Extended to May 16, 2016

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2014
Open to Public Inspection

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.
 Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning JUL 1, 2014 2015 and ending JUN 30, Check if C Name of organization D Employer identification number Address change Temple Health System Transport Team, Inc Name change 75-3084023 Doing business as Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 3509 N Broad Street 936 215-707-6756 City or town, state or province, country, and ZIP or foreign postal code 8,016,063. G Gross receipts \$ Amended Philadelphia, PA 19140 H(a) Is this a group return Applica-F Name and address of principal officer: Robert H. Lux for subordinates? Yes X No pending same as C above H(b) Are all subordinates included? Yes I Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ▶ http://t3.templehealth.org **H(c)** Group exemption number ▶ K Form of organization; X Corporation Trust Association Other > L Year of formation: 2002 M State of legal domicile: PA Part I Summary Briefly describe the organization's mission or most significant activities: Air and ground transport of Activities & Governance critically ill patients to and between medical facilities. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) $\overline{0}$ Total number of individuals employed in calendar year 2014 (Part V, line 2a) ō 5 6 Total number of volunteers (estimate if necessary) $\overline{0}$ 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 2,500,000. 2,400,000. Revenue 5,231,592. Program service revenue (Part VIII, line 2g) 5,615,470. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2,629. 593. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Ō. Ō. 7,734,221. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 8,016,063. 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 0. Benefits paid to or for members (Part IX, column (A), line 4) Ō. o. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) Ō. b Total fundraising expenses (Part IX, column (D), line 25) 7,813,507. 7,813,507. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 8,159,879. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 8,159,879. -143,816. -79,286. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 1,109,484. 1,217,680. 951,865. 21 Total liabilities (Part X, line 26) 1,204,035. Net assets or fund balances. Subtract line 21 from line 20 157,619. 13,645. 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, it is true, correct, and complete. Detaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer Sign Robert H. Lux, Vice President & CFO Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature Check Paid self-employed Preparer Firm's name Firm's EIN Firm's address Use Only Phone no. May the IRS discuss this return with the preparer shown above? (see instructions) Yes

Pai	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:
	Temple Transport Team serves as one component of TUHS's integrated
	health care delivery system. The mission of Temple Transport Team is
	to provide a flexible and all encompassing transport program
	coordinated via the comprehensive communications center (dispatch and
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? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 5,621,366. including grants of \$) (Revenue \$3,787,427.)
	Pursuant to its Articles of Incorporation, Temple Health System
	Transport Team, Inc. provides service to assure the timely transport of
	critically ill patients to and between acute care facilities providing
	patient care, particularly to hospitals that are Affiliates. For the
	fiscal year ended June 30, 2015 there were 7,624 transports of
	critically ill patients performed by Temple Transport Team.
4b	(Code:) (Expenses \$ 1,433,405 • including grants of \$) (Revenue \$ 1,828,043 •)
	The Temple Transport Team Comprehensive Communications Center was
	launched in February 2011 combining the functions of both T3 dispatch
	and Temple University Hospital Transfer Center into a unified command
	center. The Communications Center provides both inbound and outbound
	services to the affiliates. The focus of the Communications Center is
	to facilitate the timely communication between community physicians and
	Temple physicians leading to the transfer/transport of high acuity
	patients.
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 ► 7,054,771.
	Form 990 (2014)

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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		v
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			Х
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		Х
6	similar amounts as defined in Revenue Procedure 98-19? <i>If</i> "Yes," complete Schedule C, Part III	5		21
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	•		
Ū	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in		v	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Λ	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1111		-21
ıza	Schedule D, Parts XI and XII	12a		Х
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	izu		
.,	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a		14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			7.7
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			3,7
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
00	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
<u> </u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Ħ
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·		24c		
a	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		\vdash
		24 0		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а		28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			Ħ
31	If "Yes," complete Schedule N, Part I	31		Х
20	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32				х
00	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			_V
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	l	7.7	
	Part V, line 1	34	Х	77
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2014) Temple Health System Transport Team, Inc 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					Ш
		1	0		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable					
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r			4.	X	
0-	(gambling) winnings to prize winners?	I		1c	22	
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns			2b		
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions			20		
3a				За		х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other					
	financial account in a foreign country (such as a bank account, securities account, or other financial		-	4a		x
b	If "Yes," enter the name of the foreign country:		,			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accoun	ts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	action?		5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he orga	anization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu		-			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se			7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	-		_		x
	to file Form 8282?			7с		
	If "Yes," indicate the number of Forms 8282 filed during the year		.+0	7.		Х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont If the organization received a contribution of qualified intellectual property, did the organization file F			71 7g		
g h	If the organization received a contribution of qualified intellectual property, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			/!!		
Ū	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а				9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
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:					
	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				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	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	ا يمد ا				
-	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c		1/1-		Х
	* * * * * * * * * * * * * * * * * * * *			14a 14b		<u> </u>
a	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e∪		140		<u> </u>

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

	Check if Schedule O contains a response or note to any line in this Part VI			X			
Sec	tion A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year						
	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						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other						
	officer, director, trustee, or key employee?	2		X			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision						
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X			
5 Did the organization become aware during the year of a significant diversion of the organization's assets?							
6	Did the organization have members or stockholders?	6	Х				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or						
	more members of the governing body?	7a	Х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or						
	persons other than the governing body?	7b	Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
а	The governing body?	8a	Х				
b	Each committee with authority to act on behalf of the governing body?	8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)						
			Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a		X			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х				
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	12a	Х				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe						
	in Schedule O how this was done	12c	X				
13	Did the organization have a written whistleblower policy?	13	Х				
14	Did the organization have a written document retention and destruction policy?	14	Х				
15	Did the process for determining compensation of the following persons include a review and approval by independent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official	15a		X			
b	Other officers or key employees of the organization	15b		Х			
	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?	16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's						
	exempt status with respect to such arrangements?	16b					
Sec	tion 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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le				
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website X Another's website X 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, and	d finan	cial				
	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:						
	Maricar Collins - 2157077855						
	2450 W. Hunting Park Avenue, Philadelphia, PA 19129						

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one			than		Reportable	Reportable	Estimated	
	hours per week	offi	box, unless person is both an officer and a director/trustee)			is bot or/trus	h an tee)	compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) John Kastanis	2.00	,,		,,				0	C75 C4C	10 277
President	48.00	X		Х				0.	675,646.	19,377
(2) James Wellons	2.00 48.00	.		x				0.	222 555	16 010
Secretary (3) Robert Lux	2.00	^		Δ				0.	222,555.	16,010
(3) Robert Lux Treasurer	48.00	y		x				0.	582,409.	79,562
(4) Dr. Ernest Yeh	2.00	<u> </u>	\vdash	<u> </u>				0.	302,403.	15,502
Director	48.00	x						0.	250,014.	36,975
(5) Betty McAdams	1.00							•		30,2.3
Asst Secretary	49.00			х				0.	102,195.	15,918
										_

	1000 (2014) = 0 ==							<u>. I.</u>					-90
Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st C	ompensated Employe	es (continued)			
	(A)	(B)	(C)				(D)	(E)		(F)			
	Name and title	Average hours per	box	Position (do not check more than obox, unless person is both officer and a director/trus		both an compensation compensation			stimate nount				
		week	-	cer ar	io a c	irecto	or/trus	itee)	from	from related	1	other	
		(list any hours for	irecto						the organization	organizations (W-2/1099-MISC)		npensa rom th	
		related	e or d	stee			sated		(W-2/1099-MISC)	(88-2/1099-181130)		anizat	
		organizations	truste	al trus		yee	mper		(** 27 1000 1/1100)		ı -	d relat	
		below	Individual trustee or director	Institutional trustee	e.	Key employee	Highest compensated employee	ner			orga	anizati	ons
		line)	Indi	Insti	Officer	Key	High	Former			<u> </u>		
						_					<u> </u>		
											\vdash		
			-										
1b	Sub-total							▶	0.	1,832,819.	16	7,8	
С	Total from continuation sheets to Part V							>	0.	0.			0.
d	Total (add lines 1b and 1c)							<u> </u>	0.	1,832,819.	16	7,8	<u>42.</u>
2	Total number of individuals (including but r compensation from the organization	not limited to th	ose	liste	ed a	bov	e) wł	no re	eceived more than \$100),000 of reportable			0
	compensation from the organization											Yes	No
3	Did the organization list any former officer,	director, or tru	uste	e. ke	ev er	olam	vee	or h	nighest compensated e	mplovee on			
	line 1a? If "Yes," complete Schedule J for s										3		х
4	For any individual listed on line 1a, is the su												
	and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sch	edule	e J f	or such individual		4	Х	
5	Did any person listed on line 1a receive or					-				idual for services			v
	randared to the argenization? If "Vec " corr	inlata Schadul	$\triangle 1f$	or c	uch	nor	con				5		ΙX

Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
Temple Physicians Inc., 3509 N. Broad		
Street, Philadelphia, PA 19140	Personnel	4,911,975.
American Medical Response		
430 N. 8th Street, Philadelphia, PA 19123	Vehicle/EMT Lease	676,787.
Falck Pennsylvania (Lifestar)		
P.O. Box 827299, Philadelphia, PA 19182	Vehicle/EMT Lease	451,178.
	Related Organization	
Broad Street, Philadelphia, PA 19140	Services	374,256.
Golden Hour Data Systems		
10052 Mesa Ridge Court, San Diego, CA 92121	Billing Agency	279,895.
2 Total number of independent contractors (including but not limited to those lister	d above) who received more than	
\$100,000 of compensation from the organization > 5		
		000

Pa	rt VII							
		Check if Schedule O cont	tains a response	or note to any lir	ne in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in lines Total. Add lines 1a-1f	1b	400,000.	2,400,000.			
		Totall / (ad iii loo Ta Ti		Business Code				
Program Service Revenue	2 a b c	T3C3 Communicat		621910 621910	3,787,427. 1,828,043.	3,787,427. 1,828,043.		
ran eve	d							
rog	е							
_		All other program service reve			5,615,470 .			
$\overline{}$	<u>g</u> 3	Total. Add lines 2a-2f			5,015,470.			
	4	other similar amounts)	······)	593.			593.
	5	Royalties		>				
	6.2	Gross rents	(i) Real	(ii) Personal				
	b							
		Rental income or (loss)						
		Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)						
		Net gain or (loss)		D				
ηne	8 а	Gross income from fundraisin including \$						
Other Revenue		including \$contributions reported on line						
Ŗ.		Part IV, line 18	•					
the	b	Less: direct expenses						
١	С	Net income or (loss) from fund	draising events					
	9 a	Gross income from gaming ac	ctivities. See					
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam		D				
	ю а	Gross sales of inventory, less and allowances						
	b	Less: cost of goods sold						
		Net income or (loss) from sale						
		Miscellaneous Revenu		Business Code				
İ	11 a							
	b							
	С			ļ				
		All other revenue						
	e 12	Total. Add lines 11a-11d			8 016 063	5.615.470 .	0 -	593.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). X Check if Schedule O contains a response or note to any line in this Part IX (D) (B) (C) (A) Do not include amounts reported on lines 6b, Program service expenses Total expenses Management and general expenses Fundraising expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 Payroll taxes 10 Fees for services (non-employees): 11 1,023,902. 1,023,902. a Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 4,885,102. 4,854,640. 30,462. column (A) amount, list line 11g expenses on Sch O.) 10,232. 43,232. 33,000. Advertising and promotion 12 240,582. 205,831. 34,751. Office expenses 13 14 Information technology 15 Royalties 155,700. 155,700. 16 Occupancy 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 5,761. 5,761. Interest 20 Payments to affiliates 21 6,992. 6,992. Depreciation, depletion, and amortization 22 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) Equipment and Vehicle L 1,224,891. 1,224,891. Bad Debt 523,312. 523,312. 26,513. 26,513. Service Maitnenance Con 23,892. 23,892. Insurance e All other expenses 8,159,879. 7,054,771. 1,105,108. 0. Total functional expenses. Add lines 1 through 24e 25 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 if following SOP 98-2 (ASC 958-720)

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 426,607. 218,901. Cash - non-interest-bearing 1 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 639,316. 652,398. 4 Accounts receivable, net **5** Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L Assets 6 Notes and loans receivable, net 7 8 Inventories for sale or use 12,379. 7,558. Prepaid expenses and deferred charges **10a** Land, buildings, and equipment: cost or other 495,221. basis. Complete Part VI of Schedule D _____ 10a 19,475. 482,738. b Less: accumulated depreciation 10b 12,483. 10c Investments - publicly traded securities 11 11 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 219,413. 118,634. 15 Other assets. See Part IV, line 11 15 1,109,484. 1,217,680. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 212,445. 17 410,132. 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, _iabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 739,420. 793,903. 25 Schedule D 951,865. 1,204,035. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. **Net Assets or Fund Balances** 157,619. 27 13,645. Unrestricted net assets Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 157,619. 13,645. Total net assets or fund balances 33 33 1,109,484. 1,217,680.

Form **990** (2014)

Total liabilities and net assets/fund balances _____

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form 990 (2014)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

Employer identification number

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Temple Health System Transport Team, 75-3084023 Inc 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 11, 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.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of listed in your organization (described on lines 1-9 support (see other support (see governing document? above or IRC section Instructions) Instructions) Yes No (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Section A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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.						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
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 instruction	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stor	here					> L
	ction C. Computation of Publ						
	Public support percentage for 2014 (14	<u>%</u>
	Public support percentage from 2013					15	%
16a	33 1/3% support test - 2014. If the o				14 is 33 1/3% or n	nore, check this bo	ox and
	stop here. The organization qualifies		-				▶□
b	33 1/3% support test - 2013. If the o	-					nis box
	and stop here. The organization qual						▶□
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac			-	•	_	
	meets the "facts-and-circumstances"	-	=		-		
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the						
	organization meets the "facts-and-circ		-	•			>
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instruction	s ▶∟

Schedule A (Form 990 or 990-EZ) 2014 Temple Health System Transport Team, Inc75-3084023 Page 3 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

	qualify under the tests listed below, please complete Part II.)							
	tion A. Public Support							
	ndar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not include any "unusual grants.")	2,416,548.	2,500,000.	2,291,667.	2,500,000.	2,400,000.	12,108,215.	
_		2,410,540.	2,300,000.	2,291,007.	2,300,000.	2,400,000.	12,100,213.	
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	2,945,558.	4,054,109.	4,448,107.	5,231,592.	5,615,470.	22,294,836.	
3	Gross receipts from activities that							
	are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ-							
	ization'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	5,362,106.	6,554,109.	6,739,774.	7,731,592.	8,015,470.	34,403,051.	
	Amounts included on lines 1, 2, and	, ,					· · ·	
	3 received from disqualified persons						0.	
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						0	
	amount on line 13 for the year						0.	
	Add lines 7a and 7b						<u>, , , , , , , , , , , , , , , , , , , </u>	
	Public support (Subtract line 7c from line 6.)						34,403,051.	
	ction B. Total Support							
	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	
	Amounts from line 6	5,362,106.	6,554,109.	6,739,774.	7,731,592.	8,015,470.	34,403,051.	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,814.	9,010.	4,398.	2,629.	593.	24,444.	
b	Unrelated business taxable income (less section 511 taxes) from businesses							
	acquired after June 30, 1975	F 014	0.010	4 200	0.600	500	04.44	
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	7,814.	9,010.	4,398.	2,629.	593.	24,444.	
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)	5,369,920.	6,563,119.	6,744,172.	7,734,221.	8,016,063.	34,427,495.	
	First five years. If the Form 990 is for	the organization's	first, second, third	l, fourth, or fifth ta	x year as a section	n 501(c)(3) organiz	ation,	
	check this box and stop here						. .	
Sec	tion C. Computation of Publ	ic Support Per	centage					
	Public support percentage for 2014 (I			olumn (f))		15	99.93 %	
16	Public support percentage from 2013	Schedule A, Part I	II, line 15			16	99.89 %	
	ction D. Computation of Inves							
17	Investment income percentage for 20	14 (line 10c, colum	ın (f) divided by line	e 13, column (f))		17	.07 %	
18	Investment income percentage from 2					18	.11 %	
19a	33 1/3% support tests - 2014. If the				-	3 1/3%, and line 1	7 is not	
	more than 33 1/3%, check this box ar	-						
b	33 1/3% support tests - 2013. If the line 18 is not more than 33 1/3%, che	organization did no	ot check a box on	line 14 or line 19a	and line 16 is mo	re than 33 1/3%, a	and	
20	Private foundation. If the organizatio							
			,	· ·		adula A /Farm 000		

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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 509(a)(1) or (2)? If "Yes," explain in *part VI* how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in **p**_{art VI} what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <code>part VI</code>, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
 - **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
 - c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	За		
	- Ou		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	iua		
	10b		
n 9	90 or 99	0-EZ)	2014

	dule A (Form 990 or 990-EZ) 2014 Temple Health System Transport Team, Inc75-30	8402	3 Pa	age 5
Pai	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b 11c		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in part VI. tion B. Type I Supporting Organizations	I IIC		
360	tion B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	NO
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in part y how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. Type III Supporting Organizations			
			Yes	No
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, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
<u>Sec</u>	tion 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):			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	tructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	O.L		
2	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2-		
h	trustees of each of the supported organizations? Provide details in <i>part VI</i> .	3a		
D	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <i>p_{art VI}</i> the role played by the organization in this regard.	3b		
	on to supported organizations: ii res, describe iii par vi the role played by the organization in this regard.	JUU		

Schedule A (Form 990 or 990-EZ) 2014 Temple Health System Transport Team, Inc75-3084023 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain Recoveries of prior-year distributions 2 2 Other gross income (see instructions) 3 4 Add lines 1 through 3 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b **c** Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 4 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 Enter 85% of line 1 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3

Schedule A (Form 990 or 990-EZ) 2014

5

Enter greater of line 2 or line 3

instructions).

Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

<u>4</u> 5

6

Schedule A (Form 990 or 990-EZ) 2014 Temple Health System Transport Team, Inc75-3084023 Page 7

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

Pa	rt V Type III Non-Functionally Integrated 50	9(a)(3) Supporting Orga	anizations _(continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	cempt purposes		
2	Amounts paid to perform activity that directly furthers exen	npt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	S		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is responsive	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
		Excess Distributions	Underdistributions	Distributable
Sect	ion E - Distribution Allocations (see instructions)		Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7:			
a	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			

Schedule A (Form 990 or 990-EZ) 2014

any. Subtract lines 3g and 4a from line 2 (if amount

6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see

7 Excess distributions carryover to 2015. Add lines 3j

greater than zero, see instructions).

instructions).

d Excess from 2013e Excess from 2014

and 4c.

8 Breakdown of line 7:

a b

Schedule A	(Form 990 or 990-EZ) 2014 Temple Health System Transport Team, Inc75-3084023 Page 8 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

Name of the organization

75-3084023 Temple Health System Transport Team,

Pai	rt I	Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	s or A	Accounts.Complete if the
		organization answered "Yes" to Form 990, Part IV, line	e 6.		
			(a) Donor advised funds	((b) Funds and other accounts
1	Total	number at end of year			
2		egate value of contributions to (during year)			
3	Aggre	egate value of grants from (during year)			
4		egate value at end of year			
5		ne organization inform all donors and donor advisors in v	writing that the assets held in donor advis	sed fun	nds
		ne organization's property, subject to the organization's	-		
6		ne organization inform all grantees, donors, and donor a			
		naritable purposes and not for the benefit of the donor o			
Pai		Conservation Easements. Complete if the org			
1	Purp	ose(s) of conservation easements held by the organization	on (check all that apply).		
		Preservation of land for public use (e.g., recreation or e	ducation) Preservation of a hist	torically	important land area
		Protection of natural habitat	Preservation of a cer		
		Preservation of open space			
2	Comi	Diete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form	of a co	onservation easement on the last
		of the tax year.			
		,			Held at the End of the Tax Year
а	Total	number of conservation easements			2a
b		acreage restricted by conservation easements			2b
С		per of conservation easements on a certified historic stru			2c
d		per of conservation easements included in (c) acquired a			
		in the National Register			2d
3		per of conservation easements modified, transferred, rele			nization during the tax
	year	•	•	_	-
4	Numl	per of states where property subject to conservation eas	sement is located >		
5		the organization have a written policy regarding the per			
		ions, and enforcement of the conservation easements it			Yes No
6		and volunteer hours devoted to monitoring, inspecting,			
7		unt of expenses incurred in monitoring, inspecting, and e			
8		each conservation easement reported on line 2(d) abov			
		section 170(h)(4)(B)(ii)?	•		
9		rt XIII, describe how the organization reports conservation			
	includ	de, if applicable, the text of the footnote to the organizat	ion's financial statements that describes	the or	ganization's accounting for
	cons	ervation easements.			-
Pai	rt III	Organizations Maintaining Collections of	f Art, Historical Treasures, or C	ther	Similar Assets.
		Complete if the organization answered "Yes" to Form	990, Part IV, line 8.		
1a	If the	organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue state	ment a	nd balance sheet works of art,
	histo	rical treasures, or other similar assets held for public exh	nibition, education, or research in furthera	ance of	public service, provide, in Part XIII,
	the te	ext of the footnote to its financial statements that describ	bes these items.		
b	If the	organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statemen	t and b	palance sheet works of art, historical
	treas	ures, or other similar assets held for public exhibition, ec	ducation, or research in furtherance of pu	ıblic se	rvice, provide the following amounts
	relatii	ng to these items:			
	(i) F	Revenue included in Form 990, Part VIII, line 1			. • \$
2	If the	organization received or held works of art, historical trea			
		ollowing amounts required to be reported under SFAS 1		- /	
а		nue included in Form 990, Part VIII, line 1			. ▶ \$
b					→ \$

		Health Sys								
Par	t III Organizations Maintaining C				-					
3	Using the organization's acquisition, access	ion, and other record	ds, check	any of the	following that ar	e a sign	ificant	use of its	collection	า items
	(check all that apply):									
а	Public exhibition	C	,	oan or exc	hange programs	3				
b	Scholarly research	•	• 🗀 🤈	Other						
С	Preservation for future generations									
4	Provide a description of the organization's c							ose in Par	t XIII.	
5	During the year, did the organization solicit of								7	
_	to be sold to raise funds rather than to be m								Yes	No_
Par	t IV Escrow and Custodial Arran	•	ete if the	organizatio	on answered "Ye	s" to Fo	rm 990	, Part IV, I	ine 9, or	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod		-						7	
	on Form 990, Part X?							L	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing ta	able:						
									Amount	
	Beginning balance						1c			
	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f		1	
	Did the organization include an amount on F					-	?	L	Yes	└── No
	If "Yes," explain the arrangement in Part XIII									
Par	t V Endowment Funds. Complete	1								
		(a) Current year	(b) Pr	ior year	(c) Two years ba	ack (d)	Three y	ears back	(e) Four	years back
	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships				-					
е	Other expenditures for facilities									
	and programs									
	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1g	g, column (a	a)) held as:					
	Board designated or quasi-endowment		%							
	Permanent endowment	%								
С	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c show	·								
3a	Are there endowment funds not in the posse	ession of the organiz	ation that	t are held a	and administered	for the	organiz	zation	г	
	by:									Yes No
	(i) unrelated organizations								3a(i)	
									3a(ii)	
	If "Yes" to 3a(ii), are the related organization								3b	
4	Describe in Part XIII the intended uses of the		owment f	unds.						
Pal	t VI Land, Buildings, and Equipm) D=:+ N/	line dd - O) F 000 5		. 10			
	Complete if the organization answere									
	Description of property	(a) Cost or o				(c) Accu		ed	(d) Book	value
		basis (investi	nent)	pasis	(other)	uepre	ciation			
	Land		-							
	Buildings		-							
	Leasehold improvements	400	221			// 0	2,7	30	1 ′) //02
	Equipment		<u>~~</u> - •			40	4,1	20.		2,483.
	Other		V 0=1::::	m (D) !:== :	100)			_	1 ′	2,483.
ιoτal	. Add lines 1a through 1e. (Column (d) must e	quai roiin 990, Part	, coium	тт (<i>в),</i> ппе	1 UC.)					, , , , , , ,

Schedule D (Form 990) 2014

	dule D (Form 990) 2014 Temple Health System T			Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial St		nue per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, li			
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2a		
a	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
С.	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
_	Add lines 2a through 2d		 	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	ا ما		
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)		40	
_	Add lines 4a and 4b			
5 Pai	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 rt XII Reconciliation of Expenses per Audited Financial S		-	
ıa	Complete if the organization answered "Yes" to Form 990, Part IV, li	=	enses per netum.	
1	Total expenses and losses per audited financial statements		1 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		······	
z a	Donated services and use of facilities	2a		
b	Prior year adjustments			
C	Other losses			
d	Other (Describe in Part XIII.)			
	Add lines 2a through 2d	· · · · · · · · · · · · · · · · · · ·	2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	•••••		
· a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
	Add lines 4a and 4b	<u></u>	4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line			
	rt XIII Supplemental Information.	- /		
ines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	any additional information.		

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

Temple Health System Transport Team, Inc **Employer identification number** 75-3084023

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?	5b		Х
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2014

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990	
(1) John Kastanis	(i)	0.	0.	0.	0.	0.		0.	
President	(ii)	614,446.	54,000.	7,200.	11,700.	7,677.	695,023.	0.	
(2) James Wellons	(i)	0.	0.	0.	0.	0.	0.	0.	
Secretary	(ii)	198,647.	12,031.	11,877.	9,075.	6,935.	238,565.	0.	
(3) Robert Lux	(i)	0.	0.	0.	0.	0.	0.	0.	
Treasurer	(ii)	459,322.	95,353.	27,734.	50,222.	29,340.	661,971.	0.	
(4) Dr. Ernest Yeh	(i)	0.	0.	0.	0.	0.		0.	
Director	(ii)	154,899.	0.	95,115.	16,315.	20,660.	286,989.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(ii)								
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	(ii)							<u> </u>	

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 additional information.					

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.

OMB No. 1545-0047
2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Temple Health System Transport Team, Inc

Employer identification number 75-3084023

Form 990, Part III, Line 1, Description of Organization Mission: transfer center services).

Form 990, Part VI:

Line 15:

There is a compensation committee that reviews and approves all total compensation of executive / key personnel at Temple University Health

System through an evaluation performed by an external compensation expert before the compensation is approved.

Form 990, Part VI, Section A, line 6:

The sole member of the organization is Temple University Health System,
Inc. The member has the power to appoint and remove the organizations
Board of Directors. The approval of the member is required for any of the
following actions by the organization, (a) any dissolution or liquidation,
(b) any merger, (c) any amendments to the Articles of Incorporation, (d) any
amendments to the bylaws regarding the member, the number of directors,
quorum or voting requirements, (e) the sale, pledge, lease (but only a
lease from the organization of substantially all of the organizations real
property), or transfer of the assets of the organization other than
transactions occurring in the ordinary course of business, (f) the adoption
of the organizations annual capital and operating budgets, (g) the issuance
or assumption of any indebtedness in excess of fifty thousand (\$50,000)
and, (h) the execution of any contract providing for the management of the
organization.

Name of the organization

Temple Health System Transport Team, Inc

Temployer identification number 75-3084023

Form 990, Part VI, Section A, line 7a:

Please refer to the response for question 6.

Form 990, Part VI, Section A, line 7b:

Please refer to the response for question 6.

Form 990, Part VI, Section B, line 11:

After review by management and outside tax counsel, the 990 and 990T (if any) are posted to the website of the Secretary's Office. Each Board member is contacted and provided with the web address. A Board member without internet access is provided a paper copy for review. The website and paper mailing have an overview of the 990 and 990T preparation process and internal reviews. Each Board member is asked to review the 990 and 990T within 2 weeks and contact the Chief Financial Officer with any questions.

Form 990, Part VI, Section B, Line 12c:

The Office of the Secretary provides each Director and Officer with copies of the Conflict of Interest Policy and a disclosure statement to be completed on an annual basis. The Office of the Secretary reviews the completed disclosure statements which are then reviewed in summary format by a committee of the Board of Directors and any recommended actions are presented to the full Board of Directors. In addition to completing the annual disclosure statement, directors and officers must disclose potential or actual conflicts on an ongoing basis as matters arise. All disclosures are evaluated and a determination of whether a conflict exists is made by the Board or a committee of the Board.

Name of the organization Temple Health System Transport Team, Inc	Employer identification number 75-3084023
Form 990, Part VI, Section C, Line 19:	
The Unaudited Internal Financial Statements of Temple Uni	versity Health
System and certain of its related organizations are distr	ributed and made
available to the public at the end of each quarter per th	ne Systems
Continuing Disclosure Agreement (Series of 2012 Bond Issu	ue) through Digital
Assurance Corp (DAC), the Municipal Services Reporting Bo	eards EMMA
disclosure site and the Health Systems financial web site	. The Annual
Audited Financial Statements are also released to the pub	olic in the same
manner. To the extent required by applicable law, the or	ganization makes
its governing documents available to the public upon requ	est.
Form 990, Part IX, Line 11g, Other Fees:	
Salaries and Benefits Non Mgmt T3 Staff (TPI Employees	3):
Program service expenses	4,221,949.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	4,221,949.
Purchased Services and Other Expenses:	
Program service expenses	632,691.
Management and general expenses	30,462.
Fundraising expenses	0.
Total expenses	663,153.
Total Other Fees on Form 990, Part IX, line 11g, Col A	4,885,102.

SCHEDULE R (Form 990)

Part I

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

2014

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

Temple Health System Transport Team, Inc

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

Employer identification number 75-3084023

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controllin entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
Temple University of the Commonwealth System							
of Higher Ed - 23-1365971, 1330 W Berks							
Street, Philadelphia, PA 19122	Education	Pennsylvania	501(c)(3)	Line 2	N/A		Х
Temple University Health System - 23-2825881					Temple University		
3509 N Broad Street	1				of the		
Philadelphia, PA 19140	Health Care	Pennsylvania	501(c)(3)	Line 11a, I	Commonwealth		Х
Temple University Hospital, Inc					Temple University		
23-2825878, 3509 N Broad Street,	1				Health System		
Philadelphia, PA 19140	Health Care	Pennsylvania	501(c)(3)	Line 3	Inc.		Х
Temple University Health System Foundation -							
23-2916108, 3509 N Broad Street,	1				Temple University		
Philadelphia, PA 19140	Health Care	Pennsylvania	501(c)(3)	Line 11a, I	Hospital Inc.		Х

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

Schedule R (Form 990) 2014

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a)	(b)	(c)	(d)	(e)	(f)	Section 5	j) 12(b)(13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	contr	olled
of related organization		foreign country)	section	status (if section	entity	organiz	
				501(c)(3))		Yes	No
Jeanes Hospital - 23-2826045	_				Temple University		
3509 N Broad Street		L .		L	Health System _		37
Philadelphia, PA 19140	Health Care	Pennsylvania	501(c)(3)	Line 3	Inc.		X
Jeanes Hospital Auxiliary - 23-1917776							
7600 Central Ave	<u> </u>	L .		L			37
Philadelphia, PA 19111	Health Care	Pennsylvania	501(c)(3)	Line 9	Jeanes Hospital		X
Temple Physicians Inc - 23-2790607	_				Temple University		
3509 N Broad Street	_				Health System		
Philadelphia, PA 19140	Health Care	Pennsylvania	501(c)(3)	Line 9	Inc.		X
Episcopal Hospital - 23-1365351	_						
3509 N Broad Street					Temple University		
Philadelphia, PA 19140	Health Care	Pennsylvania	501(c)(3)	Line 11a, I	Hospital Inc.		X
American Oncologic Hospital - 23-1352156					Temple University		
3509 N Broad Street					Health System		
Philadelphia, PA 19140	Health Care	Pennsylvania	501(c)(3)	Line 3	Inc.		X
Institute for Cancer Research - 23-6296135					American		
3509 N Broad Street					Oncological		
Philadelphia, PA 19140	Health Care	Delaware	501(c)(3)	Line 4	Hospital		X
Fox Chase Cancer Medical Group - 45-4540585					American		
3509 N Broad Street					Oncological		
Philadelphia, PA 19140	Health Care	Pennsylvania	501(c)(3)	Line 3	Hospital		X
Fox Chase Network, Inc 23-2467337					American		
3509 N Broad Street					Oncological		
Philadelphia, PA 19140	Health Care	Pennsylvania	501(c)(3)	Line 11b, II	Hospital		X
	1						
	7						
	7						
	7						

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

(b)	(c)	(d)	(e)	(f)	(a)	(1	h)	(i)	(i)	(k)
Primary activity	Legal domicile (state or foreign				Share of end-of-year assets	Disprop alloca	ortionate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		
	country)		00000110 0 12 0 1 1)			res	NO	101 (FOITH 1005)	resin	
										<u> </u>
	(b) Primary activity	Primary activity Legal domicile (state or			Primary activity Legal domicile (state or foreign foreign Direct controlling entity Predominant income (related, unrelated, excluded from tax under income)			Co Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Share of total income Share of end-of-year assets Primary assets Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Primary ac	(b) Primary activity Col. Legal domicile (state or foreign country) (c) Legal moderation and processing country) (c) Legal domicile (state or foreign country) (c) Predominant income (related, unrelated, unrelated, under sections 512-514) (d) Predominant income (related, unrelated, unrelated, under sections 512-514) (ex) Predominant income (related, unrelated, unrelat	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp,	(f) Share of total income	(g) Share of end-of-year	(h) Percentage ownership	512(l	tion b)(13) rolled ity?
		country)		or trust)		assets			No
TUHS Insurance Company, Ltd - 98-1203189			Temple						
3509 N Broad Street - 9th Floor			University						
Philadelphia, PA 19140	Reinsurance	Bermuda	Health System						X
Fox Chase Ltd - 23-2396731			American						
3 Village Road - Suite 100			Oncologic						
Philadelphia, PA 19140	Health Care	PA	Hospital	C CORP					X
	_								
									
	-								
-									

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

X

Yes No

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

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

c Giff, granf, or capital contribution from related organization(s) d Loans or foan guarantees to ro related organization(s) e Loans or loan guarantees to ro related organization(s) f Dividends from related organization(s) g Sale of assets to related organization(s) f Dividends from related organization(s) g Sale of assets to related organization(s) i the Sale of sale of sale organization organization(s) i the Sale of sale of sale organization organization(s) i the Sale of sale of sale organization organization(s) i the Sale organization organization organization(s) i the Sale organization(s) i the Sale organization organization organization(s)	b	Gift, grant, or capital contribution to related organization(s)				1b		X				
1	С	c Gift, grant, or capital contribution from related organization(s)										
E Loans or loan guarantees by related organization(s) 1 Dividends from related organization(s) 2 Sale of assets to related organization(s) 3 Purchase of assets the related organization(s) 4 Purchase of assets the related organization(s) 4 Purchase of assets with related organization(s) 5 Lease of facilities, equipment, or other assets to related organization(s) 6 Lease of facilities, equipment, or other assets to related organization(s) 7 Performance of services or membership or fundraising solicitations for related organization(s) 8 Performance of services or membership or fundraising solicitations for related organization(s) 9 Performance of services or membership or fundraising solicitations by related organization(s) 9 Performance of services or membership or fundraising solicitations by related organization(s) 9 Performance of services or membership or fundraising solicitations by related organization(s) 10 Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 11 X 12 X 13 X 14 X 15 Performance of services or membership or fundraising solicitations by related organization(s) 15 X 16 Sharing of paid employees with related organization(s) 16 X 17 X 18 Performance of services or membership or fundraising solicitations by related organization(s) 19 Performance of services or membership or fundraising solicitations by related organization(s) 10 X 11 X 12 X 13 X 14 X 15 X 16 X 17 X 18 Performance of services or membership or fundraising solicitations by related organization(s) 10 X 11 X 12 X 13 X 14 X 15 X 16 X 17 X 18 Performance of services or membership or fundraising solicitations by related organization(s) 10 X 11 X 12 X 13 X 14 X 15 X 16 X 17 X 18 X 19 X 19 X 10 X 1												
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h Purchase of assets from related organization(s)	g	Sale of assets to related organization(s)				1 g						
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type (a·s) 1) 2) 3) 4) 5)												
1)		(a) Name of related organization	Transaction			volved						
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3) 4) 5) 5) 8) 8) 8) Schedule R (Form 990) 2014	2)											
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5) Schedule R (Form 990) 2014	4)											
6) Schedule R (Form 990) 2014	5)											
38 Schedule R (Form 990) 2014	6)											
	32163	08-14-14	38	I	Schedule	R (Forn	n 990)	2014				

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(e) Are all partners s 501(c)(3 orgs.? Yes N	(g) Share of end-of-year assets	Disprotionallocati	opor- ate ions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General managir partner Yes N	(k) or Percentage ownership

Schedule R	(Form 990) 2014	Temple	Health	System	Transport	Team,	Inc75-3084023	Page 5
Part VII	(Form 990) 2014 Supplemental Infor	mation						
	Provide additional informa	ation for respor	nses to questi	ons on Schedu	ule R (see instruction	ns).		
_								

	868 (Rev. 1-2014)					Page 2
	u are filing for an Additional (Not Automatic) 3-Month Ex					. ► X
	Only complete Part II if you have already been granted an			iled Form	8868.	
	u are filing for an Automatic 3-Month Extension, comple			ol /po or	aniaa naadaa	1
Part	II Additional (Not Automatic) 3-Month E	xtensio		•	•	
			Enter filer's		ng number, see	
Type o	r Name of exempt organization or other filer, see instru	ictions.		Employer	r identification n	umber (EIN) or
print	E Temple Health System Transpo		75-3084	023		
File by th due date		curity number (S				
filing you return. Se	3509 N Broad Street, No. 93	6		Social se	curity number (s	
instructio	ns. City, town or post office, state, and ZIP code. For a for Philadelphia, PA 19140	oreign add	Iress, see instructions.			
Entor t	he Return code for the return that this application is for (file	o a copara	to application for each return)			01
	<u> </u>	е а ѕерага				
Applic	ation	Return	Application			Return
ls For		Code	Is For			Code
Form 9	90 or Form 990-EZ	01				
Form 9	90-BL	02	Form 1041-A			08
Form 4	720 (individual)	03	Form 4720 (other than individual)			09
Form 9		04	Form 5227			10
	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	90-T (trust other than above)	06	Form 8870			12
STOP!	Do not complete Part II if you were not already granted Maricar Colling		natic 3-month extension on a prev	iously file	ed Form 8868.	
Tele	books are in the care of \blacktriangleright 2450 W. Hunting sphone No. \blacktriangleright 2157077855 e organization does not have an office or place of busines	s in the Ur	Fax No. ▶ited States, check this box			>
	is is for a Group Return, enter the organization's four digit	7				
box 🕨			ch a list with the names and EINs o	r all memb	ers the extension	n is for.
	request an additional 3-month extension of time until	<u>нау</u> ттт. 1	 , 2014 . and endin	TIIN	30, 201	5
	for calendar year, or other tax year beginningu f the tax year entered in line 5 is for less than 12 months, c Change in accounting period			Final r		<u> </u>
7 9	State in detail why you need the extension					
	Additional time is required to	o com	plete an accurate	retur	n	
_						
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8a l	f this application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less any			
r	onrefundable credits. See instructions.			8a	\$	0.
b I	f this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	y refundable credits and estimated			
t	ax payments made. Include any prior year overpayment al	lowed as a	a credit and any amount paid			
_	previously with Form 8868.			8b	\$	0.
c E	Balance due. Subtract line 8b from line 8a. Include your pa	ayment wit	h this form, if required, by using		-	
E	FTPS (Electronic Federal Tax Payment System). See instr			8c	\$	0.
	<u> </u>		st be completed for Part II	-		11 8 4
Under p it is true	enalties of perjury, I declare that I have examined this form, includ , correct, and complete, and that I am authorized to prepare this fo	orm.		o the best o	t my knowledge ai	nd beliet,
Signatu	re 🕨 Title 🕨	Vice :	President & CFO	Date		
					Fa 0000	(Day 1 0014)

Bureau of Charitable Organizations 207 North Office Building Harrisburg, Pennsylvania 17120

Telephone: (717) 783-1720 (800) 732-0999 (within PA only) Fax: (717) 783-6014 Website: www.dos.state.pa.us/charities

For Official Us	se Only
Approved: RF: AF: LF: Fee Received:	

Commonwealth of Pennsylvania Department of State

Charitable Organization Registration Statement - Form BCO-10

• •	3
Check if registering voluntarily (See note under "important information")	Certificate Number:(Renewals Only)
Fisc	al Year Ended: <u>06/30/2015</u>
Employer Iden	tification Number (EIN): 75-3084023
Legal name of organization: Temple H	ealth System Transport Team, Inc
Check if name change Previou	us name:
All other names used to solicit contribution	
Contact person:	
Contact's E-mail:	
Physical address of organization: (Required	
3509 N Broad Street, No. 93	6
City: Philadelphia	City:
State: <u>PA</u> ZIP code: <u>19140</u>	State: ZIP code:
County:	800 number:
Phone number: <u>215-707-6756</u>	Fax number:
E-mail (If different than Contact's E-mail):	
Website: http://t3.templeheal	th.org
Names, addresses, and telephone number subordinate units located in Pennsylvania	ers of all offices, chapters, branches, auxiliaries, affiliates, or othe a: (Attach separate sheet if necessary)

5.	_		_	Transporection 162.7(75-3084023 k section that describes organization	n:
		(1)	ctions. Volunte 162.7(a)(2) 162.7(a)(4)	eer registrants o	do not respo	_		
6.	List type of	organizat	ion _{(e.g. corpo}	oration, associa	ation, etc.)	:		
	Where estab	olished: _					Date established:**	
			•	of organizations rument, and by		ts such as o	charter, articles of incorporation,	
7.	Pennsylvani	a, includi	ng employee	es of the org	anization a	and profe	y person, for soliciting contributions essional solicitors? Yes \(\bigcap \) No \(\bigcap\$ raising counsel.)	
	•	, give dat	-	-	·		iting contributions from Pennsylvani	a
	It	tems 8 a	and 9 are r	equired to	be com	pleted b	oy initial registrants only	
8.	Date organiz	zation firs	st solicited c	ontributions	from Peni	nsylvania	residents:	
9.	\$25,000 duri date contrib	ng the fis outions fir	cal year cov st totaled m		registratio ,000.	on statem	_{ss} * contributions totaling more than nent, <u>or</u> during its current fiscal year	, give
10.	Has organiz		_	S tax-exemp				
	A. If "	Yes", und	ler which IR	S code section	on: <u>501(</u>	c)(3)		
		•		exempt status			l, revoked, or modified? Yes	No X
11.	Was the org				90 return a	and applic	cable schedules for its most recentl	у
		an IRS 99	0 return must f	ile a Pennsylva	-	-	990 return. An organization that is not orm BCO-23. This includes an	
12.	A clear desc such progra	-	•		or which c	ontribution	ons will be used, and a statement w	hether

13.	Temple Health System Transport Team, Inc Manner in which contributions are solicited (e.g. direct mail, telephone, internet, etc.) :	75-3084023
14.	Is organization registered to solicit contributions in any other state or municipality? (If "Yes", list all states and municipalities. Attach separate sheet if necessary.)	Yes No X
15.	Names, addresses, and telephone numbers of all professional solicitors you use or i contributions from Pennsylvania residents. For each entry, include the beginning an contracts, and dates Pennsylvania residents were first solicited, or will be solicited: necessary)	d ending dates of all
16.	Names, addresses, and telephone numbers of all professional fundraising counsels to provide services with respect to the solicitation of contributions from Pennsylvan entry, include the beginning and ending dates of all contracts, and dates services be respect to soliciting contributions from Pennsylvania residents: (Attach separate sheet in	iia residents <u>. For each</u> egan, or will begin, with
17.	Names, addresses, and telephone numbers of any commercial coventurers under corganization:	ontract with your

18.	Temple Health System Transport Team, Inc $75-3084023$ If you are a parent organization located in Pennsylvania, do you elect to file a combined registration covering all of your Pennsylvania affiliates? Yes \square No \square Not Applicable \square (See note under "important information")
	If "Yes", give all names and certificate numbers of your affiliate organizations: (For each affiliate whose parent organization files a Form IRS 990 group return, it must file a form BCO-23, in addition to filing a copy of the organization's Form IRS 990 return.)
10	Average Demonstration of the contraction which elected to file a combined verification on
19.	Are you a Pennsylvania affiliate of a parent organization, which elected to file a combined registration on your behalf? Yes No X (See note under "important information")
	If "Yes", provide the name and, if available, certificate # of your parent organization. (For each affiliate whose parent organization files a Form IRS 990 group return, it must file a form BCO-23, in addition to filing a copy of the organization's Form IRS 990 return.)
	(Legal name of parent organization) (Certificate #)
20.	Does your organization share contributions or other revenue with any other nonprofit corporation or unincorporated association? Yes \square No $\boxed{\mathbb{X}}$ (If "Yes", attach an explanation listing name, address, type of organization, and relationship to your organization.)
21.	Does your organization share formal governance with any other nonprofit corporation or unincorporated association? Yes No X (If "Yes", attach an explanation listing name, address, type of organization, and relationship to your organization.)
22.	Does any other domestic or foreign organization own a 10% or greater interest in your organization? Yes No X (If "Yes", attach the following information for each other domestic or foreign organization: name and type of organization, whether organization is for-profit or nonprofit, and relationship of organization to your organization.)
23.	Does your organization own a 10% or greater interest in any other domestic or foreign organization? Yes No X (If "Yes", attach the following information for each other domestic or foreign organization: name and type of organization, whether organization is for-profit or nonprofit, and relationship of organization to your organization.)
24.	Provide the names and addresses of all officers, directors, trustees, and principal salaried executive staff officers: (Attach separate sheet if necessary)
	See Statement 1

25. Names and addresses for: (Attach separate sheet if necessary)

		A .	Individual(s) in charge of solicitation activities:
		В.	Individual(s) with final responsibility for the custody of contributions:
		C.	Individual(s) with final responsibility for final distribution of contributions:
		D.	Individual(s) responsible for custody of financial records:
<u>?</u> 6.	resid	dend	nswer "Yes" to any of the following, attach a list of related individuals with names, business, and be addresses of related parties. Are any officers, directors, trustees, or employees related by blood, e, or adoption to:
		A.	Any other officer, director, trustee, or employee? Yes No X
		B.	Any officer, agent, or employee of any professional fundraising counsel or solicitor under contract with organization? Yes \square No $\boxed{\mathbb{X}}$
		C.	Any supplier or vendor providing goods or services? Yes No X
<u>?</u> 7.	and	сор	nswer "Yes" to any of the following, attach full written explanations, including reasons for actions, ies of all relevant documents. Has organization or any of its present officers, directors, executive el, trustees, employees, or fundraisers:
		A.	Been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions or are such proceedings pending in this or any other jurisdiction? Yes \square No \square
		В.	Had its registration or license to solicit contributions denied, suspended, or revoked by any governmental agency? Yes \square No \square
		C.	Entered into any legally enforceable agreement such as a consent agreement, an assurance of voluntary compliance or discontinuance with any district attorney, Office of Attorney General, or other local or state governmental agency? Yes \square No \square

unsworn falsifications pursuant to 18 PA. C.S. § 4904.	
Signature of Chief Fiscal Officer	Date
Robert H. Lux, Vice President & CFO	
Type or Print Name and Title of Chief Fiscal Officer	
	Date
Signature of Another Authorized Officer	
Type or Print Name and Title of Another Authorized Officer	
	Checklist
	Original Registration Statement Properly Signed and Dated A Copy of Form IRS 990 Return and Required Schedules Signed and Dated by an Authorized Officer Form BCO-23, if Required Applicable Financial Statements Registration Fee and any Late Filing Fees Additional Filings, if an Initial Registrant

I certify that the information provided in this registration, including all statements and documentation, is true and correct. I understand that the falsification of any statement or documentation is subject to criminal penalties for

Temple Health System Transport Team, Inc

75-3084023

Form BCO-10	Officers, Directors,	Trustees	and Executives	Statement	1
Name and Address			Title		
John Kastanis 3509 N Broad Stre Philadelphia, PA			President		
Name and Address			Title		
Robert Lux 3509 N Broad Stre Philadelphia, PA	•		Treasurer		
Name and Address			Title		
Dr. Ernest Yeh 3509 N Broad Stre Philadelphia, PA			Director		
Name and Address			Title		
James Wellons 3509 N Broad Stre Philadelphia, PA			Secretary		
Name and Address			Title		
Betty McAdams 3509 N Broad Stre Philadelphia, PA			Asst Secretary		

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to paper size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

CLIENT'S COPY

**** THIS IS NOT A FILEABLE COPY ***** IRS e-file Signature Authorization for an Exempt Organization For calendar year 2014, or fiscal year beginning JUL 1 . 2014, and ending JUN 30 .20 15

Form **8879-EO**

Department of the Treasury	Do not send to the IRS. Reep for your records.		
Internal Revenue Service Name of exempt organization	Information about Form 8879-EO and its instructions is at www.irs.gov/form88	379eo. I Employer	identification number
rumo or oxompt organization		Limpioyor	
Temple Health	System Transport Team, Inc	75-3	084023
Name and title of officer			
Robert H. Lux			
<u> Vice Presiden</u>			
Part I Type of I	Return and Return Information (Whole Dollars Only)		
on line 1a, 2a, 3a, 4a, or 5	rn for which you are using this Form 8879-EO and enter the applicable amount, if any, from the amount on that line for the return being filed with this form was blank, ank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable and the content of the cont	then leave	line 1b, 2b, 3b, 4b, or 5b,
1a Form 990 check here	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	8,016,063.
2a Form 990-EZ check he		2b	
3a Form 1120-POL check			
4a Form 990-PF check he			
5a Form 8868 check here	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	
Part II Declarat	ion and Signature Authorization of Officer		
(a) an acknowledgement of the date of any refund. If a debit) entry to the financia return, and the financial in: 1-888-353-4537 no later th processing of the electron payment. I have selected a	der, transmitter, or electronic return originator (ERO) to send the organization's return to if receipt or reason for rejection of the transmission, (b) the reason for any delay in proce applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an I institution account indicated in the tax preparation software for payment of the organizatiution to debit the entry to this account. To revoke a payment, I must contact the U.S. an 2 business days prior to the payment (settlement) date. I also authorize the financial ic payment of taxes to receive confidential information necessary to answer inquiries and a personal identification number (PIN) as my signature for the organization's electronic reflectronic funds withdrawal.	essing the residence of electronic for ation's federation's federations institutions described from the second	return or refund, and (c) funds withdrawal (direct eral taxes owed on this Financial Agent at involved in the sues related to the
		to ontor m	DIN
I authorize	ERO firm name	to enter m	Enter five numbers, b
	ENO IIIIII IIAIIIE		do not enter all zeros
is being filed wit	on the organization's tax year 2014 electronically filed return. If I have indicated within the a state agency(ies) regulating charities as part of the IRS Fed/State program, I also author the return's disclosure consent screen.		• •
indicated within	the organization, I will enter my PIN as my signature on the organization's tax year 2014 this return that a copy of the return is being filed with a state agency(ies) regulating character my PIN on the return's disclosure consent screen.		
Officer's signature **	*** THIS IS NOT A FILEABLE COPY *** Date > 02/	02/16	
Part III Certifica	tion and Authentication		
	your five-digit self-selected PIN. 23750012345 do not enter all zeros		
-	meric entry is my PIN, which is my signature on the 2014 electronically filed return for the ng this return in accordance with the requirements of Pub. 4163 , Modernized e-File (MeF ss Returns.	-	
ERO's signature	Date ▶		
	ERO Must Retain This Form - See Instructions		

Do Not Submit This Form To the IRS Unless Requested To Do So

Extended to May 16, 2016

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Inspection

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public.

Internal Revenue Service Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning JUL 1, 2014 and ending JUN 30, 2015

Open to Public

OMB No. 1545-0047

B CI	neck if	C Name of organization	•		D Em	ployer identific	cation number	
	Addre	S Temple Health Cyctem Tr	rangnort Team	Inc				
	Name					75-3	084023	
	chang	tial			O E Told	E Telephone number		
return		3509 N Broad Street	vereu to street address)	936	F F TER		707-6756	
	return/ termin ated		7ID or foreign postal code	750	G Gros	s receipts \$	8,016,063.	
	Amen				-	-		
	Jreturn]Applic					H(a) Is this a group return for subordinates? Yes X No		
	pendir	same as C above					ncluded? Yes No	
I T	ax-exe			or 52			list. (see instructions)	
		e: http://t3.templehealth		<u> </u>		roup exemption		
			sociation Other	L Yea			1 State of legal domicile: PA	
	rt I	Summary				, , ,	<u> </u>	
_	1	Briefly describe the organization's mission or most	significant activities: Air	and g	round	ltransp	ort of	
ğ		critically ill patients to	o and between m	edica	1 fac	ilities	•	
rua	2	Check this box if the organization discon	tinued its operations or dispo	sed of mo	re than 25	5% of its net as	ssets.	
8	3	Number of voting members of the governing body ((Part VI, line 1a)			3	4	
8	4	Number of independent voting members of the gov	erning body (Part VI, line 1b)				0	
es		Total number of individuals employed in calendar y					0	
Ĭ₹		Total number of volunteers (estimate if necessary) .					0	
Activities & Governance		Total unrelated business revenue from Part VIII, col					0.	
	b	Net unrelated business taxable income from Form 9	990-T, line 34	·····		7b	0.	
				<u> </u>		or Year	Current Year	
e l						00,000.	2,400,000.	
Revenue					5,2	231,592.	5,615,470.	
Re		Investment income (Part VIII, column (A), lines 3, 4,				2,629.	593.	
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			7 7	0. 34,221.	8,016,063.	
\dashv		Total revenue - add lines 8 through 11 (must equal			1,1	0.	0,010,003.	
		Grants and similar amounts paid (Part IX, column (A				0.	0.	
		Benefits paid to or for members (Part IX, column (A		- I		0.	0.	
ses		Salaries, other compensation, employee benefits (F				0.	0.	
Expenses		Professional fundraising fees (Part IX, column (A), li Total fundraising expenses (Part IX, column (D), line		0.		•	0.	
<u>~</u>		Other expenses (Part IX, column (A), lines 11a-11d,	· -		7.8	313,507.	8,159,879.	
		Total expenses. Add lines 13-17 (must equal Part I)				13,507.		
		Revenue less expenses. Subtract line 18 from line				79,286.	-143,816.	
Ses		nevertee tees experiess. Subtract line 18 from line				of Current Year	End of Year	
lanc	20	Total assets (Part X, line 16)				09,484.	1,217,680.	
Net Assets or Fund Balances		Total liabilities (Part X, line 26)			9	51,865.	1,204,035.	
Fee	22	Net assets or fund balances. Subtract line 21 from	line 20		1	.57,619.	13,645.	
Pa	rt II	Signature Block						
	•	Ities of perjury, I declare that I have examined this return,			-		y knowledge and belief, it is	
true,	correc	t, and complete. Declaration of preparer (other than office	r) is based on all information of w	hich prepar	er has any	knowledge.		
		Ciamakuma af affican				Data		
Sign		Signature of officer	11			Date		
Here	•	Robert H. Lux, Vice Pre	esident & CFO					
		Type or print name and title			Date	1	11 DTIN	
D-'-'		Print/Type preparer's name	Preparer's signature		Date	Check if	PTIN	
Paid		Figure 1- many				self-employe	ed	
Prep Use (Firm's name				Firm's EIN ▶		
USC (Unity	Firm's address				Dhone no		
May	the II	RS discuss this return with the preparer shown abo	vo2 (soo instructions)			Phone no.	Yes No	

Pai	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:
	Temple Transport Team serves as one component of TUHS's integrated
	health care delivery system. The mission of Temple Transport Team is
	to provide a flexible and all encompassing transport program
	coordinated via the comprehensive communications center (dispatch and
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? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 5,621,366. including grants of \$) (Revenue \$3,787,427.)
	Pursuant to its Articles of Incorporation, Temple Health System
	Transport Team, Inc. provides service to assure the timely transport of
	critically ill patients to and between acute care facilities providing
	patient care, particularly to hospitals that are Affiliates. For the
	fiscal year ended June 30, 2015 there were 7,624 transports of
	critically ill patients performed by Temple Transport Team.
4b	(Code:) (Expenses \$ 1,433,405 • including grants of \$) (Revenue \$ 1,828,043 •)
	The Temple Transport Team Comprehensive Communications Center was
	launched in February 2011 combining the functions of both T3 dispatch
	and Temple University Hospital Transfer Center into a unified command
	center. The Communications Center provides both inbound and outbound
	services to the affiliates. The focus of the Communications Center is
	to facilitate the timely communication between community physicians and
	Temple physicians leading to the transfer/transport of high acuity
	patients.
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 ► 7,054,771.
	Form 990 (2014)

2

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		v
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			Х
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		Х
6	similar amounts as defined in Revenue Procedure 98-19? <i>If</i> "Yes," complete Schedule C, Part III	5		21
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	•		
•	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in		v	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Λ	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1111		-21
ıza	Schedule D, Parts XI and XII	12a		Х
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	izu		
.,	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a		14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			7.7
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			3,7
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
00	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
<u> </u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Ħ
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·		24c		
a	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		\vdash
		24 0		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а		28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			Ħ
31	If "Yes," complete Schedule N, Part I	31		Х
20	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32				х
00	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			_V
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	l	7.7	
	Part V, line 1	34	Х	77
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2014) Temple Health System Transport Team, Inc 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					Ш
		1	0		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable					
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r			4.	X	
0-	(gambling) winnings to prize winners?	I		1c	22	
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns			2b		
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions			20		
3a				За		х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other					
	financial account in a foreign country (such as a bank account, securities account, or other financial		-	4a		x
b	If "Yes," enter the name of the foreign country:		,			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accoun	ts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	action?		5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he orga	anization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu		-			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se			7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	-		_		x
	to file Form 8282?			7с		
	If "Yes," indicate the number of Forms 8282 filed during the year		.+0	7.		Х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont If the organization received a contribution of qualified intellectual property, did the organization file F			71 7g		
g h	If the organization received a contribution of qualified intellectual property, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			/!!		
Ū	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а				9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
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:					
	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				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	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	ا يمد ا				
-	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c		1/1-		Х
	* * * * * * * * * * * * * * * * * * * *			14a 14b		<u> </u>
a	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e∪		140		<u> </u>

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
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	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Х
	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?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion 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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X 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, and	d finan	cial	
	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:			
	Maricar Collins - 2157077855			
	2450 W. Hunting Park Avenue, Philadelphia, PA 19129			

432007 11-07-14

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average		Position (do not check more than one box, unless person is both an officer and a director/trustee)			than		Reportable	Reportable	Estimated
	hours per week	offi				is bot or/trus	h an tee)	compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) John Kastanis	2.00	,,		,,				0	C75 C4C	10 277
President	48.00	X		Х	_			0.	675,646.	19,377
(2) James Wellons	2.00 48.00	.		x				0.	222 555	16 010
Secretary (3) Robert Lux	2.00	^		Δ				0.	222,555.	16,010
(3) Robert Lux Treasurer	48.00	y		x				0.	582,409.	79,562
(4) Dr. Ernest Yeh	2.00	<u> </u>	\vdash	<u> </u>				0.	302,403.	15,502
Director	48.00	x						0.	250,014.	36,975
(5) Betty McAdams	1.00							•		30,2.3
Asst Secretary	49.00			х				0.	102,195.	15,918
										_

Part VII Section A. Officers, Directors	, Trustees, Key Em	ploy	ees,	, and	d Hi	ghe	st C	ompensated Employe	es (continued)			
(A)	(B)			(C	C)			(D)	(E)		(F)	
Name and title	Average hours per week	box, offic	not cl	heck ss pe	ition more rson i irecto	than o	n an	Reportable compensation from	Reportable compensation from related	am	timate ount o	of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fro orga and	oensatom the anizati I relate nizatio	e on ed
1b Sub-total							>	0.	1,832,819.	16	7,84	
c Total from continuation sheets to F d Total (add lines 1b and 1c)							\	0.	0. 1,832,819.	165	7,84	0. 42.
2 Total number of individuals (including											, , ,	
compensation from the organization	=		11010	, a a		, wı	10 10	oolived more than proc	,,ooo or reportable			0
											Yes	No
	3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual							•	3		Х	
4 For any individual listed on line 1a, is	•							•	•			
and related organizations greater tha										4	Х	
• •	5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person							5		Х		
rendered to the organization? If "Yes," complete Schedule J for such person								5				

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Temple Physicians Inc., 3509 N. Broad		
Street, Philadelphia, PA 19140	Personnel	4,911,975.
American Medical Response		
430 N. 8th Street, Philadelphia, PA 19123	Vehicle/EMT Lease	676,787.
Falck Pennsylvania (Lifestar)		
P.O. Box 827299, Philadelphia, PA 19182	Vehicle/EMT Lease	451,178.
Temple University Health System, 3509 N.	Related Organization	
Broad Street, Philadelphia, PA 19140	Services	374,256.
Golden Hour Data Systems		
10052 Mesa Ridge Court, San Diego, CA 92121	Billing Agency	279,895.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	
\$100,000 of compensation from the organization > 5		

Pa	rt VII							
		Check if Schedule O cont	tains a response	or note to any lir	ne in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in lines Total. Add lines 1a-1f	1b 1c 1d 2 , tions) 1e 1ts, and 1f 1s 1a-1f: \$	400,000.	2,400,000.			
		Totall / (ad iii loo Ta Ti		Business Code				
Program Service Revenue	2 a b c	T3C3 Communicat		621910 621910	3,787,427. 1,828,043.	3,787,427. 1,828,043.		
ran eve	d							
rog	е							
_		All other program service reve			5,615,470 .			
$\overline{}$	<u>g</u> 3	Total. Add lines 2a-2f			5,015,470.			
	4	other similar amounts)	······)	593.			593.
	5	Royalties		>				
	6.2	Gross rents	(i) Real	(ii) Personal				
	b							
		Rental income or (loss)						
		Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)						
		Net gain or (loss)		D				
ηne	8 а	Gross income from fundraisin including \$						
Other Revenue		including \$contributions reported on line						
Ŗ.		Part IV, line 18	•					
the	b	Less: direct expenses						
١	С	Net income or (loss) from fund	draising events					
	9 a	Gross income from gaming ac	ctivities. See					
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam		D				
	ю а	Gross sales of inventory, less and allowances						
	b	Less: cost of goods sold						
		Net income or (loss) from sale						
		Miscellaneous Revenu		Business Code				
İ	11 a							
	b							
	С			ļ				
		All other revenue						
	e 12	Total. Add lines 11a-11d			8 016 063	5.615.470.	0 -	593.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). X Check if Schedule O contains a response or note to any line in this Part IX (D) (B) (C) (A) Do not include amounts reported on lines 6b, Program service expenses Total expenses Management and general expenses Fundraising expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 Payroll taxes 10 Fees for services (non-employees): 11 1,023,902. 1,023,902. a Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 4,885,102. 4,854,640. 30,462. column (A) amount, list line 11g expenses on Sch O.) 10,232. 43,232. 33,000. Advertising and promotion 12 240,582. 205,831. 34,751. Office expenses 13 14 Information technology 15 Royalties 155,700. 155,700. 16 Occupancy 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 5,761. 5,761. Interest 20 Payments to affiliates 21 6,992. 6,992. Depreciation, depletion, and amortization 22 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) Equipment and Vehicle L 1,224,891. 1,224,891. Bad Debt 523,312. 523,312. 26,513. 26,513. Service Maitnenance Con 23,892. 23,892. Insurance e All other expenses 8,159,879. 7,054,771. 1,105,108. 0. Total functional expenses. Add lines 1 through 24e 25 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 if following SOP 98-2 (ASC 958-720)

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or not	te to any	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			218,901.	1	426,607.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			639,316.	4	652,398
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation	ated em	ployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	1 4958(c	c)(3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 501	(c)(9) voluntary			
ts		employees' beneficiary organizations (see instr).		6			
Assets	7	Notes and loans receivable, net	Г		7		
₹	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges		12,379.	9	7,558	
	10a	Land, buildings, and equipment: cost or other	1 1				
		basis. Complete Part VI of Schedule D	10a	495,221.			
	b	Less: accumulated depreciation		482,738.	19,475.	10c	12,483
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		219,413.	15	118,634	
	16	Total assets. Add lines 1 through 15 (must equ		ı	1,109,484.	16	1,217,680
	17	Accounts payable and accrued expenses			212,445.	17	410,132
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
Se	22	Loans and other payables to current and former	r officers	s, directors, trustees,			
Ĕ∣		key employees, highest compensated employee	es, and	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
-	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate	d third p	oarties		24	
	25	Other liabilities (including federal income tax, pa	yables t	to related third			
		parties, and other liabilities not included on lines	17-24).	. Complete Part X of			
		Schedule D			739,420.	25	793,903.
	26	Total liabilities. Add lines 17 through 25			951,865.	26	1,204,035
		Organizations that follow SFAS 117 (ASC 958	3), checl	k here ▶ X and			
es		complete lines 27 through 29, and lines 33 an	ıd 34.				
auc	27	Unrestricted net assets			157,619.	27	13,645.
Bala	28	Temporarily restricted net assets		28			
l bu	29	Permanently restricted net assets		29			
Ī		Organizations that do not follow SFAS 117 (A	SC 958), check here 🕨 📖			
ō		and complete lines 30 through 34.					
iets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in			4 =	32	
~	33	Total net assets or fund balances		L	157,619.	33	13,645.
	34	Total liabilities and net assets/fund balances			1,109,484.	34	1,217,680.

Form **990** (2014)

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form 990 (2014)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

Employer identification number

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Temple Health System Transport Team, 75-3084023 Inc 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 11, 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.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of listed in your organization (described on lines 1-9 support (see other support (see governing document? above or IRC section Instructions) Instructions) Yes No (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						_
	ization'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.						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
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 instruction	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stor	here					> L
	ction C. Computation of Publ						
	Public support percentage for 2014 (14	<u>%</u>
	Public support percentage from 2013					15	%
16a	33 1/3% support test - 2014. If the o				14 is 33 1/3% or n	nore, check this bo	ox and
	stop here. The organization qualifies		-				▶□
b	33 1/3% support test - 2013. If the o	-					nis box
	and stop here. The organization qual						▶□
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac			-	•	_	
	meets the "facts-and-circumstances"	-	=		-		
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the						
	organization meets the "facts-and-circ		-	•			>
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instruction	s ▶∟

Schedule A (Form 990 or 990-EZ) 2014 Temple Health System Transport Team, Inc75-3084023 Page 3 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

	qualify under the tests listed b	elow, please comp	lete Part II.)					
	tion A. Public Support							
	ndar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not include any "unusual grants.")	2,416,548.	2,500,000.	2,291,667.	2,500,000.	2,400,000.	12,108,215.	
_		2,410,540.	2,300,000.	2,291,007.	2,300,000.	2,400,000.	12,100,213.	
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	2,945,558.	4,054,109.	4,448,107.	5,231,592.	5,615,470.	22,294,836.	
3	Gross receipts from activities that							
	are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ-							
	ization'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	5,362,106.	6,554,109.	6,739,774.	7,731,592.	8,015,470.	34,403,051.	
	Amounts included on lines 1, 2, and	, ,					· · ·	
	3 received from disqualified persons						0.	
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						0	
	amount on line 13 for the year						0.	
	Add lines 7a and 7b						<u>, , , , , , , , , , , , , , , , , , , </u>	
	Public support (Subtract line 7c from line 6.)						34,403,051.	
	ction B. Total Support							
	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	
	Amounts from line 6	5,362,106.	6,554,109.	6,739,774.	7,731,592.	8,015,470.	34,403,051.	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,814.	9,010.	4,398.	2,629.	593.	24,444.	
b	Unrelated business taxable income (less section 511 taxes) from businesses							
	acquired after June 30, 1975	F 014	0.010	4 200	0.600		04.44	
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	7,814.	9,010.	4,398.	2,629.	593.	24,444.	
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)	5,369,920.	6,563,119.	6,744,172.	7,734,221.	8,016,063.	34,427,495.	
	First five years. If the Form 990 is for	the organization's	first, second, third	l, fourth, or fifth ta	x year as a section	n 501(c)(3) organiz	ation,	
	check this box and stop here						. .	
Sec	tion C. Computation of Publ	ic Support Per	centage					
	Public support percentage for 2014 (I			olumn (f))		15	99.93 %	
16	Public support percentage from 2013	Schedule A, Part I	II, line 15			16	99.89 %	
	ction D. Computation of Inves							
17	Investment income percentage for 20	14 (line 10c, colum	ın (f) divided by line	e 13, column (f))		17	.07 %	
18	Investment income percentage from 2					18	.11 %	
19a	33 1/3% support tests - 2014. If the				-	3 1/3%, and line 1	7 is not	
	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 - 2013. If the line 18 is not more than 33 1/3%, che	organization did no	ot check a box on	line 14 or line 19a	and line 16 is mo	re than 33 1/3%, a	and	
20	Private foundation. If the organizatio							
			,			adula A /Farm 000		

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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 509(a)(1) or (2)? If "Yes," explain in *part VI* how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in **p**_{art VI} what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <code>part VI</code>, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
 - **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
 - c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	За		
	- Ou		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	iua		
	10b		
n 9	90 or 99	0-EZ)	2014

	dule A (Form 990 or 990-EZ) 2014 Temple Health System Transport Team, Inc75-30	8402	3 Pa	age 5
Pai	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b 11c		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. tion B. Type I Supporting Organizations	l IIC		
000	tion B. Type i Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		103	140
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. Type III Supporting Organizations			
			Yes	No
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, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard. tion E. Type III Functionally-Integrated Supporting Organizations	3		
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 inst	ructions	:)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2014 Temple Health System Transport Team, Inc75-3084023 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain Recoveries of prior-year distributions 2 2 Other gross income (see instructions) 3 4 Add lines 1 through 3 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b **c** Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 4 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 Enter 85% of line 1 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3

Schedule A (Form 990 or 990-EZ) 2014

5

Enter greater of line 2 or line 3

instructions).

Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

<u>4</u> 5

6

Schedule A (Form 990 or 990-EZ) 2014 Temple Health System Transport Team, Inc75-3084023 Page 7

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

Pai	Type III Non-Functionally Integrated 50	9(a)(3) Supporting Orga	anizations _(continued)	
Sect	ion D - Distributions		(Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exen			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organization	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is responsive)	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
		Excess Distributions	Underdistributions	Distributable
Sect	ion E - Distribution Allocations (see instructions)		Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7:			
а	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			

Schedule A (Form 990 or 990-EZ) 2014

any. Subtract lines 3g and 4a from line 2 (if amount

6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see

7 Excess distributions carryover to 2015. Add lines 3j

greater than zero, see instructions).

instructions).

d Excess from 2013e Excess from 2014

and 4c.

8 Breakdown of line 7:

a b

Schedule A	(Form 990 or 990-EZ) 2014 Temple Health System Transport Team, Inc75-3084023 Page 8 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

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

OMB No. 1545-0047

Name of the organization

Employer identification number

Temple Health System Transport Team, Inc

75-3084023

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization Employer identification number

Temple Health System Transport Team, Inc

75-3084023

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Temple University Health System 3509 N. Broad Street Philadelphia, PA 19140	\$\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
423452 11-0		\$Schedule B /Form	Person Payroll Noncash (Complete Part II for noncash contributions.)

Temple Health System Transport Team, Inc

75-3084023

Part II	Noncash Property (see instructions). Use duplicate copies of P	Part II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
			-
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u> </u>	
3453 11-05-	.		 990, 990-EZ, or 990-PF) (

Schedule B (Form 990, 990-EZ, or 990-PF) (2014) Page 4 Name of organization Employer identification number Temple Health System Transport Team, Inc | 75-3084023

Part III | Exclusively the year from any one contribution. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

Name of the organization

75-3084023 Temple Health System Transport Team,

Pai	rt I	Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	s or A	Accounts. Complete if the
		organization answered "Yes" to Form 990, Part IV, line	e 6.		
			(a) Donor advised funds	((b) Funds and other accounts
1	Total	number at end of year			
2		egate value of contributions to (during year)			
3	Aggre	egate value of grants from (during year)			
4		egate value at end of year			
5		ne organization inform all donors and donor advisors in v	writing that the assets held in donor advis	sed fun	nds
		ne organization's property, subject to the organization's	-		
6		ne organization inform all grantees, donors, and donor a			
		naritable purposes and not for the benefit of the donor o			
Pai		Conservation Easements. Complete if the org			
1		ose(s) of conservation easements held by the organization	· ·		
		Preservation of land for public use (e.g., recreation or e	`	torically	/ important land area
		Protection of natural habitat	Preservation of a cer		
		Preservation of open space			
2	Comi	plete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a co	onservation easement on the last
		of the tax year.		0, 0, 0	
	auy c	n tio tax your.			Held at the End of the Tax Year
а	Total	number of conservation easements			2a
h		acreage restricted by conservation easements			2b
~		per of conservation easements on a certified historic stru			2c
d		per of conservation easements included in (c) acquired a			20
u		in the National Register			2d
3		per of conservation easements modified, transferred, reli			
•	year		cased, extinguished, or terminated by th	c organ	nzation during the tax
4	•	 per of states where property subject to conservation eas	sement is located		
5		the organization have a written policy regarding the per			
•		ions, and enforcement of the conservation easements it			Yes No
6		and volunteer hours devoted to monitoring, inspecting,			
7		unt of expenses incurred in monitoring, inspecting, and e			
8		each conservation easement reported on line 2(d) abov			
•		section 170(h)(4)(B)(ii)?	•		
9		rt XIII, describe how the organization reports conservation			
9		de, if applicable, the text of the footnote to the organizat	-		
		ervation easements.	ion s illianciai statements that describes	i ii le Oi (gamzation's accounting for
Pai		Organizations Maintaining Collections of	f Art. Historical Treasures, or C)ther	Similar Assets.
		Complete if the organization answered "Yes" to Form			
1a	If the	organization elected, as permitted under SFAS 116 (AS		ment a	nd halance sheet works of art
		rical treasures, or other similar assets held for public exh			
		ext of the footnote to its financial statements that describ		21100 01	public service, provide, irr are xiii,
h		organization elected, as permitted under SFAS 116 (AS		nt and h	palance sheet works of art, historical
		ures, or other similar assets held for public exhibition, ec			
		ng to these items:	addation, or rescaron in furtherance of pe	ibile 30	i vice, provide the following amounts
		levenue included in Form 990, Part VIII, line 1			• •
2	٠,	organization received or held works of art, historical trea	acuros, or other similar assets for financia		
2				aı yalıl,	provide
_		ollowing amounts required to be reported under SFAS 1			• •
a		nue included in Form 990, Part VIII, line 1			. • \$ • \$
D	ASSE.	ts included in Form 990, Part X			. • Φ

		Health Sys								
Par	t III Organizations Maintaining C				-					
3	Using the organization's acquisition, access	ion, and other record	ds, check	any of the	following that ar	e a sign	ificant	use of its	collection	า items
	(check all that apply):									
а	Public exhibition	c	,	oan or exc	hange programs	3				
b	Scholarly research	e	• 🗀 0	Other						
С	Preservation for future generations									
4	Provide a description of the organization's c							ose in Par	t XIII.	
5	During the year, did the organization solicit of								7	
_	to be sold to raise funds rather than to be m								Yes	No_
Par	t IV Escrow and Custodial Arran	_	ete if the	organizatio	on answered "Ye	s" to Fo	rm 990	, Part IV, I	ine 9, or	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod		-						7	
	on Form 990, Part X?							L	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing ta	able:						
									Amount	
	Beginning balance						1c			
	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f		1	
	Did the organization include an amount on F					-	?	L	Yes	├─ No
	If "Yes," explain the arrangement in Part XIII									
Par	t V Endowment Funds. Complete	1								
		(a) Current year	(b) Pr	ior year	(c) Two years ba	ack (d)	Three y	ears back	(e) Four	years back
	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships				-					
е	Other expenditures for facilities									
	and programs									
	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1g	g, column (a	a)) held as:					
	Board designated or quasi-endowment		%							
	Permanent endowment	%								
С	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c show	•								
3a	Are there endowment funds not in the posse	ession of the organiz	ation that	t are held a	and administered	I for the	organiz	zation	г	
	by:									Yes No
	(i) unrelated organizations								3a(i)	
									3a(ii)	
	If "Yes" to 3a(ii), are the related organization								3b	
4	Describe in Part XIII the intended uses of the		owment f	unds.						
Pal	t VI Land, Buildings, and Equipm		. D- : ".	B			. 40			
	Complete if the organization answere							.		
	Description of property	(a) Cost or o				(c) Accu		ed	(d) Book	(value
		basis (investr	nent)	pasis	(other)	uepre	ciation			
	Land									
	Buildings									
	Leasehold improvements	400	221			// 0	2,7	30	1 ′	7 / 0 2
	Equipment		<u>~~</u> - •			40	4,1	20.		2,483.
	Other		V 0=1::::	m (D) !:== :	100)			_	1 ′	2,483.
ιoτal	. Add lines 1a through 1e. (Column (d) must e	quai Form 990, Part	. A, COIUM	тт (<i>в),</i> ппе	1 UC.)					, - 00.

Schedule D (Form 990) 2014

	dule D (Form 990) 2014 Temple Health System T			Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial St		nue per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, li			
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
a	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
С.	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
_	Add lines 2a through 2d		 	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	ا ما		
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)		40	
_	Add lines 4a and 4b			
5 Pai	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 rt XII Reconciliation of Expenses per Audited Financial S		-	
ıa	Complete if the organization answered "Yes" to Form 990, Part IV, li	=	enses per netum.	
1	Total expenses and losses per audited financial statements		1 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		······	
z a	Donated services and use of facilities	2a		
b	Prior year adjustments			
C	Other losses			
d	Other (Describe in Part XIII.)			
	Add lines 2a through 2d	· · · · · · · · · · · · · · · · · · ·	2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	•••••		
· a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
	Add lines 4a and 4b	<u></u>	4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line			
	rt XIII Supplemental Information.	- /		
ines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	any additional information.		

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

Temple Health System Transport Team, Inc **Employer identification number** 75-3084023

Pa	art I Questions Regarding Compensation							
			Yes	No				
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,							
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.							
	First-class or charter travel Housing allowance or residence for personal use							
	Travel for companions Payments for business use of personal residence							
	Tax indemnification and gross-up payments Health or social club dues or initiation fees							
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)							
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or							
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b						
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,							
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?							
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's							
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to							
	establish compensation of the CEO/Executive Director, but explain in Part III.							
	Compensation committee Written employment contract							
	Independent compensation consultant Compensation survey or study							
	Form 990 of other organizations Approval by the board or compensation committee							
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing							
	organization or a related organization:							
а	Receive a severance payment or change-of-control payment?	4a		Х				
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х				
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х				
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.							
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation							
	contingent on the revenues of:							
а	The organization?	5a		Х				
	Any related organization?	5b		Х				
	If "Yes" to line 5a or 5b, describe in Part III.							
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation							
	contingent on the net earnings of:							
а	The organization?	6a		Х				
b	Any related organization?	6b		Х				
	If "Yes" to line 6a or 6b, describe in Part III.							
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments							
	not described in lines 5 and 6? If "Yes," describe in Part III	7		Х				
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the							
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х				
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in							
	Regulations section 53.4958-6(c)?	9						

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

Schedule J (Form 990) 2014

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

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990
(1) John Kastanis	(i)	0.	0.	0.	0.	0.		0.
President	(ii)	614,446.	54,000.	7,200.	11,700.	7,677.	695,023.	0.
(2) James Wellons	(i)	0.	0.	0.	0.	0.	0.	0.
Secretary	(ii)	198,647.	12,031.	11,877.	9,075.	6,935.	238,565.	0.
(3) Robert Lux	(i)	0.	0.	0.	0.	0.	0.	0.
Treasurer	(ii)	459,322.	95,353.	27,734.	50,222.	29,340.	661,971.	0.
(4) Dr. Ernest Yeh	(i)	0.	0.	0.	0.	0.		0.
Director	(ii)	154,899.	0.	95,115.	16,315.	20,660.	286,989.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							<u> </u>

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 additional information.									

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

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

Temple Health System Transport Team, Inc.

Employer identification number 75-3084023

Form 990, Part III, Line 1, Description of Organization Mission: transfer center services).

Form 990, Part VI:

Line 15:

There is a compensation committee that reviews and approves all total compensation of executive / key personnel at Temple University Health System through an evaluation performed by an external compensation expert before the compensation is approved.

Form 990, Part VI, Section A, line 6:

The sole member of the organization is Temple University Health System, The member has the power to appoint and remove the organizations Board of Directors. The approval of the member is required for any of the following actions by the organization, (a) any dissolution or liquidation, (b) any merger, (c) any amendments to the Articles of Incorporation, (d) any amendments to the bylaws regarding the member, the number of directors, quorum or voting requirements, (e) the sale, pledge, lease (but only a lease from the organization of substantially all of the organizations real property), or transfer of the assets of the organization other than transactions ocurring in the ordinary course of business, (f) the adoption of the organizations annual capital and operating budgets, (g) the issuance or assumption of any indebtedness in excess of fifty thousand (\$50,000) and, (h) the execution of any contract providing for the management of the organization.

Name of the organization

Temple Health System Transport Team, Inc

Temployer identification number 75-3084023

Form 990, Part VI, Section A, line 7a:

Please refer to the response for question 6.

Form 990, Part VI, Section A, line 7b:

Please refer to the response for question 6.

Form 990, Part VI, Section B, line 11:

After review by management and outside tax counsel, the 990 and 990T (if any) are posted to the website of the Secretary's Office. Each Board member is contacted and provided with the web address. A Board member without internet access is provided a paper copy for review. The website and paper mailing have an overview of the 990 and 990T preparation process and internal reviews. Each Board member is asked to review the 990 and 990T within 2 weeks and contact the Chief Financial Officer with any questions.

Form 990, Part VI, Section B, Line 12c:

The Office of the Secretary provides each Director and Officer with copies of the Conflict of Interest Policy and a disclosure statement to be completed on an annual basis. The Office of the Secretary reviews the completed disclosure statements which are then reviewed in summary format by a committee of the Board of Directors and any recommended actions are presented to the full Board of Directors. In addition to completing the annual disclosure statement, directors and officers must disclose potential or actual conflicts on an ongoing basis as matters arise. All disclosures are evaluated and a determination of whether a conflict exists is made by the Board or a committee of the Board.

Name of the organization Temple Health System Transport Team, Inc	Employer identification number 75-3084023									
Form 990, Part VI, Section C, Line 19:										
The Unaudited Internal Financial Statements of Temple Uni	versity Health									
System and certain of its related organizations are distr	ributed and made									
available to the public at the end of each quarter per the Systems										
Continuing Disclosure Agreement (Series of 2012 Bond Issue) through Digital										
Assurance Corp (DAC), the Municipal Services Reporting Boards EMMA										
disclosure site and the Health Systems financial web site	. The Annual									
Audited Financial Statements are also released to the pub	olic in the same									
manner. To the extent required by applicable law, the or	ganization makes									
its governing documents available to the public upon requ	est.									
Form 990, Part IX, Line 11g, Other Fees:										
Salaries and Benefits Non Mgmt T3 Staff (TPI Employees	3):									
Program service expenses	4,221,949.									
Management and general expenses	0.									
Fundraising expenses	0.									
Total expenses	4,221,949.									
Purchased Services and Other Expenses:										
Program service expenses	632,691.									
Management and general expenses	30,462.									
Fundraising expenses	0.									
Total expenses	663,153.									
Total Other Fees on Form 990, Part IX, line 11g, Col A	4,885,102.									

SCHEDULE R (Form 990)

Part I

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

2014

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

Temple Health System Transport Team, Inc

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

Employer identification number 75-3084023

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controllin entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
Temple University of the Commonwealth System							
of Higher Ed - 23-1365971, 1330 W Berks							
Street, Philadelphia, PA 19122	Education	Pennsylvania	501(c)(3)	Line 2	N/A		Х
Temple University Health System - 23-2825881					Temple University		
3509 N Broad Street	1				of the		
Philadelphia, PA 19140	Health Care	Pennsylvania	501(c)(3)	Line 11a, I	Commonwealth		Х
Temple University Hospital, Inc					Temple University		
23-2825878, 3509 N Broad Street,	1				Health System		
Philadelphia, PA 19140	Health Care	Pennsylvania	501(c)(3)	Line 3	Inc.		Х
Temple University Health System Foundation -							
23-2916108, 3509 N Broad Street,	1				Temple University		
Philadelphia, PA 19140	Health Care	Pennsylvania	501(c)(3)	Line 11a, I	Hospital Inc.		Х

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

Schedule R (Form 990) 2014

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a)	(b)	(c)	(d)	(e)	(f)	Section 5	3) 512(b)(13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	contr	olled
of related organization		foreign country)	section	status (if section	entity	organiz	
				501(c)(3))		Yes	No
Jeanes Hospital - 23-2826045	_				Temple University		
3509 N Broad Street		L .		L	Health System		37
Philadelphia, PA 19140	Health Care	Pennsylvania	501(c)(3)	Line 3	Inc.		X
Jeanes Hospital Auxiliary - 23-1917776							
7600 Central Ave	<u> </u>	L .		L	L		37
Philadelphia, PA 19111	Health Care	Pennsylvania	501(c)(3)	Line 9	Jeanes Hospital		Х
Temple Physicians Inc - 23-2790607	_				Temple University		
3509 N Broad Street	_				Health System		
Philadelphia, PA 19140	Health Care	Pennsylvania	501(c)(3)	Line 9	Inc.		Х
Episcopal Hospital - 23-1365351							
3509 N Broad Street	_				Temple University		
Philadelphia, PA 19140	Health Care	Pennsylvania	501(c)(3)	Line 11a, I	Hospital Inc.		Х
American Oncologic Hospital - 23-1352156					Temple University		
3509 N Broad Street					Health System		
Philadelphia, PA 19140	Health Care	Pennsylvania	501(c)(3)	Line 3	Inc.		X
Institute for Cancer Research - 23-6296135					American		
3509 N Broad Street					Oncological		
Philadelphia, PA 19140	Health Care	Delaware	501(c)(3)	Line 4	Hospital		Х
Fox Chase Cancer Medical Group - 45-4540585					American		
3509 N Broad Street					Oncological		
Philadelphia, PA 19140	Health Care	Pennsylvania	501(c)(3)	Line 3	Hospital		X
Fox Chase Network, Inc 23-2467337					American		
3509 N Broad Street					Oncological		
Philadelphia, PA 19140	Health Care	Pennsylvania	501(c)(3)	Line 11b, II	Hospital		X
	1						
	7						
	7						
	7						

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)		Predominant income (related, unrelated, excluded from tax under sections 512-514)		Share of end-of-year assets	Disprop alloca	ortionate tions?	Code V-UBI amount in box 20 of Schedule			
		country)		00000110 0 12 0 1 1)			res	NO	101 (FOITH 1005)	resin)	
-												
	1											
											 	
-	1											
	1											
	1											

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp,	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(l	tion b)(13) rolled ity?
		country)		or trust)				No	
TUHS Insurance Company, Ltd - 98-1203189			Temple						
3509 N Broad Street - 9th Floor			University						
Philadelphia, PA 19140	Reinsurance	Bermuda	Health System						X
Fox Chase Ltd - 23-2396731			American						
3 Village Road - Suite 100			Oncologic						
Philadelphia, PA 19140	Health Care	PA	Hospital	C CORP					X
	_								
									
	-								
-	_								

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

X

Yes No

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

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)				1b		_X_	
С	Gift, grant, or capital contribution from related organization(s)				1c	X		
	Loans or loan guarantees to or for related organization(s)				1d		X	
	Loans or loan guarantees by related organization(s)				1e		X	
f	Dividends from related organization(s)				1f		X	
g	Sale of assets to related organization(s)				1g		X	
h	Purchase of assets from related organization(s)				1h		X	
i	Exchange of assets with related organization(s)				1i		X	
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X	
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	Х		
	Performance of services or membership or fundraising solicitations for related organization				11		X	
	Performance of services or membership or fundraising solicitations by related organization				1m	Х		
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		X	
o Sharing of paid employees with related organization(s)								
						37		
р	Reimbursement paid to related organization(s) for expenses				1 p	Х	37	
q	Reimbursement paid by related organization(s) for expenses				1q		X	
r	Other transfer of cash or property to related organization(s)				1r		Х	
s	Other transfer of cash or property from related organization(s)				1s		X	
	If the answer to any of the above is "Yes," see the instructions for information on who mu				1			
		(b) ransaction type (a-s)	(c) Amount involved	(d) Method of determining amount in	olved/			
1)								
2)								
3)								
4)								
5)								
6)								
32163	8 08-14-14	38		Schedule	R (Forn	n 990)	2014	

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(e) Are all partners s 501(c)(3 orgs.? Yes N	(g) Share of end-of-year assets	Disprotionallocati	opor- ate ions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General managir partner Yes N	(k) or Percentage ownership

Schedule R	(Form 990) 2014	Temple	Health	System	Transport	Team,	Inc75-3084023	Page 5
Part VII	(Form 990) 2014 Supplemental Infor	mation						
	Provide additional informa	ation for respor	nses to questio	ons on Schedu	ule R (see instruction	ıs).		
_								

	868 (Rev. 1-2014)					Page 2		
	u are filing for an Additional (Not Automatic) 3-Month Ex					. ► X		
	Only complete Part II if you have already been granted an			iled Form	8868.			
	u are filing for an Automatic 3-Month Extension, comple			ol /po or	aniaa naadaa	1		
Part	II Additional (Not Automatic) 3-Month E	xtensio		•	•			
			Enter filer's		ng number, see			
Type o	r Name of exempt organization or other filer, see instru	ictions.		Employer	r identification n	umber (EIN) or		
print	E Temple Health System Transpo	ort T	eam Inc		75-3084	023		
File by th due date				Social co	Social security number (SSN)			
filing you return. Se	3509 N Broad Street, No. 93	Social se	curity number (s					
instructio	ns. City, town or post office, state, and ZIP code. For a for Philadelphia, PA 19140	oreign add	Iress, see instructions.					
Entor t	he Return code for the return that this application is for (file	o a copara	to application for each return)			01		
	<u> </u>	е а ѕерага						
Application Return Application Retu								
ls For		Code	Is For			Code		
Form 9	90 or Form 990-EZ	01						
Form 9	90-BL	02	Form 1041-A			08		
Form 4	720 (individual)	03	Form 4720 (other than individual)			09		
Form 9		04	Form 5227			10		
	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
	90-T (trust other than above)	06	Form 8870			12		
STOP!	Do not complete Part II if you were not already granted Maricar Colling		natic 3-month extension on a prev	iously file	ed Form 8868.			
Tele	books are in the care of \blacktriangleright 2450 W. Hunting sphone No. \blacktriangleright 2157077855 e organization does not have an office or place of busines	s in the Ur	Fax No. ▶ited States, check this box			>		
	is is for a Group Return, enter the organization's four digit	7						
box 🕨			ich a list with the names and EINs o	r all memb	ers the extension	n is for.		
	request an additional 3-month extension of time until	<u>нау</u> ттт. 1	 , 2014 . and endin	TIIN	30, 201	5		
	for calendar year, or other tax year beginningu f the tax year entered in line 5 is for less than 12 months, c Change in accounting period			Final r		<u> </u>		
7 9	State in detail why you need the extension							
	Additional time is required to	o com	plete an accurate	retur	n			
_								
-								
-								
-								
8a l	f this application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less any					
r	onrefundable credits. See instructions.			8a	\$	0.		
b I	f this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	y refundable credits and estimated					
t	ax payments made. Include any prior year overpayment al	lowed as a	a credit and any amount paid					
_	previously with Form 8868.			8b	\$	0.		
c E	Balance due. Subtract line 8b from line 8a. Include your pa	ayment wit	h this form, if required, by using		-			
E	FTPS (Electronic Federal Tax Payment System). See instr			8c	\$	0.		
	<u> </u>		st be completed for Part II	-		11 8 4		
Under p it is true	enalties of perjury, I declare that I have examined this form, includ , correct, and complete, and that I am authorized to prepare this fo	orm.		o the best o	t my knowledge ai	nd beliet,		
Signatu	re 🕨 Title 🕨	Vice :	President & CFO	Date				
					F 0000	(Day 1 0014)		

Bureau of Charitable Organizations 207 North Office Building Harrisburg, Pennsylvania 17120

Telephone: (717) 783-1720 (800) 732-0999 (within PA only) Fax: (717) 783-6014 Website: www.dos.state.pa.us/charities

For Official Use Only					
Approved: RF: AF: LF: Fee Received:					

Commonwealth of Pennsylvania Department of State

Charitable Organization Registration Statement - Form BCO-10

• •	3
Check if registering voluntarily (See note under "important information")	Certificate Number:(Renewals Only)
Fisc	al Year Ended: <u>06/30/2015</u>
Employer Iden	tification Number (EIN): 75-3084023
Legal name of organization: Temple H	ealth System Transport Team, Inc
Check if name change Previou	us name:
All other names used to solicit contribution	
Contact person:	
Contact's E-mail:	
Physical address of organization: (Required	
3509 N Broad Street, No. 93	6
City: Philadelphia	City:
State: <u>PA</u> ZIP code: <u>19140</u>	State: ZIP code:
County:	800 number:
Phone number: <u>215-707-6756</u>	Fax number:
E-mail (If different than Contact's E-mail):	
Website: http://t3.templeheal	th.org
Names, addresses, and telephone number subordinate units located in Pennsylvania	ers of all offices, chapters, branches, auxiliaries, affiliates, or othe a: (Attach separate sheet if necessary)

5.	_		_	Transporection 162.7(75-3084023 k section that describes organization	n:
		(1)	ctions. Volunte 162.7(a)(2) 162.7(a)(4)	eer registrants o	do not respo	_		
6.	List type of	organizat	ion _{(e.g. corpo}	oration, associa	ation, etc.)	:		
	Where estab	olished: _					Date established:**	
			•	of organizations rument, and by		ts such as o	charter, articles of incorporation,	
7.	Pennsylvani	a, includi	ng employee	es of the org	anization a	and profe	y person, for soliciting contributions essional solicitors? Yes \(\bigcap \) No \(\bigcap\$ raising counsel.)	
	•	, give dat	-	-	·		iting contributions from Pennsylvani	a
	It	tems 8 a	and 9 are r	equired to	be com	pleted b	oy initial registrants only	
8.	Date organiz	zation firs	st solicited c	ontributions	from Peni	nsylvania	residents:	
9.	\$25,000 duri date contrib	ng the fis outions fir	cal year cov st totaled m		registratio ,000.	on statem	_{ss} * contributions totaling more than nent, <u>or</u> during its current fiscal year	, give
10.	Has organiz		_	S tax-exemp				
	A. If "	Yes", und	ler which IR	S code section	on: <u>501(</u>	c)(3)		
		•		exempt status			l, revoked, or modified? Yes	No X
11.	Was the org				90 return a	and applic	cable schedules for its most recentl	у
		an IRS 99	0 return must f	ile a Pennsylva	-	-	990 return. An organization that is not orm BCO-23. This includes an	
12.	A clear desc such progra	-	•		or which c	ontribution	ons will be used, and a statement w	hether

13.	Temple Health System Transport Team, Inc Manner in which contributions are solicited (e.g. direct mail, telephone, internet, etc.) :	75-3084023
14.	Is organization registered to solicit contributions in any other state or municipality? (If "Yes", list all states and municipalities. Attach separate sheet if necessary.)	Yes No X
15.	Names, addresses, and telephone numbers of all professional solicitors you use or i contributions from Pennsylvania residents. For each entry, include the beginning an contracts, and dates Pennsylvania residents were first solicited, or will be solicited: necessary)	d ending dates of all
16.	Names, addresses, and telephone numbers of all professional fundraising counsels to provide services with respect to the solicitation of contributions from Pennsylvan entry, include the beginning and ending dates of all contracts, and dates services be respect to soliciting contributions from Pennsylvania residents: (Attach separate sheet in	iia residents <u>. For each</u> egan, or will begin, with
17.	Names, addresses, and telephone numbers of any commercial coventurers under corganization:	ontract with your

18.	Temple Health System Transport Team, Inc $75-3084023$ If you are a parent organization located in Pennsylvania, do you elect to file a combined registration covering all of your Pennsylvania affiliates? Yes \square No \square Not Applicable \square (See note under "important information")
	If "Yes", give all names and certificate numbers of your affiliate organizations: (For each affiliate whose parent organization files a Form IRS 990 group return, it must file a form BCO-23, in addition to filing a copy of the organization's Form IRS 990 return.)
10	Average Demonstration of the contraction which elected to file a combined verification on
19.	Are you a Pennsylvania affiliate of a parent organization, which elected to file a combined registration on your behalf? Yes No X (See note under "important information")
	If "Yes", provide the name and, if available, certificate # of your parent organization. (For each affiliate whose parent organization files a Form IRS 990 group return, it must file a form BCO-23, in addition to filing a copy of the organization's Form IRS 990 return.)
	(Legal name of parent organization) (Certificate #)
20.	Does your organization share contributions or other revenue with any other nonprofit corporation or unincorporated association? Yes \square No $\boxed{\mathbb{X}}$ (If "Yes", attach an explanation listing name, address, type of organization, and relationship to your organization.)
21.	Does your organization share formal governance with any other nonprofit corporation or unincorporated association? Yes No X (If "Yes", attach an explanation listing name, address, type of organization, and relationship to your organization.)
22.	Does any other domestic or foreign organization own a 10% or greater interest in your organization? Yes No X (If "Yes", attach the following information for each other domestic or foreign organization: name and type of organization, whether organization is for-profit or nonprofit, and relationship of organization to your organization.)
23.	Does your organization own a 10% or greater interest in any other domestic or foreign organization? Yes No X (If "Yes", attach the following information for each other domestic or foreign organization: name and type of organization, whether organization is for-profit or nonprofit, and relationship of organization to your organization.)
24.	Provide the names and addresses of all officers, directors, trustees, and principal salaried executive staff officers: (Attach separate sheet if necessary)
	See Statement 1

25. Names and addresses for: (Attach separate sheet if necessary)

		A .	Individual(s) in charge of solicitation activities:
		В.	Individual(s) with final responsibility for the custody of contributions:
		C.	Individual(s) with final responsibility for final distribution of contributions:
		D.	Individual(s) responsible for custody of financial records:
<u>?</u> 6.	resid	dend	nswer "Yes" to any of the following, attach a list of related individuals with names, business, and be addresses of related parties. Are any officers, directors, trustees, or employees related by blood, e, or adoption to:
		A.	Any other officer, director, trustee, or employee? Yes No X
		B.	Any officer, agent, or employee of any professional fundraising counsel or solicitor under contract with organization? Yes \square No $\boxed{\mathbb{X}}$
		C.	Any supplier or vendor providing goods or services? Yes No X
<u>?</u> 7.	and	сор	nswer "Yes" to any of the following, attach full written explanations, including reasons for actions, ies of all relevant documents. Has organization or any of its present officers, directors, executive el, trustees, employees, or fundraisers:
		A.	Been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions or are such proceedings pending in this or any other jurisdiction? Yes \square No \square
		В.	Had its registration or license to solicit contributions denied, suspended, or revoked by any governmental agency? Yes \square No \square
		C.	Entered into any legally enforceable agreement such as a consent agreement, an assurance of voluntary compliance or discontinuance with any district attorney, Office of Attorney General, or other local or state governmental agency? Yes \square No \square

unsworn falsifications pursuant to 18 PA. C.S. § 4904.	
Signature of Chief Fiscal Officer	Date
Robert H. Lux, Vice President & CFO	
Type or Print Name and Title of Chief Fiscal Officer	
	Date
Signature of Another Authorized Officer	
Type or Print Name and Title of Another Authorized Officer	
	Checklist
	Original Registration Statement Properly Signed and Dated A Copy of Form IRS 990 Return and Required Schedules Signed and Dated by an Authorized Officer Form BCO-23, if Required Applicable Financial Statements Registration Fee and any Late Filing Fees Additional Filings, if an Initial Registrant

I certify that the information provided in this registration, including all statements and documentation, is true and correct. I understand that the falsification of any statement or documentation is subject to criminal penalties for

Temple Health System Transport Team, Inc

75-3084023

Form BCO-10	Officers, Directors,	Trustees	and Executives	Statement	1
Name and Address			Title		
John Kastanis 3509 N Broad Stre Philadelphia, PA			President		
Name and Address			Title		
Robert Lux 3509 N Broad Stre Philadelphia, PA	•		Treasurer		
Name and Address			Title		
Dr. Ernest Yeh 3509 N Broad Stre Philadelphia, PA			Director		
Name and Address			Title		
James Wellons 3509 N Broad Stre Philadelphia, PA			Secretary		
Name and Address			Title		
Betty McAdams 3509 N Broad Stre Philadelphia, PA			Asst Secretary		

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to paper size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

GOVERNMENT COPY

**** THIS IS NOT A FILEABLE COPY ***** IRS e-file Signature Authorization for an Exempt Organization For calendar year 2014, or fiscal year beginning JUL 1 . 2014, and ending JUN 30 .20 15

Form **8879-EO**

Department of the Treasury	Do not send to the IRS. Reep for your records.		
Internal Revenue Service Name of exempt organization	Information about Form 8879-EO and its instructions is at www.irs.gov/form88	379eo. I Employer	identification number
rumo or oxompt organization		Limpioyor	
Temple Health	System Transport Team, Inc	75-3	084023
Name and title of officer			
Robert H. Lux			
<u> Vice Presiden</u>			
Part I Type of I	Return and Return Information (Whole Dollars Only)		
on line 1a, 2a, 3a, 4a, or 5	rn for which you are using this Form 8879-EO and enter the applicable amount, if any, from a, below, and the amount on that line for the return being filed with this form was blank, ank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable and the content of the conte	then leave	line 1b, 2b, 3b, 4b, or 5b,
1a Form 990 check here	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	8,016,063.
2a Form 990-EZ check he		2b	
3a Form 1120-POL check			
4a Form 990-PF check he			
5a Form 8868 check here	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	
Part II Declarat	ion and Signature Authorization of Officer		
(a) an acknowledgement of the date of any refund. If a debit) entry to the financia return, and the financial in 1-888-353-4537 no later th processing of the electron payment. I have selected a	der, transmitter, or electronic return originator (ERO) to send the organization's return to if receipt or reason for rejection of the transmission, (b) the reason for any delay in proce applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an I institution account indicated in the tax preparation software for payment of the organizatiution to debit the entry to this account. To revoke a payment, I must contact the U.S. an 2 business days prior to the payment (settlement) date. I also authorize the financial ic payment of taxes to receive confidential information necessary to answer inquiries and a personal identification number (PIN) as my signature for the organization's electronic reflectronic funds withdrawal.	essing the residence of electronic for ation's federation's federations institutions described from the second	return or refund, and (c) funds withdrawal (direct eral taxes owed on this Financial Agent at involved in the sues related to the
		to ontor m	DIN
I authorize	ERO firm name	to enter m	Enter five numbers, b
	ENO IIIIII IIAIIIE		do not enter all zeros
is being filed wit	on the organization's tax year 2014 electronically filed return. If I have indicated within the a state agency(ies) regulating charities as part of the IRS Fed/State program, I also author the return's disclosure consent screen.		• •
indicated within	the organization, I will enter my PIN as my signature on the organization's tax year 2014 this return that a copy of the return is being filed with a state agency(ies) regulating character my PIN on the return's disclosure consent screen.		
Officer's signature **	*** THIS IS NOT A FILEABLE COPY *** Date > 02/	02/16	
Part III Certifica	tion and Authentication		
	your five-digit self-selected PIN. 23750012345 do not enter all zeros		
-	meric entry is my PIN, which is my signature on the 2014 electronically filed return for the ng this return in accordance with the requirements of Pub. 4163 , Modernized e-File (MeF ss Returns.	-	
ERO's signature	Date ▶		
	ERO Must Retain This Form - See Instructions		

Do Not Submit This Form To the IRS Unless Requested To Do So

Extended to May 16, 2016

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public

OMB No. 1545-0047

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public.

Internal Revenue Service Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning JUL 1, 2014 and ending JUN 30, 2015

Inspection

B	Check if	C Name of organization	•		D Emplo	yer identifica	ation number	
	Addres		rangnort Team	Tna				
H	□Name		tansport ream,	1110	┥	75-30	84023	
H	change _Initial	Doing business as Number and street (or P.0. box if mail is not delivered)	uared to etreet address)	Room/suite	D F Talamb	75-3084023 E Telephone number		
H	return _Final	3509 N Broad Street	vered to street address)	936	e LE reiepr		07-6756	
	☐return/ termin		7ID au fausieus e antal an da	750	C (""		8,016,063.	
	ated Amend	City or town, state or province, country, and a Philadelphia, PA 1914			-	G Gross receipts \$ 8,016,063. H(a) Is this a group return		
	⊒return ∏Applic	_					um □Yes X No	
	⊥ltión pendir	same as C above	erc n. nux					
_	F-11 -11		◀ (insert no.) 4947(a)(1)	or 52	-1 ''	H(b) Are all subordinates included? Yes No If "No," attach a list. (see instructions)		
				101 32	-			
J Website: ▶ http://t3.templehealth.org K Form of organization: X Corporation Trust Association Other ▶ L Year of formation: 2002 M State of le								
K Form of organization: X Corporation Trust Association Other ► L Year of formation: 2002 M State of legal domicile: Part Summary							State of legal doffliche. 1 21	
		Briefly describe the organization's mission or most	significant activities: Air	and o	round	transpo	rt of	
Activities & Governance	'	critically ill patients to	and between m	edica	1 faci	lities.		
nar		Check this box if the organization discon					ets	
Ver	1	Number of voting members of the governing body (1 1	4	
ලි	1						0	
ფ			umber of independent voting members of the governing body (Part VI, line 1b) otal number of individuals employed in calendar year 2014 (Part V, line 2a)					
ij		Total number of volunteers (estimate if necessary)				0		
흕		Total unrelated business revenue from Part VIII, col					0.	
ĕ		Net unrelated business taxable income from Form 9					0.	
-		Net difference beariness taxable income from Form	550 1, 11110 04		Prior \		Current Year	
Revenue	8	Contributions and grants (Part VIII, line 1h)				0,000.	2,400,000.	
		Program service revenue (Part VIII, line 2g)				1,592.	5,615,470.	
		Investment income (Part VIII, column (A), lines 3, 4,				2,629.	593.	
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			0.	0.		
		Total revenue - add lines 8 through 11 (must equal			7,73	8,016,063.		
	_	Grants and similar amounts paid (Part IX, column (A			<u> </u>	0.	0.	
	1	Benefits paid to or for members (Part IX, column (A			0.			
S	1	Salaries, other compensation, employee benefits (F				0.		
Expenses		Professional fundraising fees (Part IX, column (A), li				0.	0.	
<u>B</u>		Total fundraising expenses (Part IX, column (D), line		0.				
ш		Other expenses (Part IX, column (A), lines 11a-11d,			7,81	3,507.	8,159,879.	
		Total expenses. Add lines 13-17 (must equal Part I)				3,507.	8,159,879.	
		Revenue less expenses. Subtract line 18 from line			-7	9,286.	-143,816.	
or		·			eginning of C	Current Year	End of Year	
sets	20	Total assets (Part X, line 16)				9,484.	1,217,680.	
ASS	21	Total liabilities (Part X, line 26)			95	1,865.	1,204,035.	
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from	line 20		15	7,619.	13,645.	
	art II	Signature Block						
Und	er pena	lties of perjury, I declare that I have examined this return,	including accompanying schedul	es and stater	ments, and to	the best of my l	knowledge and belief, it is	
true	, correc	t, and complete. Declaration of preparer (other than office	r) is based on all information of w	hich prepare	er has any kno	owledge.		
Sig	n	Signature of officer			D	ate		
Her	е	Robert H. Lux, Vice Pre	esident & CFO					
		Type or print name and title			Data		T. DTIN	
_		Print/Type preparer's name	Preparer's signature		Date	Check] PTIN	
Paid						self-employed		
	parer	Firm's name			F	irm's EIN 🛌		
Use	Only	Firm's address						
_			0/ 1 : :: :		[P	hone no.		
May	/ the IF	RS discuss this return with the preparer shown about	vez (see instructions)				Yes No	

Par	till 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:
	Temple Transport Team serves as one component of TUHS's integrated
	health care delivery system. The mission of Temple Transport Team is
	to provide a flexible and all encompassing transport program
	coordinated via the comprehensive communications center (dispatch and
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ? Yes X No
_	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$ 5,621,366 • including grants of \$) (Revenue \$ 3,787,427 •)
4a	(Code:) (Expenses \$5,621,366. including grants of \$) (Revenue \$3,787,427.) Pursuant to its Articles of Incorporation, Temple Health System
	Transport Team, Inc. provides service to assure the timely transport of
	critically ill patients to and between acute care facilities providing
	patient care, particularly to hospitals that are Affiliates. For the
	fiscal year ended June 30, 2015 there were 7,624 transports of
	critically ill patients performed by Temple Transport Team.
	critically iii patients periormed by rempte transport ream.
41-	(Code:) (Expenses \$ 1,433,405 • including grants of \$) (Revenue \$ 1,828,043 •)
4b	(Code:) (Expenses \$1, 433, 405 or including grants of \$) (Revenue \$1, 828, 043 or or or or or or or or or or or or or
	launched in February 2011 combining the functions of both T3 dispatch
	and Temple University Hospital Transfer Center into a unified command
	center. The Communications Center provides both inbound and outbound
	services to the affiliates. The focus of the Communications Center is
	to facilitate the timely communication between community physicians and
	Temple physicians leading to the transfer/transport of high acuity
	patients.
	<u>pacienes.</u>
4c	(Code:) (Expenses \$
-10	(code) (Lixherises #
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 7,054,771.
	Form 990 (2014)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			Х
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		Х
6	similar amounts as defined in Revenue Procedure 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		21
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	•		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	•		
•	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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	444	Х	
^	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's stability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	, 1 , , ,	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			٦,
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			х
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Λ
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		
"	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
.5	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
			200	

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Ħ
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·		24c		
a	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		\vdash
		240		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			7.7
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			l
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
34		34	х	
250				X
35a	, , , , , , , , , , , , , , , , , , , ,	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	٥٠.		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		-
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			77
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2014) Temple Health System Transport Team, Inc 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					
		1	0		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable					
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r			4.	Х	
0-	(gambling) winnings to prize winners?	I		1c		
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns			2b		
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions			ZU		
3a				За		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other					
	financial account in a foreign country (such as a bank account, securities account, or other financial		-	4a		х
b	If "Yes," enter the name of the foreign country:		, , , , , , , , , , , , , , , , , , ,			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accoun	ts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to					
	any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions o	r gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se			7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	-				7.7
	to file Form 8282?			7с		Х
	If "Yes," indicate the number of Forms 8282 filed during the year		10	_		Х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file F If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7g 7h		
h 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			711		
Ü	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а				9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
	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				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
_	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	ا يور ا				
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c		4.6 -		X
	* * * * * * * * * * * * * * * * * * * *			14a		
d	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e∪		14b		L

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

	Check if Schedule O contains a response or note to any line in this Part VI			X				
Sec	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year							
	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	b Enter the number of voting members included in line 1a, above, who are independent 1b 0							
2	2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?	2		X				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х				
6	Did the organization have members or stockholders?	6	Х					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
	more members of the governing body?	7a	Х					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
	persons other than the governing body?	7b	Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	Х					
b	Each committee with authority to act on behalf of the governing body?	8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х					
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	12a	Х					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	in Schedule O how this was done	12c	X					
13	Did the organization have a written whistleblower policy?	13	Х					
14	Did the organization have a written document retention and destruction policy?	14	Х					
15	Did the process for determining compensation of the following persons include a review and approval by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a		X				
b	Other officers or key employees of the organization	15b		X				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
	taxable entity during the year?	16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b						
Sec	tion 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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le					
	for public inspection. Indicate how you made these available. Check all that apply.							
	Own website X Another's website X 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, and	d finan	cial					
	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:							
	Maricar Collins - 2157077855							
	2450 W. Hunting Park Avenue, Philadelphia, PA 19129							

432007 11-07-14

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

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

(A) Name and Title	(B)			,	C)			(D)	(E)	(F)	
	Average		not c		more	than		Reportable	Reportable	Estimated	
	hours per week	offi	cer ar	ss pe id a d	rson lirecto	is bot or/trus	h an tee)	compensation from	compensation from related	amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
1) John Kastanis	2.00	,,		,,				0	C75 C4C	10 277	
resident	48.00	X		Х				0.	675,646.	19,377	
2) James Wellons	2.00			x				0.	222 555	16 010	
ecretary 3) Robert Lux	2.00	^		^				0.	222,555.	16,010	
nopert Lux reasurer	48.00	y		x				0.	582,409.	79,562	
4) Dr. Ernest Yeh	2.00	^		<u> </u>				0.	302,403.	15,502	
irector	48.00	x						0.	250,014.	36,975	
5) Betty McAdams	1.00							•			
sst Secretary	49.00	1		х				0.	102,195.	15,918	
		_									
		_									

Part VII Section A. Officers, Directors	, Trustees, Key Em	ploy	ees,	, and	d Hi	ghe	st C	ompensated Employe	es (continued)			
(A)	(B)			(C	C)			(D)	(E)		(F)	
Name and title	Average hours per week	box, offic	not cl	heck ss pe	ition more rson i irecto	than o	n an	Reportable compensation from	Reportable compensation from related	am (timate ount o	of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fro orga and	oensatom the anizati I relate nizatio	e on ed
1b Sub-total							>	0.	1,832,819.	16	7,84	
c Total from continuation sheets to F d Total (add lines 1b and 1c)							\	0.	0. 1,832,819.	16	7,84	0. 42.
2 Total number of individuals (including											, , ,	
compensation from the organization	=		11010	, a a		, wı	10 10	oolived more than proc	,500 or reportable			0
											Yes	No
3 Did the organization list any former of line 1a? If "Yes," complete Schedule								nighest compensated e		3		Х
4 For any individual listed on line 1a, is	•							•	•			
and related organizations greater tha										4	Х	
5 Did any person listed on line 1a receir rendered to the organization? If "Yes,	•				-			_		5		Х
Tendered to the organization? If Tes,	, complete ochedun	5 0 10	u st	1011	0013	UII.				J		

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Temple Physicians Inc., 3509 N. Broad		
Street, Philadelphia, PA 19140	Personnel	4,911,975.
American Medical Response		
430 N. 8th Street, Philadelphia, PA 19123	Vehicle/EMT Lease	676,787.
Falck Pennsylvania (Lifestar)		
P.O. Box 827299, Philadelphia, PA 19182	Vehicle/EMT Lease	451,178.
Temple University Health System, 3509 N.	Related Organization	
Broad Street, Philadelphia, PA 19140	Services	374,256.
Golden Hour Data Systems		
10052 Mesa Ridge Court, San Diego, CA 92121	Billing Agency	279,895.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	
\$100,000 of compensation from the organization > 5		

Pa	rt VII							
		Check if Schedule O cont	tains a response	or note to any lir	ne in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in lines Total. Add lines 1a-1f	1b	400,000.	2,400,000.			
		Totall / (ad iii loo Ta Ti		Business Code				
Program Service Revenue	2 a b c	T3C3 Communicat		621910 621910	3,787,427. 1,828,043.	3,787,427. 1,828,043.		
ran eve	d							
rog	е							
_		All other program service reve			5,615,470 .			
$\overline{}$	<u>g</u> 3	Total. Add lines 2a-2f			5,015,470.			
	4	other similar amounts)	······)	593.			593.
	5	Royalties						
	6.0	Gross rents	(i) Real	(ii) Personal				
	b							
		Rental income or (loss)						
		Net rental income or (loss)		>				
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)		L				
		Net gain or (loss)		······				
ηne	8 a	Gross income from fundraisin including \$						
Other Revenue		contributions reported on line						
Ä.		Part IV, line 18	•					
#	b	Less: direct expenses						
١	С	Net income or (loss) from fund	draising events	>				
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses		L				
		Net income or (loss) from gam Gross sales of inventory, less		······				
	10 4	and allowances						
	b	Less: cost of goods sold						
		Net income or (loss) from sale		>				
		Miscellaneous Revenu		Business Code				
	11 a							
	b							
	C							
		All other revenue						
	12	Total Add lines Tra-Trd		·····	8.016.063.	5.615.470.	0.	593.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). X Check if Schedule O contains a response or note to any line in this Part IX (D) (B) (C) (A) Do not include amounts reported on lines 6b, Program service expenses Total expenses Management and general expenses Fundraising expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 Payroll taxes 10 Fees for services (non-employees): 11 1,023,902. 1,023,902. a Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 4,885,102. 4,854,640. 30,462. column (A) amount, list line 11g expenses on Sch O.) 10,232. 43,232. 33,000. Advertising and promotion 12 240,582. 205,831. 34,751. Office expenses 13 14 Information technology 15 Royalties 155,700. 155,700. 16 Occupancy 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 5,761. 5,761. Interest 20 Payments to affiliates 21 6,992. 6,992. Depreciation, depletion, and amortization 22 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) Equipment and Vehicle L 1,224,891. 1,224,891. Bad Debt 523,312. 523,312. 26,513. 26,513. Service Maitnenance Con 23,892. 23,892. Insurance e All other expenses 8,159,879. 7,054,771. 1,105,108. 0. Total functional expenses. Add lines 1 through 24e 25 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 if following SOP 98-2 (ASC 958-720)

Pai	t X	Balance Sheet					
		Check if Schedule O contains a response or not	te to any	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			218,901.	1	426,607.
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net			639,316.	4	652,398
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensations	ated em	ployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	14958(c	c)(3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 501	(c)(9) voluntary			
ş		employees' beneficiary organizations (see instr).	Compl	ete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		Г		7	
Ä	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			12,379.	9	7,558
	10a	Land, buildings, and equipment: cost or other	1 1				
		basis. Complete Part VI of Schedule D	10a	495,221.			
	b	Less: accumulated depreciation		482,738.	19,475.	10c	12,483
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			219,413.	15	118,634
	16	Total assets. Add lines 1 through 15 (must equ	ı	1,109,484.	16	1,217,680	
	17	Accounts payable and accrued expenses		212,445.	17	410,132	
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
S	22	Loans and other payables to current and former	officers	s, directors, trustees,			
Ě		key employees, highest compensated employee	es, and	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate	d third p	oarties		24	
	25	Other liabilities (including federal income tax, pa	yables t	to related third			
		parties, and other liabilities not included on lines	17-24).	. Complete Part X of			
		Schedule D	739,420.	25	793,903.		
	26	Total liabilities. Add lines 17 through 25			951,865.	26	1,204,035
		Organizations that follow SFAS 117 (ASC 958), chec	k here ▶ X and			
es		complete lines 27 through 29, and lines 33 an	ıd 34.				
auc	27	Unrestricted net assets	157,619.	27	13,645.		
Bali	28	Temporarily restricted net assets		28			
힏	29	Permanently restricted net assets		29			
Ξ		Organizations that do not follow SFAS 117 (A					
þ		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in			4 =	32	
Z	33	Total net assets or fund balances		L	157,619.	33	13,645.
	34	Total liabilities and net assets/fund balances			1,109,484.	34	1,217,680.

Form **990** (2014)

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form 990 (2014)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

Employer identification number

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Temple Health System Transport Team, 75-3084023 Inc 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 11, 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.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of listed in your organization (described on lines 1-9 support (see other support (see governing document? above or IRC section Instructions) Instructions) Yes No (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Tax revenues levied for the organ-						_	
	ization'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.							
Sec	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	
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 instruction	ons)			12		
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)		
	organization, check this box and stor	here					> L	
	ction C. Computation of Publ							
	Public support percentage for 2014 (14	<u>%</u>	
	Public support percentage from 2013					15	%	
16a	33 1/3% support test - 2014. If the o				14 is 33 1/3% or n	nore, check this bo	ox and	
	stop here. The organization qualifies		-				▶□	
b	33 1/3% support test - 2013. If the	-					nis box	
	and stop here. The organization qual						▶□	
17a	10% -facts-and-circumstances tes							
	and if the organization meets the "fac			-	•	_		
	meets the "facts-and-circumstances"	-	=		-			
b	10% -facts-and-circumstances tes							
	more, and if the organization meets the							
	organization meets the "facts-and-circ		-	•			>	
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) 2014 Temple Health System Transport Team, Inc75-3084023 Page 3 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

	qualify under the tests listed b	elow, please comp	lete Part II.)				
	tion A. Public Support						
	ndar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.")	2,416,548.	2,500,000.	2,291,667.	2,500,000.	2,400,000.	12,108,215.
_		2,410,540.	2,300,000.	2,291,007.	2,300,000.	2,400,000.	12,100,213.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	2,945,558.	4,054,109.	4,448,107.	5,231,592.	5,615,470.	22,294,836.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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	5,362,106.	6,554,109.	6,739,774.	7,731,592.	8,015,470.	34,403,051.
	Amounts included on lines 1, 2, and	, ,					· · ·
	3 received from disqualified persons						0.
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						0
	amount on line 13 for the year						0.
	Add lines 7a and 7b						<u>, , , , , , , , , , , , , , , , , , , </u>
	Public support (Subtract line 7c from line 6.)						34,403,051.
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6	5,362,106.	6,554,109.	6,739,774.	7,731,592.	8,015,470.	34,403,051.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,814.	9,010.	4,398.	2,629.	593.	24,444.
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975	F 014	0.010	4 200	0.600		04.44
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	7,814.	9,010.	4,398.	2,629.	593.	24,444.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	5,369,920.	6,563,119.	6,744,172.	7,734,221.	8,016,063.	34,427,495.
	First five years. If the Form 990 is for	the organization's	first, second, third	l, fourth, or fifth ta	x year as a section	n 501(c)(3) organiz	ation,
	check this box and stop here						. .
Sec	tion C. Computation of Publ	ic Support Per	centage				
	Public support percentage for 2014 (I			olumn (f))		15	99.93 %
16	Public support percentage from 2013	Schedule A, Part I	II, line 15			16	99.89 %
	ction D. Computation of Inves						
17	Investment income percentage for 20	14 (line 10c, colum	ın (f) divided by line	e 13, column (f))		17	.07 %
18	Investment income percentage from 2					18	.11 %
19a	33 1/3% support tests - 2014. If the				-	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	-					
b	33 1/3% support tests - 2013. If the line 18 is not more than 33 1/3%, che	organization did no	ot check a box on	line 14 or line 19a	and line 16 is mo	re than 33 1/3%, a	and
20	Private foundation. If the organizatio						
			,			adula A /Farm 000	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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 509(a)(1) or (2)? If "Yes," explain in *part VI* how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in **p**_{art VI} what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <code>part VI</code>, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
 - **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
 - c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	За		
	- Ou		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	iua		
	10b		
n 9	90 or 99	0-EZ)	2014

	dule A (Form 990 or 990-EZ) 2014 Temple Health System Transport Team, Inc75-30	8402	3 Pa	age 5
Pai	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b 11c		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in part VI. tion B. Type I Supporting Organizations	I IIC		
360	tion B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	NO
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in part y how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			<u> </u>
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. Type III Supporting Organizations			
			Yes	No
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, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
<u>Sec</u>	tion 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):			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	tructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	O.L		
2	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2-		
h	trustees of each of the supported organizations? Provide details in <i>part VI</i> .	3a		
D	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <i>p_{art VI}</i> the role played by the organization in this regard.	3b		
	on to supported organizations: ii res, describe iii par vi the role played by the organization in this regard.	JUU		

Schedule A (Form 990 or 990-EZ) 2014 Temple Health System Transport Team, Inc75-3084023 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain Recoveries of prior-year distributions 2 2 Other gross income (see instructions) 3 4 Add lines 1 through 3 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b **c** Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 4 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 Enter 85% of line 1 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3

Schedule A (Form 990 or 990-EZ) 2014

5

Enter greater of line 2 or line 3

instructions).

Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

<u>4</u> 5

6

Schedule A (Form 990 or 990-EZ) 2014 Temple Health System Transport Team, Inc75-3084023 Page 7

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

Pa	rt V Type III Non-Functionally Integrated 50	9(a)(3) Supporting Orga	anizations _(continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	cempt purposes		
2	Amounts paid to perform activity that directly furthers exen	npt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	S		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is responsive	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
		Excess Distributions	Underdistributions	Distributable
Sect	ion E - Distribution Allocations (see instructions)		Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7:			
a	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			

Schedule A (Form 990 or 990-EZ) 2014

any. Subtract lines 3g and 4a from line 2 (if amount

6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see

7 Excess distributions carryover to 2015. Add lines 3j

greater than zero, see instructions).

instructions).

d Excess from 2013e Excess from 2014

and 4c.

8 Breakdown of line 7:

a b

Schedule A	(Form 990 or 990-EZ) 2014 Temple Health System Transport Team, Inc75-3084023 Page 8 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

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

OMB No. 1545-0047

Name of the organization

Employer identification number

Temple Health System Transport Team, Inc

75-3084023

Organization type (check one):									
Filers of	:	Section:							
Form 990	or 990-EZ	$\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization							
		4947(a)(1) nonexempt charitable trust not treated as a private foundation							
		527 political organization							
Form 990)-PF	501(c)(3) exempt private foundation							
		4947(a)(1) nonexempt charitable trust treated as a private foundation							
		501(c)(3) taxable private foundation							
	lly a section 501(c)(covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.							
		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.							
Special l	Rules								
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.								
	For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.								
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the year \rightarrow \$									
but it mu	st answer "No" on I	at is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization Employer identification number

Temple Health System Transport Team, Inc

75-3084023

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Temple University Health System 3509 N. Broad Street Philadelphia, PA 19140	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
423452 11-0		\$Schedule B /Form	Person Payroll Noncash (Complete Part II for noncash contributions.)

Temple Health System Transport Team, Inc

75-3084023

Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
		\ \\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-			
-			
		\$	<u> </u>

Schedule B (Form 990, 990-EZ, or 990-PF) (2014) Page 4 Name of organization Employer identification number Temple Health System Transport Team, Inc | 75-3084023

Part III | Exclusively the year from any one contribution. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

Name of the organization

75-3084023 Temple Health System Transport Team,

Pai	rt I	Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	s or A	Accounts.Complete if the
		organization answered "Yes" to Form 990, Part IV, line	e 6.		
			(a) Donor advised funds	((b) Funds and other accounts
1	Total	number at end of year			
2		egate value of contributions to (during year)			
3	Aggre	egate value of grants from (during year)			
4		egate value at end of year			
5		ne organization inform all donors and donor advisors in v	writing that the assets held in donor advis	sed fun	nds
		ne organization's property, subject to the organization's	-		
6		ne organization inform all grantees, donors, and donor a			
		naritable purposes and not for the benefit of the donor o			
Pai		Conservation Easements. Complete if the org			
1	Purp	ose(s) of conservation easements held by the organization	on (check all that apply).		
		Preservation of land for public use (e.g., recreation or e	ducation) Preservation of a hist	torically	important land area
		Protection of natural habitat	Preservation of a cer		
		Preservation of open space			
2	Comi	Diete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form	of a co	onservation easement on the last
		of the tax year.			
		,			Held at the End of the Tax Year
а	Total	number of conservation easements			2a
b		acreage restricted by conservation easements			2b
С		per of conservation easements on a certified historic stru			2c
d		per of conservation easements included in (c) acquired a			
		in the National Register			2d
3		per of conservation easements modified, transferred, rele			nization during the tax
	year	•	•	_	-
4	Numl	per of states where property subject to conservation eas	sement is located >		
5		the organization have a written policy regarding the per			
		ions, and enforcement of the conservation easements it			Yes No
6		and volunteer hours devoted to monitoring, inspecting,			
7		unt of expenses incurred in monitoring, inspecting, and e			
8		each conservation easement reported on line 2(d) abov			
		section 170(h)(4)(B)(ii)?	•		
9		rt XIII, describe how the organization reports conservation			
	includ	de, if applicable, the text of the footnote to the organizat	ion's financial statements that describes	the or	ganization's accounting for
	cons	ervation easements.			-
Pai	rt III	Organizations Maintaining Collections of	f Art, Historical Treasures, or C	ther	Similar Assets.
		Complete if the organization answered "Yes" to Form	990, Part IV, line 8.		
1a	If the	organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue state	ment a	nd balance sheet works of art,
	histo	rical treasures, or other similar assets held for public exh	nibition, education, or research in furthera	ance of	public service, provide, in Part XIII,
	the te	ext of the footnote to its financial statements that describ	bes these items.		
b	If the	organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statemen	t and b	palance sheet works of art, historical
	treas	ures, or other similar assets held for public exhibition, ec	ducation, or research in furtherance of pu	ıblic se	rvice, provide the following amounts
	relatii	ng to these items:			
	(i) F	Revenue included in Form 990, Part VIII, line 1			. • \$
2	If the	organization received or held works of art, historical trea			
		ollowing amounts required to be reported under SFAS 1		- /	
а		nue included in Form 990, Part VIII, line 1			. ▶ \$
b					→ \$

		Health Sys								
Par	t III Organizations Maintaining C									
3	Using the organization's acquisition, access	ion, and other record	ds, check	any of the	following that ar	e a sign	ificant	use of its	collection	า items
	(check all that apply):									
а	Public exhibition	C	,	oan or exc	hange programs	3				
b	Scholarly research	•	• 🗀 🤈	Other						
С	Preservation for future generations									
4	Provide a description of the organization's c							ose in Par	t XIII.	
5	During the year, did the organization solicit of								7	
_	to be sold to raise funds rather than to be m								Yes	No_
Par	t IV Escrow and Custodial Arran	•	ete if the	organizatio	on answered "Ye	s" to Fo	rm 990	, Part IV, I	ine 9, or	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod		-						7	
	on Form 990, Part X?							L	Yes	└── No
b	b If "Yes," explain the arrangement in Part XIII and complete the following table:									
									Amount	
	Beginning balance						1c			
	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f		1	
	Did the organization include an amount on F					-	?	L	Yes	└── No
	If "Yes," explain the arrangement in Part XIII									
Par	t V Endowment Funds. Complete	1								
		(a) Current year	(b) Pr	ior year	(c) Two years ba	ack (d)	Three y	ears back	(e) Four	years back
	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships				-					
е	Other expenditures for facilities									
	and programs									
	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1g	g, column (a	a)) held as:					
	Board designated or quasi-endowment		%							
	Permanent endowment	%								
С	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c show	·								
3a	Are there endowment funds not in the posse	ession of the organiz	ation that	t are held a	and administered	for the	organiz	zation	г	
	by:									Yes No
	(i) unrelated organizations								3a(i)	
									3a(ii)	
	If "Yes" to 3a(ii), are the related organization								3b	
4 Do:	Describe in Part XIII the intended uses of the		owment f	unds.						
Pal	t VI Land, Buildings, and Equipm) D=:+ N/	line dd - O) F 000 5		. 10			
	Complete if the organization answere									
	Description of property	(a) Cost or o				(c) Accu		ed	(d) Book	value
		basis (investi	nent)	pasis	(other)	uepre	ciation			
	Land		-							
	Buildings		-							
	Leasehold improvements	400	221			// 0	2,7	30	1 ′) //02
	Equipment		<u>~~</u> - •			40	4,1	20.		2,483.
	Other		V 0=1::::	m (D) !:== :	100)			_	1 ′	2,483.
ιoτal	. Add lines 1a through 1e. (Column (d) must e	quai roiin 990, Part	. A, COIUM	н (в), шпе н	1 UC.)					, , , , , , ,

Schedule D (Form 990) 2014

	dule D (Form 990) 2014 Temple Health System T			Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial St		nue per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, li			
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
a	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
С.	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
_	Add lines 2a through 2d		 	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	ا ما		
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)		40	
_	Add lines 4a and 4b			
5 Pai	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 rt XII Reconciliation of Expenses per Audited Financial S		-	
ıa	Complete if the organization answered "Yes" to Form 990, Part IV, li	=	enses per netum.	
1	Total expenses and losses per audited financial statements		1 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		······	
z a	Donated services and use of facilities	2a		
b	Prior year adjustments			
C	Other losses			
d	Other (Describe in Part XIII.)			
	Add lines 2a through 2d	· · · · · · · · · · · · · · · · · · ·	2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	•••••		
· a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
	Add lines 4a and 4b	<u></u>	4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line			
	rt XIII Supplemental Information.	- /		
ines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	any additional information.		

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

Temple Health System Transport Team, Inc **Employer identification number** 75-3084023

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?	5b		Х
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2014

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990
(1) John Kastanis	(i)	0.	0.	0.	0.	0.		0.
President	(ii)	614,446.	54,000.	7,200.	11,700.	7,677.	695,023.	0.
(2) James Wellons	(i)	0.	0.	0.	0.	0.	0.	0.
Secretary	(ii)	198,647.	12,031.	11,877.	9,075.	6,935.	238,565.	0.
(3) Robert Lux	(i)	0.	0.	0.	0.	0.	0.	0.
Treasurer	(ii)	459,322.	95,353.	27,734.	50,222.	29,340.	661,971.	0.
(4) Dr. Ernest Yeh	(i)	0.	0.	0.	0.	0.		0.
Director	(ii)	154,899.	0.	95,115.	16,315.	20,660.	286,989.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							<u> </u>

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 additional information.										

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.

OMB No. 1545-0047
2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Temple Health System Transport Team, Inc

Employer identification number 75-3084023

Form 990, Part III, Line 1, Description of Organization Mission: transfer center services).

Form 990, Part VI:

Line 15:

There is a compensation committee that reviews and approves all total compensation of executive / key personnel at Temple University Health

System through an evaluation performed by an external compensation expert before the compensation is approved.

Form 990, Part VI, Section A, line 6:

The sole member of the organization is Temple University Health System,
Inc. The member has the power to appoint and remove the organizations
Board of Directors. The approval of the member is required for any of the
following actions by the organization, (a) any dissolution or liquidation,
(b) any merger, (c) any amendments to the Articles of Incorporation, (d) any
amendments to the bylaws regarding the member, the number of directors,
quorum or voting requirements, (e) the sale, pledge, lease (but only a
lease from the organization of substantially all of the organizations real
property), or transfer of the assets of the organization other than
transactions occurring in the ordinary course of business, (f) the adoption
of the organizations annual capital and operating budgets, (g) the issuance
or assumption of any indebtedness in excess of fifty thousand (\$50,000)
and, (h) the execution of any contract providing for the management of the
organization.

Name of the organization

Temple Health System Transport Team, Inc

Temployer identification number 75-3084023

Form 990, Part VI, Section A, line 7a:

Please refer to the response for question 6.

Form 990, Part VI, Section A, line 7b:

Please refer to the response for question 6.

Form 990, Part VI, Section B, line 11:

After review by management and outside tax counsel, the 990 and 990T (if any) are posted to the website of the Secretary's Office. Each Board member is contacted and provided with the web address. A Board member without internet access is provided a paper copy for review. The website and paper mailing have an overview of the 990 and 990T preparation process and internal reviews. Each Board member is asked to review the 990 and 990T within 2 weeks and contact the Chief Financial Officer with any questions.

Form 990, Part VI, Section B, Line 12c:

The Office of the Secretary provides each Director and Officer with copies of the Conflict of Interest Policy and a disclosure statement to be completed on an annual basis. The Office of the Secretary reviews the completed disclosure statements which are then reviewed in summary format by a committee of the Board of Directors and any recommended actions are presented to the full Board of Directors. In addition to completing the annual disclosure statement, directors and officers must disclose potential or actual conflicts on an ongoing basis as matters arise. All disclosures are evaluated and a determination of whether a conflict exists is made by the Board or a committee of the Board.

Name of the organization Temple Health System Transport Team, Inc	Employer identification number 75-3084023
Form 990, Part VI, Section C, Line 19:	
The Unaudited Internal Financial Statements of Temple Uni	versity Health
System and certain of its related organizations are distr	ributed and made
available to the public at the end of each quarter per th	ne Systems
Continuing Disclosure Agreement (Series of 2012 Bond Issu	ue) through Digital
Assurance Corp (DAC), the Municipal Services Reporting Bo	eards EMMA
disclosure site and the Health Systems financial web site	. The Annual
Audited Financial Statements are also released to the pub	olic in the same
manner. To the extent required by applicable law, the or	ganization makes
its governing documents available to the public upon requ	est.
Form 990, Part IX, Line 11g, Other Fees:	
Salaries and Benefits Non Mgmt T3 Staff (TPI Employees	3):
Program service expenses	4,221,949.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	4,221,949.
Purchased Services and Other Expenses:	
Program service expenses	632,691.
Management and general expenses	30,462.
Fundraising expenses	0.
Total expenses	663,153.
Total Other Fees on Form 990, Part IX, line 11g, Col A	4,885,102.

SCHEDULE R (Form 990)

Part I

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

2014

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

Temple Health System Transport Team, Inc

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

Employer identification number 75-3084023

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controllin entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
Temple University of the Commonwealth System							
of Higher Ed - 23-1365971, 1330 W Berks							
Street, Philadelphia, PA 19122	Education	Pennsylvania	501(c)(3)	Line 2	N/A		Х
Temple University Health System - 23-2825881					Temple University		
3509 N Broad Street	1				of the		
Philadelphia, PA 19140	Health Care	Pennsylvania	501(c)(3)	Line 11a, I	Commonwealth		Х
Temple University Hospital, Inc					Temple University		
23-2825878, 3509 N Broad Street,	1				Health System		
Philadelphia, PA 19140	Health Care	Pennsylvania	501(c)(3)	Line 3	Inc.		Х
Temple University Health System Foundation -							
23-2916108, 3509 N Broad Street,	1				Temple University		
Philadelphia, PA 19140	Health Care	Pennsylvania	501(c)(3)	Line 11a, I	Hospital Inc.		Х

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

Schedule R (Form 990) 2014

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a)	(b)	(c)	(d)	(e)	(f)	Section 5	3) 512(b)(13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	contr	olled
of related organization		foreign country)	section	status (if section	entity	organiz	
				501(c)(3))		Yes	No
Jeanes Hospital - 23-2826045	_				Temple University		
3509 N Broad Street		L .		L	Health System		37
Philadelphia, PA 19140	Health Care	Pennsylvania	501(c)(3)	Line 3	Inc.		X
Jeanes Hospital Auxiliary - 23-1917776							
7600 Central Ave	<u> </u>	L .		L	L		37
Philadelphia, PA 19111	Health Care	Pennsylvania	501(c)(3)	Line 9	Jeanes Hospital		Х
Temple Physicians Inc - 23-2790607	_				Temple University		
3509 N Broad Street	_				Health System		
Philadelphia, PA 19140	Health Care	Pennsylvania	501(c)(3)	Line 9	Inc.		Х
Episcopal Hospital - 23-1365351							
3509 N Broad Street	_				Temple University		
Philadelphia, PA 19140	Health Care	Pennsylvania	501(c)(3)	Line 11a, I	Hospital Inc.		Х
American Oncologic Hospital - 23-1352156					Temple University		
3509 N Broad Street					Health System		
Philadelphia, PA 19140	Health Care	Pennsylvania	501(c)(3)	Line 3	Inc.		X
Institute for Cancer Research - 23-6296135					American		
3509 N Broad Street					Oncological		
Philadelphia, PA 19140	Health Care	Delaware	501(c)(3)	Line 4	Hospital		X
Fox Chase Cancer Medical Group - 45-4540585					American		
3509 N Broad Street					Oncological		
Philadelphia, PA 19140	Health Care	Pennsylvania	501(c)(3)	Line 3	Hospital		X
Fox Chase Network, Inc 23-2467337					American		
3509 N Broad Street					Oncological		
Philadelphia, PA 19140	Health Care	Pennsylvania	501(c)(3)	Line 11b, II	Hospital		X
	1						
	7						
	7						
	7						

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)		Predominant income (related, unrelated, excluded from tax under sections 512-514)		Share of end-of-year assets	Disproportionate allocations? Yes No		Code V-UBI amount in box 20 of Schedule		
		country)		00000110 0 12 0 1 1)			res	NO	101 (FOITH 1005)	resin)
-											
	1										
											
-	1										
	1										
	1										

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp,	(f) Share of total income	(g) Share of end-of-year	(h) Percentage ownership	512(l	tion b)(13) rolled ity?
		country)		or trust)		assets			No
TUHS Insurance Company, Ltd - 98-1203189			Temple						
3509 N Broad Street - 9th Floor			University						
Philadelphia, PA 19140	Reinsurance	Bermuda	Health System						X
Fox Chase Ltd - 23-2396731			American						
3 Village Road - Suite 100			Oncologic						
Philadelphia, PA 19140	Health Care	PA	Hospital	C CORP					X
	_								
									
	-								
-	_								

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

X

Yes No

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

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)				1b		_X_			
С	Gift, grant, or capital contribution from related organization(s)				1c	X				
	Loans or loan guarantees to or for related organization(s)				1d		X			
	Loans or loan guarantees by related organization(s)				1e		X			
f	Dividends from related organization(s)				1f		X			
g	Sale of assets to related organization(s)				1g		X			
h	Purchase of assets from related organization(s)				1h		X			
i	Exchange of assets with related organization(s)				1i		X			
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X			
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	Х				
	Performance of services or membership or fundraising solicitations for related organization				11		X			
	m Performance of services or membership or fundraising solicitations by related organization(s)									
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		X			
o Sharing of paid employees with related organization(s)										
					1p	Х				
p Reimbursement paid to related organization(s) for expenses										
q	Reimbursement paid by related organization(s) for expenses				1q		X			
r	Other transfer of cash or property to related organization(s)				1r		Х			
s	Other transfer of cash or property from related organization(s)				1s		X			
	If the answer to any of the above is "Yes," see the instructions for information on who mu				1					
		(b) ransaction type (a-s)	(c) Amount involved	(d) Method of determining amount in	olved/					
1)										
2)										
3)										
4)										
5)										
6)										
32163	8 08-14-14	38		Schedule	R (Forn	n 990)	2014			

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(e) Are all partners s 501(c)(3 orgs.? Yes N	(g) Share of end-of-year assets	Disprotionallocati	opor- ate ions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General managir partner Yes N	(k) or Percentage ownership

Schedule R	(Form 990) 2014	Temple	Health	System	Transport	Team,	Inc75-3084023	Page 5
Part VII	(Form 990) 2014 Supplemental Infor	mation						
	Provide additional informa	ation for respor	nses to questio	ons on Schedu	ule R (see instruction	ıs).		
_								

	368 (Rev. 1-2014)					Page 2		
	u are filing for an Additional (Not Automatic) 3-Month Ex					► <u>X</u>		
	only complete Part II if you have already been granted an a			iled Form	8868.			
	u are filing for an Automatic 3-Month Extension, comple			al /aa aa	الممامم ممامما			
Part	II Additional (Not Automatic) 3-Month E	xterisio		•	·			
			Enter filer's		ng number, see in			
Type o	Name of exempt organization or other filer, see instru	Employer	imployer identification number (EIN) or					
print	Temple Health System Transpo		75-3084023					
File by the due date f				Social co	ocial security number (SSN)			
filing your return. Se	3509 N Broad Street, No. 930	Social se	curity number (55					
instructior	Is. City, town or post office, state, and ZIP code. For a for Philadelphia, PA 19140	oreign add	lress, see instructions.					
Entor th	Deturn code for the return that this application is for (file	o a copara	to application for each return)			0 1		
	ne Return code for the return that this application is for (file	e a separa				[]		
Applica	ition	Return	Application			Return		
ls For		Code	Is For			Code		
Form 99	90 or Form 990-EZ	01						
Form 99	90-BL	02	Form 1041-A			08		
Form 4	720 (individual)	03	Form 4720 (other than individual)			09		
Form 99		04	Form 5227			10		
	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
	90-T (trust other than above)	06	Form 8870			12		
STOP!	Do not complete Part II if you were not already granted Maricar Collin		natic 3-month extension on a prev	iously file	ed Form 8868.			
Tele	books are in the care of 2450 W. Hunting other No. 2157077855 e organization does not have an office or place of business of the care	s in the Ur	Fax No. ▶ited States, check this box			. 🔲		
	s is for a Group Return, enter the organization's four digit	7						
box 🕨			ch a list with the names and EINs o	r all memb	ers the extension	is for.		
	request an additional 3-month extension of time until	<u>мау</u> ттт. 1	2014	TITN	30 2015			
	· — · · · · · · · · · · · · · · · · · ·							
7 S	tate in detail why you need the extension							
	additional time is required to	o com	plete an accurate	retur	n			
_								
_								
_						,		
8a If	this application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less any			•		
	onrefundable credits. See instructions.			8a	\$	0.		
b If	this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	y refundable credits and estimated					
	ax payments made. Include any prior year overpayment all	lowed as a	a credit and any amount paid			^		
-	previously with Form 8868.			8b	\$	0.		
	alance due. Subtract line 8b from line 8a. Include your pa	•	h this form, if required, by using			^		
Е	FTPS (Electronic Federal Tax Payment System). See instru			8c	\$	0.		
Under pe	enalties of perjury, I declare that I have examined this form, includ	ling accomp	st be completed for Part II of anying schedules and statements, and to	-	f my knowledge and	belief,		
	correct, and complete, and that I am authorized to prepare this fo		Drogidont (CEO		_			
Signatur	e ▶ litle ▶ `	итсе .	President & CFO	Date	•	Day 1 001 4)		

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to paper size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

STATE COPY

Bureau of Charitable Organizations 207 North Office Building Harrisburg, Pennsylvania 17120

Telephone: (717) 783-1720 (800) 732-0999 (within PA only) Fax: (717) 783-6014 Website: www.dos.state.pa.us/charities

For Official Use Only			
Approved: RF: AF: LF: Fee Received:			

Commonwealth of Pennsylvania Department of State

Charitable Organization Registration Statement - Form BCO-10

- 5	
Check if registering voluntarily (See note under "important information")	Certificate Number:(Renewals Only)
Fisc	al Year Ended: <u>06/30/2015</u>
Employer Iden	itification Number (EIN): 75-3084023
Legal name of organization: Temple H	ealth System Transport Team, Inc
Check if name change Previou	us name:
All other names used to solicit contributi	
Contact person:	
Contact's E-mail:	
Physical address of organization: (Require	
3509 N Broad Street, No. 93	6
City: Philadelphia	City:
State: <u>PA</u> ZIP code: <u>19140</u>	State: ZIP code:
County:	800 number:
Phone number: <u>215-707-6756</u>	Fax number:
E-mail (If different than Contact's E-mail):	
Website: http://t3.templeheal	th.org
Names, addresses, and telephone number subordinate units located in Pennsylvania	ers of all offices, chapters, branches, auxiliaries, affiliates, or othe a: (Attach separate sheet if necessary)

5.	_		_	Transport ction 162.7(a			75-3084023 section that describes organization:	
	162.7(a	e #2 of instru a)(1) a)(3)	ctions. Volunte 162.7(a)(2) 162.7(a)(4)	er registrants de	o not respor pplicable			
6.	List type of	organizat	ion _{(e.g. corpo}	ration, associati	ion, etc.)	!		
	Where esta	ıblished: _					Date established:**	
			•	of organizational nument, and by-		s such as ch	harter, articles of incorporation,	
7.	Pennsylvar	nia, includi	ng employee	-	nization a	nd profes	person, for soliciting contributions in ssional solicitors? Yes No X	
	If "Yes reside		e person or e	entity started	or will sta	ırt soliciti	ng contributions from Pennsylvania	
		Items 8	and 9 are re	equired to I	be comp	leted by	y initial registrants only	
8.	Date organ	ization fire	st solicited co	ontributions f	rom Penn	sylvania r	residents:	
9.	\$25,000 dui date contri	ring the fis butions fir	cal year cove st totaled mo		egistratioi 000	n stateme	* contributions totaling more than ent, <u>or</u> during its current fiscal year, gi	ve
10.	_		_	S tax-exempt				
	A. If	"Yes", und	ler which IRS	code section	n: <u>501(</u>	2)(3)		
		-		xempt status I, revocation, or		-	revoked, or modified? Yes No	X
11.	Was the or	-			0 return aı	nd applica	able schedules for its most recently	
	required to fil	le an IRS 99		le a Pennsylvani	-		0 return. An organization that is not m BCO-23. This includes an	
12.		-	the specific anned or in e		r which co	ontribution	ns will be used, and a statement whet	her

13.	Temple Health System Transport Team, Inc Manner in which contributions are solicited (e.g. direct mail, telephone, internet, etc.) :	75-3084023
14.	Is organization registered to solicit contributions in any other state or municipality? (If "Yes", list all states and municipalities. Attach separate sheet if necessary.)	Yes No X
15.	Names, addresses, and telephone numbers of all professional solicitors you use or i contributions from Pennsylvania residents. For each entry, include the beginning an contracts, and dates Pennsylvania residents were first solicited, or will be solicited:	d ending dates of all
16.	Names, addresses, and telephone numbers of all professional fundraising counsels to provide services with respect to the solicitation of contributions from Pennsylvan entry, include the beginning and ending dates of all contracts, and dates services be respect to soliciting contributions from Pennsylvania residents: (Attach separate sheet in	iia residents <u>. For each</u> egan, or will begin, with
17.	Names, addresses, and telephone numbers of any commercial coventurers under corganization:	ontract with your

18.	Temple Health System Transport Team, Inc $75-3084023$ f you are a parent organization located in Pennsylvania, do you elect to file a combined registration covering all of your Pennsylvania affiliates? Yes \square No \square Not Applicable \square (See note under "important information")
	If "Yes", give all names and certificate numbers of your affiliate organizations: (For each affiliate whose parent organization files a Form IRS 990 group return, it must file a form BCO-23, in addition to filing a copy of the organization's Form IRS 990 return.)
10	Average Demonstration of this to of a negative street and the street of the second in a designation on
19.	Are you a Pennsylvania affiliate of a parent organization, which elected to file a combined registration on your behalf? Yes No X (See note under "important information")
	If "Yes", provide the name and, if available, certificate # of your parent organization. (For each affiliate whose parent organization files a Form IRS 990 group return, it must file a form BCO-23, in addition to filing a copy of the organization's Form IRS 990 return.)
	(Legal name of parent organization) (Certificate #)
20.	Does your organization share contributions or other revenue with any other nonprofit corporation or unincorporated association? Yes \square No \square (If "Yes", attach an explanation listing name, address, type of organization, and relationship to your organization.)
21.	Does your organization share formal governance with any other nonprofit corporation or unincorporated association? Yes \square No \square (If "Yes", attach an explanation listing name, address, type of organization, and relationship to your organization.)
22.	Does any other domestic or foreign organization own a 10% or greater interest in your organization? Yes No X (If "Yes", attach the following information for each other domestic or foreign organization: name and type of organization, whether organization is for-profit or nonprofit, and relationship of organization to your organization.)
23.	Does your organization own a 10% or greater interest in any other domestic or foreign organization? Yes No X (If "Yes", attach the following information for each other domestic or foreign organization: name and type of organization, whether organization is for-profit or nonprofit, and relationship of organization to your organization.)
24.	Provide the names and addresses of all officers, directors, trustees, and principal salaried executive staff officers: (Attach separate sheet if necessary)
	See Statement 1

25. Names and addresses for: (Attach separate sheet if necessary)

		A.	Individual(s) in charge of solicitation activities:
		В.	Individual(s) with final responsibility for the custody of contributions:
		C.	Individual(s) with final responsibility for final distribution of contributions:
		D.	Individual(s) responsible for custody of financial records:
<u>?</u> 6.	resid	dend	nswer "Yes" to any of the following, attach a list of related individuals with names, business, and ce addresses of related parties. Are any officers, directors, trustees, or employees related by blood, e, or adoption to:
		Α.	Any other officer, director, trustee, or employee? Yes No X
		B.	Any officer, agent, or employee of any professional fundraising counsel or solicitor under contract with organization? Yes \square No $\boxed{\mathbb{X}}$
		C.	Any supplier or vendor providing goods or services? Yes No X
<u>?</u> 7.	and	сор	nswer "Yes" to any of the following, attach full written explanations, including reasons for actions, ies of all relevant documents. Has organization or any of its present officers, directors, executive iel, trustees, employees, or fundraisers:
		A.	Been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions or are such proceedings pending in this or any other jurisdiction? Yes \square No \square
		В.	Had its registration or license to solicit contributions denied, suspended, or revoked by any governmental agency? Yes \square No \square
		C.	Entered into any legally enforceable agreement such as a consent agreement, an assurance of voluntary compliance or discontinuance with any district attorney, Office of Attorney General, or other local or state governmental agency? Yes \square No \square

unsworn falsifications pursuant to 18 PA. C.S. § 4904.	
Signature of Chief Fiscal Officer	Date
Robert H. Lux, Vice President & CFO	
Type or Print Name and Title of Chief Fiscal Officer	
	Date
Signature of Another Authorized Officer	
Type or Print Name and Title of Another Authorized Officer	
	Checklist
	Original Registration Statement Properly Signed and Dated A Copy of Form IRS 990 Return and Required Schedules Signed and Dated by an Authorized Officer Form BCO-23, if Required Applicable Financial Statements Registration Fee and any Late Filing Fees Additional Filings, if an Initial Registrant

I certify that the information provided in this registration, including all statements and documentation, is true and correct. I understand that the falsification of any statement or documentation is subject to criminal penalties for

Temple Health System Transport Team, Inc

75-3084023

Form BCO-10	Officers, Directors,	Trustees	and Executives	Statement	1
Name and Address			Title		
John Kastanis 3509 N Broad Stre Philadelphia, PA			President		
Name and Address			Title		
Robert Lux 3509 N Broad Stre Philadelphia, PA	•		Treasurer		
Name and Address			Title		
Dr. Ernest Yeh 3509 N Broad Stre Philadelphia, PA			Director		
Name and Address			Title		
James Wellons 3509 N Broad Stre Philadelphia, PA			Secretary		
Name and Address			Title		
Betty McAdams 3509 N Broad Stre Philadelphia, PA			Asst Secretary		

Extended to May 16, 2016

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Inspection

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public.

Internal Revenue Service Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning JUL 1, 2014 and ending JUN 30, 2015

Open to Public

OMB No. 1545-0047

B CI	neck if	C Name of organization	•		D Em	ployer identific	cation number
	Addre	Temple Health System T	rangnort Team	Inc			
	chang Name		tansport ream,	1110	\dashv	75-3	084023
	chang	Doing business as Number and street (or P.0. box if mail is not delivered)	vared to etreet address)	Room/suit	O E Told		
	Jreturn]Fiṇal	3509 N Broad Street	vereu to street address)	936	F F TER	ephone number 215 –	707-6756
	return/ termin ated		7ID or foreign postal code	750	G Gros	s receipts \$	8,016,063.
	Amen				-	s this a group re	
	Jreturn]Applic					or subordinates	
	pendir	same as C above					ncluded? Yes No
I T	ax-exe			or 52			list. (see instructions)
		e: http://t3.templehealth		<u> </u>		roup exemption	
			sociation Other	L Yea			1 State of legal domicile: PA
	rt I	Summary				, , ,	<u> </u>
_	1	Briefly describe the organization's mission or most	significant activities: Air	and g	round	ltransp	ort of
ğ		critically ill patients to	o and between m	edica	1 fac	ilities	•
rua	2	Check this box if the organization discon	tinued its operations or dispo	sed of mo	re than 25	5% of its net as	ssets.
8	3	Number of voting members of the governing body ((Part VI, line 1a)			3	4
8	4	Number of independent voting members of the gov	erning body (Part VI, line 1b)				0
es		Total number of individuals employed in calendar y					0
Ĭ₹		Total number of volunteers (estimate if necessary) .					0
Activities & Governance		Total unrelated business revenue from Part VIII, col					0.
	b	Net unrelated business taxable income from Form 9	990-T, line 34	·····		7b	0.
				<u> </u>		or Year	Current Year
e l						00,000.	2,400,000.
Revenue					5,2	231,592.	5,615,470.
Re		Investment income (Part VIII, column (A), lines 3, 4,				2,629.	593.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			7 7	0. 34,221.	8,016,063.
\dashv		Total revenue - add lines 8 through 11 (must equal			1,1	0.	0,010,003.
		Grants and similar amounts paid (Part IX, column (A				0.	0.
		Benefits paid to or for members (Part IX, column (A		- I		0.	0.
ses		Salaries, other compensation, employee benefits (F				0.	0.
Expenses		Professional fundraising fees (Part IX, column (A), li Total fundraising expenses (Part IX, column (D), line		0.		•	0.
<u>~</u>		Other expenses (Part IX, column (A), lines 11a-11d,	· -		7.8	313,507.	8,159,879.
		Total expenses. Add lines 13-17 (must equal Part I)				13,507.	
		Revenue less expenses. Subtract line 18 from line				79,286.	-143,816.
Ses		nevertee tees experiess. Subtract line 18 from line				of Current Year	End of Year
lanc	20	Total assets (Part X, line 16)				09,484.	1,217,680.
Net Assets or Fund Balances		Total liabilities (Part X, line 26)			9	51,865.	1,204,035.
Fee	22	Net assets or fund balances. Subtract line 21 from	line 20		1	.57,619.	13,645.
Pa	rt II	Signature Block					
	•	Ities of perjury, I declare that I have examined this return,			-		y knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than office	r) is based on all information of w	hich prepar	er has any	knowledge.	
		Ciamakuma af affican				Data	
Sign		Signature of officer	11			Date	
Here	•	Robert H. Lux, Vice Pre	esident & CFO				
		Type or print name and title			Date	1	11 DTIN
D-'-'		Print/Type preparer's name	Preparer's signature		Date	Check if	PTIN
Paid		Figure 1- granner				self-employe	ed
Prep Use (Firm's name				Firm's EIN ▶	
USC (Unity	Firm's address				Dhone no	
May	the II	RS discuss this return with the preparer shown abo	vo2 (soo instructions)			Phone no.	Yes No

С	(Code:) (Expenses \$	including grants of \$) (Revenue \$,
_					
d	Other program s	ervices (Describe in Schedule O.)			
	(-			(n n	1

7,054,771.

Total program service expenses

Form 990 (2014)

4a

4b

(Code:

patients.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			 ₩
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Α.
a	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	444	х	
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the exemplation report on amount for other liabilities in Part X, line 353 If "Yes," complete Schedule D, Part X	11d 11e	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	1 ie	21	
'	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
19a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	- "		
124	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules (continued) Yes No 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or X domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 X Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Х Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete X Schedule K. If "No", go to line 25a 24a 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? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? _____ 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit Х transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete X Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or 26 former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," Х complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member Х of any of these persons? If "Yes," complete Schedule L, Part III 27 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): X a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV X 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Х Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Х 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х Part V, line 1 34 X 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 35b 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 Х 36 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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Note. All Form 990 filers are required to complete Schedule O

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Х

Form 990 (2014) Temple Health System Transport Team, Inc Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O Contains a response of note to any line in this Fart v					Ш
					Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and				37	
	(gambling) winnings to prize winners?	 T	 I	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
_	filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction					v
	•			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other					х
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	Int)?	4a		Λ
D	If "Yes," enter the name of the foreign country:	1				
E	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial A			Ea		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction of the state of the sta			5c		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			- 5C		
0a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t any contributions that were not tax deductible as charitable contributions?			6a		x
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contribu			- Oa		
b	were not tax deductible?		-	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices i	provided to the payor?	7a		х
				7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					
_	to file Form 8282?			7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contra	ct?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation f	ile a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by th	e			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:		ı			
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:		I			
	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against	١				
	amounts due or received from them.)	11b	<u> </u>	40		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	? 	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	<u> </u>			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			10-		
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
L	Note. See the instructions for additional information the organization must report on Schedule O.					
D	Enter the amount of reserves the organization is required to maintain by the states in which the	125	I			
_	organization is licensed to issue qualified health plans	13b 13c				
	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?		l	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu			14a		<u> </u>
IJ	ii 105, mas it med a 10mm / 20 to report these payments: ii 170, provide an explanation in schedu	,c O		מדון		

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

	Check if Schedule O contains a response or note to any line in this Part VI			X							
Sec	tion A. Governing Body and Management										
			Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year la										
	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										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other										
	officer, director, trustee, or key employee?	2		Х							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision										
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х							
6	Did the organization have members or stockholders?	6	Х								
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 other than the governing body?	7b	Х								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:										
а	The governing body?	8a	Х								
b	Each committee with authority to act on behalf of the governing body?	8b	Х								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the										
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)										
			Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х							
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,										
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b									
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х								
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	12a	Х								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe										
	in Schedule O how this was done	12c	Х								
13	Did the organization have a written whistleblower policy?	13	Х								
14	Did the organization have a written document retention and destruction policy?	14	Х								
15	Did the process for determining compensation of the following persons include a review and approval by independent										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official	15a		Х							
	Other officers or key employees of the organization	15b		Х							
	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?	16a		Х							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's										
	exempt status with respect to such arrangements?	16b									
Sec	tion 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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le								
	for public inspection. Indicate how you made these available. Check all that apply.										
	Own website X Another's website X 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, and	d finan	cial								
	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:										
	Maricar Collins - 2157077855										
	2450 W. Hunting Park Avenue, Philadelphia, PA 19129										

Page 7

Form 990 (2014) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and 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 organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organiz		orga	aniza			npe	nsat			
(A)	(B))) Doc	C)			(D)	(E)	(F)
Name and Title	Average		Position (do not check more					Reportable	Reportable	Estimated
	hours per		box, unless person is both an officer and a director/trustee)					compensation	compensation	amount of
	week	_					Ú	from the	from related organizations	other
	(list any hours for	direct				_		organization	(W-2/1099-MISC)	compensation from the
	related	3e Or	stee			ısate		(W-2/1099-MISC)	(** 2/ 1000 1/1100)	organization
	organizations	truste	al trus		yee	mper		(** =/ *********************************		and related
	below	Individual trustee or director	Institutional trustee	ie i	Key employee	Highest compensated employee	le.			organizations
	line)	Indiv	Instii	Officer	Key	High emp	Former			
(1) John Kastanis	2.00							_		
President	48.00	X		Х				0.	675,646.	19,377
(2) James Wellons	2.00									
Secretary	48.00	X		Х				0.	222,555.	16,010.
(3) Robert Lux	2.00	ļ								
Treasurer	48.00	X		Х				0.	582,409.	79,562
(4) Dr. Ernest Yeh	2.00	١							050 014	26 005
Director	48.00	X						0.	250,014.	36,975
(5) Betty McAdams	1.00	4		,,					100 105	15 010
Asst Secretary	49.00			Х				0.	102,195.	15,918
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Form 990 (2014) 432007 11-07-14

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d H	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average	(do		Pos heck		ገ e than	one	Reportable	Reportable	,	Es	timate	ed
		hours per	box	, unle	ss pe	erson	is bot or/trus	h an	compensation	compensation			nount	of
		week	\vdash	Lei ai	iu a u	III ecu	Ji/ ii us	iee)	from	from related	I .		other	
		(list any hours for	director .						the organization	organization (W-2/1099-MI			pensa	
		related	e or d	tee			sated		(W-2/1099-MISC)	(00-2/1099-000	30)		om th anizat	
		organizations	truste	al trus		ee/	mpen		(** 2/ 1000 14/100)			•	d relat	
		below	Individual trustee or	Institutional trustee	 	oldm	est co oyee	er					anizati	
		line)	Indiv	Instit	Officer	Key employee	Highest compensated employee	Former						
-											_			
											\dashv			
1b	Sub-total								0.	1,832,8		16	7,8	42.
	Total from continuation sheets to Part V								0.		0.			0.
d	Total (add lines 1b and 1c)								0.	1,832,8	19.	16	7,8	42.
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed a	bov	e) wl	no re	eceived more than \$100	0,000 of reportab	ole			_
	compensation from the organization											—	Vaa	(
_	5												Yes	No
3	Did the organization list any former officer,	•			•	•	•							Х
	line 1a? If "Yes," complete Schedule J for s											3		Λ
4	For any individual listed on line 1a, is the su and related organizations greater than \$15	•							-	•			Х	
5												4	21	
Э	5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person											5		Х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	•	•							•	npensat	tion f	rom	
	the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithir I		year.				
	(A) Name and business	address							(B) Description of s	services	Cor	(C mper	;) nsatio	n
Momple Physicians Inc. 3500 N. Proad														

(A) Name and business address	(B)	(C)
	Description of services	Compensation
Temple Physicians Inc., 3509 N. Broad		
	Personnel	4,911,975.
American Medical Response		_
	Vehicle/EMT Lease	676,787.
Falck Pennsylvania (Lifestar)		_
	Vehicle/EMT Lease	451,178.
Temple University Health System, 3509 N.	Related Organization	_
	Services	374,256.
Golden Hour Data Systems		_
10052 Mesa Ridge Court, San Diego, CA 92121	Billing Agency	279,895.
2 Total number of independent contractors (including but not limited to those listed		
\$100,000 of compensation from the organization > 5		

				System	Transport	Team, Inc	75-3084	023 Page 9
Pa	rt VI							
_		Check if Schedule O cont	ains a response	or note to any li	ne in this Part VIII	(B)	(0)	<u></u>
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ıts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
s, G		Fundraising events						
Sift lar,		Related organizations		400,000.				
imil		Government grants (contribut						
tion	f	All other contributions, gifts, gran	ts, and					
the		similar amounts not included above	ve 1f					
d O	g	Noncash contributions included in lines	1a-1f: \$					
a C	h	Total. Add lines 1a-1f		>	2,400,000.			
				Business Code				
9	2 a	Transport Reven		621910	3,787,427.	3,787,427.		
ē Ķ	b	T3C3 Communicat	ions Re	621910	1,828,043.	1,828,043.		
Program Service Revenue	С	:						
ran ?ev	d	I						
rog	е							
Д.		All other program service reve						
	g	Total. Add lines 2a-2f		<u></u>	5,615,470.			
	3	Investment income (including	•	,	F03			F02
		other similar amounts)			593.	,		593.
	4	Income from investment of tax		•				
	5	Royalties						
	_		(i) Real	(ii) Personal	-			
		Gross rents			-			
		Less: rental expenses			-			
		Rental income or (loss)						
		Net rental income or (loss)		1				
	/ a	Gross amount from sales of	(i) Securities	(ii) Other	_			
	h	assets other than inventory Less: cost or other basis			-			
	b	and sales expenses						
	_	Gain or (loss)			-			
		Net gain or (loss)		<u> </u>				
		Gross income from fundraising						
ž	-	including \$						
eve		contributions reported on line						
۳. R		Part IV, line 18	•					
Other Revenue	b	Less: direct expenses						
0		Net income or (loss) from fund						
		Gross income from gaming ac						
		Part IV, line 19	а					
	b	Less: direct expenses	b					
	С	Net income or (loss) from gam	ing activities	<u></u>				
	10 a	Gross sales of inventory, less						
		and allowances	a					
	b	Less: cost of goods sold	b					
	С	Net income or (loss) from sale						
		Miscellaneous Revenu	e	Business Code				
	11 a							
	b				-			
	C							
	d				-			
	e			>	8 016 063	5 615 470	0.	593.
	12	Total revenue. See instructions.		<u></u>	0,010,003.	U, UIU, 4/U.	U •	<u> </u>

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). X Check if Schedule O contains a response or note to any line in this Part IX (D) (B) (C) (A) Do not include amounts reported on lines 6b, Program service expenses Total expenses Management and general expenses Fundraising expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages _____ 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 Payroll taxes 10 Fees for services (non-employees): 11 1,023,902. 1,023,902. a Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 4,885,102. 4,854,640. 30,462. column (A) amount, list line 11g expenses on Sch O.) 10,232. 43,232. 33,000. Advertising and promotion 12 240,582. 205,831. 34,751. Office expenses 13 14 Information technology 15 Royalties 155,700. 155,700. 16 Occupancy 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 5,761. 5,761. Interest 20 Payments to affiliates 21 6,992. 6,992. Depreciation, depletion, and amortization 22 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) Equipment and Vehicle L 1,224,891. 1,224,891. Bad Debt 523,312. 523,312. 26,513. 26,513. Service Maitnenance Con 23,892. 23,892. Insurance e All other expenses 8,159,879. 7,054,771. 1,105,108. 0. Total functional expenses. Add lines 1 through 24e 25 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 if following SOP 98-2 (ASC 958-720)

Form 990 (2014) Part X Balance Sheet

Pai	LA	Balance Sneet					
		Check if Schedule O contains a response or not	te to any	line in this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			218,901.	1	426,607.
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			639,316.	4	652,398.
	5	Loans and other receivables from current and for	ormer offi	icers, directors,			
		trustees, key employees, and highest compensation	ated emp	oloyees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sec	·				
ets		employees' beneficiary organizations (see instr)				6	
Assets	7	Notes and loans receivable, net				7	
٩	8	Inventories for sale or use			40.050	8	
	9	Prepaid expenses and deferred charges			12,379.	9	7,558.
	10a	Land, buildings, and equipment: cost or other		405 001			
		basis. Complete Part VI of Schedule D	10a	495,221.	10 485		10 100
	b	Less: accumulated depreciation		482,738.	19,475.	10c	12,483.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line		_		13	
	14	Intangible assets			010 412	14	110 624
	15	Other assets. See Part IV, line 11			219,413.	15	118,634
	16	Total assets. Add lines 1 through 15 (must equ		1,109,484.	16	1,217,680.	
	17	Accounts payable and accrued expenses	212,445.	17	410,132.		
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ies	22	Loans and other payables to current and former					
ij		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa	,				
		parties, and other liabilities not included on lines		•	739,420.	05	793,903.
	00	Schedule D			951,865.	25 26	1,204,035.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958			731,003.	26	1,204,033.
"				nere 21 and			
Š	27	complete lines 27 through 29, and lines 33 ar			157,619.	27	13,645.
Fund Balances	28	Unrestricted net assets			137,013.	28	13,043.
l Ba	29					29	
nu	29	Organizations that do not follow SFAS 117 (A		chock hore		29	
F		and complete lines 30 through 34.					
S S	20					30	
sse	30 31	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or	32	Retained earnings, endowment, accumulated in				32	
Š	33	Total net assets or fund balances			157,619.	33	13,645.
					1,109,484.	34	1,217,680.
	34	Total liabilities and net assets/fund balances			-, - U J , - U - •	J 4	1,21,,000

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2014)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

Employer identification number

OMB No. 1545-0047

Open to Public Inspection

75-3084023

Name of the organization

Temple Health System Transport Team, Inc

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 11, 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.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of listed in your organization (described on lines 1-9 support (see other support (see governing document? above or IRC section Instructions) Instructions) Yes No (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						_
_	ization's benefit and either paid to						
	or expended on its behalf						
2	The value of services or facilities						
3	furnished by a governmental unit to						
	, ,						
	the organization without charge						
	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)						
	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
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						
	Gross receipts from related activities,	etc. (see instructi	ons)		•	12	
	First five years. If the Form 990 is for	•	,			n 501(c)(3)	
	organization, check this box and stop	here	, , , , ,	, , , ,	,		
Sec	tion C. Computation of Publi	c Support Pe	rcentage				
14	Public support percentage for 2014 (li	ne 6, column (f) d	ivided by line 11,	column (f))		14	%
	Public support percentage from 2013					15	%
	33 1/3% support test - 2014. If the o					nore, check this bo	x and
	stop here. The organization qualifies a						
b	33 1/3% support test - 2013. If the o						
	and stop here. The organization quali						ightharpoons
17a	10% -facts-and-circumstances test						or more.
	and if the organization meets the "fact						
	meets the "facts-and-circumstances"		•	-		•	
h	10% -facts-and-circumstances test						
b		-					
	more, and if the organization meets the						
40	organization meets the "facts-and-circ		-				\
ΙQ	Private foundation. If the organization	i did not check a	box on line 13, 16	a, 100, 1/a, or 1/	D, CHECK THIS DOX 8	ind see instruction	s

Schedule A (Form 990 or 990-EZ) 2014 Temple Health System Transport Team, Inc75-3084023 Page 3 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

_	qualify under the tests listed be	elow, please comp	lete Part II.)				
	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2,416,548.	2,500,000.	2,291,667.	2,500,000.	2,400,000.	12,108,215.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	2,945,558.	4,054,109.	4,448,107.	5,231,592.	5,615,470.	22,294,836.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
5	The value of services or facilities						
J	furnished by a governmental unit to the organization without charge						
6	· · · ·	5,362,106.	6,554,109.	6,739,774.	7,731,592.	8,015,470.	34,403,051.
	Total. Add lines 1 through 5	3,302,100.	0,334,103.	0,735,774.	7,731,332.	0,013,470.	34,403,031.
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
	Add lines 7a and 7b						34,403,051.
	Public support (Subtract line 7c from line 6.)						34,403,031.
		() 0040	(1) 0044	() 2010	(1) 0040	() 004 ((O.T.)
	ndar year (or fiscal year beginning in)	(a) 2010 5,362,106.	(b) 2011 6,554,109.	(c) 2012 6,739,774.	(d) 2013 7,731,592.	(e) 2014 8,015,470.	(f) Total
	Amounts from line 6	5,362,106.	6,554,109.	6,739,774.	7,731,592.	0,015,470.	34,403,051.
IUa	dividends, payments received on securities loans, rents, royalties and income from similar sources	7,814.	9,010.	4,398.	2,629.	593.	24,444.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	7,814.	9,010.	4,398.	2,629.	593.	24,444.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	5,369,920.	6,563,119.	6,744,172.	7,734,221.	8,016,063.	34,427,495.
14	First five years. If the Form 990 is for	the organization's	first, second, third	l, fourth, or fifth ta	x year as a sectior	n 501(c)(3) organiz	ation,
Sec	ction C. Computation of Publi						_
15	Public support percentage for 2014 (li	ne 8, column (f) di	vided by line 13, co	olumn (f))		15	99.93 %
16	Public support percentage from 2013	Schedule A, Part I	II, line 15			16	99.89 %
	ction D. Computation of Inves						
17	Investment income percentage for 20	14 (line 10c, colum	ın (f) divided by line	e 13, column (f))		17	.07 %
18	Investment income percentage from 2					18	.11 %
19a	33 1/3% support tests - 2014. If the					3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2013. If the line 18 is not more than 33 1/3%, check	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	and
20	Private foundation. If the organization			•		-	
20	i invate roundation, ii the organization	i did fiot crieck a t	000 011 IIIIE 14, 19a	, or rab, crieck tri		adula A /Farm 00/	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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 509(a)(1) or (2)? If "Yes," explain in *part VI* how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <code>part VI</code>, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
	100	110
1		
2		
3a		
01		
3b		
3c		
30		
4a		
1.5		
4b		
4c		
_		
5a		
5b		
5c		
30		
6		
7		
8		
0-		
9a		
9b		
35		
9c		
10a		
10b		
n 990 or 99	0-EZ)	2014

	dule A (Form 990 or 990-EZ) 2014 Temple Health System Transport Team, Inc75-30	8402	3 Pa	age 5
Pa	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			1
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		<u> </u>
b	A family member of a person described in (a) above?	11b		<u> </u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			l
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			l
	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 and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		<u> </u>
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			1
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. Type III Supporting Organizations			
			Yes	No
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, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			1
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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):			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			1
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		<u> </u>
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		L
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2014 Temple Health System Transport Team, Inc75-3084023 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain Recoveries of prior-year distributions 2 2 Other gross income (see instructions) 3 4 Add lines 1 through 3 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 4 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 Enter 85% of line 1 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Enter greater of line 2 or line 3 4 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to

6

Schedule A (Form 990 or 990-EZ) 2014

emergency temporary reduction (see instructions)

instructions).

Schedule A (Form 990 or 990-EZ) 2014 Temple Health System Transport Team, Inc75-3084023 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2014 from Section C, line 6 10 Line 8 amount divided by Line 9 amount (i) (ii) (iii) **Excess Distributions** Underdistributions Distributable Section E - Distribution Allocations (see instructions) Pre-2014 Amount for 2014 Distributable amount for 2014 from Section C, line 6 1 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions) Excess distributions carryover, if any, to 2014: а b С d e From 2013 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2014 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2014 distributable amount c Remainder. Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). 6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions). Excess distributions carryover to 2015. Add lines 3j

Schedule A (Form 990 or 990-EZ) 2014

and 4c.

8 Breakdown of line 7:

d Excess from 2013e Excess from 2014

b

Schedule A	(Form 990 or 990-E	Z) 2014 Temp	le Health	System	Transpor	t Team,	Inc75-30840	23 Page 8
Part VI	Supplementa	I Information.	Provide the expla	anations require	ed by Part II, line 1	0; Part II, line	17a or 17b; and Part III,	line 12.
	Also complete this	s part for any addi	itional information	. (See instructio	ons).			

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

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

OMB No. 1545-0047

Name of the organization

Employer identification number

Temple Health System Transport Team, Inc

75-3084023

Organiza	Organization type (check one):								
Filers of	:	Section:							
Form 990	or 990-EZ	$\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization							
		4947(a)(1) nonexempt charitable trust not treated as a private foundation							
		527 political organization							
Form 990)-PF	501(c)(3) exempt private foundation							
		4947(a)(1) nonexempt charitable trust treated as a private foundation							
		501(c)(3) taxable private foundation							
	lly a section 501(c)(covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.							
		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.							
Special l	Rules								
	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from fouring the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1. Complete Parts I and II.							
	year, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the cions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for ruelty to children or animals. Complete Parts I, II, and III.							
	year, contributions is checked, enter he purpose. Do not co	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., mplete any of the parts unless the General Rule applies to this organization because it received nonexclusively, etc., contributions totaling \$5,000 or more during the year							
but it mu	st answer "No" on I	at is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization

Employer identification number

Temple Health System Transport Team, Inc

75-3084023

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	ional space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	Temple University Health System 3509 N. Broad Street Philadelphia, PA 19140		Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.

Temple Health System Transport Team, Inc

75-3084023

Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u> </u>	
		\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
Part I		(555 1152 401010)	
453 11-05-	-14		990, 990-EZ, or 990-PF)

Schedule B (Form 990, 990-EZ, or 990-PF) (2014) Page 4 Name of organization Employer identification number Temple Health System Transport Team, Inc 75-3084023

Part III Exclusively the year from any one contribution. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Temple Health System Transport Team, Inc

Employer identification number 75-3084023

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		d funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose c	onferring
	impermissible private benefit?	······································	Yes No
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, Pa	rt IV, line 7.
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histor	rically important land area
	Protection of natural habitat	Preservation of a certifi	ed historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form o	f a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structur	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		
	year ▶		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	it holds?	Yes
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during t	he year ▶ \$
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	ion easements in its revenue and expense s	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes th	ne organization's accounting for
_	conservation easements.		
Ра	organizations Maintaining Collections o		ner Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ext	,	ce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of publ	lic service, provide the following amounts
	relating to these items:		
	(i) Revenue included in Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical tre	· · · · · · · · · · · · · · · · · · ·	gain, provide
	the following amounts required to be reported under SFAS 1	, ,	
а	Revenue included in Form 990, Part VIII, line 1		\$
h	Assets included in Form 990 Part X		S

		Health Sys									је 2	
Pai	t III Organizations Maintaining C											
3	Using the organization's acquisition, accessi	on, and other record	ds, checl	k any of the	following tha	at are a si	gnificant	use of its	collection	ı items		
	(check all that apply):											
а	Public exhibition	c	ı 🖳 ı	Loan or exc	change progra	ams						
b	Scholarly research e Other											
С	Preservation for future generations											
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? Yes No											
Pai	rt IV Escrow and Custodial Arran	gements. Compl	ete if the	organizatio	on answered	"Yes" to	Form 990), Part IV, I	ine 9, or			
	reported an amount on Form 990, Pa	rt X, line 21.										
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	ns or other as	sets not	included					
	on Form 990, Part X?								Yes		No	
b	If "Yes," explain the arrangement in Part XIII											
	•	•							Amount			
С	Beginning balance						1c					
	Additions during the year											
	Distributions during the year											
f	Ending balance											
2a	Did the organization include an amount on F								Yes		No	
	If "Yes," explain the arrangement in Part XIII.						•					
Pai							0.				_	
		(a) Current year	(b) P	rior year	(c) Two year	rs back	(d) Three y	ears back	(e) Four	years ba	ack	
1a	Beginning of year balance	, ,							` '	-		
	Contributions											
C	Net investment earnings, gains, and losses											
d	Grants or scholarships											
	Other expenditures for facilities											
•	and programs											
f	Administrative expenses				1							
	End of year balance				1							
g 2	Provide the estimated percentage of the curr	rent year end halan	L Ca (lina 1	a column (a)) hold as:							
	Board designated or quasi-endowment	rent year end baland	%	g, coluitii (ajj rielu as.							
	Permanent endowment	%										
	Temporarily restricted endowment											
C	The percentages in lines 2a, 2b, and 2c shou											
20		•	otion the	at ara bald a	and administa	rad far th		-ation				
Sa	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are rielu a	and administe	ered for tr	ie organi.	zation	Г	V I		
	by:									Yes I	No	
	(i) unrelated organizations								3a(i)	-	—	
									3a(ii)	-+		
	If "Yes" to 3a(ii), are the related organizations								3b	L		
Bar	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		owment	tunas.							—	
Fai			Dort IV	lina 11a C		Dort V I	ina 10					
	Complete if the organization answere				1				(-I) D I			
	Description of property	(a) Cost or o			t or other	` '	cumulate reciation	I	(d) Book	value		
		basis (investr	nent)	Dasis	(other)	aep	neclation					
	Land											
	Buildings											
	Leasehold improvements	400	221				02 7	20	1 1) // ()		
	Equipment		∠∠⊥ •			4	82,7	30.	<u> </u>	2,48	<u>.</u>	
	Other			(5) "	10)			_	1 /) 10		
Total	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colun	nn (B), line 🏾	10c.)				14	2,48	<u> </u>	

Schedule Part VI	J	Other Securi	ties.	System		_				3084023	Page 3
	Complete if the org										
(a) Descr	ption of security or categ	JOTY (including name o	f security)	(b) Book value	е	(c) Meth	od of val	uation: Cos	t or end-	of-year market v	alue
(1) Financ	ial derivatives										
(2) Closel	y-held equity interests										
(3) Other											
(A)											
(B)											
(C)											
(D)											
(E)											
(F)											
(G)											
(H)											
Total. (Col.	(b) must equal Form 990), Part X, col. (B) lin	e 12.) ►								
	I Investments -										
	Complete if the org		ed "Yes" to F	orm 990, Part I	V, line 1						
	(a) Description of	investment		(b) Book value	е	(c) Meth	od of val	uation: Cos	t or end-	of-year market v	alue
(1)											
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											-
	(b) must equal Form 990), Part X, col. (B) lin	e 13.) ►								
Part IX	Other Assets.	, , , , ,	/- I								
	Complete if the org	anization answer	ed "Yes" to F	Form 990, Part I	V, line 1	I1d. See Forr	n 990, Pa	art X, line 15	5.		
			(a) Des	cription			<u> </u>			(b) Book va	lue
(1) D	ue from Aff	iliates								118.	634.
(2)											
(3)											
(4)											
(5)											
. ,											
(6) (7)											
. ,											
(8)											
(9)		000 Dout V	-1 (D) line 10	- \						110	634.
Part X	umn (b) must equal Fo		oi. (B) line 15).)						110,	034.
I alt X	Complete if the org		ed "Ves" to F	Form 990 Part I	V line 1	110 or 11f Sc	a Form C	OO Dart Y	line 25		
	· · · · · ·	escription of liabil		-01111 990, Fait 1	_	(b) Book valu		90, Fait A,	iiile 25.		
1.		C3CTIPTIOTT OT IIADII	ity		 '	(b) Book valu					
	deral income taxes ue to Affil	iatos				504,2	16				
			1f Tma			199,9					
	urrent Port					199,3	7 / / •				
· · · · ·		laim Liak	ттттсй	WKTS	1	00 /	- 0 0				
(5) C	omp					89,6	80.				
(6)					1						
(7)											
(8)											
(9)											
Total. (Co	umn (b) must equal Fo	orm 990, Part X, c	ol. (B) line 25	5.)		793,9	03.				
2. Liabilit	y for uncertain tax pos	sitions. In Part XII	I, provide the	text of the foot	note to	the organiza	tion's fin	ancial state	ments th	at reports the	
organi	zation's liability for und	certain tax positio	ns under FIN	1 48 (ASC 740).	Check	here if the te	xt of the	footnote ha	s been p	rovided in Part	XIII 🔲

	dule D (Form 990) 2014 Temple Health System			Page 4
Par	t XI Reconciliation of Revenue per Audited Financial S		ue per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV,			
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		
_	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)			
_	Add lines 4a and 4b			
5 Do:	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			
Pai	T XII Reconciliation of Expenses per Audited Financial		nses per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV,			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	0-		
a	Donated services and use of facilities			
b	Prior year adjustments			
C	Other losses			
d	Other (Describe in Part XIII.)			
_	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: Investment expenses not included on Form 990, Part VIII, line 7b	40		
a b	Other (Describe in Part XIII.)			
		<u></u>	4c	
	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line			
	t XIII Supplemental Information.	<i>c 10.)</i>		
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ai 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide		rait v, iii e 4, rait A, iii e 2, rait A	,

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

Temple Health System Transport Team, Inc **Employer identification number** 75-3084023

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?	5b		Х
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2014

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	berients	(B)(i)-(D)	reported as deferred in prior Form 990
(1) John Kastanis	(i)	0.	0.	0.	0.	0.		0.
President	(ii)	614,446.	54,000.	7,200.	11,700.	7,677.	695,023.	0.
(2) James Wellons	(i)	0.	0.	0.	0.	0.	0.	0.
Secretary	(ii)	198,647.	12,031.	11,877.	9,075.	6,935.	238,565.	0.
(3) Robert Lux	(i)	0.	0.	0.	0.	0.	0.	0.
Treasurer	(ii)	459,322.	95,353.	27,734.	50,222.	29,340.	661,971.	0.
(4) Dr. Ernest Yeh	(i)	0.	0.	0.	0.	0.		0.
Director	(ii)	154,899.	0.	95,115.	16,315.	20,660.	286,989.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
-	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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 additional information.

Schedule J (Form 990) 2014

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

➤ Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

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

Temple Health System Transport Team, Inc.

Employer identification number 75-3084023

Form 990, Part III, Line 1, Description of Organization Mission: transfer center services).

Form 990, Part VI:

Line 15:

There is a compensation committee that reviews and approves all total compensation of executive / key personnel at Temple University Health System through an evaluation performed by an external compensation expert before the compensation is approved.

Form 990, Part VI, Section A, line 6:

The sole member of the organization is Temple University Health System, The member has the power to appoint and remove the organizations Inc. The approval of the member is required for any of the Board of Directors. following actions by the organization, (a) any dissolution or liquidation, (b) any merger, (c) any amendments to the Articles of Incorporation, (d) any amendments to the bylaws regarding the member, the number of directors, quorum or voting requirements, (e) the sale, pledge, lease (but only a lease from the organization of substantially all of the organizations real property), or transfer of the assets of the organization other than transactions ocurring in the ordinary course of business, (f) the adoption of the organizations annual capital and operating budgets, (g) the issuance or assumption of any indebtedness in excess of fifty thousand (\$50,000) and, (h) the execution of any contract providing for the management of the organization.

Name of the organization

Temple Health System Transport Team, Inc

Temployer identification number 75-3084023

Form 990, Part VI, Section A, line 7a:

Please refer to the response for question 6.

Form 990, Part VI, Section A, line 7b:

Please refer to the response for question 6.

Form 990, Part VI, Section B, line 11:

After review by management and outside tax counsel, the 990 and 990T (if any) are posted to the website of the Secretary's Office. Each Board member is contacted and provided with the web address. A Board member without internet access is provided a paper copy for review. The website and paper mailing have an overview of the 990 and 990T preparation process and internal reviews. Each Board member is asked to review the 990 and 990T within 2 weeks and contact the Chief Financial Officer with any questions.

Form 990, Part VI, Section B, Line 12c:

The Office of the Secretary provides each Director and Officer with copies of the Conflict of Interest Policy and a disclosure statement to be completed on an annual basis. The Office of the Secretary reviews the completed disclosure statements which are then reviewed in summary format by a committee of the Board of Directors and any recommended actions are presented to the full Board of Directors. In addition to completing the annual disclosure statement, directors and officers must disclose potential or actual conflicts on an ongoing basis as matters arise. All disclosures are evaluated and a determination of whether a conflict exists is made by the Board or a committee of the Board.

Name of the organization Temple Health System Transport Team, Inc	Employer identification number 75-3084023
Form 990, Part VI, Section C, Line 19:	
The Unaudited Internal Financial Statements of Temple Uni	versity Health
System and certain of its related organizations are distr	ibuted and made
available to the public at the end of each quarter per th	e Systems
Continuing Disclosure Agreement (Series of 2012 Bond Issu	e) through Digital
Assurance Corp (DAC), the Municipal Services Reporting Bo	ards EMMA
disclosure site and the Health Systems financial web site	. The Annual
Audited Financial Statements are also released to the pub	lic in the same
manner. To the extent required by applicable law, the or	ganization makes
its governing documents available to the public upon requ	est.
Form 990, Part IX, Line 11g, Other Fees:	
Salaries and Benefits Non Mgmt T3 Staff (TPI Employees):
Program service expenses	4,221,949.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	4,221,949.
Purchased Services and Other Expenses:	
Program service expenses	632,691.
Management and general expenses	30,462.
Fundraising expenses	0.
Total expenses	663,153.
Total Other Fees on Form 990, Part IX, line 11g, Col A	4,885,102.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

2014 Open to Publ

OMB No. 1545-0047

Open to Public Inspection

Temple Health System Transport Team, Inc

Employer identification number 75-3084023

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	(e) End-of-year assets	(f) Direct controlling entity								
	-												
	-												
	-												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
Temple University of the Commonwealth System							
of Higher Ed - 23-1365971, 1330 W Berks							1
Street, Philadelphia, PA 19122	Education	Pennsylvania	501(c)(3)	Line 2	N/A		Х
Temple University Health System - 23-2825881					Temple University		
3509 N Broad Street	1				of the		i
Philadelphia, PA 19140	Health Care	Pennsylvania	501(c)(3)	Line 11a, I	Commonwealth		X
Temple University Hospital, Inc					Temple University		
23-2825878, 3509 N Broad Street,	1				Health System		i
Philadelphia, PA 19140	Health Care	Pennsylvania	501(c)(3)	Line 3	Inc.		Х
Temple University Health System Foundation -							
23-2916108, 3509 N Broad Street,	1				Temple University		
Philadelphia, PA 19140	Health Care	Pennsylvania	501(c)(3)	Line 11a, I	Hospital Inc.		X

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

Schedule R (Form 990) 2014

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a)	(b)	(c)	(d)	(e)	(f)	Section 5	j) 12(b)(13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	contr	olled
of related organization		foreign country)	section	status (if section	entity	organiz	
				501(c)(3))		Yes	No
Jeanes Hospital - 23-2826045	_				Temple University		
3509 N Broad Street		L .		L	Health System _		37
Philadelphia, PA 19140	Health Care	Pennsylvania	501(c)(3)	Line 3	Inc.		X
Jeanes Hospital Auxiliary - 23-1917776							
7600 Central Ave	<u> </u>	L .		L			37
Philadelphia, PA 19111	Health Care	Pennsylvania	501(c)(3)	Line 9	Jeanes Hospital		X
Temple Physicians Inc - 23-2790607	_				Temple University		
3509 N Broad Street	_				Health System		
Philadelphia, PA 19140	Health Care	Pennsylvania	501(c)(3)	Line 9	Inc.		X
Episcopal Hospital - 23-1365351	_						
3509 N Broad Street					Temple University		
Philadelphia, PA 19140	Health Care	Pennsylvania	501(c)(3)	Line 11a, I	Hospital Inc.		X
American Oncologic Hospital - 23-1352156					Temple University		
3509 N Broad Street					Health System		
Philadelphia, PA 19140	Health Care	Pennsylvania	501(c)(3)	Line 3	Inc.		X
Institute for Cancer Research - 23-6296135					American		
3509 N Broad Street					Oncological		
Philadelphia, PA 19140	Health Care	Delaware	501(c)(3)	Line 4	Hospital		X
Fox Chase Cancer Medical Group - 45-4540585					American		
3509 N Broad Street					Oncological		
Philadelphia, PA 19140	Health Care	Pennsylvania	501(c)(3)	Line 3	Hospital		X
Fox Chase Network, Inc 23-2467337					American		
3509 N Broad Street					Oncological		
Philadelphia, PA 19140	Health Care	Pennsylvania	501(c)(3)	Line 11b, II	Hospital		X
	1						
	7						
	7						
	7						

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

(b)	(c)	(d)	(e)	(f)	(a)	(1	h)	(i)	(i)	(k)
Primary activity	Legal domicile (state or foreign				Share of end-of-year assets	Disprop alloca	ortionate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		
	country)		00000110 0 12 0 1 1)			res	NO	101 (10111111005)	resin	
										<u> </u>
										
	(b) Primary activity	Primary activity Legal domicile (state or			Primary activity Legal domicile (state or foreign foreign foreign			Co Primary activity Primary activity Primary activity Primary activity Primary activity Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Share of total income Share of end-of-year assets Primary assets Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Primary ac	(b) Primary activity Col. Legal domicile (state or foreign country) (c) Legal moderation and processing country) (c) Legal domicile (state or foreign country) (c) Predominant income (related, unrelated, unrelated, under sections 512-514) (d) Predominant income (related, unrelated, unrelated, under sections 512-514) (ex) Predominant income (related, unrelated, unrelat	

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	((i) ction
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	512(l conti	(b)(13) trolled tity?
		country)		,				Yes	No
TUHS Insurance Company, Ltd - 98-1203189			Temple						
3509 N Broad Street - 9th Floor			University						
Philadelphia, PA 19140	Reinsurance	Bermuda	Health System						X
Fox Chase Ltd - 23-2396731			American						
3 Village Road - Suite 100]		Oncologic						
Philadelphia, PA 19140	Health Care	PA	Hospital	C CORP					X
	_								
									<u> </u>
]								
]								
									<u> </u>

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

b Gift, grant, or capital contribution to related organization(s)

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

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

С	Gift, grant, or capital contribution from related organization(s)				1c	Х				
d	Loans or loan guarantees to or for related organization(s)				1d		X			
е	Loans or loan guarantees by related organization(s)				1e		X			
f	Dividends from related organization(s)				1f		_X_			
g	Sale of assets to related organization(s)				1g		X			
h	Purchase of assets from related organization(s)				1h		X			
i	Exchange of assets with related organization(s)				1i		X			
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X			
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	Х				
- 1	Performance of services or membership or fundraising solicitations for related organi	nization(s)			11	Х	X			
m	m Performance of services or membership or fundraising solicitations by related organization(s)									
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)									
0	Sharing of paid employees with related organization(s)									
р	p Reimbursement paid to related organization(s) for expenses									
q Reimbursement paid by related organization(s) for expenses										
r	r Other transfer of cash or property to related organization(s)									
	Other transfer of cash or property from related organization(s)				1s		X			
2	If the answer to any of the above is "Yes," see the instructions for information on wh	no must complete t	his line, including covered r	relationships and transaction thresholds.						
	(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount inv	olved					
	, and the second	type (a-s)		ű						
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
13216	08-14-14			Schedule F	R (Forn	1 990)	2014			

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	Are a partners 501(c orgs)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners	ali s sec.	Share of	Share of	Dispr	ropor-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera	l or Percenta
of entity		(state or foreign	(related, unrelated, leveluded from tax under	501(c)(3)	total	end-of-year	alloca	nate itions?	amount in box 20	partn	n? ownersh
		country)	sections 512-514)	Yes	Nο	income	assets	Vac	No	(Form 1065)	Yes	<u>.</u>
			,	163	140			163	110	,	103	<u>''</u>
				\vdash					-		\vdash	
				\dashv							+	
				\neg								
										1		
										1		

Schedule R	(Form 990) 2014	Temple	Health	System	Transport	Team,	Inc75-3084023	Page 5
Part VII	(Form 990) 2014 Supplemental Infor	mation						
	Provide additional information	ation for respor	nses to questi	ons on Sched	ule R (see instruction	ıs).		
-								
-								
-								