "No," go to line 13
- b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts of interest?
- c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how done
- 13 Did the organization have a written whistleblower policy?
- 14 Did the organization have a written document retention and destruction policy?
- 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?
 - a The organization's CEO, Executive Director, or top management official
 - b Other officers or key employees of the organization
 If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).
- 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?
- b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed: PA
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available to the public inspection. Indicate how you made these available. Check all that apply.
 - Own website
 - Another's website
 - Upon request
 - Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy 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 books and records:
 PETER CATALANO 5200 BUTLER PIKE PLYMOUTH MEETING, PA 19462 (610) 825-6000

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

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

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 o

• 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, or highest compensated employees who received more than \$1 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if 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 hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	
(1) MARCUS SCHABACKER MD PHD PRESIDENT/CEO	42.00 2.00	X		X				992,187
(2) ANTHONY MONTAGNOLO MS CHIEF OPERATING OFFICER	40.00 2.00				X			539,082
(3) DHEERENDRA KOMMALA CHIEF STRATEGY OFFICER	40.00 0.00					X		461,014
(4) PETER CATALANO CFO & BOARD ASSISTANT TREASURER	41.00 2.00			X				380,205
(5) RONNI P SOLOMON ESQ CHIEF POL. & EXT. AFFAIRS OFFICER	0.00 0.00						X	463,656
(6) ANDREA VANDEVEN CHIEF MARKETING OFFICER	40.00 0.00					X		377,006
(7) SCOTT FRASER CHIEF INFORMATION OFFICER	41.00 0.00				X			355,961
(8) JONATHAN TRIGG VP OF SALES	45.00 0.00				X			362,933
(9) MICHAEL ARGENTIERI VP - TECHNOLOGY & SAFETY	53.00 0.00				X			339,973
(10) KAREN SCHOELLES VP - CLINICAL EXCELLENCE & SAFETY	48.00 0.00				X			338,774
(11) RANDAL WHITE CLO & BOARD ASSISTANT SECRETARY	26.00 2.00			X				288,513
(12) THERESA TAVERNIER VP - HUMAN RESOURCES	40.00 0.00					X		284,813
(13) ANDREW FURMAN	48.00							

Total from continuation sheets to Part VII, Section A	5,882,570
d	
Total (add lines 1b and 1c)	

- 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 153

- 3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1? If "Yes," complete Schedule J for such individual
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description
RANDSTAD TECHNOLOGIES LLC POBOX 847872 DALLAS, TX 752847872	PROFESSIONAL
STRATEGIC OFFSITES GROUP INC 388A COMMONWEALTH AVE BOSTON, MA 02115	PROFESSIONAL
RSM US LLP 5155 PAYSHERE CIRCLE CHICAGO, IL 60674	AUDIT, TAX AND
KT CONNOLLY & ASSOCIATES LLC 3300 PARTING BROOK COURT CHARLOTTE, NC 28210	PROFESSIONAL
THE OCI GROUP 387 HIDDEN FARM DRIVE EXTON, PA 19341	PROFESSIONAL

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 15

Form 990 (2020)

Part VIII Statement of Revenue

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

	(A) Total revenue	(B) Related or exempt function revenue
1a Contributions, Gifts, Grants and Other Similar Amounts		
1b		
1c		
1d		
1e		

Other contributions, gifts, grants, and similar amounts not included above

1f

1,457,732

g Noncash contributions included in lines 1a - 1f:\$

1g

h Total. Add lines 1a-1f 1,457,732

		Business Code		
Program Service Revenue	2a MEMBERSHIP, PUBLICATIONS	900099	51,117,618	51,117,618
	TECHNICAL ASSISTANCE	541900	15,972,411	15,972,411
f All other program service revenue.				
g Total. Add lines 2a–2f.			67,090,029	

3 Investment income (including dividends, interest, and other similar amounts)		672,554	
4 Income from investment of tax-exempt bond proceeds			
5 Royalties			

		(i) Real	(ii) Personal		
6a Gross rents	6a	9,000			
b Less: rental expenses	6b	0			
c Rental income or (loss)	6c	9,000			
d Net rental income or (loss)				9,000	

		(i) Securities	(ii) Other		
7a Gross amount from sales of assets other than inventory	7a	13,157,808			
b Less: cost or other basis and sales expenses	7b	12,593,746			
c Gain or (loss)	7c	564,062			
d Net gain or (loss)				564,062	

Other Revenue	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18				
	8b Less: direct expenses				
	8c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities. See Part IV, line 19				
	9b Less: direct expenses				

c Net income or (loss) from gaming activities			
10a	Gross sales of inventory, less returns and allowances		
	b Less: cost of goods sold		
c Net income or (loss) from sales of inventory			
Miscellaneous Revenue		Business Code	
11a			
b			
c			
d	All other revenue		
e Total. Add lines 11a–11d			
12 Total revenue. See instructions			
		69,793,377	67,090,029

Form 990 (2020)

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		
2	Grants and other assistance to domestic individuals. See Part IV, line 22		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.		
4	Benefits paid to or for members		
5	Compensation of current officers, directors, trustees, and key employees	4,061,283	856,727
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3) (B)		

7	Other salaries and wages	42,268,819	32,059,091
	235,888		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,834,419	1,176,576
	15,199		
9	Other employee benefits	6,130,232	3,931,863
	50,792		
10	Payroll taxes	3,233,029	2,073,629
	26,787		
11	Fees for services (non-employees):		
	a Management		
	b Legal	152,978	
	c Accounting	115,780	
	d Lobbying		
	e Professional fundraising services. See Part IV, line 17		
	f Investment management fees		
	g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	5,801,332	4,381,177
	5,281		
12	Advertising and promotion	192,363	5,087
13	Office expenses		
14	Information technology	1,547,942	430,737
15	Royalties		
16	Occupancy	584,357	116,605
17	Travel	418,450	193,474
18	Payments of travel or entertainment expenses for any federal, state, or local public officials		
19	Conferences, conventions, and meetings		
20	Interest	2,231	
21	Payments to affiliates		

22 Depreciation, depletion, and amortization	4,887,084	3,446,708
23 Insurance	441,830	346,732
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)		
a ADMINISTRATIVE FEES	681,591	681,591
b LIBRARY AND DUES	462,696	437,785
c RECRUITING AND TRAINING	280,974	68,331
d SHIPPING, POSTAGE, & RE	63,974	23,313
e All other expenses	398,021	107,468
25 Total functional expenses. Add lines 1 through 24e 333,947	73,559,385	50,336,894
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).		

Form 990 (2020)

Part X **Balance Sheet**

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

		(A) Beginning of year
1	Cash—non-interest-bearing	
2	Savings and temporary cash investments	4,110
3	Pledges and grants receivable, net	
4	Accounts receivable, net	16,551
5	Loans and other 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	

Assets	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)			
	7	Notes and loans receivable, net			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges		1,338	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	21,161,580	
			b	14,175,323	9,559
	11	Investments—publicly traded securities			40,468
	12	Investments—other securities. See Part IV, line 11			
	13	Investments—program-related. See Part IV, line 11			
	14	Intangible assets			
	15	Other assets. See Part IV, line 11			3,298
	16	Total assets. Add lines 1 through 15 (must equal line 33)			75,327
	17	Accounts payable and accrued expenses			5,051

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**SCHEDULE A
(Form 990 or 990EZ)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization EMERGENCY CARE RESEARCH INSTITUTE	Emp 23-16
--	---------------------

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.
The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Ent
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit descr Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the gener (vi). (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant colleg of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33¹/₃% of its support from contributions, membership fees, a its exempt functions—subject to certain exceptions, and (2) no more than 33¹/₃% of its support from gross investm income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509**
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out th supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the b the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by c power to regularly appoint or elect amajority of the directors or trustees of the supporting organization. **You must c**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by havi organization vested in the same persons that control or manage the supported organization(s). **You must complete**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integratec instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organiz The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instruction **A and D, and Part V.**

e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III or functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		mon
			Yes	No	
Total					

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 11285F

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) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")				
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.				
3 The value of services or facilities furnished by a governmental unit to the organization without charge.. . . .				
4 Total. Add lines 1 through 3				
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).				
6 Public support. Subtract line 5 from line 4.				

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019
7 Amounts from line 4.				
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.				
9 Net income from unrelated business activities, whether or not the business is regularly carried on.				
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).				
11 Total support. Add lines 7 through 10				
12 Gross receipts from related activities, etc. (see instructions)				
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box <input type="checkbox"/>				

Section C. Computation of Public Support Percentage

- 14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))
- 15 Public support percentage for 2019 Schedule A, Part II, line 14
- 16a **33 1/3% support test—2020.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b **33 1/3% support test—2019.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

- 17a 10%-facts-and-circumstances test—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—2019.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2020

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .	473,509	982,994	1,672,708	2,526,4
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	56,504,861	57,977,399	61,688,583	64,354,6
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	56,978,370	58,960,393	63,361,291	66,881,1
7a Amounts included on lines 1, 2, and 3 received from disqualified persons				
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.	15,516,108	14,361,181	15,341,920	16,678,2
c Add lines 7a and 7b.	15,516,108	14,361,181	15,341,920	16,678,2
8 Public support. (Subtract line 7c from line 6.)				

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019
9 Amounts from line 6.	56,978,370	58,960,393	63,361,291	66,881,1
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	159,855	643,742	712,576	736,9
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.				
c Add lines 10a and 10b.	159,855	643,742	712,576	736,9
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.)			27,599	305,9
13 Total support. (Add lines 9, 10c, 11, and 12.)	57,138,225	59,604,135	64,101,466	67,924,0
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) org check this box and stop here				

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2019 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2020** (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from **2019** Schedule A, Part III, line 17

19a **33 1/3% support tests—2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 16 is more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33 1/3% support tests—2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2020

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 501(c)(3)? *If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(2)(B).*
- 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 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? *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 answer "Yes" to 4b, 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? *Describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in cooperation with other supporting organizations.*
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(4), (5), or (6)? *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. Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing the 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 the 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? *Detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 170(b)(1)(E)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," explain in Part VI.*

- 8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 1? If "Yes," complete 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, a 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 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 supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding 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 it had excess business holdings).

Schedule A (Form 990 or 990-EZ) 2020

Part IV Supporting Organizations (continued)

- 11** Has the organization accepted a gift or contribution from any of the following persons?
- a** A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the supported organization?
- b** A family member of a person described in 11a above?
- c** A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in **Part VI**.

Section B. Type I Supporting Organizations

- 1** Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or remove at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in **Part VI** how the organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations, what conditions or restrictions, if any, applied to such powers during the tax year.
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated 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.

Section C. Type II Supporting Organizations

- 1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of the supported organization(s)? If "No," describe in **Part VI** how control or management of the supported organization(s) was exercised by the same persons that controlled or managed the supported organization(s).

Section 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 notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was in effect on the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization or (ii) a member of the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and ongoing relationship with the supported organization(s).
- 3** By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant influence over 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.

Section 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 instructions):
- a** 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.
 - c** The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).
- 2** Activities Test. **Answer lines 2a and 2b below.**
- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supporte which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain h directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how determined that these activities constituted substantially all of its activities.**
 - b** Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the or supported organization(s) would have been engaged in? If "Yes," explain in **Part VI the reasons for the organization's pos supported organization(s) would have engaged in these activities but for the organization's involvement.**
- 3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of organizations? If "Yes" or "No" provide details in **Part VI.**
 - b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its sup organizations? If "Yes," describe in **Part VI. the role played by the organization in this regard.**

Schedule A (Form 990 or 990-EZ) 2020

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

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in **Part non-functionally integrated supporting organizations must complete Sections A through E.**

Section A - Adjusted Net Income		(A) Prior
(B) Current Year (optional)		
1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3	4	
5 Depreciation and depletion	5	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7 Other expenses (see instructions)	7	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior
(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):	1	
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI):		
2 Acquisition indebtedness applicable to non-exempt use assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for exempt use. Enter 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	

Section C - Distributable Amount		
Current Year		
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organiz

Schedule A (Form 990 or 990-EZ) 2020

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

Section D - Distributions

1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (<i>prior IRS approval required - provide details in Part VI</i>)	5
6 Other distributions (<i>describe in Part VI</i>). See instructions	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8
9 Distributable amount for 2020 from Section C, line 6	9
10 Line 8 amount divided by Line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2020
1 Distributable amount for 2020 from Section C, line 6		
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required-- <i>explain in Part VI</i>). See instructions.		
3 Excess distributions carryover, if any, to 2020:		
a From 2015.		
b From 2016.		
c From 2017.		
d From 2018.		
e From 2019.		
f Total of lines 3a through e		
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:		
\$		
a Applied to underdistributions of prior years		

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Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors
▶ Attach to Form 990, 990-EZ, or 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization
EMERGENCY CARE RESEARCH INSTITUTE

Organization type (check one):

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)() (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.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions (including cash and non-cash contributions, such as money or other property) from any one contributor. Complete Parts I and II. See instructions for contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions were received for the prevention of cruelty to children or animals. If this box is checked, enter here the total contributions that were received during the year for any one purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received, during the year, total contributions of more than \$5,000 *exclusively* for religious, charitable, etc., contributions totaling \$5,000 or more during the year

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

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

Cat. No. 30613X

Sched

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

Name of organization

Emple

Part I

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Contributors

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribut
RESTRICTED		\$ RESTR
-		
-		
-		
-		
-		

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

Name of organization EMERGENCY CARE RESEARCH INSTITUTE	Employer identific 23-1662091
---	----------------------------------

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estir (See instructi
-	_____ _____ _____	_____
-	_____ _____ _____	_____
-	_____ _____ _____	_____
-	_____ _____ _____	_____
-	_____ _____ _____	_____
-	_____ _____ _____	_____
-	_____ _____ _____	_____

Schedu

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

Name of organization EMERGENCY CARE RESEARCH INSTITUTE

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 5113(c) than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the organizations completing Part III, enter the total of exclusively religious, charitable, etc., for the year. (Enter this information once. See instructions.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a)

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d)
-	_____ _____	_____ _____	_____ _____
(e) Transfer of gift Transferee's name, address, and ZIP 4		Relationship of tra	
_____ _____		_____ _____	
-	_____ _____	_____ _____	_____ _____
(e) Transfer of gift Transferee's name, address, and ZIP 4		Relationship of tra	
_____ _____		_____ _____	
-	_____ _____	_____ _____	_____ _____
(e) Transfer of gift Transferee's name, address, and ZIP 4		Relationship of tra	
_____ _____		_____ _____	
-	_____ _____	_____ _____	_____ _____
(e) Transfer of gift Transferee's name, address, and ZIP 4		Relationship of tra	
_____ _____		_____ _____	

Schedule B (F)

Additional Data

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SCHEDULE D
(Form 990)

Supplemental Financial Statements

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization EMERGENCY CARE RESEARCH INSTITUTE	Employer 23-16620
--	-----------------------------

Part I 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)
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organi property, subject to the organization's exclusive legal control?		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		

Part II Conservation Easements.
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically im

Protection of natural habitat Preservation of a certified histori

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easer of the tax year.

a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcem the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements dur ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during t ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section (4)(B)(ii)?

9 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.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following am

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Schedule D (Form 990) 2020

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (cont)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collections (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .

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, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | | |
|--|-----------|--|
| c Beginning balance | 1c | |
| d Additions during the year | 1d | |
| e Distributions during the year | 1e | |
| f Ending balance | 1f | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Total
1a Beginning of year balance				
b Contributions				
c Net investment earnings, gains, and losses				
d Grants or scholarships				
e Other expenditures for facilities and programs				
f Administrative expenses				
g End of year balance				

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Term endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- (i)** Unrelated organizations
 - (ii)** Related organizations
- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 11a.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation
	(d) Book value		

1a Land		3,509,209	
	3,509,209		
b Buildings		4,247,151	4,16
	85,866		
c Leasehold improvements		1,263,799	20
	1,060,288		
d Equipment		12,141,421	9,81
	2,330,894		
e Other			
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶			
	6,986,257		

Schedule D (Form 990) 2020

Part VII Investments Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line

(a) Description of security or category (including name of security)	(b) Book value	(c) Me Cost or enc
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (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

(a) Description of investment	(b) Book value
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description

(2)

(3)

(4)

(5)

(6)

(7)

(8)

(9)

(10)

Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X

1. (a) Description of liability

(1) Federal income taxes

(5)

(6)

(7)

(8)

(9)

Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that report uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2020

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1 Total revenue, gains, and other support per audited financial statements

2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:

a Net unrealized gains (losses) on investments

2a

b Donated services and use of facilities

2b

c Recoveries of prior year grants

2c

d Other (Describe in Part XIII.)

2d

e Add lines 2a through 2d

3 Subtract line 2e from line 1

4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:

a Investment expenses not included on Form 990, Part VIII, line 7b **4a** _____

b Other (Describe in Part XIII.) **4b** _____

c Add lines 4a and 4b

5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
 Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1 Total expenses and losses per audited financial statements

2 Amounts included on line 1 but not on Form 990, Part IX, line 25:

a Donated services and use of facilities **2a** _____

b Prior year adjustments **2b** _____

c Other losses **2c** _____

d Other (Describe in Part XIII.) **2d** _____

e Add lines 2a through 2d

3 Subtract line 2e from line 1

4 Amounts included on Form 990, Part IX, line 25, but not on line 1:

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SCHEDULE F (Form 990) Department of the Treasury Internal Revenue Service	Statement of Activities Outside the United States ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	OMB No. 1545-0047 2020 Open to Public Inspection
	Name of the organization EMERGENCY CARE RESEARCH INSTITUTE	Employer identification number 23-1662091

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EUROPE (INCLUDING ICELAND & GREENLAND)	1	6	PROGRAM SERVICES	OFFICE IS MAINTAINED IN ENGLAND	1,478,73
MIDDLE EAST AND NORTH AFRICA	0	1	PROGRAM SERVICES	SALESPERSON / AGENCY RELATIONSHIP	373,37
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	MEMBERSHIPS	

b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5b	No
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6b	No
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Cat. No. 50053T

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retiree or other defered compensat
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	
1MARCUS SCHABACKER MD PHD PRESIDENT/CEO	(i)	775,727	211,558	4,902	151,400
	(ii)	0	0	0	0
2ANTHONY MONTAGNOLO MS CHIEF OPERATING OFFICER	(i)	437,003	97,177	4,902	78,074
	(ii)	0	0	0	0
3DHEERENDRA KOMMALA CHIEF STRATEGY OFFICER	(i)	390,099	68,293	2,622	91,400
	(ii)	0	0	0	0
4PETER CATALANO CFO & BOARD ASSISTANT TREASURER	(i)	306,963	69,434	3,808	58,650
	(ii)	0	0	0	0
5RONNI P SOLOMON ESQ CHIEF POL. & EXT. AFFAIRS OFFICER	(i)	0	0	463,656	0
	(ii)	0	0	0	0
6ANDREA VANDEVEN CHIEF MARKETING OFFICER	(i)	305,708	67,578	3,720	57,641
	(ii)	0	0	0	0
7SCOTT FRASER CHIEF INFORMATION OFFICER	(i)	288,901	65,147	1,913	55,958
	(ii)	0	0	0	0
8JONATHAN TRIGG VP OF SALES	(i)	223,052	0	139,881	11,400
	(ii)	0	0	0	0
9MICHAEL ARGENTIERI VP - TECHNOLOGY & SAFETY	(i)	268,491	60,851	10,631	0
	(ii)	0	0	0	0
10KAREN SCHOELLES VP - CLINICAL EXCELLENCE & SAFETY	(i)	269,910	58,877	9,987	11,400
	(ii)	0	0	0	0
11RANDAL WHITE CLO & BOARD ASSISTANT SECRETARY	(i)	265,099	20,122	3,292	32,025
	(ii)	0	0	0	0
12THERESA TAVERNIER VP - HUMAN RESOURCES	(i)	230,000	50,721	4,092	45,834
	(ii)	0	0	0	0
13ANDREW FURMAN EXEC DIR, CLINICAL EXCELLENCE	(i)	290,869	0	1,445	11,400
	(ii)	0	0	0	0
14JAMES ROBERTSON AREA VP, SOUTH & EAST	(i)	114,204	3,500	180,406	11,400
	(ii)	0	0	0	0

Schedule J (Form 990) 2020

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINES 4A-B	RONNI P. SOLOMON, ESQ, FORMER CHIEF POLICY & EXTERNAL AFFAIRS OFFICER, RECEIVED A SEVERANCE PAYM TRUSTEE, FORMER DEVELOPMENT AND FACILITIES DIRECTOR, RECEIVED A SEVERANCE PAYMENT OF \$107,681 IF PLAN IN 2020 ARE: MARCUS SCHABACKER, ANTHONY MONTAGNOLO, PETER CATALANO, SCOTT FRASER, RANDAL AND THERESA TAVERNIER.
PART I, LINE 5	IN ORDER TO ACCOMPLISH ITS MISSION TO IMPROVE PUBLIC HEALTH AND SAFETY, IT IS NECESSARY TO HIRE, MK PRIMARILY RESPONSIBLE FOR BUSINESS DEVELOPMENT. THESE POSITIONS REQUIRE EXTENSIVE KNOWLEDGE C THE ABILITY TO EFFECTIVELY COMMUNICATE WITH HEALTHCARE PROFESSIONALS AT ALL LEVELS, AND OTHER C ORGANIZATION PROVIDES A BASE SALARY COMBINED WITH A PAY COMPONENT WHICH IS CONTINGENT ON REVE REWARD REVENUE GENERATION FOR BUSINESS DEVELOPMENT WHILE ENSURING THAT A PORTION OF COMPEN THERE ARE TWO(2) EMPLOYEES WHO RECEIVED SUCH COMPENSATION: JONATHAN TRIGG, VICE PRESIDENT OF : SALES.

Additional Data

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Software Version:

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efile Public Visual Render		ObjectID: 202102869349301615 - Submission: 2021-10-13	
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. Go to www.irs.gov/Form990 for the latest information.		
Department of the Treasury Internal Revenue Service Name of the organization	EMERGENCY CARE RESEARCH INSTITUTE		Er 23

Return Reference	Explanation
FORM 990, PART III, LINE 1:	ECRI INSTITUTE IS AN INDEPENDENT NONPROFIT ORGANIZATION WHOSE MISSION STANDARDS OF SAFETY, QUALITY, AND COST-EFFECTIVENESS ACROSS ALL CARE S THE WORLD'S MOST TRUSTED, INDEPENDENT, ORGANIZATION PROVIDING HEALTHC RESEARCH, SCIENTIFIC-BASED INSIGHTS, ACTIONABLE RECOMMENDATIONS, EDUC ENSURE HEALTHCARE PRACTITIONERS ARE ADMINISTERING SAFE, COST-EFFECTIV DELIVERY SETTINGS. ECRI INSTITUTE'S STRATEGY FOR ACHIEVING OUR MISSION A CONDUCTING INVESTIGATIONS AND STUDIES THAT IDENTIFY, DEVELOP, ASSESS, AI QUALITY, SAFETY, AND COST EFFECTIVENESS OF HEALTHCARE TECHNOLOGIES, PF DISSEMINATING INFORMATION, JUDGMENT, GUIDANCE, AND RESEARCH CONCLUSIO PROGRAMS, PUBLICATIONS, EDUCATIONAL PROGRAMS, AND CONSULTATION. 3. DE' FOR THE BUYERS AND USERS OF HEALTHCARE TECHNOLOGY AND SERVICES THAT MAKING POSSIBLE. 4. ESTABLISHING POLICIES TO ENSURE AN INTERNAL CULTURE INTEGRITY. 5. COLLECTING, ORGANIZING, AND DISSEMINATING OBJECTIVE, TECHNI THAT PREVENTS INJURY AND ILLNESS AND BENEFITS PATIENT CARE. 6. REMAINING REGARDING HEALTHCARE PRODUCTS AND PRACTICES ENABLING HEALTHCARE OF QUALITY, REDUCE COST AND ACHIEVE THE BEST PATIENT OUTCOMES.
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS PREPARED BY THE CONTROLLER WITH INPUT FROM OTHERS AS I INDEPENDENT ACCOUNTING FIRMS REVIEW. A DRAFT OF THE COMPLETED FORM 9 PRESIDENT OF FINANCE. THEREAFTER, THE PRELIMINARY FORM 990 IS SENT TO E/ THEIR REVIEW AND COMMENTS, AND ALL QUESTIONS AND COMMENTS ARE RESPC 990 IS REVIEWED AND DISCUSSED WITH THE GOVERNING BOARD'S AUDIT AND COM THEREAFTER WITH THE TRUSTEES. AFTER THE ABOVE-DESCRIBED REVIEWS AND I 990 IS SIGNED AND FILED WITH THE IRS.
FORM 990, PART VI, SECTION B	ALL STAFF RECEIVE A CODE OF CONDUCT AND BUSINESS ETHICS MANUAL THAT SE PRINCIPLES, MISSION, GOALS, CONFLICT OF INTEREST RULES, AND OTHER MATTEF ACCOUNTABILITY. THE BOARD OF TRUSTEES HAS ESTABLISHED THE ORGANIZATIO

<p>SECTION B, LINE 12C</p>	<p>ACCOUNTABILITY. THE BOARD OF TRUSTEES HAS ESTABLISHED THE ORGANIZATION POLICY AND REQUIRES THAT EACH EMPLOYEE AND TRUSTEE ANNUALLY RESPOND CERTIFICATION THAT THERE IS NO CONFLICT OF INTEREST THAT HAS NOT BEEN DI ADJUDICATED. THE BOARD OF TRUSTEES HAS DIRECTED THE EXECUTIVE VICE PR AND THE VICE PRESIDENT OF FINANCE TO REVIEW EACH CERTIFICATION AND TO E POLICY. THE ORGANIZATION ALSO MAINTAINS A HOTLINE NUMBER FOR STAFF TO R THE ORGANIZATION'S CONFLICT OF INTEREST POLICY ALSO REQUIRES THAT INSTA DURING THE YEAR AND WOULD REQUIRE DISCLOSURE UNDER THE POLICY BE PRC EXECUTIVE VICE PRESIDENT AND GENERAL COUNSEL AND THE VICE PRESIDENT O AND ADJUDICATION. THE BOARD OF TRUSTEES TAKES APPROPRIATE ACTION IF TH WITH THE ORGANIZATION'S CONFLICT OF INTEREST POLICY.</p>
<p>FORM 990, PART VI, SECTION B, LINE 15</p>	<p>COMPENSATION FOR THE PRESIDENT AND CHIEF EXECUTIVE OFFICER IS SUBJECT OF THE BOARD OF TRUSTEES, MEETING IN EXECUTIVE SESSION WITH NO INVOLVE CONFLICT OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENTS . COMMITTEE OF THE BOARD, WHICH IS SOLELY COMPRISED OF INDEPENDENT TRU PERFORMANCE AND COMPARABILITY DATA AND MAKES A RECOMMENDATION TO TI INCLUDES THE USE OF DATA AS TO COMPARABLE COMPENSATION FOR SIMILARLY FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS DOCUMENTATION AND RECORDKEEPING WITH RESPECT TO THE DELIBERATIONS A COMPENSATION ARRANGEMENTS. THE ORGANIZATION'S PROCESS INVOLVES DATA THE PERIODIC USE OF AN INDEPENDENT COMPENSATION CONSULTANT, AND OTHE DATA. COMPENSATION FOR THE CHIEF OPERATING OFFICER, FOR THE CHIEF LEGA FINANCIAL OFFICER, FOR THE CHIEF INFORMATION OFFICER, FOR THE CHIEF STRA RESOURCES OFFICER, AND FOR THE CHIEF MARKETING OFFICER IS DETERMINED I COMMITTEE OF THE BOARD. THE PROCESS INCLUDES THE USE OF DATA AS TO COI SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIM ORGANIZATIONS. THE PROCESS ALSO INCLUDES DISCUSSION, ADVICE AND OVERS COMMITTEE OF THE BOARD OF TRUSTEES WHICH REPORTS TO THE FULL BOARD C INFORMATION AND OTHER SUBSTANTIATION OF THE DELIBERATIONS AND DECISIO ORGANIZATIONS PROCESS INVOLVES DATA FROM COMPENSATION SURVEYS, THE F INDEPENDENT COMPENSATION CONSULTANT, AND OTHER SOURCES OF COMPARAI CHIEF EXECUTIVE OFFICER AND OTHER TOP MANAGERS REVIEW THE COMPENSAT THAN THOSE MENTIONED ABOVE. THE ORGANIZATION ALSO USES ITS HUMAN RES COMPENSATION AND SALARY INCREASES BASED ON SALARY SURVEY DATA AND C COMPARABLE ORGANIZATIONS AND JOB FUNCTIONS.</p>
<p>FORM 990, PART VI, SECTION C, LINE 19</p>	<p>BOTH CHIEF FINANCIAL OFFICER AND CHIEF LEGAL OFFICER ARE RESPONSIBLE FC DOCUMENTS, CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS AND OTHE "PUBLIC FILE") AVAILABLE TO THE PUBLIC FOR THE SAME PERIOD OF DISCLOSURE . 6104(D). THIS IS ACCOMPLISHED BY ANNOUNCING THE AVAILABILITY OF THE PUBLIC WHICH IT MAY BE INSPECTED OR COPIES OBTAINED, SUCH ANNOUNCEMENT BEING WEBSITE AND BEING POSTED IN A PUBLIC AREA OF ITS FACILITIES. THE ORGANIZA PUBLICLY AVAILABLE AT WWW.GUIDESTAR.ORG.</p>
<p>FORM 990, PART XI, LINE 9:</p>	<p>CONTRIBUTION OF NEW ASSETS RECEIVED IN ACQUISITION OF ISMP 3,186,633. LOS -1,180,353.</p>

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

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<p>efile Public Visual Render ObjectID: 202102869349301615 - Submission: 2021-10-13</p>	
<p>SCHEDULE R (Form 990)</p>	<p>Related Organizations and Unrelated Partnerships</p> <ul style="list-style-type: none"> ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. <ul style="list-style-type: none"> ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.
<p>Department of the Treasury Internal Revenue Service Name of the organization EMERGENCY CARE RESEARCH INSTITUTE</p>	

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	
(1) ECRI LABORATORIES 5200 BUTLER PIKE PLYMOUTH MEETING, PA 19462 23-2053202	INACTIVE	PA	501(C)(3)	INA
(2) WHITEMARSH INSTITUTE 5200 BUTLER PIKE PLYMOUTH MEETING, PA 19462 23-2996964	INACTIVE	PA	501(C)(3)	INA
(3) ECRI SHARED SERVICES 5200 BUTLER PIKE PLYMOUTH MEETING, PA 19462 23-2056173	INACTIVE	PA	501(C)(3)	INA
(4) ECRI BHD 11 3 10 JALAN 3 109F DANAU BUSINESS KUALA LUMPUR MY	IMPROVE HEALTHCARE	MY	N/A	NA
(5) INSTITUTE FOR SAFE MEDICATION PRACTICES 200 LAKESIDE DRIVE SUITE 200 HORSHAM, PA 19044 23-2757559	IMPROVE HEALTHCARE	PA	501(C)(3)	LIN

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

Cat. No. 50135Y

Schedule R (Form 990) 2020

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 10 for organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Shareholder

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, line 11 for organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Shareholder
(1) ECRI INC	INACTIVE	PA	EMERGENCY CARE RESEARCH	C	

5200 BUTLER PIKE PLYMOUTH MEETING, PA 19462 23-2082955			INSTITUTE		
(2) NATIONAL SAFETY TECHNOLOGIES 5200 BUTLER PIKE PLYMOUTH MEETING, PA 19462 23-2491322	INACTIVE	PA	EMERGENCY CARE RESEARCH INSTITUTE	C	
(3) ECRI MEA INC 5200 BUTLER PIKE PLYMOUTH MEETING, PA 19462 85-3562970	ACTIVE	PA	EMERGENCY CARE RESEARCH INSTITUTE	C	
(4) THE MEDICATION SAFETY BOARD INC 200 LAKESIDE DRIVE SUITE 200 HORSHAM, PA 19044 23-2948087	PRODUCT EVALUATION OF PHARMACEUTICALS	PA	INSTITUTE FOR SAFE MEDICATION PRACTICES	C	

Schedule R (Form 990) 2020

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
- b Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)

- f Dividends from related organization(s)
- g Sale of assets to related organization(s)
- h Purchase of assets from related organization(s)
- i Exchange of assets with related organization(s)
- j Lease of facilities, equipment, or other assets to related organization(s)

- k Lease of facilities, equipment, or other assets from related organization(s)
- l Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o Sharing of paid employees with related organization(s)

- p Reimbursement paid to related organization(s) for expenses
- q Reimbursement paid by related organization(s) for expenses

- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved
(1) ECRI BHD	L	534,357
(2) INSTITUTE FOR SAFE MEDICATION PRACTICES	S	3,186,633

Schedule R (Form 990) 2020

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets). See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal structure	(d) Predominant activity	(e) Are all partners related?	(f) Share of total income	(g) Share of total assets

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