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

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

A (41		77 1 001 P			Inspection
_			UL 1, 2017 and	ending J	UN 30, 2018	
В	Check if opplicable	C Name of organization			D Employer identifi	cation number
	Addres	Temple Health Custom I	manage Manage	T		
늗	ichange iName	Temple Health System T	ransport Team,	Inc		
⊢	_ichange ∏Initial	Doing business as			75-3	084023
⊨	return	Number and street (or P.O. box if mail is not de	•	Room/suite	E Telephone numbe	r
	Final return/	3509 N. Broad Street		936	215-	707-7855
	termin- ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$	7,830,885.
	Amende	M Philadelphia, PA 1914			H(a) Is this a group re	
	Applica		bert P. White			? Yes X No
	pending	same as C above				
				or 527	H(b) Are all subordinates in	
		http://t3.templehealth		UI 321	,	list. (see instructions)
			sociation Other	Leve	H(c) Group exemptio	n number
		Summary	SOCIETION CITE	L Year	of formation: 2002 N	State of legal domicile: PA
			3.54			
8	1 5	Briefly describe the organization's mission or most	significant activities: Alr	and gr	ound transp	ort of
Activities & Governance		critically ill patients t	o and between m	edical	. Iacilities	•
<u> ഉ</u>	2 (check this box 🕨 📖 if the organization disco	ntinued its operations or dispo	sed of more		ssets.
É		lumber of voting members of the governing body			3	3
•ಕ	4 1	lumber of independent voting members of the go	verning body (Part VI, line 1b)		4	
ë	5 T	otal number of individuals employed in calendar	ear 2017 (Part V, line 2a)		5	0
至	6 T	otal number of volunteers (estimate if necessary)			6	0
3	7a T	otal unrelated business revenue from Part VIII, co	olumn (C), line 12	15.	7a	0.
*	b N	let unrelated business taxable income from Form	990-T. line 34	45	7b	0.
					Prior Year	Current Year
Φ.	8 0	Contributions and grants (Part VIII, line 1h)			3,172,663.	2,899,996.
Revenue		hamman and day (D. 4) (H. 1)			5,065,027.	4,930,889.
8		nvestment income (Part VIII, column (A), lines 3, 4	and 7d\		0.	
Œ	11 0	other revenue (Part VIII, column (A), lines 5, 6d, 8d	, and 70)		0.	0.
	12 T	otal revenue and lines 2 through 11 /	, 9c, ruc, and rie)		8,237,690.	
_		otal revenue - add lines 8 through 11 (must equal				7,830,885.
	14 E	irants and similar amounts paid (Part IX, column (A), Ilnes 1-3)		0.	0.
	14 6	enefits paid to or for members (Part IX, column (A	y, line 4)		0.	0.
56	15 8	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
5	16a F	rofessional fundraising fees (Part IX, column (A),	ine 11e)		0.	0.
Expenses		otal fundraising expenses (Part IX, column (D), lin		0.	the rest to the same	distribution of the
_	17 (other expenses (Part IX, column (A), lines 11a-11d	, 11f-24e)		7,751,335.	
	18 T	otal expenses. Add lines 13-17 (must equal Part I	X, column (A), line 25)		7,751,335.	7,532,342.
. 10	19 F	levenue less expenses. Subtract line 18 from line	12		486,355.	298,543.
s or				Ве	ginning of Current Year	End of Year
ase ase	20 T	otal assets (Part X, line 16)	*******		1,650,817.	1,755,691.
Net Assets Fund Balanc	21 T	otal liabilities (Part X, line 26)	•••••		1,298,826.	1,105,157.
<u> </u>	22 N	let assets or fund balances. Subtract line 21 from	line 20		351,991.	650,534.
		Signature Block	 -			
Unde	er penalt	ies of perjury, declare that I have examined this return,	including accompanying schedule	s and statem	ents, and to the best of m	y knowledge and belief, it is
true,	correct,	and complete. Declaration of preparer (other than office	r) is based on all information of w	hich preparer	has any knowledge.	•
		152			5-1-19	9
Sign	۱	Signature of officer			Date	
Her	e	Herbert P. White, Trea	surer			
		Type or print name and title				
		Print/Type preparer's name	Preparer's signature	1	Jate Check	PTIN
Paid					ii -	
		Firm's name			self-employe	80
	-	Firm's address		_	Firm's EIN 🕨	
	,	0 4001000			05	
Mari	the ID	S discuss this return with the preparer shown abo	uno (non inchesentes à		Phone no.	
IVICEY	and the	o aracado milo termin witti frie blebatet suomu apo	<u>ver (see instructions)</u>		*************************	Yes No

	990 (2017) Temple Health System Transport Team, Inc 75-3084023 Page 2
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	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 \$ 5,179,152. including grants of \$) (Revenue \$3,487,494.)
	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, 2018 there were 7,144 transports of
	critically ill patients performed by Temple Transport Team.
4b	(Code:) (Expenses \$ 1,361,046. including grants of \$) (Revenue \$1,443,395.) 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.
	paciencs.
40	/Out
4c	(Code:) (Expenses \$
4d	Other program services (Describe in Schedule O.)
-r u	otriol program solvices (Describe in ochequie 0.)

Total program service expenses

4e

) (Revenue \$

Form **990** (2017)

including grants of \$ 6,540,198.

			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	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		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		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			37
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			Х
	Schedule D, Parts XI and XII	12a		
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
12			21	Х
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1 1 a		
b	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	- 1.0		
٠	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		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			_
	complete Schedule G, Part III	19		X

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	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,			x
	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		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Х	
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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			177
	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 (2017) 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		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	ib °			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re		4.		
20	(gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	I	1c		
Za	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 return		2b		
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions		20		
За			3a		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 a				
	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	ccounts (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		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	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 contribut				
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	$Did the organization \ receive \ a \ payment \ in \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ services \ a$	vices provided to the payor?	7a		X
b	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 was	•			
	to file Form 8282?		7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year				
е	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 contr		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
•			8		
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?		9a		
a h	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:		90		
	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:	1			
а	Gross income from members or shareholders	11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		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				
	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O	14b		
			_	$\alpha \alpha \alpha$	1001-

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 1a							
	If there are material differences in voting rights among members of the governing body, or if the governing	1						
	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 make any significant changes to its governing documents since the prior Form 990 was filed? 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?	5 6	Х	Х				
7a		Ť						
	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:							
	The governing body?	8a	х					
	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	100	X				
	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					
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х					
	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	ole					
	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 Ave 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.

Check this box if neither the organization	nor any related	orga	aniza	ation	n cor	mpe	nsat	ted any current officer, of	director, or trustee.	
(A)	(B)			_ ((C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos heck	ition more	than	one	Reportable	Reportable	Estimated
	hours per	box	do not check more than one lox, unless person is both an officer and a director/trustee)			is bot	h an	compensation	compensation	amount of
	week (list any	-	T				<u> </u>	from the	from related organizations	other compensation
	hours for	direct				P		organization	(W-2/1099-MISC)	from the
	related	ee or	stee			nsate		(W-2/1099-MISC)	(** = / ********************************	organization
	organizations	Itrus	nal tru		oyee	ompe				and related
	below	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	mer			organizations
	line)	<u>P</u>	lus	Officer	Ke	Hig	균			
(1) Dr. Verdi DiSesa	2.00	٠,,		,,					1 041 270	42 215
President	48.00	Х		Х	<u> </u>			0.	1,041,378.	43,215.
(2) Robert Lux	2.00	٠,,		,,					714 500	01 047
Treasurer	48.00	Х		Х	<u> </u>			0.	714,523.	81,847.
(3) Dr. Ernest Yeh	2.00	٠,,							200 227	20 205
Director	48.00	Х	_		<u> </u>			0.	289,337.	38,305.
(4) Charna Wright	48.00	-		x				0.	75 227	10 125
Asst Secretary	2.00	-		^				0.	75,327.	18,125.
(5) Paul Wright	48.00	-		x				0.	235,789.	51,255.
Secretary	40.00		\vdash	^	\vdash	-		0.	233,103.	31,233.
		$\frac{1}{1}$								
		1								
		-								
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		1								
-										
		_								
		1								
		\vdash		_	_		\vdash			
		-	_	_	_	_	_	•	•	

Pai	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A) Name and title	(B) Average hours per week	(do box offic	not c , unle	Pos heck ss pe	c) ition more rson		one h an	(D) Reportable	(E) Reportable compensatio	on	an	(F) stimate nount 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)	organization (W-2/1099-MIS	SC)	fr org and	pensa om the anizat d relat anizatie	e ion ed
1b	Sub-total		<u> </u>	<u> </u>	l		1	•	0.	2,356,3	54.	23	2,7	47.
	Total from continuation sheets to Part V							•	0.		0.		-	0.
d	Total (add lines 1b and 1c)								0.	2,356,3	54.	23	2,7	47.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	ed al	bov	e) wł	no re	eceived more than \$100	0,000 of reportab	le			C
	-												Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	•		•	•	•	•		highest compensated e			3		Х
4	For any individual listed on line 1a, is the su	ım of reportab	le co	omp	ensa	atior	n and	d otl	her compensation from	the organization			77	
_	and related organizations greater than \$15											4	Х	
5	Did any person listed on line 1a receive or a	•				•		elat	ted organization or indiv	idual for services	·	_		Х
Sec	rendered to the organization? If "Yes," com- tion B. Independent Contractors	piete Scriedui	e J i	or st	JCH	pers	SOII .					5		
1	Complete this table for your five highest co	mpensated in	depe	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of con	npensat	tion f	from	
	the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithir	n the organization's tax	year.				
	(A) Name and business								(B) Description of s	services	Соі	(C mpe	c) nsatio	n
Ter	mple Physicians Inc.,		Bı	208	ad				Dorgonnol			72	7 5	5 <i>6</i>

	in the enganization of tax your	
(A) Name and business address	(B) Description of services	(C) Compensation
	Description of services	Compensation
Temple Physicians Inc., 3509 N. Broad	_	
Street, Philadelphia, PA 19140	Personnel	5,727,556.
Temple University Health System, 3509 N.	Related Organization	
Broad Street, Philadelphia, PA 19140	Services	431,806.
Golden Hour Data Systems, 10052 Mesa Ridge		
Court Suite 200, San Diego, CA 92121	Billing Agency	216,823.
2 Total number of independent contractors (including but not limited to those liste	ed above) who received more than	

\$100,000 of compensation from the organization

3

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: \$	899,996.	2,899,996.			
				Business Code				
Service nue	2 a b c	T3C3 Communicat		621910 621910	3,487,494. 1,443,395.	3,487,494. 1,443,395.		
Program Service Revenue	d e							
_		All other program service reve			4 020 000			
	<u>g</u> 3	Investment income (including	dividends, inter	est, and	4,930,889.			
	4	other similar amounts)		_				
	4 5	Royalties		•				
	Ū	noyanos	(i) Real	(ii) Personal				
	6 a	Gross rents	V					
	b	Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)		<u></u>				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory		-				
	b	Less: cost or other basis						
		and sales expenses						
		Net gain or (loss)						
o l		Gross income from fundraisin						
nue		including \$						
Other Revenue		contributions reported on line	1c). See					
ē		Part IV, line 18						
₽		Less: direct expenses						
		Net income or (loss) from fund		_				
	9 а	Gross income from gaming ac Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less						
		and allowances	a					
		Less: cost of goods sold						
	С	Net income or (loss) from sale						
-	4.	Miscellaneous Revenu	ie	Business Code				
	11 a b							
	C							
		All other revenue						
		Total. Add lines 11a-11d		>				
	12	Total revenue See instructions			17.830.885	4.930.889.	0.	0.

Sect	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	er organizations must co	mplete column (A).	
	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):	274 666		274 666	
а	Management	871,666.		871,666.	
b	Legal	726.		726.	
	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	5,454,548.	5 111 519	10,000.	
40	column (A) amount, list line 11g expenses on Sch 0.)	38,755.	5,444,548.	1,975.	
12	Advertising and promotion	263,383.	160,868.	102,515.	
13	Office expenses	203,303.	100,000.	102,313.	
14 15	Information technology				
16	Royalties Occupancy	155,700.	155,700.		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	5,262.		5,262.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	186,608.	186,608.		
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O.)	410 530	410 530		
a	Bad Debt	419,538.	419,538.		
b	Service Maintenance Con	81,399. 40,310.	81,399. 40,310.		
C	Equipment Leases Insurance	14,447.	14,447.		
d		14,44/•	14,44/•		
	All other expenses Total functional expenses. Add lines 1 through 24e	7,532,342.	6,540,198.	992,144.	0.
<u>25</u> 26	Joint costs. Complete this line only if the organization	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0,040,100	J J Z 1 T T T	
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
70004					Form 990 (2017)

Form 990 (2017) Part X Balance Sheet

Pai	ILA	Balance Sneet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing		1	124,017.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	507,724.	4	538,284.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ts		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
٩	8	Inventories for sale or use		8	45 550
	9	Prepaid expenses and deferred charges	28,692.	9	15,750.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 1,349,088	• 606 450		604 265
	b	Less: accumulated depreciation 10b 744,723		10c	604,365.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	472 275
	15	Other assets. See Part IV, line 11	1 1 650 015	15	473,275.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	10110	16	1,755,691.
	17	Accounts payable and accrued expenses		17	235,456.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees,			
e ii		key employees, highest compensated employees, and disqualified persons.			
Lia		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of	862,628.	٥-	869,701.
	000	Schedule D	1,298,826.	25 26	1,105,157.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and	1,250,020.	26	1,105,157.
"		complete lines 27 through 29, and lines 33 and 34.			
ĕ	27		351,991.	27	650,534.
Fund Balances	28	Unrestricted net assets Temporarily restricted net assets		28	050,554.
Ä	29	5		29	
n n	29	Organizations that do not follow SFAS 117 (ASC 958), check here		25	
F		and complete lines 30 through 34.			
ts c	30	Capital stock or trust principal, or current funds		30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated income, or other funds		32	
Se	33	Total net assets or fund balances		33	650,534.
	34	Total liabilities and net assets/fund balances	1 (50 015	34	1,755,691.
	U-T	10tal liabilities and net assets/fund balances		J-4	<u> </u>

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 (2017)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number 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 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving 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. 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 listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Schedule A (Form 990 or 990-EZ) 2017 Temple Health System Transport Team, Inc75-3084023 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

tion A. Public Support						
ndar year (or fiscal year beginning in) 🖊	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
The value of services or facilities						
furnished by a governmental unit to						
, ,						
· · · · · ·						
•						
· ·						
_						
	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	(a) 2010	(5) 2014	(0) 2010	(u) 2010	(6) 2017	(i) rotal
,						
			<u> </u>			
·						
* * *						
· ·						
•						
•	oto (soo instructi	ione)			12	
•	•	,				
•	ŭ	•		•		
tion C. Computation of Publi	c Support Pe	rcentage				
			column (f))		14	%
					-	<u> </u>
	-					
_					-	
	_					
				-		ightharpoons
						ns •
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 Gross receipts from related activities, First five years. If the Form 990 is for organization, check this box and stop exition C. Computation of Public support percentage from 2016 33 1/3% support test - 2017. If the organization, check this box and stop exition C. Computation qualifies 33 1/3% support test - 2016. If the organization qualifies and stop here. The organization meets the "facts-and-circumstances test more, and if the organization meets the "facts-and-circumstances test more, and if the organization meets the "facts-and-circumstances test more, and if the organization meets the "facts-and-circumstances test more, and if the organization meets the "facts-and-circumstances test more, and if the organization meets the "facts-and-circumstances test more, and if the organization meets the "facts-and-circumstances" 10% -facts-and-circumstances test more, and if the organization meets the "facts-and-circumstances" 10% -facts-and-circumstances test more, and	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructifies tire tive years. If the Form 990 is for the organization organization, check this box and stop here. The organization qualifies as a publicly support support test - 2017. If the organization did not stop here. The organization qualifies as a publicly support - facts-and-circumstances test - 2017. If the organization meets the "facts-and-circumstances" test. The organization meets the "facts-and-circumstances" test. The organization meets the "facts-and-circumstances" test. The organization meets the "facts-and-circumstances" test.	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, thi organization, check this box and stop here. The organization of Public Support Percentage Public support percentage from 2016 Schedule A, Part II, line 14 33 1/3% support test - 2017. If the organization did not check the box of stop here. The organization qualifies as a publicly supported organization of here. The organization qualifies as a publicly supported organization of here. The organization meets the "facts-and-circumstances" test. The organization did not check a box on and stop here. The organization meets the "facts-and-circumstances" test. The organization did not check a box on and stop here. The organization meets the "facts-and-circumstances" test. The organization did not once, and if the organization meets the "facts-and-circumstances" test. The organization did not once, and if the organization meets the "facts-and-circumstances" test. The organization dornore, and if the organization meets the "facts-and-circumstances" test.	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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. Subract line 5 from line 4. ### Cross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth torganization, check this box and stop here. #### Total Support bercentage from 2016 Schedule A, Part II, line 14 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line stop here. The organization qualifies as a publicly supported organization 10% - facts-and-circumstances test - 2017. If the organization did not check a box on line and if the organization meets the "facts-and-circumstances" test, check this box and stop leneets the "facts-and-circumstances test - 2017. If the organization did not check a box on line and if the organization meets the "facts-and-circumstances" test, check this box and stop leneets the "facts-and-circumstances test - 2017. If the organization did not check a box on line and if the organization meets the "facts-and-circumstances" test, check this box and organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supporte	Giffs, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization of its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit to the organization without charge Total. Add lines 1 through 3 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. Submart line 5 from line 4. Ittion B. Total Support Index year (or fiscal year beginning in) ▶ (a) 2013 (b) 2014 (c) 2015 (d) 2016 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 Total support. Add lines 7 through 10 Total support percentage from 2016 Schedule A, Part II, line 14 31 /3% support test - 2017. (line 6, column (f) divided by line 11, column (f)) Public support percentage from 2016 Schedule A, Part II, line 14 31 /3% support test - 2017. (line 6, column (f) divided by line 11, column (f)) Public support test - 2017. (line 6, column (f) divided by line 11, column (f)) 21 /3% support test - 2017. (line 6, column (f) divided by line 11, column (f)) 23 /3% support test - 2017. (line 6, column (f) divided by line 11, column (f)) 31 /3% support test - 2017. (line 6, column (f) divided by line 11, column (f)) 31 /3% support test - 2017. (line 6, column (f) divided by line 11, column (f)) 31 /3% support test - 2017. (line 6, column (f) divided by line 11, column (f)) 31 /3% support test - 2017. (line 6, column (f) di	dar year (or fiscal year beginning in) ► (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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. The value of services or facilities from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Net income from similar sources. Net income from contribude gain or loss from the sale of capital assets (Explain in Part VI.) Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Schedule A (Form 990 or 990-EZ) 2017 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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

alendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and	` ′	` '	` ′	ì	` '	.,
membership fees received. (Do not						
include any "unusual grants.")	2,500,000.	2,400,000.	2,100,000.	3,172,663.	2,899,996.	13,072,659
	2,000,000.	2,200,000.		0,2/2,000.	2,023,230.	20,072,002
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	5,231,592.	5,615,470.	5,319,486.	5,065,027.	4,930,889.	26,162,464
3 Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513						
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	7,731,592.	8,015,470.	7,419,486.	8,237,690.	7,830,885.	39,235,123
7a 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
c Add lines 7a and 7b						0
8 Public support. (Subtract line 7c from line 6.)						39,235,123
ection B. Total Support						33,233,123
alendar year (or fiscal year beginning in)	(=) 0010	(h) 0014	(-) 0015	(4) 0010	(-) 0017	(f) Tatal
· · · · · · · · · · · · · · · ·	(a) 2013 7,731,592.	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total 39,235,123
9 Amounts from line 6	7,731,392.	8,015,470.	7,419,486.	8,237,690.	7,830,885.	39,233,123
Oa Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,629.	593.				3,222
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	2,629.	593.				3,222
Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	, , , ,					•
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
3 Total support. (Add lines 9, 10c, 11, and 12.)	7,734,221.	8,016,063.	7,419,486.	8,237,690.	7,830,885.	39,238,345
4 First five years. If the Form 990 is for t	the organization's	first, second, third	, fourth, or fifth tax	year as a section	501(c)(3) organiz	ation,
check this box and stop hereection C. Computation of Public		centage				>
5 Public support percentage for 2017 (lir			olumn (f))		15	99.99
6 Public support percentage from 2016					16	99.98
ection D. Computation of Inves						
7 Investment income percentage for 201					17	.01
8 Investment income percentage from 20	016 Schedule A, F	Part III, line 17		Г	18	.02
9a 33 1/3% support tests - 2017. If the o					3 1/3%, and line 1	7 is not
more than 33 1/3%, check this box an						
b 33 1/3% support tests - 2016. If the cline 18 is not more than 33 1/3%, check						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 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 12a or 12b 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 Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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	3b		
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~ ^	10b 90 or 99	M E2	2017
11 9	an or as	7U-EZ	2017

16

Part IV Supporting Organizations (continued) Yes No	Sche	dule A (Form 990 or 990-EZ) 2017 Temple Health System Transport Team, Inc75-30	<u>8402</u>	3 Pa	age 5
11. Has the organization accepted a gift or contribution from any of the following persons? 2. A Person who directly or indirectly controls, either able on topether with persons described in (b) and (c) below, the governing body of a supported organization? 3. A Person who directly or indirectly controls, either able over? 4. A Section B. Type I Supporting Organizations 5. Section B. Type I Supporting Organizations 7. Did the directors, trustees, or membership of one or more supported organizations have the power to regulatly appoint or elect at least a majority of the organizations or directing the tax year? If 'No,' describe in Part VI how the supported organizations have the power to controlled the organizations are within a trust or controlled the organizations are within a trust or an expensive organization or described in part VI how the supported organizations have the power to organization or described organization and what conditions or restrictions, if any, applied to such powers during the supported organization of expensive during described organization and what conditions or restrictions, if any, applied to such powers during the supported organization organization of the trust has supported organization organization of the trust has supported organization organization or the trust has supported organization organization organization organization in the supported organization organization organization organization in the supported organization o	Pai	t IV Supporting Organizations _(continued)			
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? b A family member of a person described in (d) above? c A 59% controlled entity of a person described in (d) at (b) or (b) above? 1 Did the directors, frustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations directors or trustees at all times during the tax year? If "No," describe how the powers to appoint and/or remove directors or trustees at all times during the tax year? If "No," describe how the powers to appoint and/or remove directors are trustees at a supported organization, describe how the powers to appoint and/or remove directors or trustees are almost the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization operated, supervised, or controlled the supporting organization other than the supported organization operated, supervised, or controlled the supporting organization. 2 Did the organization power for the benefit of any supported organization? If "Yes," elphih in Part VI how providing such benefit camed out the purposes of the supported organization (s) that operated, supervised, or controlled the supporting Organizations. 1 Were a majority of the organization is directors or trustees during the tax year alloy of the directors or trustees of sauch of the organization is supported organization(s)? If "No," describe in Part VI now control or management of the supporting Organization is wested in the same persons that controlled or managed the supporting organization is apported organization and the supported organizat				Yes	No
below, the governing body of a supported organization? b. A Lamily member of a person described in (a) bor (b) above? c. A 35% controlled entry of a person described in (a) or (b) above?// "Yes" to a, b, or o, provide detail in Part VI. Section B. Type I Supporting Organizations 1. Did the directors, instees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization of directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization of directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization of granization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization of present of the brenefit or any supported organization of the than the supported organization san what conditions or restrictions, if any, applied to such powers during the tax year. 2. Did the organization person the supported organization of the than the supported organization (i) that operated, supervised, or controlled the supported organization of the than the supported organization supported organization of the organization is never the supported organization of the supported organization of the supported organization or supported organization o	11	Has the organization accepted a gift or contribution from any of the following persons?			
b A Amily member of a person described in (a) above? A 35% controlled entity of a person described in (a) et b) above?!! "Yes" to a, b, or c, provide detail in Part VI. 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations directors or trustees at all times during the tax year. "If "No" describe in Part VI how the supported organization (services or trustees at all times during the tax year." All the organization's activities. If the organization is described by the powers to appoint and/or amount of electors or trustees are all times damage the supported organization, described by the powers to appoint and/or amount of electors or trustees were allocated among the supported organization, described by the powers to appoint and/or amount of electors or trustees were allocated among the supported organization, described by the powers to appoint and/or amount of electors or trustees were allocated among the supported organization, described organization other than the supported organization of part VI how the powers to appoint and/or amount of the supported organization? If "Yes," explain in Part VI how providing such beneficial cared out the purposes of the supported organization? If "Yes," explain in Part VI how control or management of the supporting Organizations Section C. Type III Supporting Organizations I 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 aspected organization(e); If "Yes," describe in Part VI how control or management of the supported organization was vested in the same persons that controlled or managed the supported organization provide to each of Its supported organizations, by the last day of the fifth month of the organization provide to each of Its supported organizations, by the last day of the fifth month of the organization organization is powered organization	а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
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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 ellocated among the supported organization sand what conditions or restrictions; if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization of the "than the supported organization of the supported organization of the supporting organization of If "Ves," 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 Section C. Type II Supporting Organizations 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization's supported organization's supported organization's activation was vested in the same persons that controlled or managed the supported organization's activation was vested in the same persons that controlled or managed the supported organization's activation was vested in the same persons that controlled ormanaged the supported organization's activation was expected in the supported organization and the organization is activated to the supported organization and the organization is activated to the date of notification, and (ii) copies of the organization's governing documents in effect on the date of notification, and (iii) copies of the organization's activation or the date of notification, and (iii) copies of the organization's activation or the date of notification, and (iii) copies of the organization's involved the organization's involved the organization's involved the organization's involved t				Yes	No
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1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee instructions). a The organization satisfied the Activities Test. Complete line 2 below. b The organization is the parent of each of its supported organizations. Complete line 3 below. c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). 2 Activities Test. Answer (a) and (b) below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations and explain how these activities directly furthered their exempt purposes, how the 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. b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer (a) and (b) below. a 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. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	800		3		
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	h		Ja		
	D		3b		

Schedule A (Form 990 or 990-EZ) 2017 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 (explain in Part VI.) 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 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI):

8	Minimum Asset Amount (add line / to line 6)	8						
Sect	ion C - Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1						
2	Enter 85% of line 1	2						
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3						
4	Enter greater of line 2 or line 3	4						
5	Income tax imposed in prior year	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to							
	emergency temporary reduction (see instructions)	6						
7	Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see							

2

3

<u>4</u> 5

6

7

Acquisition indebtedness applicable to non-exempt-use assets

Net value of non-exempt-use assets (subtract line 4 from line 3)

Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,

3 Subtract line 2 from line 1d

Multiply line 5 by .035

instructions).

Recoveries of prior-year distributions

see instructions)

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 Temple Health System Transport Team, Inc75-3084023 Page 7

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

Par	I v Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)							
Secti	on D - Distributions			Current Year						
1	Amounts paid to supported organizations to accomplish exe	mpt purposes								
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported								
	organizations, in excess of income from activity									
3	Administrative expenses paid to accomplish exempt purpose	Administrative expenses paid to accomplish exempt purposes of supported organizations								
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	he organization is responsive	9							
	(provide details in Part VI). See instructions.									
9	Distributable amount for 2017 from Section C, line 6									
10	Line 8 amount divided by line 9 amount									
		(i)	(ii)	(iii)						
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017						
1	Distributable amount for 2017 from Section C, line 6									
2	Underdistributions, if any, for years prior to 2017 (reason-									
	able cause required- explain in Part VI). See instructions.									
3	Excess distributions carryover, if any, to 2017									
а										
b	From 2013									
С	From 2014									
d	From 2015									
е	From 2016									
f	Total of lines 3a through e									
g	Applied to underdistributions of prior years									
h	Applied to 2017 distributable amount									
i	Carryover from 2012 not applied (see instructions)									
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.									
4	Distributions for 2017 from Section D,									
	line 7: \$									
а	Applied to underdistributions of prior years									
b	Applied to 2017 distributable amount									
С	Remainder. Subtract lines 4a and 4b from 4.									
5	Remaining underdistributions for years prior to 2017, if									
	any. Subtract lines 3g and 4a from line 2. For result greater									
	than zero, explain in Part VI. See instructions.									
6	Remaining underdistributions for 2017. Subtract lines 3h									
	and 4b from line 1. For result greater than zero, explain in									
	Part VI. See instructions.									
7	Excess distributions carryover to 2018. Add lines 3j									
	and 4c.									
8	Breakdown of line 7:									
а	Excess from 2013									
b	Excess from 2014									
С	Excess from 2015									
d	Excess from 2016									

Schedule A (Form 990 or 990-EZ) 2017

e Excess from 2017

Schedule A	(Form 990 or 990-	EZ) 2017	Temple	Health	System	Transport	Team,	Inc75-30	84023 Page 8
Part VI	Supplementa Part IV, Section A line 1; Part IV, Se	I Inform A, lines 1, ction D, li b, 6, and 8	nation. Pro 2, 3b, 3c, 4b, ines 2 and 3;	vide the expla 4c, 5a, 6, 9a, Part IV, Sectio	nations require 9b, 9c, 11a, 1 n E, lines 1c, 2	ed by Part II, line 10; 1b, and 11c; Part IV, a, 2b, 3a, and 3b; P Also complete this p	Part II, line 1 Section B, lir art V, line 1; F	7a or 17b; Part I nes 1 and 2; Par Part V, Section B	I, line 12; t IV, Section C, , line 1e; Part V,

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

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

organization answered "Yes" on Form 990, Part IV, line 6. 1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of contributions to (during year) 4 Aggregate value of grants from (during year) 5 Did the organization inform (during year) 6 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization is properly, subject to the organization's exclusive legal control? 7 Did the organization informal grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible purposes and not for the benefit of the organization (check all that apply). Partial Conservation Essements. Complete if the organization (check all that apply). Preservation of land for public use (e.g., recreation or aducation) Preservation of a historically important land area. Protection of natural habitat Preservation of the save and the public use (e.g., recreation or aducation) Preservation of a conservation assement to the last and the fact that purpose organization assements and a qualified conservation contribution in the form of a conservation essement to a certified historic structure included in (a) 1 Total number of conservation essements in cuted of in (a) acquired after 7/25/06, and not on a historic structure 1 Total number of conservation essements included in (a) acquired after 7/25/06, and not on a historic structure 1 N	Pai	t I Organizations Maintaining Donor Advise		or Acco	unts.Complete if the
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Part II Conservation Easements. Complete if the organization answered "Yes* on Form 990, Part IV, line 7. 1 Purpose(6) of conservation easements held by the organization (check all that apply). □ Preservation of land for public use (e.g., recreation or education) □ Preservation of a historically important land area □ Protection of natural habitat □ Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements included in (e) acquired after 7/25/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► 4 Number of states where property subject to conservation easements is located ► 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements in thicks? ■ Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► ■ \$ 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(iii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Complete If the organization assest held for public exhibition, education, or research in further					
1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education)		impermissible private benefit?			Yes No
Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of open space 2 Complete lines 2 a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 3 Total number of conservation easements 2a Held at the End of the Tax Year 4 Number of conservation easements included in (e) A Number of conservation easements 2b D 5 Number of conservation easements included in (e) A Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 4 Number of states where properly subject to conservation easements is located D 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No 5 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year S 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year S 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year S 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(l) and section 170(h)	Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Pa	art IV, line 7	7.
Protection of natural habitat	1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).		
Preservation of open space		Preservation of land for public use (e.g., recreation or e	education) Preservation of a histor	rically impo	rtant land area
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 1 Total number of conservation easements 2 D 1 Total acreage restricted by conservation easements 2 D 2 D 2 D 3 Number of conservation easements on a certified historic structure included in (a) 2 D 2 D 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► 4 Number of states where property subject to conservation easement is located ► 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcement of the conservation easements it holds? 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcement of the conservation easements in holds? 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organizati		Protection of natural habitat	Preservation of a certification	ed historic	structure
a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 3 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 4 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ 5 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 1 Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under		Preservation of open space			
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b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year No Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year S Boes each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items: if the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue		day of the tax year.			Held at the End of the Tax Year
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listed in the National Register	С	Number of conservation easements on a certified historic str	ucture included in (a)	2c	
Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ * Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(iii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part XIII, line 1	d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structur	re	
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 ▶ \$	6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation ea	sements during the year
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and section 170(h)(4)(B)(ii)?		· ·			
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the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1	2				
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		Health Sys									ge 2
Par	t III Organizations Maintaining C	Collections of A	rt, Histo	rical Tr	easures, o	r Other	Simil	ar Asse	ts (contin	ued)	
3	Using the organization's acquisition, access	ion, and other record	ds, check a	iny of the	following that	are a sig	nificant	use of its	collection	ı items	;
	(check all that apply):										
а	Public exhibition	c	ı 🖳 Lo	an or excl	hange prograi	ms					
b	Scholarly research	e	e L Ot	her							
С	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explai	n how the	/ further th	he organizatio	n's exem	pt purpo	ose in Par	t XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, hist	orical trea	sures, or othe	r similar a	issets		_		
	to be sold to raise funds rather than to be m								Yes		No
Par	t IV Escrow and Custodial Arran	-	ete if the o	rganizatio	n answered "	Yes" on F	orm 990), Part IV,	line 9, or		
	reported an amount on Form 990, Pa	ırt X, line 21.									
1a	Is the organization an agent, trustee, custod		-					_	_		
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing tal	ole:							
									Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F	form 990, Part X, line	21, for es	crow or cu	ustodial accou	unt liability	/?	L	Yes	Щ	No
	If "Yes," explain the arrangement in Part XIII										
Par	t V Endowment Funds. Complete	if the organization ar	swered "Y	es" on Fo	orm 990, Part	IV, line 10).				
		(a) Current year	(b) Prio	r year	(c) Two years	back (d	I) Three y	ears back	(e) Four	years b	ack
	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1g,	column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment >	%									
С	Temporarily restricted endowment ▶	%									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiz	ation that	are held a	nd administer	ed for the	e organiz	zation	_		
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on Sch	nedule R?					3b		
4	Describe in Part XIII the intended uses of the	e organization's endo	owment fu	nds.							
Par	t VI Land, Buildings, and Equipn	nent.									
	Complete if the organization answere	ed "Yes" on Form 99	0, Part IV,	ine 11a. S	See Form 990,	Part X, lii	ne 10.				
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) Acc	umulate	ed	(d) Book	value	
		basis (investr	ment)	basis	(other)	depr	eciation				
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment	4 0 4 0	088.			7	44,7	23.	604	1,36	5.
	Other										
	. Add lines 1a through 1e. (Column (d) must e		X, column	(B), line 1	10c.)				604	1,36	5.

Schedule D (Form 990) 2017

	edule D (Form 990) 2017	-		3 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial S		nue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV,		1.1	
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:	ا م ا		
a	· · · · · · · · · · · · · · · · · · ·			
b				
c d	1 , 0			
u e	, , , , , , , , , , , , , , , , , , , ,		2e	
3	Add lines 2a through 2d Subtract line 2e from line 1			
4	Amounts included on Form 990. Part VIII, line 12, but not on line 1:			
a		4a		
b				
С		<u>"</u>	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1			
Pa	rt XII Reconciliation of Expenses per Audited Financial S	Statements With Expe	nses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.		
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:			
а	Donated services and use of facilities	2a		
b	•			
С				
d	,			
е	J			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1		
a	, , , ,			
b	, , , , , , , , , , , , , , , , , , , ,	<u>"</u>	40	
с 5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line			
	rt XIII Supplemental Information.	10.)	J	
	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4: Part IV. lines 1b and 2b:	Part V. line 4: Part X. line 2: P	art XI.
	22d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	· · · · · · · · · · · · · · · · · · ·	,,,,	,
		,		

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.

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

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

P	art I Questions Regarding Compensation	3404		
	att Questions riegarding compensation		Yes	No
12	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,		163	140
ıu	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 (such as, maid, chauffeur, chef)			
	Discretionary spending account			
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,	1.5		
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
	tradicios, and difficulty, moraling the GEG/LACCOUNT Difficulty, regulating the forms difficulties of the Tail	_		
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			
	Approval by the board of compensation committee			
4	During the year, did any person listed on 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
b	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.			
	ти на тру и то то тру и тру и то тру и тру и то			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on 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
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
-	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
-	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	_		
9	ii res on line 6, did the ordanization also follow the reputtable bresumbtion brocedure described in			

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

Schedule J (Form 990) 2017

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 on 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 aren't 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 (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	berients	(B)(I)-(U)	reported as deferred on prior Form 990
(1) Dr. Verdi DiSesa	(i)	0.	0.	0.	0.	0.	0.	0.
President	(ii)	941,378.	100,000.	0.	29,376.	13,839.	1,084,593.	0.
(2) Robert Lux	(i)	0.	0.	0.	0.	0.	0.	0.
Treasurer	(ii)	550,459.	135,830.	28,234.	51,702.	30,145.		0.
(3) Dr. Ernest Yeh	(i)	0.	0.	0.	0.	0.	0.	0.
Director	(ii)	151,975.	0.	137,362.	15,856.	22,449.	327,642.	0.
(4) Paul Wright	(i)	0.	0.	0.	0.	0.	0.	0.
Secretary	(ii)	222,063.	13,726.	0.	23,047.	28,208.	287,044.	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)							

SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

2017
Open to Public Inspection

OMB No. 1545-0047

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, 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 organization's

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 organization's 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.

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.

Name of the organization
Temple Health System Transport Team, Inc

| Employer identification number 75-3084023

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

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 an 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.

Form 990, Part VI, Section C, Line 19:

The unaudited internal financial statements of Temple University Health

System and certain of its related organizations are distributed and made

available to the public at the end of each quarter per the Health System's

Continuing Disclosure Agreement through Digital

Assurance Corp (DAC), the Municipal Services Reporting Boards EMMA

Name of the organization Temple Health System Transport Team, Inc	Employer identification number 75-3084023
disclosure site and the Health System's financial web sit	e. The annual
audited financial statements are also released to the pub	lic in the same
manner. To the extent required by applicable law, the org	anization 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	4,806,879.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	4,806,879.
Purchased Services and Other Expenses:	
Program service expenses	637,669.
Management and general expenses	10,000.
Fundraising expenses	0.
Total expenses	647,669.
Total Other Fees on Form 990, Part IX, line 11g, Col A	5,454,548.

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.

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

2017 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

Temple Health System Transport Team, Inc

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 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 tity?
				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		X
Temple University Health System - 23-2825881					Temple University		
3509 N. Broad Street Room 936 c/o TUHS Legal					of the		
Philadelphia, PA 19140	Health Care	Pennsylvania	501(c)(3)	Line 12a, I	Commonwealth		Х
Temple University Hospital, Inc					Temple University		
23-2825878, 3509 N. Broad Street Room 936	1				Health System		
c/o TUHS Legal, Philadelphia, PA 19140	Health Care	Pennsylvania	501(c)(3)	Line 3	Inc.		X
Temple University Health System Foundation -							
23-2916108, 3509 N. Broad Street Room 936	1				Temple University		
c/o TUHS Legal, Philadelphia, PA 19140	Health Care	Pennsylvania	501(c)(3)	Line 12a, I	Hospital Inc.		Х

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

Schedule R (Form 990) 2017

Part II Continuation of Identification of Related Tax-Exempt Organizations

(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 zation?
ŭ		Toroigir country)		501(c)(3))	,	Yes	No
Jeanes Hospital - 23-2826045					Temple University		
3509 N. Broad Street Room 936 c/o TUHS Legal	1				Health System		l
Philadelphia, PA 19140	Health Care	Pennsylvania	501(c)(3)	Line 3	Inc.		Х
Jeanes Hospital Auxilary - 23-1917776							
3509 N. Broad Street Room 936 c/o TUHS Legal	7						1
Philadelphia, PA 19140	Health Care	Pennsylvania	501(c)(3)	Line 10	Jeanes Hospital		Х
Temple Physicians Inc - 23-2790607					temple University		
3509 N. Broad Street Room 936 c/o TUHS Legal	7				Health System		l
Philadelphia, PA 19140	Health Care	Pennsylvania	501(c)(3)	Line 10	Inc.		Х
Episcopal Hospital - 23-1365351							
3509 N. Broad Street Room 936 c/o TUHS Legal	7				Temple University		l
Philadelphia, PA 19140	Health Care	Pennsylvania	501(c)(3)	Line 12a, I	Hospital Inc.		Х
American Oncologic Hospital - 23-1352156					Temple University		
3509 N. Broad Street Room 936 c/o TUHS Legal	7				Health System		l
Philadelphia, PA 19140	Health Care	Pennsylvania	501(c)(3)	Line 3	Inc.		Х
Institute for Cancer Research - 23-6296135					American		
3509 N. Broad Street Room 936 c/o TUHS Legal	1				Oncologic		l
Philadelphia, PA 19140	Health Care	Delaware	501(c)(3)	Line 4	Hospital		х
Fox Chase Cancer Center Medical Group -					American		
45-4540585, 3509 N. Broad Street Room 936	1				Oncologic		l
c/o TUHS Legal, Philadelphia, PA 19140	Health Care	Pennsylvania	501(c)(3)	Line 3	Hospital		х
Fox Chase Network Inc 23-2467337					American		
3509 N. Broad Street Room 936 c/o TUHS Legal	1				Oncologic		l
Philadelphia, PA 19140	Health Care	Pennsylvania	501(c)(3)	Line 12b, II	Hospital		х
Temple Faculty Practice Plan, Inc					Temple University		
83-1002191, 3509 N. Broad Street Room 936	1				Health System		l
c/o TUHS Legal, philadelphia, PA 19140	Health Care	Pennsylvania	501(c)(3)	Line 3	Inc.		х
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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. Part III

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	n)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign		Predominant income (related, unrelated, excluded from tax under sections 512-514)		Share of end-of-year assets	Disprop alloca			Conoral	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	

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 Room 936 c/o TUHS Legal			University						
Philadelphia, PA 19140	Reinsurance	Bermuda	Health System						X
Fox Chase LTD - 23-2396731			American						
3509 N Broad Street Room 936 c/o TUHS Legal			Oncologic						
Philadelphia, PA 19140	Health Care	PA	Hospital	C CORP					X
									<u> </u>
	1								

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

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 r	elated organizations listed	in Parts II-IV?							
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X				
b	b Gift, grant, or capital contribution to related organization(s)				1b		X				
С	c Gift, grant, or capital contribution from related organization(s)				1c	Х					
d	d Loans or loan guarantees to or for related organization(s)				1d		X				
	Loans or loan guarantees by related organization(s)				1e		X				
f	f Dividends from related organization(s)				1f		X				
	g Sale of assets to related organization(s)				1g		X				
h	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				
						х					
k	k Lease of facilities, equipment, or other assets from related organization(s)										
ı	Performance of services or membership or fundraising solicitations for related organization(s)				11		X				
	m Performance of services or membership or fundraising solicitations by related organization(s)				1m	Х	X				
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)										
0	Sharing of paid employees with related organization(s)										
						Х					
р	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		X				
	S Other transfer of cash or property from related organization(s)				1 s		X				
2	If the answer to any of the above is "Yes," see the instructions for information on who must con	nplete t	his line, including covered	relationships and transaction thresholds.							
	(a) (b) Name of related organization Transact type (a-		(c) Amount involved	(d) Method of determining amount invo	olved						
(1)											
(2)											
(3)											
(4)											
/ -\											
(5)											
(6)											
	163 09-11-17	8		Schedule F	(Forr	n 990)	2017				
					,	,					

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)	(e) Are al 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	Sec.	Share of	Share of	Disp	ropor- nate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera	Percentag
of entity		(state or foreign	excluded from tax under	orgs.	(3) ?	total	end-of-year	alloca	tions?	of Schedule K-1	partne	ownership
		country)	sections 512-514)	Yes 1		income	assets	Yes	No	(Form 1065)	Yes N	ю
				\vdash	\dashv			+	-		\vdash	
					T							
					\dashv			+				
				\vdash	\dashv			-	\vdash		\vdash	
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		I	I .		- 1					1	1 1	

Schedule R	R (Form 990) 2017	Temple	Health	System	Transport	Team,	Inc75-3084023	Page 5
Part VII	Supplemental Info	rmation.						
	Provide additional inforn	nation for respor	nses to questi	ons on Sched	ule R. See instruction	ns.		
-								