

Form **990**
Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047
2020
Open to Public Inspection

A For the **2020** calendar year, or tax year beginning **07-01-2020**, and ending **06-30-2021**

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

C Name of organization
EMERGENCY TRANSPORT ASSOCIATES INC

% RONALD C KELLER CPA
Doing business as
JEFFSTAT

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1101 MARKET STREET SUITE 2004

City or town, state or province, country, and ZIP or foreign postal code
PHILADELPHIA, PA 19107

D Employer identification number
23-2622004

E Telephone number
(215) 503-8958

G Gross receipts \$ 6,825,018

F Name and address of principal officer:
RICHARD J WEBSTER RN MSN
1101 MARKET ST STE 2004
PHILADELPHIA, PA 19107

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.JEFFERSONHEALTH.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1990

M State of legal domicile: PA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
EMERGENCY TRANSPORT ASSOCIATES, INC. ("JEFFSTAT") PROVIDES MEDICAL TRANSPORTATION FOR PATIENTS OF THOMAS JEFFERSON UNIVERSITY HOSPITALS, INC. ("TJU") AND OTHER INSTITUTIONS.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	6
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	0
5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	0
6 Total number of volunteers (estimate if necessary)	6	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	0	0
9 Program service revenue (Part VIII, line 2g)	5,727,482	6,825,018
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,727,482	6,825,018
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	7,000,604	7,731,596
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,000,604	7,731,596
19 Revenue less expenses. Subtract line 18 from line 12	-1,273,122	-906,578

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	1,671,492	1,845,857
21 Total liabilities (Part X, line 26)	32,935,182	34,016,125
22 Net assets or fund balances. Subtract line 21 from line 20	-31,263,690	-32,170,268

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer
Date 2022-05-13

PETER L DEANGELIS JR EVP CFO/CAO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date

Check if self-employed PTIN P00642486

Firm's name ▶ WithumSmithBrown PC Firm's EIN ▶

Firm's address ▶ 1835 MARKET STREET SUITE 1710
PHILADELPHIA, PA 191032945 Phone no. (215) 546-2140

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

EMERGENCY TRANSPORT ASSOCIATES, INC. ("JEFFSTAT") PROVIDES MEDICAL TRANSPORTATION FOR PATIENTS OF THOMAS JEFFERSON UNIVERSITY HOSPITALS, INC. ("TJUH") AND OTHER INSTITUTIONS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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 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 \$ 7,731,596 including grants of \$ 0) (Revenue \$ 6,825,018)
See Additional Data

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

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

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

4e Total program service expenses ▶ 7,731,596

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		No
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		No
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		No
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		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
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		No
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		No
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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
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		No
c	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		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		No
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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
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		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		No
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		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		No

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, and tax-exempt status.

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 [checked]

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 0
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 2b
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a No
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a No
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 Accounts (FBAR).
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b No
c 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 organization solicit any contributions that were not tax deductible as charitable contributions? 6a No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b
7 Organizations that may receive deductible contributions under section 170(c).
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a No
b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c No
d If "Yes," indicate the number of Forms 8282 filed during the year 7d
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8
9 Sponsoring organizations maintaining donor advised funds.
a Did the sponsoring organization make any taxable distributions under section 4966? 9a
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b
10 Section 501(c)(7) organizations. Enter:
a 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:
a Gross income from members or shareholders 11a
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b
13 Section 501(c)(29) qualified nonprofit health insurance issuers.
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 13a
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
c Enter the amount of reserves on hand 13c
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 15 No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 16 No

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Row 17: List the states with which a copy of this Form 990 is required to be filed. Answer: PA. Row 18: Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Answer: Own website, Another's website, Upon request, Other (explain in Schedule O). Row 19: Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. Row 20: State the name, address, and telephone number of the person who possesses the organization's books and records. Answer: RONALD C KELLER CPA 1101 MARKET STREET STE 2004 PHILADELPHIA, PA 19107 (215) 503-8344.

Part VIII Statement of Revenue

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

Table with columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include Contributions, Gifts, Grants and Other Similar Amounts; Program Service Revenue; and Other Revenue.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 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	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	0			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	0			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	0			
9 Other employee benefits	0			
10 Payroll taxes	0			
11 Fees for services (non-employees):				
a Management	0			
b Legal	0			
c Accounting	0			
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,313,572	1,313,572	0	0
12 Advertising and promotion	18,317	18,317		
13 Office expenses	44,307	44,307		
14 Information technology	13,575	13,575		
15 Royalties	0			
16 Occupancy	126,234	126,234		
17 Travel	9,235	9,235		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	39,201	39,201		
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	26,628	26,628		
23 Insurance	0			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a ALLOCATION OF PERSONNEL COST	6,011,539	6,011,539	0	0
b CLINICAL & ACADEMIC SUPPORT	63,970	63,970	0	0
c MEDICAL SUPPLIES	29,493	29,493	0	0
d DUES & SUBSCRIPTIONS	410	410		0
e All other expenses	35,115	35,115		
25 Total functional expenses. Add lines 1 through 24e	7,731,596	7,731,596	0	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	0	1	0
	2 Savings and temporary cash investments	0	2	0
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	1,488,719	4	1,632,768
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	0	9	0
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,228,531	10a	
	b Less: accumulated depreciation	1,015,442	10b	
		182,773	10c	213,089
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
15 Other assets. See Part IV, line 11	0	15	0	
16 Total assets. Add lines 1 through 15 (must equal line 33)	1,671,492	16	1,845,857	
Liabilities	17 Accounts payable and accrued expenses	8,400	17	21,375
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	32,926,782	25	33,994,750
	26 Total liabilities. Add lines 17 through 25	32,935,182	26	34,016,125
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	-31,263,690	27	-32,170,268
	28 Net assets with donor restrictions	0	28	0
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	-31,263,690	32	-32,170,268	
33 Total liabilities and net assets/fund balances	1,671,492	33	1,845,857	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,825,018
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,731,596
3	Revenue less expenses. Subtract line 2 from line 1	3	-906,578
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-31,263,690
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	-32,170,268

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 23-2622004

Name: EMERGENCY TRANSPORT ASSOCIATES INC

Form 990 (2020)

Form 990, Part III, Line 4a:

EXPENSES INCURRED IN PROVIDING MEDICAL TRANSPORTATION SERVICES TO INPATIENTS AND OUTPATIENTS OF THOMAS JEFFERSON UNIVERSITY HOSPITALS, INC. ("TJUH") AND NON-JEFFERSON CUSTOMERS. EMERGENCY TRANSPORT ASSOCIATES, INC. ("JEFFSTAT") SERVES AS AN EXTENSION OF THE HOSPITAL, MAKING IT EASIER AND MORE EFFICIENT FOR REFERRING HOSPITALS IN SOUTHEASTERN PENNSYLVANIA, NEW JERSEY, AND DELAWARE TO TRANSFER PATIENTS TO JEFFERSON FOR ADMISSION.

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
EMERGENCY TRANSPORT ASSOCIATES INC

Employer identification number
23-2622004

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 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)**.
- 7 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.)
- 9 An agricultural research organization described in **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 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.
 - a **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.**
 - 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.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **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.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s).

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

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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4. . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2019 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0	0	0	0	0	0
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	4,642,868	4,771,190	4,853,634	5,727,482	6,825,018	26,820,192
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	4,642,868	4,771,190	4,853,634	5,727,482	6,825,018	26,820,192
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.)						26,820,192

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6.	4,642,868	4,771,190	4,853,634	5,727,482	6,825,018	26,820,192
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0
c Add lines 10a and 10b.						0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
13 Total support. (Add lines 9, 10c, 11, and 12.)	4,642,868	4,771,190	4,853,634	5,727,482	6,825,018	26,820,192

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**.

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f))	15	100.000 %
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	100.000 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f) divided by line 13, column (f))	17	0 %
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	0 %

19a 33 1/3% support tests—2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
b	A family member of a person described in 11a above?		
c	A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer lines 2a and 2b below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b	Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

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

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

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

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2020
Open to Public Inspection

▶ **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.**

Name of the organization
EMERGENCY TRANSPORT ASSOCIATES INC

Employer identification number
23-2622004

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor 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 private benefit? Yes No

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

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

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

Protection of natural habitat Preservation of a certified historic structure

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.

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

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

7 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)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works 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 FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

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

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

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

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

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

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶
- b** Permanent endowment ▶
- c** Term endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings	0	62,938	7,129	55,809
c Leasehold improvements	0	197,584	95,499	102,085
d Equipment	0	968,009	912,814	55,195
e Other		0		0
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				213,089

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2) DUE TO AFFILIATES	33,994,750
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	33,994,750

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation	
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Part XIII **Supplemental Information (continued)**

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury

Name of the organization

EMERGENCY TRANSPORT ASSOCIATES INC

Employer identification number

23-2622004

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART I, LINES 3 & 4 & PART VI, SECTION A; QS 1A & 1B	THE ORGANIZATION IS AN AFFILIATE WITHIN THOMAS JEFFERSON UNIVERSITY/JEFFERSON HEALTH; A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE. AS REFLECTED ON CORE FORM, PART I, LINES 3 AND 4 AND ALSO IN PART VI, LINES 1A AND 1B, THERE ARE A TOTAL OF SIX VOTING MEMBERS ON THE BOARD OF TRUSTEES. OF THESE SIX VOTING MEMBERS, NONE ARE INDEPENDENT DUE TO THE FACT THAT THEY ARE EMPLOYED BY AN AFFILIATE WITHIN THE SYSTEM AND RECEIVE COMPENSATION IN THEIR RESPECTIVE ROLES. ALTHOUGH THIS FEDERAL FORM 990 SHOWS NO INDEPENDENT BOARD OF TRUSTEES UNDER THE INTERNAL REVENUE SERVICE DEFINITIONS; THIS ORGANIZATION ACTS IN A CHARITABLE TAX-EXEMPT MANNER FOR PURPOSES OF INTERNAL REVENUE CODE SECTION 501(C)(3) AND IS CONTROLLED BY THOMAS JEFFERSON UNIVERSITY; WHICH IS GOVERNED BY A BOARD WHOSE MAJORITY IS COMPRISED OF INDEPENDENT VOTING MEMBERS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART V, LINE 2A AND CORE FORM, PART IX, LINE 24	THE ORGANIZATION IS AN AFFILIATE WITHIN THOMAS JEFFERSON UNIVERSITY/JEFFERSON HEALTH ("NETWORK"); A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE. EMERGENCY TRANSPORT ASSOCIATES, INC. ("JEFFSTAT") HAS ENTERED INTO A COMMON PAYMASTER AND PAYROLL REPORTING AGENT RELATIONSHIP WITH A RELATED ORGANIZATION, THOMAS JEFFERSON UNIVERSITY HOSPITALS, INC. ("TJUH"). AS SUCH, TJUH ISSUES ALL REQUIRED FORMS W-2 RELATED TO THE EMPLOYEES OF JEFFSTAT. THEREFORE, FORM 990, PART V, LINE 2A IS ZERO. MOREOVER, THE PAYROLL AND RELATED BENEFITS EXPENSE RELATED TO SUCH EMPLOYEES ARE REPORTED AS ALLOCATION OF PERSONNEL COSTS ON FORM 990, PART IX, LINE 24, SINCE THESE EXPENSES ARE PAID BY TJUH TO THE EMPLOYEES AND THE TRANSACTIONS ARE ACCOUNTED FOR THROUGH INTERCOMPANY TRANSACTIONS BETWEEN JEFFSTAT AND TJUH.

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART V; QUESTION 1A & CORE FORM, PART VII; SECTION B	THE ORGANIZATION IS AN AFFILIATE WITHIN THOMAS JEFFERSON UNIVERSITY/JEFFERSON HEALTH ("NETWORK"); A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE. THE ORGANIZATION'S FORM 990 REFLECTS NO TOP FIVE INDEPENDENT CONTRACTORS FOR SERVICES AND REPORTS THAT NO FORMS 1099 WERE FILED WITH THE INTERNAL REVENUE SERVICE ("IRS"). THE ORGANIZATION HAS ENTERED INTO A COMMON PAYMASTER AND PAYROLL REPORTING AGENT RELATIONSHIP WITH A RELATED ORGANIZATION, THOMAS JEFFERSON UNIVERSITY HOSPITALS, INC. ("TJUH"). AS SUCH, TJUH PREPARES AND ISSUES FORMS 1099 TO THESE VENDORS RECEIVING PAYMENTS WHERE APPLICABLE AND FILES THESE FORMS 1099 WITH THE IRS. THE ORGANIZATION'S INDEPENDENT CONTRACTORS ARE INCLUDED WITHIN TJUH'S FEDERAL FORM 990.

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VI, SECTION A; QUESTION 3	THE ORGANIZATION IS AN AFFILIATE WITHIN THOMAS JEFFERSON UNIVERSITY/JEFFERSON HEALTH; A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE. THOMAS JEFFERSON UNIVERSITY ("TJU") IS AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION AND SERVES AS THE PARENT ORGANIZATION OF THE SYSTEM. TJU'S MAJOR AFFILIATES INCLUDE THOMAS JEFFERSON UNIVERSITY HOSPITAL ("TJUH") AND JEFFERSON UNIVERSITY PHYSICIANS ("JUP"), BOTH INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATIONS. TJU, TJUH AND JUP MAY PROVIDE VARIOUS CORPORATE RELATED SERVICES AND/OR PROVIDE CLINICAL AND SUPPORT PERSONNEL TO VARIOUS SYSTEM ENTITIES; INCLUDING THIS ORGANIZATION. THE SERVICES MAY INCLUDE, BUT ARE NOT LIMITED TO, EXECUTIVE, LEGAL AND RISK MANAGEMENT, COMPLIANCE AND GOVERNANCE, HUMAN RESOURCES AND FINANCE AND ALSO CLINICAL AND SUPPORT PERSONNEL. THESE COSTS ARE ALLOCATED TO VARIOUS SYSTEM ENTITIES, INCLUDING THIS ORGANIZATION, AS REIMBURSEMENT FOR THESE SERVICES AND PERSONNEL.

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VI, SECTION A; QUESTIONS 6 & 7	JEFFEX, INC. ("JEFFEX") IS THE SOLE MEMBER OF THIS ORGANIZATION. TJUH SYSTEM, INC. ("TJUH SYSTEM") IS THE SOLE MEMBER OF JEFFEX. THOMAS JEFFERSON UNIVERSITY ("TJU") IS THE SOLE MEMBER OF TJUH SYSTEM. ACCORDINGLY, TJU HAS THE ULTIMATE RIGHT TO ELECT THE MEMBERS OF THIS ORGANIZATION'S BOARD OF TRUSTEES AND HAS CERTAIN RESERVED POWERS AS DEFINED IN THIS ORGANIZATION'S BYLAWS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VI, SECTION B; QUESTION 11B	<p>THE ORGANIZATION IS AN AFFILIATE WITHIN THOMAS JEFFERSON UNIVERSITY/JEFFERSON HEALTH; A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE. THE ORGANIZATION'S FEDERAL FORM 990 WAS MADE AVAILABLE TO EACH VOTING MEMBER OF THE ORGANIZATION'S GOVERNING BODY PRIOR TO FILING OF THE FORM 990 WITH THE INTERNAL REVENUE SERVICE ("IRS"). AS PART OF THE TAX RETURN PREPARATION PROCESS THE ORGANIZATION HIRED A PROFESSIONAL CERTIFIED PUBLIC ACCOUNTING ("CPA") FIRM WITH EXPERIENCE AND EXPERTISE IN BOTH HEALTHCARE AND NOT FOR-PROFIT TAX RETURN PREPARATION TO PREPARE THE FEDERAL FORM 990. THE CPA FIRM'S TAX PROFESSIONALS WORKED CLOSELY WITH THE ORGANIZATION'S FINANCE PERSONNEL AND VARIOUS OTHER INDIVIDUALS WITHIN THE ORGANIZATION AND THE SYSTEM TO OBTAIN THE INFORMATION NEEDED IN ORDER TO PREPARE A COMPLETE AND ACCURATE TAX RETURN. THE CPA FIRM PREPARED A DRAFT FEDERAL FORM 990 AND FURNISHED IT TO THE ORGANIZATION'S FINANCE PERSONNEL AND OTHER INDIVIDUALS FOR THEIR REVIEW. THE ORGANIZATION'S FINANCE PERSONNEL AND OTHER INDIVIDUALS REVIEWED THE DRAFT FEDERAL FORM 990 AND DISCUSSED QUESTIONS AND COMMENTS WITH THE CPA FIRM. REVISIONS WERE MADE TO THE DRAFT FEDERAL FORM 990 WHERE NECESSARY AND A FINAL DRAFT WAS FURNISHED BY THE CPA FIRM TO THE ORGANIZATION'S FINANCE PERSONNEL AND VARIOUS OTHER SYSTEM INDIVIDUALS FOR FINAL REVIEW. FOLLOWING THIS REVIEW, THE FORM 990 WAS PROVIDED TO THIS ORGANIZATION'S GOVERNING BODY PRIOR TO FILING WITH THE IRS.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VI, SECTION B; QUESTION 12	<p>THE ORGANIZATION IS AN AFFILIATE WITHIN THOMAS JEFFERSON UNIVERSITY/JEFFERSON HEALTH; A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE. THE SYSTEM HAS A WRITTEN CONFLICT OF INTEREST POLICY WITH WHICH ALL AFFILIATES REGULARLY MONITOR AND ENFORCE COMPLIANCE. THE CONFLICT OF INTEREST POLICY GOVERNS CONFLICT OF INTEREST DISCLOSURE AND MONITORING OF ALL VOTING MEMBERS OF THE SYSTEM'S BOARD OF TRUSTEES. THE CONFLICT OF INTEREST POLICY IS DESIGNED TO ASSIST THE ORGANIZATION IN EVALUATING ARRANGEMENTS, CONTRACTS OR TRANSACTIONS THAT MAY BENEFIT THE PRIVATE INTEREST OF A TRUSTEE, THEIR FAMILY MEMBER(S), A MEMBER OF A COMMITTEE OR SUBCOMMITTEE THAT EXERCISES BOARD-DELEGATED POWERS OF THE UNIVERSITY, OR SENIOR MANAGEMENT. THE POLICY IS INTENDED TO SUPPLEMENT BUT NOT REPLACE APPLICABLE STATE AND FEDERAL LAWS GOVERNING NONPROFIT CHARITABLE CORPORATIONS. IN ACCORDANCE WITH THE CONFLICT OF INTEREST POLICY, EACH VOTING MEMBER OF THE BOARD OF TRUSTEES MUST COMPLETE, AT LEAST ANNUALLY, THE SYSTEM'S CONFLICT OF INTEREST DISCLOSURE PROCESS. THE CONFLICT OF INTEREST PROCESS INCLUDES DISTRIBUTION OF AN ELECTRONIC DISCLOSURE TO ALL PERSONS WHO SERVED AS VOTING MEMBERS OF THE BOARD OF TRUSTEES, MEMBERS OF SENIOR MANAGEMENT AND KEY EMPLOYEES DURING THE PREVIOUS FISCAL YEAR. THE DISCLOSURE FORM ELICITS INFORMATION RELATED TO THE RESPONDENT'S ACTUAL OR POTENTIAL INTERESTS AND ACTIVITIES IN WHICH THEY ENGAGED DURING THE REPORTING PERIOD. THE PROCESS ALSO REQUIRES COVERED PERSONS TO DISCLOSE SUCH INFORMATION ABOUT THEIR FAMILY MEMBERS. IN ADDITION TO ATTESTING TO THE VERACITY OF INFORMATION CONTAINED WITHIN THE DISCLOSURE, THE VOTING MEMBER OF THE BOARD OF TRUSTEES MUST CERTIFY THAT HE OR SHE WILL ABIDE BY THE SYSTEM'S CONFLICTS OF INTEREST AND OTHER RELEVANT POLICIES AND WILL DISCLOSE ALL INTERESTS AND ACTIVITIES RELATED TO THEIR ONGOING SERVICE ON THE BOARD OF TRUSTEES. MEMBERS OF SENIOR MANAGEMENT AND INDIVIDUALS IDENTIFIED AS KEY EMPLOYEES RECEIVE DISCLOSURE QUESTIONS REQUIRED OF MEMBERS OF THE BOARD OF TRUSTEES. ALL PERSONS COVERED UNDER THE ORGANIZATION'S BOARD OF TRUSTEES AND EMPLOYEE-RELATED CONFLICT OF INTEREST POLICIES MAINTAIN A CONTINUING OBLIGATION TO DISCLOSE ALL CHANGES IN INTERESTS, ACTIVITIES AND RELATIONSHIPS THROUGHOUT THE YEAR. THE SYSTEM MAINTAINS ALL ORIGINAL DISCLOSURE FORMS AND CERTIFICATIONS IN ACCORDANCE WITH ITS RECORD RETENTION POLICY. THE SYSTEM ALSO COMPLETES AND ISSUES A COMPREHENSIVE REPORT OF ALL ACTUAL OR POTENTIAL INTERESTS AND ACTIVITIES REPORTED DURING THE BOARD OF TRUSTEES CONFLICTS OF INTEREST DISCLOSURE PROCESS TO THE ORGANIZATION'S EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES. THEREAFTER, THE BOARD OF TRUSTEES ITSELF OR THROUGH DELEGATION TO TJU'S FINANCE, ASSURANCE & COMPLIANCE COMMITTEE, EVALUATES ALL ACTUAL OR POTENTIAL CONFLICTS OF INTEREST TO DETERMINE WHETHER ACTIVITIES OR ARRANGEMENTS REQUIRE MANAGEMENT, REDU</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VI, SECTION B; QUESTION 12	CTION, OR ELIMINATION OF CERTAIN INTERESTS, ACTIVITIES OR RELATIONSHIPS. WHEN MANAGEMENT OF THE IDENTIFIED CONFLICT IS REQUIRED, THE AFFECTED PERSON(S), MEMBERS OF THE BOARD'S EXECUTIVE COMMITTEE, AND CERTAIN MEMBERS OF EXECUTIVE MANAGEMENT, RECEIVE NOTIFICATION OF THE REQUIREMENTS SET FORTH IN THE MANAGEMENT PLAN. AFFECTED PERSONS ARE EXPECTED TO ABIDE BY THE TERMS OF THE MANAGEMENT PLAN, WHICH MAY INCLUDE, BUT MAY NOT BE LIMITED TO, RECUSAL FROM DELIBERATIONS AND VOTING WHEN APPROPRIATE. IN ADDITION TO THE ABOVE-OUTLINED INTERNAL REPORTING AND EVALUATION OF ACTIVITIES, TRANSACTIONS AND RELATIONSHIPS, ALL REQUIRED DISCLOSURES IN ACCORDANCE WITH THE INTERNAL REVENUE SERVICE'S REGULATIONS AND INSTRUCTIONS ARE REPORTED ON THE ORGANIZATION'S FEDERAL FORM 990.

990 Schedule O, Organizational Information

Return Reference	Explanation
CORE FORM, PART VI, SECTION B; QUESTION 15	<p>THE ORGANIZATION IS AN AFFILIATE WITHIN THOMAS JEFFERSON UNIVERSITY/JEFFERSON HEALTH; A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE. THE ORGANIZATION IS COMMITTED TO ENSURING THAT ITS EXECUTIVE COMPENSATION PROGRAM ADHERES TO THE HIGHEST STANDARDS OF REGULATORY COMPLIANCE AND BEST PRACTICES IN CORPORATE GOVERNANCE. THOMAS JEFFERSON UNIVERSITY'S BOARD OF TRUSTEES HAS A COMPENSATION AND HUMAN CAPITAL COMMITTEE ("COMMITTEE"). THE COMMITTEE HAS ADOPTED A WRITTEN EXECUTIVE COMPENSATION PHILOSOPHY WHICH IT FOLLOWS WHEN IT REVIEWS AND APPROVES OF THE COMPENSATION AND BENEFITS OF THE SYSTEM'S EXECUTIVE COMPENSATION, INCLUDING ARRANGEMENTS COVERING THE PRESIDENT/CHIEF EXECUTIVE OFFICER, SENIOR EXECUTIVES AND OTHER KEY EMPLOYEES (INCLUDING CLINICAL DEPARTMENT CHAIRS AND SELECT FACULTY). THE COMMITTEE MEETS MULTIPLE TIMES DURING THE YEAR AND IS COMPRISED OF INDIVIDUALS WHO ARE INDEPENDENT AND DO NOT HAVE CONFLICTS OF INTEREST WITH REGARD TO THE COMPENSATION ARRANGEMENTS THAT FALL WITHIN ITS PURVIEW. THE COMMITTEE'S PROCESS IS DESIGNED TO SATISFY THE REBUTTABLE PRESUMPTION OF REASONABLENESS THAT IS AVAILABLE UNDER THE INTERMEDIATE SANCTIONS LAW, AND INCLUDES THE REVIEW OF COMPARABILITY DATA AND THE CONTEMPORANEOUS SUBSTANTIATION OF ITS DELIBERATIONS AND DECISIONS. THE COMMITTEE'S DECISIONS ARE MADE IN ACCORDANCE WITH SYSTEM'S COMPENSATION PHILOSOPHY, WHICH SUPPORTS THE OBJECTIVE OF ATTRACTING, RETAINING AND MOTIVATING TALENTED INDIVIDUALS WHO HAVE THE APPROPRIATE EXPERIENCE AND SKILLS TO ACHIEVE THE INSTITUTION'S OBJECTIVES. ON AN ANNUAL BASIS THE COMMITTEE REVIEWS APPROPRIATE COMPARABILITY DATA FOR SIMILAR INSTITUTIONS THAT REFLECT THE MISSION, SCOPE AND COMPLEXITY OF THE ORGANIZATION AND ITS CONSTITUENT ENTITIES. THE COMMITTEE ENGAGES QUALIFIED, INDEPENDENT CONSULTANTS AS NEEDED TO PROVIDE ADVICE ON COMPENSATION MATTERS AND TO PREPARE THE COMPARABILITY DATA, WHICH ARE REVIEWED BY THE COMMITTEE IN ADVANCE OF MAKING ITS DECISIONS. THE COMMITTEE REVIEWS AND APPROVES COMPENSATION FOR THE PRESIDENT/CHIEF EXECUTIVE OFFICER AND OTHER SENIOR EXECUTIVES BASED ON MARKET PRACTICES, AN ASSESSMENT OF PERFORMANCE AND OTHER BUSINESS JUDGMENT FACTORS. THE EXECUTIVE COMPENSATION INCLUDES INCENTIVE PAY, PURSUANT TO WHICH EXECUTIVES ARE REWARDED BASED ON THE ACHIEVEMENT OF THE SYSTEM, ENTITY AND INDIVIDUAL PERFORMANCE GOALS THAT ARE ESTABLISHED IN ADVANCE OF THE PERFORMANCE PERIOD. THESE GOALS ARE LINKED TO SYSTEM'S MISSION, STRATEGIC AND OPERATING OBJECTIVES, AND HAVE PREDETERMINED WEIGHTS. AT THE END OF THE YEAR, THE COMMITTEE APPROVES THE RESULTING AWARDS BASED ON A REVIEW OF PERFORMANCE ACHIEVEMENTS RELATIVE TO THE GOALS; IN APPROPRIATE CIRCUMSTANCES, OTHER DISCRETIONARY FACTORS MAY BE CONSIDERED WHEN INCENTIVES ARE DETERMINED. THE COMMITTEE MAKES A DETERMINATION OF THE REASONABLENESS OF COMPENSATION AND MAINTAINS MINUTES THAT DOCUMENT ITS DELIBERATIONS.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VI, SECTION B; QUESTION 15	TIONS AND DECISIONS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VI, SECTION C; QUESTION 19	THE ORGANIZATION'S FILED CERTIFICATE OF INCORPORATION AND ANY AMENDMENTS CAN BE OBTAINED AND REVIEWED THROUGH THE COMMONWEALTH OF PENNSYLVANIA.

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VII AND SCHEDULE J	CORE FORM, PART VII AND SCHEDULE J REFLECT CERTAIN BOARD MEMBERS AND OFFICERS RECEIVING COMPENSATION AND BENEFITS FROM A RELATED ORGANIZATION. PLEASE NOTE THIS REMUNERATION WAS FOR SERVICES RENDERED AS FULL-TIME EMPLOYEES OF THE RELATED ORGANIZATION AND NOT FOR SERVICES RENDERED AS A VOTING MEMBER OR OFFICER OF THIS ORGANIZATION'S BOARD OF TRUSTEES.

UNCOMPENSATED POSITION. MR. WEBSTER ALSO SERVES AS THE PRESIDENT OF THOMAS JEFFERSON UNIVERSITY HOSPITALS, INC. AND MAGEE REHABILITATION HOSPITAL; BOTH RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATIONS. MR. WEBSTER RECEIVES A FEDERAL FORM W-2 FROM THOMAS JEFFERSON UNIVERSITY HOSPITALS, INC. ACCORDINGLY, HIS REPORTABLE COMPENSATION, RETIREMENT/OTHER DEFERRED COMPENSATION AND NON-TAXABLE BENEFITS ARE REPORTED WITHIN CORE FORM, PART VII AND SCHEDULE J OF THE THOMAS JEFFERSON UNIVERSITY HOSPITALS, INC. (EIN: 23-2829 095) FEDERAL FORM 990. PLEASE REFER TO THE THOMAS JEFFERSON UNIVERSITY HOSPITALS, INC. FEDERAL FORM 990 FOR THIS INFORMATION. MARY BETH EDGER SERVES AS A VOTING MEMBER/OFFICER OF THE ORGANIZATION'S GOVERNING BODY; AN UNCOMPENSATED POSITION. IN ADDITION, JOSEPH ANTON, RN, MSN, KEVIN KLEINSCHMIDT, MBA, RN, BSN AND BRIAN G. SWIFT, PHARM D ARE VOTING MEMBERS OF THIS ORGANIZATION'S BOARD OF TRUSTEES; AN UNCOMPENSATED POSITION. THESE INDIVIDUALS RECEIVE A FEDERAL FORM W-2 FROM AND ARE EMPLOYED BY RELATED TAX-EXEMPT ORGANIZATIONS WITHIN THOMAS JEFFERSON UNIVERSITY/JEFFERSON HEALTH. THESE INDIVIDUALS ALSO SERVE AS VOTING MEMBERS OF THE JEFFEX, INC. GOVERNING BODY. THEIR RESPECTIVE REPORTABLE COMPENSATION, RETIREMENT/OTHER DEFERRED COMPENSATION AND NON-TAXABLE BENEFITS ARE REPORTED WITHIN CORE FORM, PART VII AND SCHEDULE J OF THE JEFFEX, INC. (EIN: 23-2622009) FEDERAL FORM 990. PLEASE REFER TO THE JEFFEX, INC. FEDERAL FORM 990 FOR THIS INFORMATION. ANDREW NATHANS IS A TRUSTEE/OFFICER OF THIS ORGANIZATION'S GOVERNING BODY; AN UNCOMPENSATED POSITION. MR. NATHANS ALSO SERVES AS A TRUSTEE/OFFICER OF THE GOVERNING BODY FOR SEVERAL THOMAS JEFFERSON UNIVERSITY/JEFFERSON HEALTH AFFILIATES. HIS REPORTABLE COMPENSATION, RETIREMENT/OTHER DEFERRED COMPENSATION AND NON-TAXABLE BENEFITS ARE REPORTED WITHIN CORE FORM, PART VII AND SCHEDULE J OF THE METHUEN ASSOCIATES IN HEALTHCARE (EIN: 23-2678055) FEDERAL FORM 990. PLEASE REFER TO THE METHUEN ASSOCIATES IN HEALTHCARE FEDERAL FORM 990 FOR THIS INFORMATION. KRISTEN BARRETT, ESQ. IS AN OFFICER OF THIS ORGANIZATION'S GOVERNING BODY; AN UNCOMPENSATED POSITION. MS. BARRETT ALSO SERVES AS AN OFFICER OF THE JEFFEX, INC. GOVERNING BODY. HER REPORTABLE COMPENSATION, RETIREMENT/OTHER DEFERRED COMPENSATION AND NON-TAXABLE BENEFITS ARE REPORTED WITHIN CORE FORM, PART VII AND SCHEDULE J OF THE JEFFEX, INC. (EIN: 23-2622009) FEDERAL FORM 990. PLEASE REFER TO THE JEFFEX, INC. FEDERAL FORM 990 FOR THIS INFORMATION. NEIL G. LUBARSKY, CPA, CGMA IS A FORMER OFFICER OF THIS ORGANIZATION. HIS REPORTABLE COMPENSATION, RETIREMENT/OTHER DEFERRED COMPENSATION AND NON-TAXABLE BENEFITS ARE REPORTED WITHIN CORE FORM, PART VII AND SCHEDULE J OF THE THOMAS JEFFERSON UNIVERSITY HOSPITALS, INC. (EIN: 23-2829095) FEDERAL FORM 990. PLEASE REFER TO THE THOMAS JEFFERSON UNIVERSITY HOSPITALS, INC. FEDERAL FORM 990 FOR THIS INFORMATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART VII; SECTION A, COLUMN B	THE ORGANIZATION IS AN AFFILIATE WITHIN THOMAS JEFFERSON UNIVERSITY/JEFFERSON HEALTH; A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE. THE SYSTEM'S PARENT ENTITY IS THOMAS JEFFERSON UNIVERSITY ("TJU"). THE SYSTEM INCLUDES BOTH FOR-PROFIT AND NOT FOR-PROFIT ORGANIZATIONS. CERTAIN BOARD OF TRUSTEE MEMBERS AND OFFICERS LISTED ON CORE FORM, PART VII AND SCHEDULE J OF THIS FORM 990 MAY HOLD SIMILAR POSITIONS WITH BOTH THIS ORGANIZATION AND OTHER AFFILIATES WITHIN THE SYSTEM. THE HOURS REFLECTED ON CORE FORM, PART VII OF THIS FORM 990, FOR BOARD MEMBERS WHO RECEIVE COMPENSATION FOR SERVICES RENDERED IN A NON-BOARD CAPACITY, PAID OFFICERS, REFLECT TOTAL HOURS WORKED PER WEEK ON BEHALF OF THE SYSTEM; NOT SOLELY THIS ORGANIZATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
CORE FORM, PART XII; QUESTION 2	THE ORGANIZATION IS AN AFFILIATE WITHIN THOMAS JEFFERSON UNIVERSITY/JEFFERSON HEALTH; A COMPREHENSIVE PROFESSIONAL UNIVERSITY AND TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WITH A TRIPARTITE MISSION OF EDUCATION, RESEARCH AND PATIENT CARE. THE SYSTEM'S PARENT ENTITY IS THOMAS JEFFERSON UNIVERSITY ("TJU"). AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTING ("CPA") FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF THE SYSTEM FOR THE FISCAL YEARS ENDED JUNE 30, 2021 AND JUNE 30, 2020; RESPECTIVELY AND ISSUED A CONSOLIDATED AUDITED FINANCIAL STATEMENT. AN UNMODIFIED OPINION WAS ISSUED EACH YEAR BY THE INDEPENDENT CPA FIRM. TJU'S FINANCE, ASSURANCE & COMPLIANCE COMMITTEE HAS ASSUMED RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF THE CONSOLIDATED FINANCIAL STATEMENTS, WHICH INCLUDES THE SELECTION OF AN INDEPENDENT AUDITOR.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:OUTSIDE SERVICES TOTAL FEES:1304838

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:OTHER FEES TOTAL FEES:6711

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:PROFESSIONAL SERVICES TOTAL FEES:2023

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2020

**Open to Public
Inspection**

▶ **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.**

Department of the Treasury
Internal Revenue Service

Name of the organization
EMERGENCY TRANSPORT ASSOCIATES INC

Employer identification number

23-2622004

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

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

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

See Additional Data Table

(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 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

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

		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b	Gift, grant, or capital contribution to related organization(s)		No
c	Gift, grant, or capital contribution from related organization(s)		No
d	Loans or loan guarantees to or for related organization(s)		No
e	Loans or loan guarantees by related organization(s)	Yes	
f	Dividends from related organization(s)		No
g	Sale of assets to related organization(s)		No
h	Purchase of assets from related organization(s)		No
i	Exchange of assets with related organization(s)		No
j	Lease of facilities, equipment, or other assets to related organization(s)		No
k	Lease of facilities, equipment, or other assets from related organization(s)		No
l	Performance of services or membership or fundraising solicitations for related organization(s)		No
m	Performance of services or membership or fundraising solicitations by related organization(s)		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o	Sharing of paid employees with related organization(s)	Yes	
p	Reimbursement paid to related organization(s) for expenses	Yes	
q	Reimbursement paid by related organization(s) for expenses		No
r	Other transfer of cash or property to related organization(s)	Yes	
s	Other transfer of cash or property from related organization(s)		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference	Explanation
SCHEDULE R, PART V	THIS ORGANIZATION IS A MEMBER OF THOMAS JEFFERSON UNIVERSITY/JEFFERSON HEALTH; A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM. FUNDS ARE ROUTINELY TRANSFERRED BETWEEN AFFILIATES AND BUSINESS ACTIVITIES ARE COMMON ON BEHALF OF THE SYSTEM'S AFFILIATES, INCLUDING THIS ORGANIZATION. THESE TRANSACTIONS MAY BE RECORDED ON THE REVENUE/EXPENSE AND BALANCE SHEET STATEMENTS OF THIS ORGANIZATION AND OTHER AFFILIATES. THESE ENTITIES WORK TOGETHER TO DELIVER HIGH QUALITY COST EFFECTIVE HEALTHCARE AND WELLNESS SERVICES TO THEIR COMMUNITIES REGARDLESS OF ABILITY TO PAY AND IN FURTHERANCE OF CHARITABLE TAX-EXEMPT PURPOSES.

Additional Data

Software ID:
Software Version:
EIN: 23-2622004
Name: EMERGENCY TRANSPORT ASSOCIATES INC

Form 990, Schedule R, Part II - 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 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 26-3026795	HEALTH SVCS.	PA	501(c)(3)	509(A)(3)	TJU		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2829095	HEALTH SVCS.	PA	501(C)(3)	HOSPITAL	TJUH SYSTEM		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2809585	HEALTH SVCS.	PA	501(C)(3)	509(A)(3)	TJUH SYSTEM		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 46-4855345	HEALTH SVCS.	NJ	501(C)(3)	509(A)(3)	JUP		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-3026939	HEALTH SVCS.	PA	501(c)(3)	509(A)(3)	TJUH SYSTEM		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2858320	HEALTH SVCS.	PA	501(c)(3)	509(A)(3)	JPS		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2678055	HEALTH SVCS.	PA	501(c)(3)	509(A)(3)	TJUH SYSTEM		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-3537847	HEALTH SVCS.	NJ	501(c)(3)	509(A)(2)	MAHC		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2622009	HEALTH SVCS.	PA	501(c)(3)	509(A)(3)	TJUH SYSTEM		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2622006	HEALTH SVCS.	PA	501(c)(3)	509(A)(2)	JEFFEX INC		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2214351	REAL ESTATE	PA	501(c)(2)		JEFFEX INC		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 27-1243803	HEALTH SVCS.	PA	501(c)(3)	509(A)(3)	TJU		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-1352152	HEALTH SVCS.	PA	501(c)(3)	HOSPITAL	AH		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 26-3359979	HEALTH SVCS.	PA	501(c)(3)	HOSPITAL	AH		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2188052	FUNDRAISING	PA	501(C)(3)	509(A)(1)	AH		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2239131	HEALTH SVCS.	PA	501(C)(3)	509(A)(3)	TJU		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-0596940	HEALTH SVCS.	PA	501(C)(3)	HOSPITAL	JHNES		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2691968	HEALTH SVCS.	PA	501(C)(3)	170B1AIII	JHNES		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 46-0779942	HEALTH SVCS.	PA	501(C)(3)	509(A)(2)	JHNES		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-7318683	FUNDRAISING	PA	501(C)(3)	509(A)(3)	JHNE		No

Form 990, Schedule R, Part II - 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 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-1352294	EDUCATION	PA	501(C)(3)	509(A)(1)	TJU		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 22-2442036	HEALTH SVCS.	NJ	501(C)(3)	509(A)(1)	TJU		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 22-1773439	HEALTH SVCS.	NJ	501(C)(3)	HOSPITAL	KHS		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 80-0550282	FUNDRAISING	NJ	501(C)(3)	509(A)(1)	KHS		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 22-2442034	REAL ESTATE	NJ	501(C)(3)	509(A)(3)	KHS		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 22-2443981	HEALTH SVCS.	NJ	501(C)(3)	509(A)(2)	KHS		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 22-2442032	HEALTH SVCS.	NJ	501(C)(3)	509(A)(3)	KHS		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 46-1420853	HEALTH SVCS.	NJ	501(C)(3)	509(A)(2)	KHS		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-1476328	HEALTH SVCS.	PA	501(C)(3)	HOSPITAL	TJU		No
1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 23-1352651	EDUCATION	PA	501(C)(3)	509(A)(1)	NA		No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
TJU INC 1101 WALNUT STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2146678	REAL ESTATE	PA	NA	C CORP.					No
WALNUT REALTY CO 1101 WALNUT STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2332416	REAL ESTATE	PA	NA	C CORP.					No
ATRIUM CORPORATION 1101 WALNUT STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2075587	HEALTH SVCS.	PA	NA	C CORP.					No
HEALTHMARK INC 1101 WALNUT STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2259593	HEALTH SVCS.	PA	NA	C CORP.					No
JEFFCARE INC 1101 WALNUT STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2830152	HEALTH SVCS.	PA	NA	C CORP.					No
MID-ATLANTIC MATERNAL FETAL INSTITUTE 1101 WALNUT STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2922471	INACTIVE	PA	NA	C CORP.					No
MID-ATLANTIC MATERNAL FETAL INSTITUTE PC 1101 WALNUT STREET SUITE 2004 PHILADELPHIA, PA 19107 22-3536371	INACTIVE	NJ	NA	C CORP.					No
JEFFERSON PHYSICIAN SVCS OF CALIFORNIA 1101 WALNUT STREET SUITE 2004 PHILADELPHIA, PA 19107 37-1856786	INACTIVE	CA	NA	C CORP.					No
925 WALNUT STREET CORP 1101 WALNUT STREET SUITE 2004 PHILADELPHIA, PA 19107 84-1657497	REAL ESTATE	PA	NA	S CORP.					No
SYSTEM SERVICE CORPORATION 1101 WALNUT STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2218944	HOLDING CO.	DE	NA	C CORP.					No
TF DEVELOPMENT LTD 1101 WALNUT STREET SUITE 2004 PHILADELPHIA, PA 19107 23-2197865	REAL ESTATE	PA	NA	C CORP.					No
HEALTH CARE INC 1101 WALNUT STREET SUITE 2004 PHILADELPHIA, PA 19107 20-0214524	HEALTH SVCS.	PA	NA	C CORP.					No
KENNEDY MANAGEMENT GROUP INC 1101 WALNUT STREET SUITE 2004 PHILADELPHIA, PA 19107 22-3347294	MANAGEMENT	NJ	NA	C CORP.					No
PROFESSIONAL MEDICAL MANAGEMENT INC 1101 WALNUT STREET SUITE 2004 PHILADELPHIA, PA 19107 22-2559690	COLLECTION SVCS.	NJ	NA	C CORP.					No
KENNEDY ACCESS INCORPORATED 1101 WALNUT STREET SUITE 2004 PHILADELPHIA, PA 19107 47-2661672	INVESTMENTS	NJ	NA	C CORP.					No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
JEFFERSON HLTH NJ DIRECT PRIMARY CARE PC 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107 84-1980055	HEALTH SVCS.	NJ	NA	C CORP.					No